March With OSA In The NYC Labor Day Parade – September 6th

All OSARC members are cordially invited to join OSA’s contingent in the 2003 NYC Labor Day Parade, Saturday, September 6, 2003. The theme of this year’s parade is “Labor Rights Are Human Rights.” OSA’s contingent will assemble at 1:15PM at the northeast corner of 46th Street and Sixth Avenue (on 46th Street, just east of Sixth Avenue, in front of Jean Louis David Haircutters). The line of march, led by Grand Marshall John Sweeney, president of the AFL-CIO, runs north on Fifth Avenue to 72nd Street. Because we’re trying to gauge member participation, OSARCers interested in marching should give Joe Sperling or Rob Spencer a call at the union office (212) 686-1229 to let us know you plan to join us. All marchers will receive a new OSA t-shirt and baseball cap, as well as food at the end of the march.

A “Labor Mass” is also scheduled for Sunday, September 7th at 10:15AM at St. Patrick’s Cathedral, 51st Street and 5th Avenue. Because the Mass has limited seating, if you are interested in being a part of an OSA contingent at the event, please call Eric Mayr at the union office so adequate seating can be arranged.

Medicare Drug Bills Bad For Seniors?

Before recessing for the summer, both houses of Congress passed bills that would add a drug benefit to Medicare. The bills will be debated in a House-Senate conference committee when Congress returns from its recess in September. But, are these bills good for your health? Many think not. Find out more, then take action. See the story on page 4.
A Report on the June Luncheon by Jean Anmuth

Congratulations to all of us who actually made it to the annual OSARC luncheon, held June 11th at the Hunan Lake restaurant, a block away from the union office on 23rd Street. A total of eighty-six (86) members and friends – most pre-registered and some added latecomers – enjoyed several different soups and Chinese dishes and lots of bottles of wine, provided by our parent union. Thank you Sheila and Bob!

Extra tables were set up so that, in the end, all of us were comfortable. The food was plentiful, with containers even provided for take-home! And we didn’t even finish the wine!

Our new officers – co-chairs Mary Hillman and Allan Rose, co-vice-chairs Trudy Stone, Sally Stroman, and Ana T. Vives, treasurer Louis Starkey and secretary Barbara Jones – were introduced and presented to us all and will be chairing, etc. the September meeting.

If you were not with us you missed a great party. Join us next year!

If you were with us you will find yourself pictured somewhere in the enclosed color xerox of photos from the event. [ed. note: the collage was lovingly and laboriously prepared by OSARC activist Anmuth.] According to our sign-in sheets, here’s who attended:


If we somehow missed you and you were at the luncheon, drop us a line and we’ll print an addendum in the next issue. And, we hope to see you at our next meeting.

ROAR Off To A . . . (You Guessed It) Roaring Start

A report by Joel Fishelson

ROAR (Retirees Organized to Assess Revenues) held its first meeting June 3rd at the headquarters of the Organization of Staff Analysts (OSA). Convened by Acting Chairperson Joel Fishelson, the well-attended gathering heard reports from OSA Chairperson Bob Croghan and Management Employees Association (MEA) President Bill Dworkin on the threats posed to retiree benefits by the City’s approach to this Spring’s fiscal crisis. ROAR’s mission is to create a permanent venue to tap the abilities, experience and dedication of City retirees in identifying opportunities for cost savings and revenue generation as an alternative to layoffs or give backs.

To help stimulate discussion, the Chair cited examples of what might constitute applicable savings in an agency like the Human Resources Administration (HRA). A compilation of the ideas and suggestions made by respondents to the initial ROAR survey was also distributed.
While the planned focus of the meeting was HRA, it became clear that many of the suggestions could be applied in other agencies.

The free-flowing discussion identified many potentially fruitful areas for exploration, including fraud prevention, automation, improved contract monitoring and enforcement, consolidation and streamlining of functions now handled by various agency subcomponents, expediting collections, and maximizing reimbursement, deposit and claiming of funds.

Other ideas of a citywide nature included amnesty for overdue real estate taxes, waving penalty provisions for parking tickets and other fines, ensuring property is realistically assessed, and speeding the return of real estate seized by New York City for nonpayment/abandonment to the private sector and property tax rolls.

Some of the retirees at the June 3rd ROAR meeting. (Photo: John Mazzarella)

Given the tremendous range and number of ideas to be examined and fleshed out, a small group began the task of reviewing the submitted ideas. The goal was to make recommendations on the most promising areas for further work. The group’s preliminary recommendations are:

AFSCME District Council 37 addressed the tax amnesty and property assessment issues in their White Paper IV which was widely disseminated this Spring. These issues were also highlighted in the June 2003 Public Employee Press. While we will monitor DC 37’s progress on these issues, our recommendation is not to duplicate existing initiatives.

Initial information obtained about contract monitoring and penalty clause enforcement seems to indicate that agencies do not enforce penalty provisions. Apparently, they simply allow contracts to expire, with non-compliant source contractors not renewed. We will revisit this area at our fall meeting.

There appears to be a consensus for reviewing duplication of functions within and between agencies. We want to identify those sections and functions which can either be consolidated within an agency or centralized citywide.

The spirited turnout for the meeting and the overall response to the initial mailing (over 165 people responded) indicate there is a desire and momentum to make ROAR a success.

Even if you were unable to attend the first meeting, we can still use your assistance. If you want to learn more about ROAR and how you can help, please contact Joel Fishelson or John Mazzarella at (212) 686-1229.

The next ROAR meeting will be held at the OSA office, 220 East 23rd Street, Suite 709, in mid-October. Look for more information in the next issue of this newsletter.

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COMRO Report

Medicare Part B Premiums To Rise Chairman Emeritus Lawrence Kaplan reported that Medicare Part B premiums are set to rise a whopping 12.4% in 2004, the largest increase in eleven years. Medicare spending in 2002 rose $20.9 billion overall from the year before. The monthly premium will rise next year to $66 a month from the current $58.70. According to Kaplan, premiums charged and amounts paid to doctors are set according to complex formulas established by law. Medicare cut the average doctor’s fee 5.4% in 2002 but doctors nonetheless collected 7.1% more from Medicare. An additional fee cut of 4.2% is projected for 2004. Kaplan noted that when fees are cut, doctors can refuse to take new Medicare patients, take a cut in income, pad their bills or tack on additional procedures, needed or not.

The Office of the Medicare Actuary itemized the following increases in Medicare spending in 2002: Home health care up 22.1% to 10.5 billion, hospice care up 24.3% to $4.6 billion, skilled nursing up 9% to $14.6 billion, inpatient and outpatient hospital care up 10% to $120.3 billion, durable medical equipment up 20.4% to $6.5 billion, doctors’ services up 7.1% to $45 billion and administrative expenses up 23.1% to 900 million.

Supreme Court Unblocks Maine Drug Discount Program. Chair Kaplan reported that on May 19, 2003, the US Supreme Court in a 6-to-3 decision lifted an injunction blocking implementation of a prescription drug program passed by Maine state legislators in 2000. The program, primarily intended for the state’s 325,000 uninsured residents would, in theory, be open to all residents of Maine. The bill allows Maine to use its Medicaid program to negotiate bulk discounts from drug companies.

The drug trade association PhRMA had sued to stop the program, but lost in the lower courts and have now lost again in the Supreme Court. Legislators in 18 other states, including New York have similar legislation in the works.

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Medicare Drug Bills Bad Medicine?

More than 2.5 million New York State residents rely on Medicare. In twenty years this number will grow to 3.2 million, so the health of the system and its preservation is of major concern. In January of this year, the Bush Administration unveiled a proposal that would require Medicare beneficiaries to join a government subsidized private health insurance plan in order to receive a prescription drug benefit under the program. Features of that plan have now made their way into legislation.

In June, both houses of Congress passed different bills that would extend drug coverage to Medicare recipients, then recessed for the summer without resolving those differences in conference committee.

Both the AFL-CIO affiliated Alliance for Retired Americans (www.retiredamericans.org) and the AARP (www.aarp.org) are urging calls to Senators and Representatives about either significantly improving the legislation in conference or finding a new approach.

The Alliance, in opposing both bills, said the bills “privatize Medicare, have huge gaps in coverage, have no guaranteed premiums, threaten employer-provided benefits and put patients at the mercy of private insurers that will determine what coverage is provided and which drugs are covered.” AARP said the bills were a start, but cited many flaws.

Said AARP, “Starting in 2006, beneficiaries will have three choices: stay in the traditional fee-for-service Medicare program with no drug coverage, stay in traditional Medicare and purchase coverage through a private drugs-only plan, or switch to a private managed care plan under a new program called Medicare Advantage that will offer coordinated health services and drug coverage.”

The House bill (HR1) pays 80% after a $250 deductible up to a maximum of $2,000. Patients are responsible for 100% from $2,000-$4,900, above which the plan covers all costs. The Senate bill (S1) pays only 50% after a $275 deductible up to a maximum of $4,500. The patient bears all costs from $4,500 to $5,813, over which the plan covers 90% of costs. Both bills feature monthly premiums of around $35 that could increase over time.

According to Representative Jerrold Nadler of Manhattan, the House bill “includes language that would, essentially, do away with traditional Medicare as we know it in 2010.” Nadler went on to say this was an attempt to privatize Medicare.

Meanwhile, the Congressional Budget Office estimates 1-in-3 retirees now covered for drugs by employers would lose that coverage under the Senate bill.

In a related development, the Washington Post reported in late July that the House bill would “waive civil service hiring, job classification and pay scales for employees administering [the] proposed prescription drug benefit. The employees would be part of a new agency established in the Health and Human Services Dept.” Said the Post, “the Senate bill would leave civil service laws in place.”

So, not only are the bills short of the mark in terms of benefits, they are a significant move toward Medicare privatization – and they will be implemented in a way that undercuts civil service protections. Great.

You can read more about the bills at the AARP and Alliance websites, then call your Senators and Representatives at 1 (877) 331-2000 or write to them at US Senate Washington DC 20510 and House of Representatives Washington DC 20515 and tell them you want something better.

Free At Last?

Immigrant workers face many obstacles on and off the job. The Immigrant Workers Freedom Ride, a national mobilization of labor, religious and civic groups being organized in the spirit of the Civil Rights movement’s “Freedom Rides,” seeks a new national immigration policy that would protect worker rights on the job without regard to legal status. Among the goals are legalization and a road to citizenship for all immigrant workers in this country as well as the right to reunite families.

In the post-9/11 period, repressive legislation and executive policies by the Bush Administration have targeted immigrants through punitive detention, threats of deportation, and raids on workplaces and homes.

On Saturday, October 4th, OSA will join hundreds of other labor, civic and religious organizations in a major mass rally and festival in Flushing Meadows Park in Queens.
The rally will mark the conclusion of the new “Freedom Riders” bus trips from points all over the United States, including Seattle, San Francisco, Las Vegas, Los Angeles, Chicago, Houston, Miami, Boston and Washington DC.

The all-day festival will feature music, food and vendors celebrating the experience of immigrants in America.

The Freedom Ride has been endorsed by the OSA board and we encourage all OSARC members to attend. More information will be available on the hotline (212) 330-8833 and on the newsletter page of the website www.osaunion.org as we get closer to the event.

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Long Term Care Seminar

Rochelle Braunstein of Strategies for Wealth Creation and Protection is to present an informational seminar on Long Term Care Insurance on Thursday, October 16, 2003, between 6-9 P.M. at the OSA office, 220 East 23rd Street, Suite 709. Information will be provided concerning Long Term Care Insurance that is part of the New York State Partnership For Long Term Care, other LTC plans and the differences between those plans. Refreshments and registration will take place at 5:30p.m. You will shortly receive a flyer for this seminar in the annual OSA bulk summer mailing. Please complete the coupon and return it to OSA by October 10, 2003. You can also download the same coupon from the Member Services section of the OSA website at www.osaunion.org. Ms. Braunstein can be reached at 1-212-701-7946

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Up, Up and Away

What’s rising at nearly four times the rate of inflation? Why, the cost of nursing home care, of course. According to a MetLife insurance company survey cited in the August 5th Wall Street Journal, the average nationwide cost of a private room in a nursing home rose 8% to $181.24 over the past 15 months. The Consumer Price Index rose 2.1% over a slightly shorter 12 month period. The average nursing home stay is 2.4 years, bringing the tab to $158,766 for this hypothetical average patient. Rates ranged from a high of $420 a day in Alaska to $96 in Shreveport, LA. New York City averaged $346 a day.

The price of home care, also part of the MetLife survey rose at a more modest rate, up an average of 3% to $18 an hour. Home care ranged in price from $12 an hour in New Orleans to $27 an hour in Fort Worth, TX. Home care in New York City averaged $15 an hour.

MetLife’s survey included results from 476 nursing homes and 513 home care agencies. Sounds like the Long Term Care Insurance seminar described above is timely.

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Reading is Fundamental

OSARC member Hakimah Al-Zahra (on the left in the picture from the Times Herald Record newspaper) was honored at the annual awards program of the Middletown NY chapter of Literacy Volunteers of America for her efforts in teaching English to farm workers. Sister Al-Zahra (the correct spelling) works with Cheryl Rogowski, whose family farm in the hamlet of Pine Island, New York developed a unique weekly literacy program for their workers. The workers were paid their regular wages while attending classes taught by Al-Zahra in the farm’s kitchen.

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Private Sector Pension Games

City workers enjoy traditional defined benefit pension plans. In the private sector, many workers used to be covered by similar plans, but in recent years companies have made changes to their plans, moving to pensions that share features with defined contribution plans like the 401(k).

As reported in the NY Times of Friday, August 1st, a federal court has ruled that the computer giant IBM violated age discrimination laws in making these changes.

In 1995, IBM switched to a pension equity plan and in 1999 to a cash-balance plan. Both of these moves took benefits from older workers. The ruling came in a class action suit affecting some 130,000 workers and retirees in the US.

In documents revealed in the case, IBM projected that it would save billions in pension costs after the changes were implemented. And to quote the Times, “some of that was to be used to create pensions for executives.”

The judge noted that workers who are closer to retirement age when a conversion occurs in a pension plan have few years to amass benefits and, as a result are not on an equal footing with younger workers.

The ruling may affect all cash-balance pension plans, not just IBM’s.

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Thanks!

A round of applause to the outgoing OSARC officers who served us so well over the past year: Dan Morgan (co-chair), Elizabeth Henderson and Renee Bash (co-secretaries). Thanks for your service.
You're Never Too Old

With a headline like that, we're betting you think this story is going to be another uplifting tale of older Americans refusing to let age be a barrier to capacity and achievement. And you'd be right. But the achievement we report here is of a somewhat more dubious nature.

Meet one JL Hunter "Red" Rountree, 91 years of age. Now, that would not, in itself, be so unusual except for the fact that "Red" is a convicted bank robber who has committed three solo robberies over the past five years.

According to an August 14th Associated Press dispatch, "Rountree walked into an Abilene, Texas . . . bank, demanded money from a teller and passed over a large envelope with "ROBBERY" written on it. He left in a car parked near the bank. A witness wrote down the numbers on the license plate and police tracked the car.

In December 1998, one week before his 87th birthday, Rountree was arrested in Biloxi, Mississippi, minutes after robbing a bank. He was given three years' probation, fined $260 and told to leave the state.

In October 1999 he was arrested outside a NationsBank in Pensacola, Florida, after ordering the teller: "Give me the $100s." He was convicted of bank robbery and sentenced to three years in prison, becoming the oldest inmate in the Florida prison system.

Abilene police said about $2,000 had been taken in the latest robbery. Rountree was jailed on a charge of bank robbery. Bail was set at $150,000."

In Memorium: Elaine Cherry

OSARC notes with sadness the passing of OSARC member Elaine Cherry, who retired from the Department of Housing Preservation and Development in October of 2002 as an Associate Staff Analyst. Elaine was, for several years preceding her retirement OSA’s chapter chair at HPD and an active member of OSA’s Black History Month committee.

OSARC extends its condolences to Elaine’s family.

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A Taxi Tale by Marvin Lutenberg

OSARC member Lutenberg spent 15 years working as a cab driver to supplement his City salary.

Twenty-five years ago, I picked him up at Pennsylvania Station. He wanted 12th and 5th Avenue, a short hop. As he seated himself, the resemblance was remarkable. He was short, pudgy, and light complexioned with a round face and white hair encircling a bald pate. Almost a spitting image of Ben Gurion, the first Prime Minister of Israel.

"Welcome, Ben Gurion," I announced. He smiled and acknowledged the resemblance. Ben Gurion had passed on years ago. The conversation flowed easily.

He was born in Poland and served in the Polish army when Hitler came. He fled to France and volunteered in the French army. Again Hitler came and again he fled, this time to Spain by crossing the Pyrenees Mountains. From Spain he went to England and finally to America. As he unraveled his tale of consecutive migrations, he seemed to me the apotheosis of the Wandering Jew of the 20th century. How he survived the trials and tribulations of those nightmare years was beyond my comprehension. I was humbled to the core.

The fare came to $2.40. I exited my side to open his door. He fished for his wallet, but I told him the fare was on the house. He refused to accept my proffered gesture. I insisted, but again he demurred. A quarrel developed. The decibel level rose. Suddenly, I grew apprehensive. If a police officer spotted us, investigated our quarrel and learned that a cab driver was refusing to accept payment, Bellevue loomed. I had to yield.

I drove away with a heart hushed from the encounter. All my great problems, all my endless concerns were minuscule in comparison. There was a message here applicable to all.

Editor’s Note: Creative contributions – poems, short stories, artwork, articles – are welcome. Send them for consideration to OSARC Newsletter, Att: Rob Spencer, 220 East 23rd Street, Suite 707, New York NY 10010.

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The drumbeat about Medicare “reform” continues. Typically, Congressional leaders refuse to consider legislation to provide Medicare beneficiaries with insurance coverage for prescription drugs unless accompanied by “reforms” in the broader Medicare program. Much-needed payment increases for physicians and other health care providers are to be held hostage to various “reform” agendas -- most of which involve assorted privatization schemes, despite the long track record of abject failures by private insurers seeking to supplant Medicare. Such “reform” is needed, it is argued (or assumed) based on one or both of the two pillars of Washington conventional wisdom: first, that the aging of the baby-boom generation, which will double the number of Americans 65 and over in the next thirty years, will make Medicare (and Social Security) unaffordable; second, that even before then, Medicare is so inefficient and so poorly designed that almost any change would be an improvement.

None of this conventional wisdom is true. Even if the excessively pessimistic assumptions used in the official Washington projections of Medicare's future financial status turn out to be accurate (and they haven’t been for at least a decade), the net real, after-tax, disposable income of non-elderly households in the US will be significantly greater in 2030 than it is now, even if those households absorb all the increases in Medicare costs. And if long-term productivity and income growth in the American economy even approaches historical norms (let alone the performance of the 1990s), the increased costs of Medicare (and Social Security) will be simply drowned out by increased incomes and wealth. Because both programs are supported by taxes on wages, the economic health of both Medicare and Social Security would be enhanced by decent-paying jobs for all who want them.

Nor is Medicare as it is now constituted so severely broken. Its administrative costs are a small fraction of those of any private insurer in this country; its beneficiaries are much more satisfied with their health insurance than are privately-insured Americans; and the rate of cost increase per beneficiary in Medicare (making fair comparisons by holding benefits constant) has lagged well behind most private insurers for the last decade.

Bad ideas rarely flourish on their own. Perpetuation of the demonstrably false tenets of the conventional wisdom about Medicare is the result, instead, of concerted efforts, including the expenditures of hundreds of millions of dollars, by those who would benefit financially or ideologically from Medicare privatization, or by those who recognize that Medicare's continuing popularity with the general public is the single issue on which Democrats have the greatest advantage over Republicans in public opinion polls. An enormous enterprise is devoted to maintaining false perceptions about Medicare.

The real Medicare crisis. All of this would be just part of the broader political sideshow were it not for the fact that continued harping on the problems defined by the conventional wisdom deflect attention from the very real crisis affecting Medicare and generating a need for real Medicare reform. That crisis is the extent to which needed health services are becoming increasingly unaffordable for millions of Medicare beneficiaries.

Today, Medicare covers barely half of the total health expenses of its beneficiaries - and even if one removes long-term nursing home expenditures, which constitute a health financing crisis all of their own, from the calculation, Medicare's share of all other health expenses still does not reach two-thirds. That almost belies conventional understanding of what health “insurance” is supposed to mean. As is by now widely understood, Medicare does not cover most outpatient prescription drugs, but it also doesn’t cover annual physicals, dental care, eyeglasses, hearing aids, or long-term care. Coverage for mental health services is extremely limited. Moreover, Medicare maintains a structure of deductibles and copayments that mirrored the private industry norm when the program was enacted in 1965. But that structure is now woefully obsolete. Most notably, unlike almost any other health insurance plan now available in the United States, Medicare has no ceiling or “catastrophic cap” on beneficiaries’ out-of-pocket liabilities.

Thus, essentially every Medicare beneficiary who can afford to obtain supplemental insurance does so. But the availability of such coverage is rapidly eroding: retirement health benefits for former employees are being abandoned as fast as employers can get out from under their obligations; managed care plans that used to offer supplemental benefits as inducements to enroll are no longer doing so; and the price of private Medicare supplemental coverage -- “Medigap” – is skyrocketing in many states. Including the premiums for supplemental insurance, the average Medicare beneficiary now pays roughly 20% of her household income for medical expenses over and above those borne by Medicare. It is thus no surprise that evidence is beginning to accumulate that a growing number of Medicare beneficiaries are going without the health services they need, because they can’t afford them.

Needed: Real Medicare Reform. Real Medicare reform is thus urgently needed. It must include affordable coverage of prescription drugs, but it also needs to include restructured deductibles and copayments, caps on
out-of-pocket costs, easier access to affordable supplemental policies, and better coverage of mental health, dental, vision, and hearing care. Conventional Washington wisdom will undoubtedly object that such program expansions will cost a lot of money which, in a time of budget deficits we can't afford, and that only benefit expansions that should be permitted are those financed by savings elsewhere in the program -- although the benefits are already inadequate, administrative costs are approaching the vanishing point, and payment to providers is more likely to be too little than too much. Of course real Medicare reform will be expensive, but the problem is not one of economics: whether or not we choose to reform Medicare in this way is a matter of political decision-making. Undoing just a fraction of the 2001 tax cuts would, for example, provide ample financing for years to come. Pursuing full employment at decent wages would also help the Medicare budget.

The real fact is that, although we are far and away the wealthiest nation in human history, we are much less generous in the provision of health services to retirees and the disabled than is almost every other industrialized nation. We can do much better, if we want to. We should be embarrassed to do anything less.

Happy Birthday to OSA Retirees Born in July, August & September!


ACTIVE MEMBERS OF
THE ORGANIZATION OF STAFF ANALYSTS RETIREES CLUB

Robert Adamenko
Mark Adise
Gerardo Atable
Hakimah Al-Zahra
Frederick Alexander
Carmen Alfaro
Tristan Allas
Alice Allen
Clifford D. Allen
Leslie Allen
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Peter Chan
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Kuttikattu Cherian
Elaine Cherry
Lana Cherry
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Ida Chin
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Josephine Clark
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Marie Connor
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