



Gray Panthers Sacramento

On the Prowl

Volume 30 Number 119

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P. O. BOX 19438, SACRAMENTO, CA 95819

www.gpcal.org

916-921-5008



GRAY PANTHERS GENERAL MEETING

Nov. 18, 2008, 1-3

(Note date change! Our meetings are normally the second Tuesday of every month, but the Senior Center will be closed on the 11th for Veteran's Day)

Hart Senior Center, 27th and L Streets

Lola Young, California Senior Legislature

Our own Lola Young, who is not only a Legislator in the California Senior Legislature but is the newly elected Chair of the powerful Rules Committee, will tell us the history of the group, what it does, and what we have accomplished. She'll also talk about our October session and what came from that session and give us a brief description of some of our top priority proposals. We'll have time for questions as well!

<http://www.4csl.org/>

Refreshments: Everyone is welcome!

Dec. 9, Christmas Party

Questions? Contact Margie Metzler, 921- 5008 or Pat Naylor, 391-6274



IN OUR COMMUNITY

We are not sure how Joan used to get wind of all the items in this senior calendar, but we are not receiving them now. Please send to Margie at margiemetz@hotmail.com or Betty Youngren at bcooper@surewest.net.



Free Community Flu Clinic!

Pannell Center 2450 Meadowview Road Sacramento, CA 95832	Tuesday December 16	10:00 a.m. to 2:00 p.m.
Robertson Community Center 3525 Norwood Avenue Sacramento, CA 95838	Thursday December 18	10:00 a.m. to 2:00 p.m.



FROM THE TEMPORARY TEAM

Your Gray Panthers team has been active on many levels.

First, Arnie, Lola, Linda and I attended the Gray Panthers National Convention in Detroit, in late September. The convention was wonderful. Joan was posthumously awarded the Maggie Kuehn Award, for which we had nominated her months ago. I spoke on behalf of our chapter, and Arnie accepted the plaque. We met the new mayor of Detroit, Ken Cockrel, Jr., and a panel composed of Labor Leader Tina Abbott, NAACP leader Heaster Wheeler, Board of Education's Kathleen Strauss, and Al Fishman, Peace with Justice Network, on "Why we need to turn America Around: How we can do it". We heard Dr. Robert Butler, MD, speak via phone and got a rousing introduction by the Rev. Ed Rowe, of the Central United Methodist Church, "Faith Partnerships in Progressive Movements." We attended workshops on confronting military recruitment in schools, combating climate change, getting publicity, recruiting and retaining members, and fund raising. WE had a tour of the Charles H. Wright Museum of African-American History and participated in a Turn America Around rally at the Hart Plaza Labor Monument, and were serenaded by the Raging Grannies, the Renaissance High School Choir, and the Deep River Choir. Probably the biggest order of business was the passing of our resolutions. You may recall our chapter spent one meeting going over the resolutions in small groups and made changes; all our changes were accepted without comment. Lola and I submitted two new resolutions, which are summed up later in this issue. These resolutions are still being massaged by the Resolution Committee. I have been appointed as a member of that committee and we have had one phone meeting so far.

On a more personal level, Arnie, Lola and I spent some time on the People Mover, Detroit's elevated train system. WE took the opportunity to attend an Obama rally, along with 30,000 other people. That was really emotional and wonderful. Pictures are online at <http://www.tcdems.org/obamarally.htm>. We found the people of Detroit to be wonderfully friendly and helpful and we loved it.

—Margie Metzler

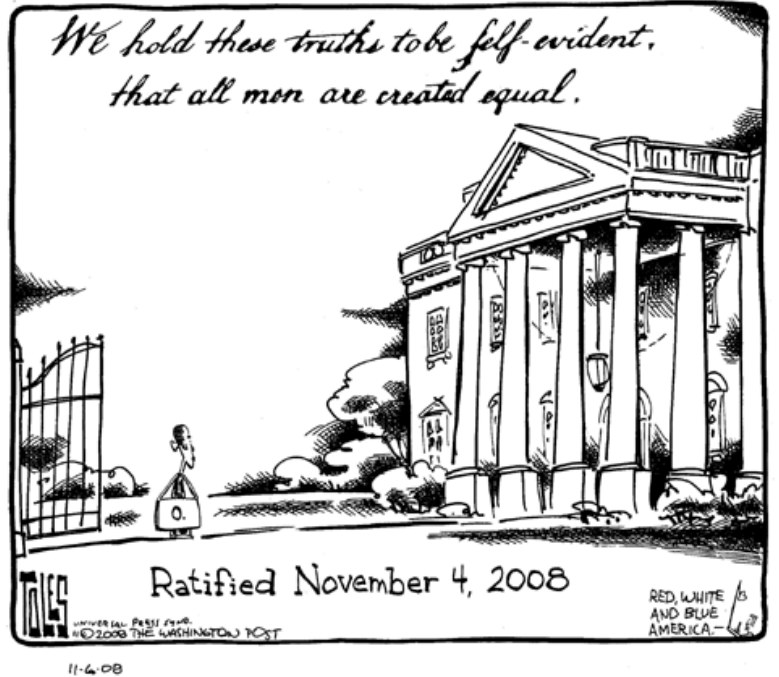


FROM THE STATE CAPITOL

Nothing much is happening now, though we are involved with the committee to work on improvements in AB 1629; more in the future.

We also will be contacting newly elected legislators in the near future.

**Elections Have Consequences!
 We will be watching the effects our newly elected President and legislators will have on seniors. At the very least, though, we have this brave message:**



Note: Last month we mentioned that when Convenor Fran Jones died suddenly, it was decided to come up with a strategy to keep the organization alive and kicking, and to allow leadership to arise at its own pace. We have learned that the people who held the organization together were Marge Cummings and another brave leader whose name I don't know; please advise if you do. Joan took over afterwards. We owe a great debt of gratitude to these brave women

Tribute to Joan B. Lee from Congresswoman Doris Matsui



Congressional Record

PROCEEDINGS AND DEBATES OF THE 110th CONGRESS, SECOND SESSION

In Tribute to Joan Lee

THE HON. DORIS O. MATSUI
OF CALIFORNIA
IN THE HOUSE OF REPRESENTATIVES

Madam Speaker, I rise today in tribute to Joan Lee, a dear friend, tireless volunteer and community leader who recently passed away. Joan served as the Convener for the Sacramento Gray Panthers and was an admired advocate for seniors and people with disabilities. As her family and friends gather to honor and remember her wonderful life, I ask all my colleagues to join me in saluting one of Sacramento's most well-respected figures.

Joan was a prominent leader in the Sacramento Region, and her death leaves a tremendous void in leadership in the fight for the rights of seniors, people with disabilities and those with mental health needs. Joan's determined and effective advocacy was evident through her early work with the Gray Panthers of California, where she was widely recognized as a thoughtful policy advocate. Later, along with other leaders, Joan helped form and convene the local Sacramento Gray Panthers chapter, which now meets regularly at the Hart Senior Center.

Through her advocacy at the local, state and national levels, Joan became an important ambassador between diverse groups and helped devise strategies for healthcare reform. Joan was a stalwart for progressive causes, and her passion and commitment to these issues resonated in her advocacy. While in her mid 50's, Joan returned to college and earned a degree in Gerontology. She then used her knowledge to fight for the rights of older adults on many fronts, including creating an

innovative long term care program in Northern California and successfully advocating for medical schools to have required courses in gerontology.

At the federal level, Joan often stood next to me and my late husband Congressman Bob Matsui in the fight against cuts to Medicare. She also was an articulate voice during the implementation of the Medicare Part D prescription drug program, offering insights on how to improve the program. Joan was an active member of the OuRx coalition, which links low income seniors with prescription drug discount plans. Furthermore, she never wavered in the fight to preserve the integrity of the Social Security program.

At the State Capitol, Joan became someone who was known in the corridors of power. She served on many policymaking groups, including the Olmstead Advisory Committee. The Committee was in charge of implementing the landmark 1999 U.S. Supreme Court "Olmstead Decision" which requires states to take steps to avoid the unnecessary institutionalization of seniors and people with disabilities. From advocating for an accessible and affordable health care system to ensuring Medicare is responsive to our nation's seniors needs, Joan always stood up for what is right.

Madam Speaker, as Joan Lee's husband Arnie Godmintz, her children John, David and Cleo and her friends gather to honor her wonderful legacy and countless contributions, I am honored to pay tribute to her. I ask all my colleagues to pause and join me in paying respect to an extraordinary loving woman, Joan Lee.



WASHINGTON DC

Sharp Increases in Medicare Part D Premiums Begin in 2009

Medicare Part D premiums will increase an average of 24% in 2009, with the cost of 10 of the most popular drug plans jumping by 31%.

Make the most informed choice possible in selecting drug coverage.

Look beyond premium costs.

Consider co-payments and coverage gaps.

Seniors will have from November 15 to December 31 to switch their plans, and learn more.

New York Times report on Health Care Reforms

These are the changes that would be started by dismantling employer-based health coverage that protect most American families. **20 million Americans who have employment-based health insurance would lose it under the McCain plan for health insurance. McCain's plan would treat employer-paid health benefits as income that employees would have to pay taxes on.**

*By forcing millions of Americans into the weakest segment of the private insurance system — the nongroup market — where cost-sharing is high, covered services are limited, people will lose access to benefits they have now. **The net effect of the plan almost certainly will be to increase family costs for medical care.***

Under the McCain plan employees who continue to receive employer-paid health benefits will have additional money withheld to cover the taxes on the value of their benefits. The government would offer all taxpayers a refundable tax credit — \$2,500 for a single worker and \$5,000 per family — to be used “to help pay for your health care.”

The whole idea is to get families out of employer-paid health coverage and into the health insurance marketplace, where taxing employer-paid health benefits is the first step in this transition. When younger, healthier workers start seeing additional taxes taken out of their paychecks, some (perhaps many) will opt out of the employer-based plans either to buy cheaper insurance on their own or to go without coverage.

Left with a pool of older, less healthy workers, coverage will necessarily be more expensive, encouraging more employers to give up on the idea of providing coverage. *Senator McCain has said: “I believe the key to real reform is to restore control over our health care system to the patients themselves.”*

McCain proposes to undermine state health insurance regulations by allowing consumers to buy insurance from sellers anywhere in the country, making some requirements such as vaccinations, annual physicals, or breast examinations, essentially meaningless, which McCain regards as “needless and costly.”

McCain's health insurance transformation follows the right-wing Republicans' ideological playbook: fewer regulations; let the market decide; and send unsophisticated consumers into the crucible alone.

The Wall Street Journal

Why Obama's Health Plan Is Better

By DAVID M. CUTLER, J. BRADFORD DELONG and ANN MARIE MARCIARILLE

September 16, 2008

The big threat to growth in the next decade is not oil or food prices, but the rising cost of health care. The doubling of health insurance premiums since 2000 makes employers choose between cutting benefits and hiring fewer workers.

Rising health costs push total employment costs up and wages and benefits down. The result is lost profits and lost wages, in addition to pointless risk, insecurity and a flood of personal bankruptcies.

Sustained growth thus requires successful health-care reform. Barack Obama and John McCain propose to lead us in opposite directions -- and the Obama direction is far superior.

Sen. Obama's proposal will modernize our current system of employer- and government-provided health care, keeping what works well, and making the investments now that will lead to a more efficient medical system. He does this in five ways:

- *Learning.* One-third of medical costs go for services at best ineffective and at worst harmful. Fifty billion dollars will jump-start the long-overdue information revolution in health care to identify the best providers, treatments and patient management strategies.
- *Rewarding.* Doctors and hospitals today are paid for performing procedures, not for helping patients. Insurers make money by dumping sick patients, not by keeping people healthy. Mr. Obama proposes to base Medicare and Medicaid reimbursements to hospitals and doctors on patient outcomes (lower cholesterol readings, made and kept follow-up appointments) in a coordinated effort to focus the entire payment system around better health, not just more care.
- *Pooling.* The Obama plan would give individuals and small firms the option of joining large insurance pools. With large patient pools, a few people incurring high medical costs will not topple the entire system, so insurers would no longer need to waste time, money and resources weeding out the healthy from the sick, and businesses and individuals would no longer have to subject themselves to that costly and stressful process.
- *Preventing.* In today's health-care market, less than one dollar in 25 goes for prevention, even though preventive services -- regular screenings and healthy lifestyle information -- are among the most cost-effective medical services around. Guaranteeing access to preventive services will improve health and in many cases save money.

- *Covering*. Controlling long-run health-care costs requires removing the hidden expenses of the uninsured. The reforms described above will lower premiums by \$2,500 for the typical family, allowing millions previously priced out of the market to afford insurance.

In addition, tax credits for those still unable to afford private coverage, and the option to buy in to the federal government's benefits system, will ensure that all individuals have access to an affordable, portable alternative at a price they can afford.

Given the current inefficiencies in our system, the impact of the Obama plan will be profound. Besides the \$2,500 savings in medical costs for the typical family, according to our research annual business-sector costs will fall by about \$140 billion. Our figures suggest that decreasing employer costs by this amount will result in the expansion of employer-provided health insurance to 10 million previously uninsured people.

In contrast, Sen. McCain, who constantly repeats his no-new-taxes promise on the campaign trail, proposes a big tax hike as the solution to our health-care crisis. His plan would raise taxes on workers who receive health benefits, with the idea of encouraging their employers to drop coverage. A study conducted by University of Michigan economist Tom Buchmueller and colleagues published in the journal *Health Affairs* suggests that the McCain tax hike will lead employers to drop coverage for over 20 million Americans.

What would happen to these people? Mr. McCain will give them a small tax credit, \$5,000 for a family and \$2,500 for an individual, and tell them to navigate the individual insurance market on their own.

For middle- and lower-income people, the credits are way too small. They are less than half the cost of policies today (\$12,000 on average for a family), and are far below the 75% that most employers offering coverage contribute. Further, their value would erode over time, as the credit increases less rapidly than average premiums.

Those already sick are completely out of luck, as individual insurers are free to deny coverage due to pre-existing conditions. Mr. McCain has proposed a high-risk pool for the very sick, but has not put forward the money to make it work.

Even for those healthy enough to gain coverage in the individual insurance market, the screening, marketing and individual underwriting that insurers do to separate healthy from sick boosts premiums by 17% relative to employer-provided insurance, well beyond the help offered by the McCain tax credit.

The immediate consequences of the McCain plan are even worse. The McCain plan is a big tax increase on

employers and workers. With the economy in recession, that's the last thing America's businesses need.

Mr. Cutler is professor of economics at Harvard and an adviser to Barack Obama's presidential campaign. Mr. DeLong is professor of economics at University of California, Berkeley. Ms. Marciarille is adjunct law professor at McGeorge School of Law.



Panther Tracks

Local Transportation News

In the June Newsletter, we reported that overall ridership on our Sacramento Regional Transit System (RT) increased by 20.2%. Even when ridership was at an all time high in July and August, the Regional Transit Board held public hearings to hear proposals for fare increases and service cuts.

This is due to an *11 million dollar* deficit caused by State budget proposed cuts of State Transit Assisted (STA) funds.

The local SR board voted "conditionally" to raise fares 25 cents per ride, and eliminate the current Paratransit Group Pass. The rate increase was conditional pending the outcome of the State Budget.

People eligible to ride Paratransit will no longer be eligible to ride Regional Transit free. Instead they will have to pay one half of the Regional Transit fare.

The good news is there will be no service cuts.

Compare this with Yolo County Transit which just *increased* local service. They have added additional buses to Woodland route 210, and expanded the service area to include a mall, senior center, and low-income housing. They also have added triple bus racks for bicycles to their larger buses and are about to launch the first web based automatic bus location system for their fixed routes.

Additionally, Yolo acquires grant money from their Air Quality Board to offer Free Rides on their entire system for Spare the Air Days.

How are they able to do all that in a year where they may not be getting their share of State Budget money?

Terry Bassett, Executive Director, says he has never trusted state money, so he budgets for a smaller STA portion than other transit systems. The biggest budget impact for them would prevent them being able to replace vehicles on a time-liner basis, engine overhauls, bus shelters, benches, and solar lighting. These budget impacts are far less intrusive to the rider than rate increases and service cuts.

One begins to wonder why one transit system is calling for rate increases and service cuts and the other is not.

FUNERAL INSURANCE IS NOT ALWAYS A WISE PURCHASE

Have you seen the ads on TV reporting that the average funeral now costs over \$6,000, and Social Security pays only \$255 in death benefits?

The ads encourage viewers to buy a funeral policy payable directly to their beneficiaries to cover the costs of the funeral. Sounds good? Let's check it out.

Research shows why it is such a good deal for the insurance company, but a loser for the average consumer.

Suppose you are a 63 year old man. You choose a \$10,000 policy with a monthly premium of \$65 per month, or \$780 per year. If you live your normal life expectancy of 18.11 years, you will have paid \$14,125.80 at the time of your death. That is \$4,125.80 more than the insurance company pays your beneficiaries. Also, the insurance company had the use of your money to invest all during that time.

A 71 year old woman has a life expectancy of 13.62 years. Her monthly premium would be \$90 for a \$10,000 policy. If she lives her normal life expectancy, she will have paid \$1080 per year, or \$14,709.60 to get \$10,000 for her beneficiaries.

The only way you can make this a winning proposition is to die much sooner than the actuarial tables predict.

To contrast: If you invest \$90 each month at 4% interest compounded annually for 13.62 years, your heirs will have \$19,826 if you die at the end of your life expectancy. Even a 3% return on that \$90 per month will return over \$18,000 to your heirs. So, consider invest your money conservatively and hope your heirs have a great funeral and party!

SLOW MEDICINE FOR ELDERLY *Being Heard About Life's End*

Champions of "slow medicine," an approach that encourages less aggressive — and less costly — care at the end of life feel that slow medicine encourages physicians to put on the brakes when considering care that may have high risks and limited rewards for the elderly. It also educates patients and families when to use emergency room trips and hospitalizations designed for those with treatable illnesses, not the inevitable erosion of advanced age. Slow medicine, which shares with [hospice care](#) the goal of comfort rather than cure, is available in [nursing homes](#), but for those living at home or in assisted living, a medical scare usually prompts a call to 911.

Charley Gieg, 86 at the time, was suffering from a heart problem, an intestinal disorder and the early stages of Alzheimer's disease when doctors suspected he also had throat cancer. A specialist outlined what he was facing: biopsies, anesthesia, surgery, radiation or chemotherapy. His wife doubted he had the resilience to bounce back. Such treatments could accelerate his downward to a prolonged period of decline and dependence which was feared this even more than dying, what some call "death by intensive care."

It is imperative that this decision NOT be rushed. When the doctor tends to be a 'do-it-now' kind of guy," circumstances demand the time to think about all the what-ifs.

The patient can be spared these extreme options because, *it is possible to say "No" to tests, hospitalization, surgery, medication or nutrition.* Such fears are rarely shared among old people, health care professionals or family members, because etiquette discourages it.

Such decisions are not made lightly, and not without debate, especially in an aging society. Beginning that conversation earlier, sounds like fundamentally the right way to do. That means explaining that elderly people are rarely saved from cardiac arrest by CPR, or advising women with broken hips that they may never walk again, with or without surgery, unless they can stand physical therapy.

Aggressive treatment for the elderly at acute care hospitals can be "inhumane." Doctors get paid for doing a procedure, not discussing whether it should be done. The costliest patients — the elderly with chronic illnesses — are the only group with universal health coverage under [Medicare](#), leading to huge federal expenditures. Among the hard truths is that 9 of 10 people who live into their 80s will wind up unable to take care of themselves, either because of frailty or dementia. Everyone thinks they'll be the lucky one, but we can't go along with that myth.

All people want honor and dignity at life's end.

From the Alliance for Retired Americans:

Over 90% of Nursing Homes Marked for Violations

Over 90% of America's nursing homes have been cited for not meeting federal quality standards. In light of these findings, government officials administering Medicare have promised to improve quality by posting the names of the worst homes on the Medicare website, as well as by creating a star rankings system similar to the one used to rank hotels.

Advocacy groups say it points out the need for improved nursing home care.

For-profit facilities (28% to 36% of nursing homes) had a higher percentage of violations, related to improper storage and distribution of food, accident hazards and lack of services necessary for residents' mental and physical health. About 1.5 million people live in 16,000 nursing facilities in the U.S. To be reimbursed by Medicare and Medicaid, the homes must be certified as meeting certain Federal standards.

2008 Officers and Steering Committee of Sacramento Gray Panthers

Temporary Officers: Margie Metzler, 921-5008 or margiemetz@hotmail.com; Pat Naylor, 391-6274 or plnaylor@comcast.net; Arnie Godmintz, 332-5980 or arniegod@sbcglobal.net

Secretary: Pat Naylor

Treasurer: Lola Young

Staff Project Coordinator, Healthcare Issues grant,
Margie Metzler

Environmental: Dr. Karl Stoffers

Disability Issues: Michael Dunne and Terry Terry

Historian: Marge Cumming

Hospitality: Nell Ranta

Housing Issues: Linda Roberts, Karen Raasch

Labor/Wage Issues: Nell Ranta

Newsletter Editor: Betty Cooper Youngren

Newsletter Contributors: John Bernier and the rest of us

Transportation: Dale Kooyman, Barbara Stanton

Members at Large: Edy Poole, Pat Naylor, Jean Mellberg, Betty Merle, Judy Bietz

Computer Assistant: Margie Metzler

Webmaster Staff: Margie Metzler

All members are welcome to steering committee meetings held monthly the 4th Tuesday at 1 PM in the Cypress Room at Hart Center.

Visit our website for Sacramento and California GP issues as well as Healthcare updates:

www.gpcal.org.

Gray Panthers Newsletter thanks Paratransit!

Gray Panthers is indebted to Paratransit for its continued help in printing this newsletter. Paratransit, Inc., is a private nonprofit corporation dedicated to providing transportation services to individuals with disabilities, the elderly, and related agencies throughout the Sacramento County area. They have been creating independence through smart transit since 1978 and have consistently partnered happily with Gray Panthers of Sacramento.



<http://www.paratransit.org/index.html>

Gray Panthers Annual Dues are \$30 for individuals and \$35 for families.

This *includes* newsletters, membership in Gray Panthers National, and Gray Panthers California. If new members choose to join in coming months, they may pay the full amount or choose from the following monthly pro-rated schedule for 2006-2007. Be aware that you will be billed again in September.

Month	Individual	Family
January	\$20.00	\$20.50
February	17.50	18.00
March	15.00	15.50
April	12.50	13.00
May	10.00	10.50
June	7.50	8.50
July	5.00	5.50
August	Both \$3.00 + \$30.00 for 2007	

TODAY I /WE WANT TO JOIN GRAY PANTHERS SACRAMENTO

NAME _____

ADDRESS _____

PHONE _____

E-MAIL ADDRESS _____

MEMBERSHIP:

Regular: \$30 or pro-rated amt. _____

Family: \$35 or pro-rated amt. _____

Newsletter subscription only \$15 _____

TOTAL ENCLOSED _____

Note: It is not necessary to pay for the newsletter if you join as a full member!

Make check to **Gray Panthers of Sacramento**. Send to **PO Box 19438, Sacramento, CA 95819**.

REMEMBER: Lack of funds will not deter belonging to our organization! Call Margie Metzler for further information: 916-921-5008.

Gray Panthers National Action Network:

<http://graypanthers.e-actionmax.com/>



Gray Panthers Sacramento



Gray Panthers Sacramento

TIME to RENEW YOUR GRAY PANTHERS MEMBERSHIP!

2008/2009 ANNUAL DUES: \$30 INDIVIDUAL

\$35 FAMILY

\$15 NEWSLETTER ONLY

(Added Donation is always welcome & tax deductible)

TOTAL \$_____

Send dues with this page to:

GRAY PANTHERS OF SACRAMENTO

PO Box 19438

SACRAMENTO, CA 95819

What would Maggie Kuhn do?

ACT TODAY!



Gray Panthers Sacramento

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Monthly Meetings:

Nov. 18, Lola Young on the California Senior Legislature (Note date change! The Senior Center will be closed on the 11th for Veteran's Day so our meeting will be Nov. 18th); Dec. 9, Christmas Party

We are still here and still roaring!