



# CONNECTION

## SOAR More Important Than Ever



Recently USW members in Massachusetts ended a six-month lockout at National Grid with pensions being one of the major issues. The company did not want to continue providing a defined-benefit pension plan for new hires. This scenario is becoming a more common issue affecting current and future retirees, as more often than not, despite skyrocketing profits, companies no longer want to provide benefits to their retirees – even after all their years of hard work and dedicated service.

I did some research on the Bureau of Labor Statistics (BLS) website to gather some information to better understand where this country stands on pensions. I was surprised to find out that according to the BLS in 2017 only 15 percent of private-sector workers participated in a defined-benefit pension plan and only 50 percent participated in ANY workplace retirement plan. Those numbers go up to 23 percent and 54 percent when you include state and local government workers. These numbers also show a continuing pattern of employers freezing or terminating defined-benefit pension plans for workers.

I raise this issue to bring the importance of preserving and improving what is for many, the primary source of income in retirement, Social Security. We in SOAR have been fighting for improvement in the way Social Security is funded by removing the cap on earnings and making sure any attempt to reduce benefits is met with strong resistance.

Many of us in SOAR have less to worry about than the present generation of workers; unfortunately, the possibility of a comfortable retirement is no sure thing for them. That is why it is more important than ever before that the present workforce, if they haven't already done so, consider the formation of a SOAR chapter in their area. The continued attack on retirement security must be confronted by those presently in SOAR and those who look forward to retirement in their future.

SOAR Coordinators and Executive Board members must make themselves available to local unions in their area and let them know how important and valuable a SOAR chapter can be to them.

This year let's all make an effort to grow and improve SOAR in your respective areas and Districts.

Source: <https://www.bls.gov>

*Bill Pienta*, SOAR President

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## SOAR más importante que nunca



Recientemente, los miembros del USW en Massachusetts pusieron fin a un cierre de seis meses por parte de la empresa National Grid, y las pensiones son uno de los principales problemas. La compañía no quería continuar brindando un plan de pensión de beneficios definidos para las nuevas contratistas o empleados. Este escenario se está convirtiendo en un problema más común que afecta a los jubilados actuales y futuros, ya que la mayoría de las veces, a pesar de las estupendo crecientes ganancias, las empresas ya no quieren proporcionar beneficios a sus jubilados, incluso después de todos sus años de trabajo duro y servicio dedicado.

Hice una investigación en el sitio web de la Oficina de Estadísticas Laborales (BLS) para recopilar información para comprender mejor en qué situación se encuentra este país sobre las pensiones. Me sorprendió descubrir que, conforme el BLS en 2017, solo el 15 por ciento de los trabajadores del sector privado participaban en un plan de pensiones de prestaciones definidas y el 50 por ciento de los cuales participaba en CUALQUIER plan de retiro en el lugar de trabajo. Esos números aumentan al 23 por ciento y al 54 por ciento cuando se incluyen trabajadores de gobiernos estatales y locales. Estos números también muestran un patrón continuo de empleadores que congelan o terminan los planes de pensión de beneficios definidos para los trabajadores.

Presento este problema para resaltar la importancia de conservar y mejorar lo que para muchos es la principal fuente de ingresos en la jubilación, el Seguro Social. En SOAR hemos estado luchando por mejorar la forma en que se financia el Seguro Social eliminando el límite de ganancias y asegurándonos de que cualquier intento de reducir los beneficios encuentre una fuerte resistencia.

Muchos de nosotros en SOAR tenemos menos de qué preocuparnos que la generación actual de trabajadores; desafortunadamente, la posibilidad de una jubilación cómoda no es algo seguro para ellos. Por eso es más importante que nunca que la fuerza laboral actual, si aún no lo ha hecho, considere la información de un capítulo de SOAR en su área. El ataque continuo a la seguridad de jubilación debe ser confrontado por aquellos que están actualmente en SOAR y aquellos que esperan jubilarse en su futuro.

Los coordinadores de SOAR y los miembros de la Junta Ejecutiva deben estar disponibles para los sindicatos locales en su área y hacerles saber cuán importante y valioso puede ser para ellos un capítulo de SOAR.

Este año, hagamos un esfuerzo para crecer y mejorar SOAR en sus respectivas áreas y distritos.

Fuente: <https://www.bls.gov>

*Bill Pienta*, presidente de SOAR

## Election Results Already Paying Dividends for Working Families



From taking swift action to expand healthcare access to more Americans, to leading the charge to protect Social Security, lawmakers who were backed by our union during the 2018 election campaign have quickly taken up the fight for working families in states all across America.

“Healthcare is for everyone, not just the well to do,” said Janet Mills, the USW’s endorsed candidate and now-Governor of Maine during her inaugural address. Mills signed ‘Executive Order 1’ during her first day in office in an effort to remedy the state’s opioid crisis by expanding health insurance to more than 70,000 Mainers who were previously unable to access care.

In addition to expanding healthcare, Mills was the obvious best choice for working families based on her commitment to grow the middle class by defending workplace rights and supporting laws that encourage job creation and investments in infrastructure.

In Michigan, where an anti-union “Right to Work” law was forced through the state legislature and signed by the former Governor Rick Snyder in 2013, our union worked hard to help elect Gretchen Whitmer, who was a staunch ally of workers during her years in the Michigan State Senate. Reversing the anti-union “Right to Work” law will be difficult because Governor Whitmer’s pro-worker allies are in the minority in the state legislature. However, Whitmer has already taken a number of steps to improve life for working families, including signing a series of Executive Directives aimed at ensuring fair pay, strengthening workplace protections for state employees, and rein in employers who attempt to deny workers quality healthcare and other benefits through job misclassification and unfair contracting practices.

While progress in the federal government has been stymied by the longest partial shutdown in history, some of our union’s most trusted allies in the United States Senate, namely Sherrod Brown (OH), Tammy Duckworth (IL), Bernie Sanders (VT) and Elizabeth Warren (MA), have formed the Expand Social Security Caucus. Joining them in this effort are more than 150 members of the U.S. House of Representatives, including Conor Lamb (PA-17), whom our union strongly supported in a March 2018 special election to fill a vacant seat. Lamb also had the USW’s backing in November when redistricting forced him to run against another incumbent member of Congress who had voted consistently to weaken work protections and retirement security.

With less than one month into the 116<sup>th</sup> Congress and the legislative sessions in state governments across the country, the hard work of USW members in the 2018 election campaigns is already paying dividends for retirees and working families.

Sources

<https://www.pressherald.com/2019/01/03/mills-signs-executive-order-to-implement-medicaid-expansion/>

<https://www.pressherald.com/2019/01/02/janet-mills-to-become-governor-tonight/>

*Julie Stein*, SOAR Director



**“Wise men talk because they have something to say; fools, because they have to say something.”**  
**-Plato**

## Government Partial Shutdown



The partial shutdown of the federal government was a major attack on Unions and the working class. The shutdown affected 25 percent of the federal government. More than 400,000 federal workers were effectively locked out; furloughed without pay. Another 400,000 were engaged in compulsory labor without pay.

The population, as a whole, was be affected by delays in income tax refunds and other federal stipends. Over and above that, the disruption of air travel, as payless paydays drove air traffic controllers and airport security screeners from their jobs, as well as the loss of many other services.

A partial government shutdown led to financial stress for federal workers. National Treasury Employees Union (NTEU) President Tony Reardon stated, “I’ve been dismayed and frankly angered by suggestions that they shouldn’t have financial concern.” American Federal Government Employees (AFGE) President J. David Cox Sr. said in a statement, “Our members put their lives on the line to keep our country safe. Requiring them to work without pay is nothing short of inhumane.”

Finally, on January 10, in a letter sent to Washington D.C. leaders about the shutdown of the United States government, USW Int’l President Leo W. Gerard made the following statement. “On behalf of the 850,000 members of the United Steelworkers (USW) and in solidarity with the more than 800,000 workers impacted by this unnecessary shutdown in nine of fifteen federal departments, I urge you to reach an agreement that will allow critical agencies to conduct the necessary tasks to move our economy forward.”

The shutdown, which is the longest in American history, ended January 25 as a result of a temporary spending bill that was signed into law. It restores operations of the affected federal agencies and opened the way to paying the 800,000 federal workers who had been furloughed or forced to work without pay for 35 days. The government will only remain open until February 15, and so there could be another shutdown fight in a few weeks.

*John Patrick*, District 13 SOAR Executive Board Member



## Influx of Women in Congress Can Improve Women’s Retirement Security



The record number of women legislators on Capitol Hill could have a positive impact on women’s retirement security. More than 100 women were sworn-into office as members of the U.S. House on January 3.

This new “sisterhood” of lawmakers brings a stronger female perspective to the nation’s retirement challenges — which disproportionately affect women — and the possibility of reversing long-term trends that will decrease women’s financial stability during their senior years.

Source: NCPSSM

## SOAR Chapter Connection

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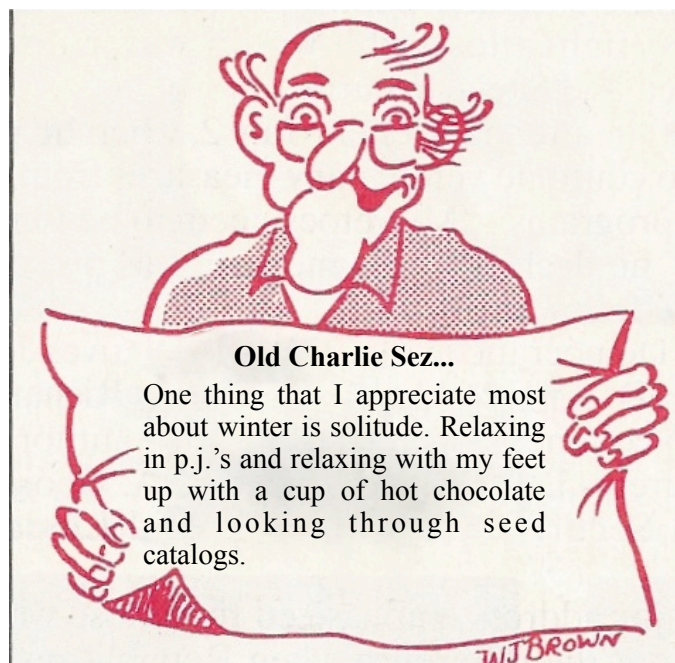
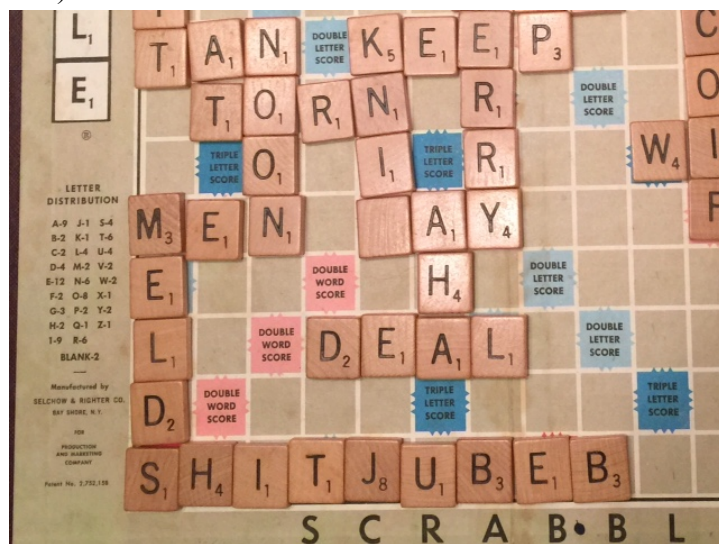


### Thank you, Dorine

Some time ago it was decided to translate one article in this newsletter into Spanish for those who might have difficulty with English. Many thanks to Dorine Godinez, President of SOAR Chapter 30-18 for volunteering to be our translator.

## Elaine Says...

Old Man Winter has hit Indiana with freezing temps and snow. Charlie and I have pretty much been confined indoors....a lot! So, after our daily fifty-minute ride on our trikes (indoors, they are on rollers), have breakfast, take our pills, do chores, then it is time for lunch and a nap. After nap and coffee, what to do? Hmm, so we dusted off the old Scrabble game and have been playing (a game usually lasts several days). I'll not say who is ahead in winning. But, it can get interesting. Our recall isn't what it used to be. And we often have to consult the Scrabble dictionary. Plus, towards the end, we are a little punchy and make up words (as in the lower bottom of the board). I think it is time to find the Old Maid cards!



## What is Primary Progressive Aphasia (PPA)?

Primary progressive aphasia is a rare nervous system (neurological) syndrome that affects your ability to communicate. People who have it can have trouble expressing their thoughts and understanding or finding words.

Symptoms begin gradually, often before age 65, and worsen over time. People with primary progressive aphasia can lose the ability to speak and write and, eventually, to understand written or spoken language.

This condition progresses slowly, so you may continue caring for yourself and participating in daily life activities for several years after the disorder's onset.

Primary progressive aphasia is a type of frontotemporal dementia, a cluster of related disorders that results from the degeneration of the frontal or temporal lobes of the brain, which include brain tissue involved in speech and language.

Source: Mayoclinic.org



## What is Essential Tremor?

### Overview

Essential tremor is a nervous system (neurological) disorder that causes involuntary and rhythmic shaking. It can affect almost any part of your body, but the trembling occurs most often in your hands — especially when you do simple tasks, such as drinking from a glass or tying shoelaces.

It's usually not a dangerous condition, but essential tremor typically worsens over time and can be severe in some people. Other conditions don't cause essential tremor, although it's sometimes confused with Parkinson's disease.

Essential tremor can occur at any age but is most common in people age 40 and older.

### Symptoms

Essential tremor signs and symptoms:

- Begin gradually, usually on one side of the body
- Worsen with movement
- Usually occur in the hands first, affecting one hand or both hands
- Can include a "yes-yes" or "no-no" motion of the head
- May be aggravated by emotional stress, fatigue, caffeine or temperature extremes

Source: Mayoclinic.org

## Two Main Medicare Options

The National Committee to Preserve Social Security and Medicare has partnered with the nonprofit Center for Medicare Advocacy to provide retirees with accurate, unbiased information about the two main Medicare options so that they can make a fully informed choice. Appropriately enough, the name of the initiative is the [Medicare Fully Informed Project](#). One of the most compelling features of this project is a [“Corrected Medicare & You Handbook,”](#) including ‘red pencil’ notes correcting some of CMS’ misleading or incomplete language in its main consumer publication for Medicare.

### Your Medicare Options

When you first enroll in Medicare and during certain times of the year, you can choose how you get your Medicare coverage. There are 2 main ways to get Medicare:

Original Medicare	Medicare Advantage (also known as Part C)
Original Medicare includes Medicare Part A (Hospital Insurance) and Part B (Medical Insurance). <b>Covers care from all providers that participate in Medicare nationwide.</b>	Medicare Advantage <del>is an</del> <b>“all in one”</b> is the name for private plans that are an alternative to Original Medicare and covers <del>These “bundled” plans include</del> Part A, Part B, and usually Part D. Coverage is usually limited to providers in your local geographic area.
If you want drug coverage, you can join a separate Part D plan.	
To help pay your out-of-pocket costs in Original Medicare (like your deductible and 20% coinsurance), you can also shop for and buy supplemental coverage.	Some plans may have lower out-of-pocket costs than Original Medicare.

There is little mystery as to why CMS is tipping the playing field toward Medicare Advantage. The Trump administration and its CMS chief, Seema Verma, have demonstrated a decidedly pro-corporate tilt in matters where the public interest should be the paramount concern.

Don’t let the insurance industry or the Trump administration deceive you. Don’t let them corporatize Medicare. Instead, let’s de-corporatize everyone else’s health care—and become a healthier, more humane nation. – Richard Eskow & Diane Archer, Common Dreams, 12/6/18

The National Committee does not oppose Medicare Advantage. For some beneficiaries, it may be the most practical choice – at least while they are relatively young and healthy. But we do believe that the playing field between private plans and original Medicare should be level. The Trump administration owes that to the tens of millions of Americans who rely on Medicare for health security in old age.

Source: NCPSSM

**For the Brokenhearted, Ohio Manufacturer Brings Sweethearts Back in 2020 ♥**



Before the notion of an exchange of rings to affirm love ever struck you, a Sweethearts candy heart imprinted with “Love U” or some other sweet nothing was likely one of the first declarations of affection that you encountered outside of your own family.

On Valentine’s Day, seemingly everywhere you look, you can find these saccharine heart-shaped missives. Indeed, conversation hearts are the most popular Valentine’s Day candy, according to online bulk-candy seller CandyStore.com, with over 19 million pounds sold each

year – 80 percent of which are from the Sweethearts brand. The New England Confectionary Co., also known as Necco, reportedly produced eight million Sweetheart annually.

Sadly, there will be no Sweethearts this Valentine’s Day. I know. I know. How else will you express your undying devotion to your beloved without such pithy phrases and pet names as “Text Me,” “Say Yes” or “Cutie Pie” stamped on a piece of candy to sweeten the burgeoning romance?!

However, there’s no need for further heart palpitations, Sweethearts will make their triumphant return come 2020 thanks to Ohio-based Spangler Candy Company, averting what would otherwise be a permanent Valentine’s Day tragedy. Unfortunately, Spangler has yet to announce whether the candy will be made in the company’s Ohio factory.

“We wish we could have Sweethearts® out for the 2019 Valentine season, but it’s just not possible,” said Spangler Chairman and CEO Kirk Vashaw, a fourth-generation descendant of the company’s founder. “We are committed to making sure these brands meet consumer expectations when they re-enter the market. Doing it right takes time.”



The family-owned company founded in 1906 employs 550 workers in its Bryan, Ohio, factory and headquarters while also operating a smaller co-manufacturing facility in Juarez, Mexico, so there’s a strong chance that when Sweethearts return to the market they’ll still be Made in America.

Spangler’s commitment to manufacturing the classic candy represents a happy turn in what otherwise promised to be the end of America’s love affair with Sweethearts. In May of last year, Necco, which manufactured the candy, was sold in a bankruptcy auction. Then in July, Necco’s plant in Revere, Mass., shut down, and the company, along with its Sweethearts recipe, yet again passed hands, this time ending up in Spangler’s holdings.

With a history stretching back to 1847, Sweethearts is an enduring symbol of Valentine’s Day, so we’re pleased to see that it will return, but if Spangler wishes to remain true to Sweethearts’ legacy, it should also commit to making the candy in America. ♥

*Cathalijne Adams* is a Researcher and Writer for the Alliance for American Manufacturing.



## Pension Benefits Are Not Only Critical to Retirees but to the Overall Economy



Retiree pension benefit spending generated \$1.2 trillion in total economic output in 2016, supporting 7.5 million jobs across the United States, according to a recent report by the National Institute on Retirement Security.

The most substantial effects on employment occurred in the health care, real estate, food services, and retail trade sectors.

When a retiree maintains a steady income, the whole community thrives. This is especially true for lower-income areas and areas fraught with higher-than-average unemployment. It is not just a drop in the bucket, either. Each dollar of defined benefit pensions contributes more than double, \$2.13, back to the economy.

Pension spending added a total of \$202.6 billion to government treasuries since retirees paid taxes at the federal, state and local levels on their benefits and purchases in 2016. Virtually every state and local economy across the country gains when retirees spend their pension benefits.

That spending also provides stability in the face of economic downturn. This is most noticeable in rural areas with less economic diversification.

Our unions are crucial in the fight to maintain and improve pension benefits for workers around the country. We defend these earned benefits because no one who has worked hard, in some cases for over forty years, deserves to live in poverty.

The Alliance's defense of traditional pension benefits is particularly important as we experience a rising life expectancy and longer periods of retirement. Our current retirees, our future retirees, and their communities all depend on them.

***Robert Roach, Jr. is president of the Alliance for Retired Americans. He was previously General Secretary-Treasurer of the IAMAW. For more information, visit [www.retiredamericans.org](http://www.retiredamericans.org).***

### Just a Couple of Observations

Lately, Elaine and I have been viewing hundreds (maybe thousands) of old slides that we've taken over the years. We're finding just a few worth transferring to computer files, but most are going to the burn barrel. Oh well, they've given us much pleasure over the years. Times change, that's for sure.

Our SOAR Chapter is 20 years old now, and I'm reminiscing in my mind and remembering the many former loyal members who have passed away and the many members that our chapter has been able to help over the years. I'm so very grateful that the Steelworker Union has given us this organization allowing us to help our union, our communities and one another, all at the same time. *Charlie*

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## Unbridled Assisted Living Growth Threatens Safety of Dementia Patients



Assisted living facilities are increasingly taking in dementia patients even though they are often not equipped to care for them, according to a new analysis from Kaiser Health News.

Nearly 40 percent of assisted living residents have been diagnosed with Alzheimer's disease or another type of dementia, and about a quarter of the more than 30,000 assisted living facilities in the U.S. either house dementia patients exclusively or have special memory care units to serve these patients.

Unlike nursing homes, assisted living facilities are not overseen by the federal government, so regulations are decided at the state level. A majority of states call for flexible staffing levels for assisted living, while only 19 states have specified minimum staff-to-resident ratios, which is better suited to caring for those with dementia.

According to KHN's investigation, a lack of consistent regulation has created unsafe environments in assisted living across the country. Officials frequently cite facilities for violations like failing to ensure that residents don't wander and failing to make sure that staff has adequate training. Overworked staff who aren't properly trained often turn to psychotropic drugs to calm aggressive residents, even though the use of such drugs is often unjustified and can actually be dangerous for patients. Assisted living facilities also tend to have smaller fines when they do receive safety citations because of loose regulations, further exacerbating the issue.

"It is clear that those who work in the assisted living field need to take action to ensure that they can provide better care to seniors with dementia," said Alliance Secretary-Treasurer Joseph Peters, Jr. "They should not continue to accept vulnerable patients without addressing these problems."

Source: Alliance for Retired Americans Friday Alert, December 21, 2018

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### **Medicare Part B-Covered Preventive Services Include:**

#### **Alcohol Misuse Screening and Counseling**

Medicare covers one alcohol misuse screening per year for adults with Medicare (including pregnant women) who use alcohol, but don't meet the medical criteria for alcohol dependency. If your health care provider determines you're misusing alcohol, you can get up to four brief face-to-face counseling sessions per year (if you're competent and alert during counseling). You must get counseling in a primary care setting (like a doctor's office). You pay nothing if the doctor or other qualified health care provider accepts assignment.

Source: Medicare.gov

## Travel with Medicare

Medicare usually doesn't cover health care while you're traveling outside the U.S. There are some exceptions, including some cases where Medicare Part B (Medical Insurance) may pay for services that you get on board a ship within the territorial waters adjoining the land areas of the U.S.

Medicare may pay for [inpatient hospital](#), [doctor](#), [ambulance services](#), or [dialysis](#) you get in a foreign country in these rare cases:

- You're in the U.S. when a medical emergency occurs, and the foreign hospital is closer than the nearest U.S. hospital that can treat your medical condition.
- You're traveling through Canada without unreasonable delay by the most direct route between Alaska and another state when a medical emergency occurs, and the Canadian hospital is closer than the nearest U.S. hospital that can treat the emergency.
- You live in the U.S. and the foreign hospital is closer to your home than the nearest U.S. hospital that can treat your medical condition, regardless of whether an emergency exists.

In some cases, Medicare may cover medically necessary health care services you get on board a ship within the territorial waters adjoining the land areas of the U.S. Medicare won't pay for health care services you get when a ship is more than 6 hours away from a U.S. port.

Medicare drug plans don't cover prescription drugs you buy outside the U.S.

[Medicare supplement insurance \(Medigap\) policies may cover you when you travel outside the U.S.](#)

### Your Costs in Original Medicare

You pay 100 percent of the costs, in most cases. In the situations described above, you pay 20 percent of the Medicare-approved amount, and the Part B deductible applies.

In the situations above, Medicare pays only for services covered under Original Medicare:

- Medicare Part A (Hospital Insurance) covers hospital care (care you get when you've been formally admitted with a doctor's order to the foreign hospital as an inpatient).
- Part B covers emergency and non-emergency [ambulance](#) and [doctor services](#) you get immediately before and during your covered foreign inpatient hospital stay. Medicare generally won't pay for services (like return ambulance trips home) in either of these cases:
  - Medicare didn't cover your hospital stay.
  - You got ambulance and doctor services outside the hospital after your covered hospital stay ended.

- You pay the part of the charge you would normally pay for covered services. This includes any medically necessary doctor and ambulance services you get in a foreign country as part of a covered inpatient hospital stay. You also pay the coinsurance, copayments, and deductibles you'd typically pay if you got these same services or supplies inside the U.S.

**Note:**

Foreign hospitals aren't required to file Medicare claims. You need to [submit an itemized bill](#) to Medicare for your doctor, inpatient, and ambulance services if both of these apply:

- You're admitted to a foreign hospital under one of the situations above
- The foreign hospital doesn't submit Medicare claims for you

**Note:**

To find out how much your test, item, or service will cost, talk to your doctor or health care provider. The specific amount you'll owe may depend on several things, like:

- Other insurance you may have
- How much your doctor charges
- Whether your doctor accepts assignment
- The type of facility
- Where you get your test, item, or service

**Things to Know**

The 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa are considered part of the U.S.

Medicare drug plans don't cover prescription drugs you buy outside the U.S.

[Medicare supplement insurance \(Medigap\) policies may cover you when you travel outside the U.S.](#)

**Note:**

Because Medicare has limited coverage of health care services outside the U.S., you may choose to buy a travel insurance policy to get more coverage. An insurance agent or travel agent can give you more information about buying travel insurance. Travel insurance doesn't necessarily include health insurance, so it's important to read the conditions or restrictions carefully.

Source: Medicare.gov



“Love is a serious mental disease.”

-Plato