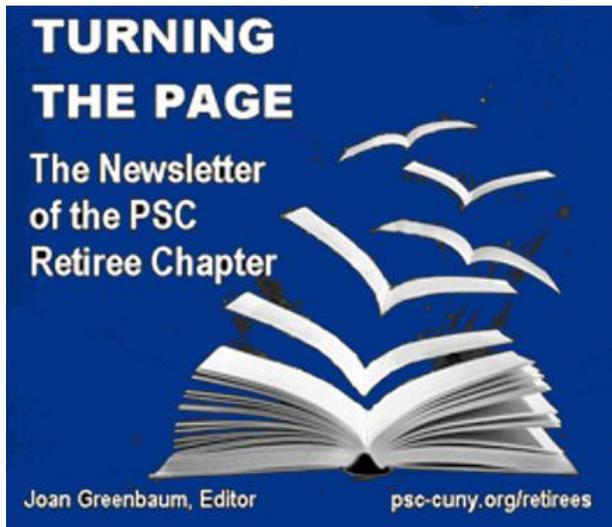


APRIL 2022



Academic Year 2021-22 No. 6

psc-cuny.org/retirees.org

VIRTUAL CHAPTER MEETING MONDAY APRIL 4, 1-3 on ZOOM

VIRTUAL CHAPTER MEETING,
MONDAY, APRIL 4, 1 PM. The meeting will be in two parts.

Part One: Is American Democracy as we know it in peril? Speakers include:



Prof. Steve London holds a joint appointment at Brooklyn College and the CUNY School of Labor and Urban Studies (SLU) and is past First-Vice

President of the PSC, where he headed its legislative operations.

Rose Mendelsohn is Organizing Director of Seed the Vote, an organization dedicated to grassroots voter mobilization in swing states (e.g. Arizona in the general election and Georgia in the Senate runoff in 2020-21).

Tiffany Brown, PSC Legislative Coordinator, has rich experience in Get Out the Vote (GOTV) operations in closely contested elections.

Part Two: Updates and info session on retiree healthcare.

WHAT'S HAPPENING WITH RETIREE HEALTHCARE?

The **go-to page for updates** and information is the retiree healthcare webpage at:

<https://www.psc-cuny.org/whats-happening-retiree-healthcare>

RETIREE PUSHBACK AND ITS IMPACT

Consider the moment we are in. NYC will NOT implement the move of retiree healthcare to MA+ on April 1. Nor, if and when it implements the move, can it charge a premium for NYC Senior Care.

All of that is the result of a victory in the court of Judge Lyle Frank in the lawsuit brought by the **NYC Organization of Public Service Retirees**.

A year ago, NYC hoped to have MA+ in place by July 1, 2021. Then January 1, 2022. Then April 1, 2022. And now,

even NYC does not know if and when MA+ will happen.

All of this may be turned on its head if NYC wins on appeal. But that may be months down the road – if ever.

Whether it's a temporary victory or permanent one, retiree pushback made a difference.



Together, with thousands of other municipal retirees, we pushed back. Our chapter was one of the first to shine sunlight on OLR/MLC negotiations that sought to re-engineer our health benefits by moving municipal retirees from traditional Medicare to privatized Medicare Advantage. We were not alone. Here is a **shout out to the other municipal retiree organizations and allies who pushed back against the City's plan and brought us to this moment** -- the Cross Union Retirees Organizing Committee (CROC), the Council of Municipal Retiree Organizations (COMRO), the DC-37 Retirees, Physicians for a National Health Plan (PNHP) and, most importantly for this court victory, the **NYC Organization of Public Service Retirees**, which brought the lawsuit and now has 15,000 members on its Facebook page.

The forces arrayed against us were formidable: Two major healthcare corporations, Anthem and Emblem, who partnered to form the Alliance (the MA+ vendor), the City of New York, and the MLC.

As retirees, we certainly understand our vulnerability. But we also need to appreciate our agency, which brought us to this moment. Keep on pushing back!

UPCOMING EVENTS

PSC TURNS FIFTY. The PSC was founded fifty years ago on April 14, 1972 with the merger of the Legislative Conference and the United Federation of College Teachers

The union is planning commemorative events. The retiree chapter will have a special program, tentatively scheduled for Monday, June 13.

We don't know how many of our retirees have been members of the PSC for the entire fifty years, but our assumption is that there are many.

If you are a fifty-year member, consider writing a paragraph for the newsletter on what you consider a memorable moment in that history – in your chapter or union-wide. We want to collect memorable moments for our newsletter which reflect the unique voices and stories of our retiree members.

You can send your submission to retirees@pscmail.org with the subject line "Fifty Years."

THE MONTH THAT WAS

OUR HEALTH AND CLIMATE CAN'T WAIT

Joan Greenbaum, Graduate Center

Our March 7 meeting was another barnburner with the second part focusing on the just-in news of Judge Frank throwing the April 1 deadline for Medicare Advantage Plus out the window. That information and all of the updates about retiree health care and actions is on the PSC website (<https://www.psc-cuny.org/whats-happening-retiree-healthcare>), which at this point in the Medicare saga you might want to bookmark in your web browser to keep up-to-date.



Meanwhile outside the Medicare world, New York State has a draft action plan that not only addresses climate change but is considered a pivotal plan for the rest of the nation. **Peter Iwanowicz**, the Executive Director of Environmental Advocates NY, boiled the 800-page draft plan down into less than 30 minutes. His simple message: “Our climate can’t wait.”

According to Iwanowicz, the plan is backed by extensive data that show that the costs of inaction by the State far outweigh the expenses of taking action. Some of the key parts need to be very fast moving:

- Electrification of all new homes by 2024
- Electric vehicles to make up 1/3 of all vehicles by 2030
- 70% of all electrification needs to come from renewables (wind, solar, hydro) by 2030.

In addition to the dizzying speed, the draft plan calls for zero solid waste (no landfills) by 2050. A relatively simple solution he suggested was that Amazon and others collect and recycle their packaging.

One of the most inspiring parts of his talk was the fact that all of the changes would result in a net gain of at least 189,000 new jobs – *and* it is all doable, with each section of the draft actively reviewed by experts and a wide range of environmental action groups.

Environmental Advocates NY is in the council that is working on finalizing the draft plan this year. Public hearings on the plan will be held throughout the State. Tiannis Coffie of Environmental Advocates also spoke with us about how to prepare testimony and speak to issues within the plan. Imagine the public health impact of no fossil fuels to harm your children and grandchildren. This is a huge step forward, and like so many other parts of the plan, if implemented in smaller stages, is within the scope of existing technology and can be put directly into State budgets.

For more info about Environmental Advocates see (eany.org). You might also be interested in joining PSC’s Environmental Action Working Group, which meets monthly and is involved in moving CUNY and the State into taking action (<https://www.psc-cuny.org/environmental-justice-committee>).

WHAT'S COMING: A RESEARCH REPORT

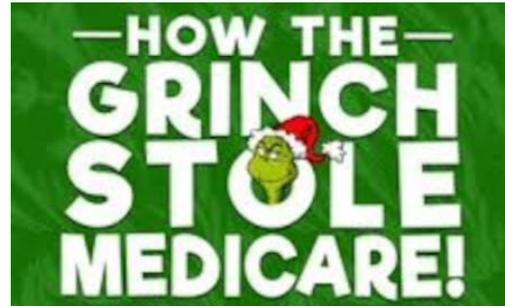
MEDICARE PRIVATIZATION ISN'T LIMITED TO NYC

-- Dave Kotelchuck, Hunter College

While NYC public-employee retirees have been bedeviled for the past eight months trying to figure out which NYC health-insurance plan to enroll in, insurance companies, business people and other private interests have been busy in Washington trying to get their hands on a bigger piece of the federal pie spent annually on Medicare -- \$696 billion in 2021 -- one in five health-care dollars spent in the U.S. These privatizers made great gains in their efforts in 2021 under President Donald Trump, and now President Biden's Administration appears to be continuing down the same path.

To be sure, business interests have been trying to grab ever bigger pieces of the Medicare spending pie since Medicare was founded in 1965. After several failed attempts, they made a major gain with the passage of the Medicare Advantage legislation in 2003 under President George W. Bush -- let's call these gains **Medicare Privatization 1.0**. These Advantage plans must operate under guidelines established by the federal Medicare agency and, like the NYC MA plan proposed for retirees, must establish a network of physicians and hospitals to serve the enrolled population. Here's the conflict of interest: The plan gets a fixed number of dollars per enrollee per year (capitation), so the less money the plan spends on health-care during the year (i.e., on us), the more the insurance company owners profit.

Medicare Privatization 2.0: DCEs (Direct Contracting Entities)



To get around the requirement that Medicare Advantage plans establish a comprehensive network of healthcare providers, private entrepreneurs have figured a new, easier way to access more Medicare dollars. They got the Trump Administration to develop what are called Direct Contracting Entity plans (DCEs). What are DCEs? They are organizations of groups of investors who have developed administrative and financial arrangements with groups of Medicare health providers, say groups of primary-care physicians who serve Medicare-eligible retirees.

But who might these investors be? In a 12/9/21 joint statement, Rep. Pramila Jayapal, Chairperson of the Congressional Progressive Caucus and Dr. Susan Rogers, national Chairwoman of Physicians for a National Health Program (PNHP), stated:

"Virtually any type of company can apply to be a DCE, including commercial insurers, venture capital investors, and even dialysis centers. In fact, applicants are approved without oversight from Congress. Unlike other care management models, there isn't even a requirement that DCEs be majority owned by health care providers. This opens the door to ownership by for-profit entities with no health care expertise at all."

<https://thehill.com/blogs/congress->

[blog/healthcare/585103-the-biggest-threat-to-medicare-youve-never-even-heard-of](https://www.healthaffairs.org/blog/healthcare/585103-the-biggest-threat-to-medicare-youve-never-even-heard-of))

In fact, of the 53 DCEs that currently operate in the U.S., 28 are investor, not provider owned.

(<https://www.healthaffairs.org/doi/10.1377/forefront.20210928.795755/full/>)

DCEs can cover both physician and hospital services or just physician services, as in some of the DCEs in NY State that cover physician services in the underserved North Country or far Western New York. (NOTE: DCEs do not cover persons already in Medicare Advantage plans since the latter already covers them.)

What's in it for the doctor or hospital that is part of a DCE plan? They get a share of the profits generated annually by the plan. How large might this share be? Direct Contracting Entities are required to spend at least 60 percent of our tax dollars on patient care — keeping up to **40% of revenues** for their own profit and overhead! (Jayapal-Rogers) According to Alex Lawson, Executive Director of Social Security Works:

"Direct contracting is nothing more than privatizing Medicare. It inserts a corporate bureaucrat between a patient and their doctor in order to deny care and make Wall Street money. The Biden administration must completely eliminate Direct Contracting—nothing less than that is acceptable."
(2/15/2022)

Medicare Privatization 3.0: ACOs (Accountable Care Organizations) Despite a growing torrent of criticism from progressive lawmakers, national and community health groups, and

health-care providers, the Biden Administration has continued the Trump Administration's DCE plans. Rather than eliminate these programs the Administration's response has been re-name them and make minor improvements. In an announcement on January 26, the Center for Medicare and Medicaid Services (CMS) announced that henceforth the 53 existing Direct Contracting Entity plans will now be shifted over to become Accountable Care Organizations (ACOs), specifically ACO models called ACO REACH (Accountable Care Organization - Realizing Equity, Access, and Community Health).



In addition to the name change, these new DCEs turned ACO REACH plans will receive more monies if they serve a greater percentage of poor people and poor communities, and also 75 percent or more of the members of ACO governing boards must be providers (up from 25 percent for DCEs). Both changes are good ones, but as noted above, ownership and hence the distribution of profits does not require a majority of providers. The underlying conflicts of interest remain: The less the ACO REACH plan spends on the delivery of health-care services, the greater the profits ACO REACH owners and provider members make.

The Privatization Move in NYC Isn't Happening Only in NYC

As of January 1, 2022, CMS reports that over 11 million people enrolled in Medicare are receiving care from a health care provider in some ACO-model plan. Also 66 new ACOs are joining the program in 2022 – 53 of them ACO REACH plans -- for a total of 483 ACOs nationwide.

(<https://www.cms.gov/newsroom/press-releases/medicare-shared-savings-program-continues-grow-and-deliver-high-quality-person-centered-care-through>)

So profiteering in health care is making a comeback now, often by stealth. Will it result finally in the privatization of all aspects of federal Medicare? And will it go on to the privatization of Social Security, as proposed by President Bush in 2006? One battleground of this fight against privatization may be right here and now in NYC. The long-term goal of this struggle for the ascendant right is the wiping out of the last shards of FDR's New Deal and the return to a neoliberal normalcy.

THE PRIVATIZATION OF EVERYTHING

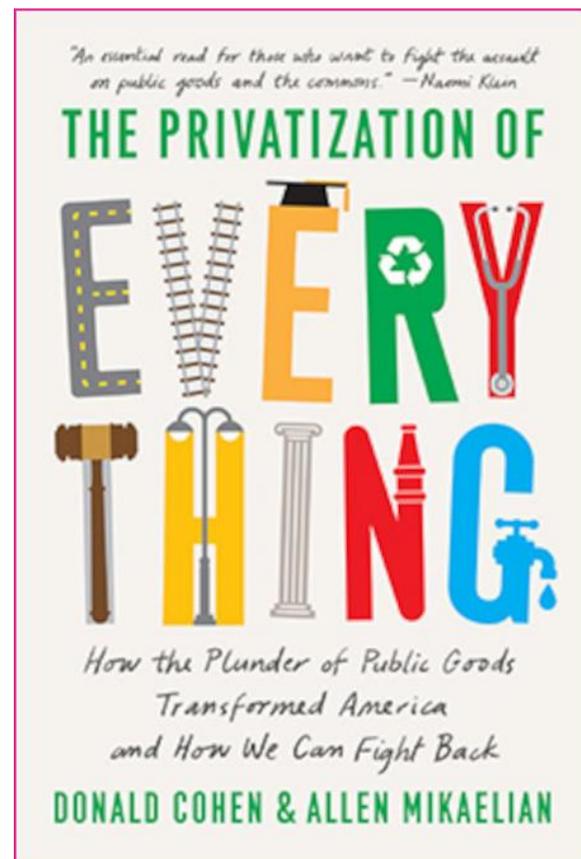
A PSC Book Group Review

If you drive a car, parking at a meter is part of the routine. Put in a few coins or a credit card; perhaps grumble because the rate has increased; but then realize that the money collected will be used for the public good.

But not in Chicago. There, by contract expiring in 2083, all revenues--actual

and potential--go to a "group of investors led by Morgan Stanley."

In their extensively researched book, *The Privatization of Everything* (New Press, 2021), Donald Cohen and Allen Mikaelian demonstrate how privatization has defrauded the public. In the tradition of the muckrakers, the authors expose how local, state and the national government have succumbed to the blandishments of the private sector. Prisons, parks, public lands, libraries, roads, and schools are just some of the public resources given over to private hands.



Of particular interest to the Retiree Chapter are the sections describing efforts to privatize Medicare and Medicaid. Having been subjected to the imposition of the so-called Medicare

Advantage plan, one wishes the authors explored the dynamics of this movement in greater depth.

The book firmly asserts "Privatization is an anathema to these forms of democratic decision making and governance" (p.111); and "Privatization drives economic inequality" (p.197). They prove these points through well documented reporting. Yet, they do not provide context for the drive to privatize, and the commodification of public services. Fundamentally, our capitalistic system leads investors to think "what else can we make money from?"

The authors state "Our definition of *public goods* boils down to a few simple ideas. Public goods are things we all benefit from even if we don't personally use them, such as education, public transportation, the safety net, and the justice system. They are things that are essential for life, including water and clean air." (p.284)

Yet, there may be instances where the private sector is better able to perform a civic task than is the government. In New York City, the sanitation department collects the recyclables, and then a private company processes it. The Department of Education contracts out bus services to transport students, but administers an Office of Food and Nutrition Services to feed them.

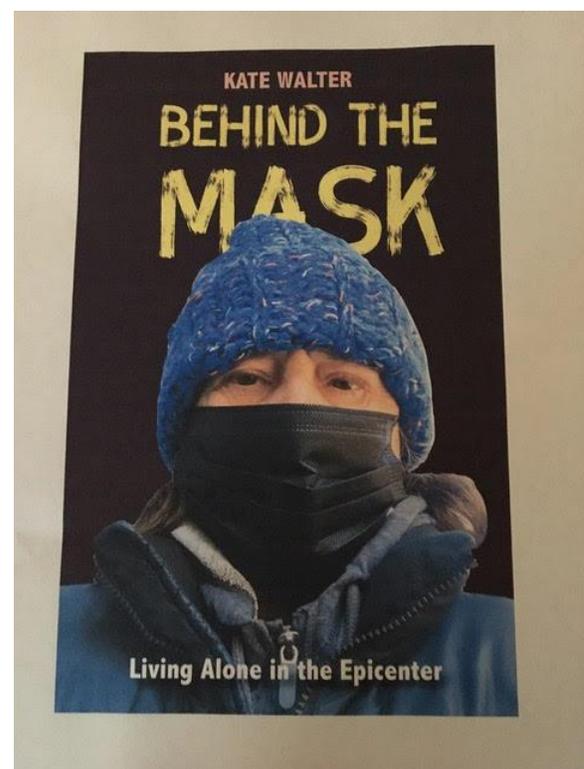
The authors outline " Six Steps to Regaining Public Control over Public Goods" (pp. 285-292). The essence of their proposals lies in complete transparency, wide public involvement, and an ethos that makes "sure that public goods are equally available to all.

This means paying for things we value through our taxes" (p. 288).

Citizens continually raise questions about tax rates, whether to float bonds and assume debt, and what governmental agencies are capable of doing. Readers of *The Privatization of Everything* will be well informed as they join the conversation. □

RETIREES WRITE

BEHIND THE MASK



Kate Walter, journalist and retiree from BMCC, has a new memoir out, *Behind the Mask, Living Alone in the Epicenter* (Heliotrope Books, 2021), which takes us back to March 2020, a pandemic journey we might want to reflect on for the future. Among other kudos, the book has been spotlighted by the

Authors Guild, and written about in *The Guardian*.

Kate Walter loved her life as a single gay woman and writer living in New York City's famous Westbeth Artists Housing in Greenwich Village. In early 2020, just as the lively community was gearing up to celebrate its 50th anniversary, New York City went into Covid 19 pandemic lockdown. Westbeth turned into a ghost town. Kate's carefully constructed social life crashed. Suddenly, she was trapped at home, living in the pandemic epicenter. Kate was lonely and scared. The isolation was hard on everyone—for cultural creators, perhaps an extra degree of hard. She melted down in lockdown. She dreamed the city was on fire. She hit the wall. But she picked herself up and called upon her resilience and spiritual practices to stay safe and get through the isolation (Heliotrope Books).

Some want to think that we have left the pandemic behind us, but in addition to constantly changing viruses we also need to reflect on the mental health effects of isolation. Kate's journey is inspiring. She will be speaking at the Hudson Branch of the New York Public Library on April 23rd at 2 PM.

USEFUL UNION LINKS:

Retiree Chapter:

<https://www.psc-cuny.org/retirees>

Welfare Fund

<http://psccunywf.org/>

Reminder! Our Welfare Fund benefits, including pharmacy, dental, eyeglasses

and hearing, all remain the same no matter what changes are made in retiree healthcare.

TURNING THE PAGE is a publication of the Retirees chapter of PSC-CUNY, Local 2334 of NYSUT and the AFT.

Please write for this publication. We welcome articles of special interest to retirees, such as

- short essays on your activities during this period of politics and plague;
- your comments on recent *Turning the Page* articles; and
- books you have written that you would like to hawk here.

And don't forget to send us a memory of 50 years of PSC.

Our newsletter collective is made up of Michael Frank, Bill Friedheim, Joan Greenbaum and Dave Kotelchuck.

Write to us at retirees@pscmail.org, with 'Newsletter' in the subject line.

LIFE DURING WARTIME

Josh Brown, the retired director of the American Social History Project at the CUNY Graduate Center, has produced a series of weekly political illustrations, beginning in 2003 with the war in Iraq, called Life During Wartime. You can view them by going to the entire collection, 2003- 2019, which is online at: www.joshbrownnyc.com/ldw.htm.