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# HCFA/CMS

## *ALUMNI NEWS*

SPRING 2005 (Vol. 11 No. 2)

**MESSAGE FROM THE PRESIDENT**

Well, winter has finally relinquished its hold and spring is here and the feeling of renewal is in the air. And so I'd like to thank all of you who have renewed your membership for 2005 (and in many cases beyond that as well). Dues remain at \$5.00 per year and we think we must be doing something right because only a very small handful of members did not renew this year.

The association continues to be an important part of the retirement life of many of us. On page 2 you will see a list of 10 new members. We now have over 440 current members and the numbers keep climbing. By providing copies of the CMS VOICE (when and if issued), a Member Directory and a quarterly newsletter, we promote a continuing connection between CMS (formerly HCFA) and its retirees, both at the central office and regional office levels. We try to provide information of interest to all retirees. Note the items inside about the COLA Count, the Social Security Administration Employee Activities Association (SSAEAA), a potential reunion in Las Vegas or elsewhere, the Holocaust Memorial Program, The Power of Bananas, whimsical pieces about People Over 35, A Baby For The Aged, Reunion Time and Ramblings of A Retired Mind in the new and already popular Komedie Korner, and much more. And we are always on the lookout for suggestions about things to do or events to sponsor in furtherance of our goals as a social organization. In this regard, check out the item on the Alumni Funds proposals.

As always you will also find information inside about senior staff changes at CMS.

I want to wish you all a wonderful spring and summer season and continued happiness, good health and prosperity in retirement.



William L Engelhardt

## **HCFA/CMS ALUMNI NEWS**

Published four times a year for the members of the Health Care Financing Administration  
/Centers for Medicare and Medicaid Services (HCFA/CMS) Alumni Association

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## **DUE DATES FOR FUTURE ISSUES**

Summer Issue – June 26, 2005

Fall Issue – September 23, 2005

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## **NEW MEMBERS**

The Association extends a hearty "Welcome Aboard" to the following new members:

Karl D. Foltz  
Fred S. Harris  
Ethel C. Jones  
Luther Y. Mitchell  
Raymond & Marlene Schatz  
Ida Smellowsky  
Jon R. Smyth  
Sharman K. Stephens  
Richard Stevens  
Dave Witt

We now have 443 active members.

## **NEW MEMBER DIRECTORY UPDATE**

At the back of this newsletter you will find a Member Directory Update. It includes all additions (i.e., new members) and reported changes since the Summer 2004 Edition of the Member Directory was issued. We plan to continue to include updates from July 2004 on in future issues of The HCFA/CMS Alumni News, until the next issuance of a complete Member Directory. Therefore the update in each issue will be a complete one and can replace prior updates. Since this is an update, you will **NOT** find yourself listed in it unless there has been a change in your membership information or you became a new member since the Member Directory was issued.

We encourage members to keep us informed of changes so that we can in turn keep everyone up to date. E-mail addresses seem to be particularly subject to change or elimination.

## **MEMBERSHIP SEARCH**

As always, we acknowledge that there are many HCFA/CMS retirees that we have not been able to reach to tell them about the Alumni Association and invite them to join. We continue to ask for your assistance in spreading the message about us to them. If you know of any retiree that is not a member, please let them know about us and tell them how to contact us by telephone, snail mail or e-mail (all of that information can be found on page 2 of this issue). We will be very happy to send, either electronically or via snail mail, anyone the enrollment form and further information about membership. And Bill Engelhardt says you can always e-mail him personally at [wengelhardt@adelphia.net](mailto:wengelhardt@adelphia.net) for faster response (as the office e-mail is only accessed weekly).

## **ALUMNI FUNDS**

The Alumni Association treasury has reached the 5-digit figure and the Board of Directors is thinking about things to accomplish with it that would be in keeping with the social nature of the organization. The dues are minimal and so are the expenses so the treasury keeps growing. An annual contribution to a nationwide charitable organization (such as the American Red Cross, American Heart Association or The United Way for example) and/or a free extra year or two of membership for all current members is under consideration.

The Board will consider other appropriate suggestions and members who have any are encouraged to phone or e-mail the association at 410-786-3918 or HCFAALUM@cms.hhs.gov.

## **SSAEAA**

We'd again like to remind members that we do have a link to the Social Security Administration Employee Activities Association (SSAEAA) on our web site. The actual URL for it is "<http://ssaeaa.org>" but you can just click on the link on our page. HCFA/CMS retirees are automatically members of the SSAEAA and are eligible to participate in discount purchases.

## **COLA COUNT**

Through 5 months of the counting period to determine the January 2006 federal retiree cost-of-living adjustment, retirees have banked 1.2 percent for the next COLA. The figure had been 0.6 percent after four months but there was an increase of 0.6 percent in February in the consumer price index used to measure the COLA. There are 7 months left in the counting period.

## **SOCIAL ACTIVITY PROPOSAL**

Viva Las Vegas - Our Honolulu alumni member, Bob Bath, ever the inveterate traveler, has broached a very interesting idea for a reunion of HCFA/CMS retirees. He suggested that we might consider a little reunion at a place away from Baltimore! While we are open to suggestions for other locations, to start the old thought process going he suggested that there might be some interest in Las Vegas. We might even be able to coax him into throwing in a bunch of Hawaiian shirts to replace those that we would lose at the tables. A weekend in Las Vegas would be an exciting time for all and getting together with old comrades would add even more to the fun and games.

Please contact the HCFA/CMS Alumni Association Secretary, Barbara Booth, via telephone at (410) 668-2048 or e-mail at [bcbooth@comcast.net](mailto:bcbooth@comcast.net), to register your interest in this suggestion. Any further action will depend upon the extent of interest expressed.

## **HOLOCAUST MEMORIAL PROGRAM**

By Jacqueline S. Gordan, CMS Holocaust Memorial Program Committee

CMS's eleventh annual Holocaust Memorial Program will be held on Wednesday, May 4, at 11 a.m. Eastern Daylight Savings Time in the CMS Auditorium, 7500 Security Boulevard, Woodlawn, MD 21244.

This year's program recognizes that this year is the 60<sup>th</sup> anniversary of the liberation of the Jews in Europe. The Nazi regime murdered 6 million Jews and many others during what became known as the Holocaust. Auschwitz, the largest of the Nazi camps, where 1.1 million people died, was liberated by the advancing Soviet army on January 27, 1945.

The keynote speaker for this year's program will be Ms. Manya Friedman, a concentration camp survivor. Ms. Friedman was born in Chmielinik, Poland and was 13 when Germany invaded her country. Along with her two younger brothers and parents, she was forced into concentration camps. In January 1945, they were evacuated on a death march. Ms. Friedman was rescued three months later by the Swedish Red Cross, but her entire family perished at Auschwitz. Ms. Friedman is now a part of the United States Holocaust Museum speakers' bureau and visits schools and communities across the nation as a living testament to the strength of the human spirit.

Rabbi Elan Adler of Moses Montefiore Anshe Emunah Hebrew Congregation has again agreed to deliver the invocation for this important program. The children's choir from the Krieger Schechter Day School will return to share with us their songs of hope.

All CMS staff and **alumni** are invited to attend this inspirational program.

All alumni members interested in attending should contact their fellow alum: Herb Hane at (410) 544-3244, or e-mail him at [herbgitta@closecall.com](mailto:herbgitta@closecall.com), so arrangements can be made for their entry into the building.

Mr. Chick Paper, who lives in Baltimore, will also speak at a lunchtime program (a lunch and learn session) on the theme of the 60<sup>th</sup> anniversary of the liberation of Jews in Europe. Mr. Paper was a liberator under General Dwight David Eisenhower. His program will be on May 12<sup>th</sup> from 12:00 to 1:00 p.m. in room C112.

## **GPO & WEP ELIMINATION PROPOSALS**

Legislation to eliminate two provisions of Social Security law that reduce Social Security benefits available to those who have mainly worked in jobs not covered by that system—such as CSRS retirement—has been offered in the Senate (S-619). The measure, primarily sponsored by Senators Dianne Feinstein, D-California, and Susan Collins, R-Maine, would eliminate both the government pension offset, which reduces and often eliminates spousal or survivor Social Security benefits for such persons, and the windfall elimination provision, which reduces their own earned benefits through other employment that was covered by Social Security.

The Senate measure to eliminate the WEP and GPO is a counterpart to a bill (HR-147) introduced earlier in the House. Meanwhile, legislation (HR-750) offered by Rep. Clay Shaw, R-Florida, would reduce the GPO, although not eliminate it. Under current law, the GPO reduces by \$2 for each \$3 in an annuity that the beneficiary receives from a retirement program—such as CSRS—that does not include Social Security. In many cases, the GPO totally eliminates the Social Security benefit, since CSRS typically pays a substantially larger benefit than does Social Security. The measure would reduce the offset to \$1 for each \$3. Other proposed GPO reforms in the past have sought to apply the offset only to combined benefits above a certain threshold, such as \$1,200 a month.

Similar proposals have surfaced in the past, and even drawn a vast number of cosponsors, without actually making it into law. We'll wait and see what happens this time around.

### **RETIREE PREMIUM CONVERSION**

Legislation (HR-994) to make federal retirees eligible for paying Federal Employees Health Benefits program premiums with pre-tax money has again been introduced in the House by Rep. Tom Davis, R-Virginia. Federal employees, but not retirees, have been eligible for the “premium conversion” arrangement since late 2000, saving the typical enrollee more than \$400 a year on average. However, retirees are excluded because of provisions of the tax code, and some members of Congress have been trying since 2000 to change that provision.

Davis's sponsorship of the premium conversion bill is significant since he chairs the House Government Reform Committee, the measure's first stop in the legislative process. In the prior Congress, that committee approved a similar bill but the proposal also falls under the jurisdiction of the House's tax committee, Ways and Means. The measure died there in the prior Congress, mainly out of concerns about the cost. That includes not only the cost of improving the benefits for federal retirees, estimated at \$7 billion in lost tax revenue over 10 years, but also the potential precedent that would be set for private sector retirees to seek the same tax advantage, at a much higher cost in lost tax revenue.

### **NEW MEDICARE CLAIMS APPEALS PROCESS**

In Section 521 of the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA), Congress required a major restructuring to improve the process that Medicare beneficiaries can use to appeal claims denials. The law includes a series of structural and procedural changes to the appeals process, including:

- \* Uniform appeal procedures for both Part A and Part B claims.
- \* Reduced decision-making time frames for most administrative appeals levels, as well as the right to escalate a case that is not decided on time to the next appeal level.
- \* The establishment of new entities, Qualified Independent Contractors (QICs), to conduct reconsiderations of claims denials made by fiscal intermediaries, carriers, and quality improvement organizations.

- \* Use of QIC review panels, which include medical professionals, to reconsider all cases involving medical necessity issues.
- \* A requirement for appeals-specific data collection by CMS.

On December 8, 2003, following publication of the proposed rule, the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) (Pub. L. 108-173) was enacted. The MMA includes a number of provisions that affect the Medicare claim appeals process. Most notably the new law includes:

- \* Revised redetermination and reconsideration decision-making time frames.
- \* A reduction in the minimum required number of QICs from 12 to 4.
- \* A requirement to transfer the ALJ function from SSA to HHS no earlier than July 1, 2005, but not later than October 1, 2005.
- \* Revised requirements for appeals decision notices.
- \* A requirement for providers and suppliers to present any evidence for an appeal no later than the QIC reconsideration level, unless there is good cause that prevented the timely introduction of the evidence.
- \* The establishment of a process for the correction of minor errors or omissions without pursuing an appeal.

Since the enactment of BIPA and MMA, CMS has been working aggressively to implement the substantial changes required by the law. For example, changes already implemented include:

- \* Development of a case-specific appeals database.
- \* Award of contracts to the new required appeals entities—Qualified Independent Contractors (QICs).
- \* Implementation of new improved notice requirements for current Medicare contractors.

On March 1, 2005 CMS published an interim final rule to enable it to complete implementation of the new appeals process. The statutory appeals provisions dramatically reduce the time frames for adjudicating fee-for-service Medicare claims appeals (a process that now can exceed 1,000 days must be reduced to 300 days). This change required a substantial overhaul of the appeals process, a complicated restructuring involving all levels of the Medicare appeals process.

The final rule sets forth in one location all regulations covering administrative appeals of Medicare Part A and Part B claims, including for the first time Medicare-specific procedures for carrying out Administrative Law Judge (ALJ) hearings. The interim final rule sets forth regulations to implement all structural and procedural changes to the existing appeals process. Implementation of these new procedures will take place in two stages. First, beginning on May 1, 2005, all first level appeals (“redeterminations”) carried out by fiscal intermediaries (generally Part A appeals, such as for services furnished by hospitals, skilled nursing facilities, and home health agencies) will be subject to QIC reconsiderations.

Then, beginning January 1, 2006, appeals of redeterminations carried out by Medicare carriers (Part B appeals, involving physician services and durable medical equipment items, for example) will be subject to QIC reconsiderations. The new ALJ rules will be in effect for all appeals that

come through the QICs. Thus, in 2006, the new Medicare appeals process will take effect for all Part A and B Medicare claims.

### **MEDICARE PART B PREMIUM RISING TO \$89.20 in 2006**

By Ceci Connolly  
Washington Post Staff Writer  
Friday, April 1, 2005; Page A25

Medicare payments to physicians jumped 15 percent last year, an unexpectedly large increase that prompted Bush administration officials yesterday to announce that monthly premiums for America's seniors will rise to \$89.20 in 2006, \$1.50 more than initially projected.

The unusually sharp spike was caused primarily by lengthier office visits, more complex imaging such as MRI scans and doctors administering more lab tests and treatments in their offices instead of at a hospital.

"There's no question many of these things can help prevent complications of serious chronic diseases and keep patients out of the hospital," said Mark B. McClellan, administrator of the Centers for Medicare & Medicaid Services. But he expressed concern that that is not the case in every instance.

The CMS laid out the costs in a letter yesterday to the Medicare Payment Advisory Commission.

Monthly premiums for Medicare Part B, which covers outpatient services, were \$66.60 last year and rose to \$78.20 for 2005. In its March 23 report, the Medicare Board of Trustees projected an increase of \$9.50 a month, but it now will be \$11.

With increased demand and scheduled reductions in the fees Medicare pays physicians, the American Medical Association warned yesterday that doctors may think twice before taking Medicare patients.

"These cuts pose a serious threat to access to care for seniors," said AMA board Chairman J. James Rohack. "No senior citizen should have to worry whether their physician can afford to accept Medicare patients."

Last year, Congress rescinded a proposed cut in physician payments. But the rates are slated to be trimmed by 4.3 percent next year and by as much as 26 percent through 2011.

As is the case in the private sector, Medicare spending has been rising steadily for the past several years, and its long-term financial solvency is in doubt, according to its board of trustees. Yesterday's analysis related only to outpatient expenditures.

In a conference call with reporters, McClellan stressed his alarm over the spending figures and said he intends to find ways to steer doctors toward proven, cost-effective treatments. "This is a big increase that has an impact on both beneficiaries and taxpayers," he said.



CMS analysts found that many retirees are seeing doctors more often and for longer periods of time. Payments have been rising for minor treatments such as physical therapy, as well as for injectable medications such as chemotherapy. Government spending for physician services rose from \$76.7 billion in 2003 to \$88.3 billion last year.

Some increase in volume can be good, said Glenn M. Hackbarth, chair of the Medicare Payment Advisory Commission, "but some are not so good." The independent commission, which advises Congress on Medicare, has been pressing for a "pay-for-performance" system that would reward doctors who follow evidence-based treatment guidelines.

The AMA defended the increases, and warned that technological breakthroughs and an aging population will continue to create greater demand.

"Conditions that once required hospitalization now are routinely treated in physicians' offices at a lower cost to the government and patients," Rohack said. "Medicare should recognize and reward these advances rather than penalize physicians for these important improvements in patient care."

Some lawmakers have accused President Bush of focusing on Social Security at the expense of Medicare.

"Medicare's financial outlook has deteriorated dramatically over the past five years and is now much worse than Social Security's," the trustees concluded in their March 23 report. They project that the Medicare Trust Fund will be exhausted by 2020.

### **SENIOR MANAGEMENT ANNOUNCEMENTS**

**Linda Fishman** has returned to CMS as Director of the Office of Legislation. She has broad and deep experience working in both the executive and legislative branches of the Federal government, including staff leadership positions for the Senate Finance and the House Ways and Means Committees, and as a Senior Advisor to the CMS Administrator. Ms. Fishman was a key contributor to three major pieces of Medicare legislation: the Medicare Modernization Act of 2003 when she was chief health aide to Chairman Chuck Grassley, and the Balanced Budget Refinement Act (BBRA) of 1999 and the Medicare, Medicaid, and S-CHIP Benefits and Improvement and Protection Act (BIPA) of 2000 when she served as professional staff to Chairman Bill Thomas.

On the Finance Committee, she also had extensive experience with Medicaid legislation. Ms. Fishman most recently was a senior advisor at Hogan & Hartson, L.L.P., and prior to her government service, spent many years at the Association of American Medical Colleges (AAMC) in an advocacy role. She holds BA and MBA degrees from the University of Washington. And not only that, she has even made an intergenerational contribution to CMS as her son Alan, a student at Princeton, was an intern at CMS last summer.

**Office of HIPAA Standards (OHS) Functions Expanded**, reflecting the growing importance of supporting and promoting the adoption of electronic health care systems to improve quality and reduce costs for patients, and plans to further expand health related information technology (HIT). The office has already facilitated the adoption of standards for HIPAA transactions, e-prescribing and consolidated health informatics and this expertise is relevant to the effective and timely implementation of e-health initiatives in many other components of the agency. CMS needed a central point of contact to coordinate health IT initiatives across the Agency and the Office of the National Coordinator for Health Information Technology (ONCHIT) in the Department. OHS will report directly to the CMS Chief Operating Officer in the Office of the Administrator.

**Tony Trenkle** has joined CMS as Director of the Office of HIPAA Standards (OHS). He recently served as the Deputy Associate Commissioner for the Social Security Administration's (SSA) Office of Electronic Services (OES) which is responsible for the business planning and development of SSA's Internet on-line services and related activities. Prior to his SSA experience, he was the Director of the General Services Administration's (GSA) Office of Electronic Commerce where he led GSA and Federal initiatives in electronic procurement, electronic grants, and electronic government. He also co-chaired for several years the Federal Electronic Commerce Program Office, which coordinated Federal electronic commerce activities.

**Nancy O'Connor** has been appointed to the position of Regional Administer in Philadelphia. She started her career in CMS in 1986 and has held progressively responsible positions. She has been serving as the Acting Philadelphia Regional Administrator since April 2004. She also served in this capacity from December 2000 to July 2001. She has served as an Excellence in Government Fellow and possesses a Master's degree in Health Services Administration from George Washington University.

### **DHHS SECRETARY MIKE LEAVITT ANNOUNCED 6 SENIOR STAFF ADDITIONS**

Secretary Leavitt formally named six people to the DHHS senior leadership team; Chief of Staff, Deputy Chief of Staff, Senior Counselor for Health Policy, Counselors for Science and Human Service Policy and a Counselor to the Secretary.

**Rich McKeown**, Chief of Staff, will oversee operations for all Department functions. He has previously served as Chief of Staff to Secretary Leavitt at the U.S. Environmental Protection Agency and the Utah Governor's Office. He has also served as a Commissioner of the Utah State Tax Commission and practiced law in Salt Lake City.

**Kerry Weems**, Deputy Chief of Staff, assist the Chief of Staff with the management of day-to-day operational functions, as well as serve as a policy advisor. Mr. Weems is a 21-year veteran of the Department, who has most recently served as Acting Assistant Secretary for Budget, Technology and Finance since January 2003. He began his career as a budget and program analyst for the Social Security Administration (then part of DHHS) and has served in numerous capacities since then.

**Jennifer Young**, Acting Senior Counselor for Health Policy, a new role within the Department that will function as senior policy advisor to the Secretary for the health portfolio. Ms. Young will advise the Secretary on **Medicaid**, **Medicare**, public health, and other health care matters, as well as legislative strategy. Prior to this appointment, Ms. Young was appointed by the President and confirmed by the Senate to serve as the Assistant Secretary for Legislation, the principal legislative liaison for the Bush Administration on health and human service legislation. She will continue in this role until a replacement is named. Throughout her career, she has held numerous health policy positions including staff work for the U.S. House of Representatives Committee on Ways and Means, U.S. Senate Committee on Finance, and National Governors Association.

**William F. Raub**, Acting Counselor for Science Policy. In this role he will function as senior policy advisor for science and oversee a portfolio of issues that include activities, among others, at the Food and Drug Administration, National Institutes of Health and Centers for Disease Control and Prevention. Dr. Raub also will serve as a key advisor to the Secretary on counterterrorism. His experience includes multiple roles at DHHS, including serving as Principal Deputy Assistant Secretary for Public Health Emergency Preparedness and earlier as Acting Assistant Secretary for Planning and Evaluation. Dr. Raub also served previously as Deputy Director of the National Institutes of Health, the Science Advisor to the Administrator of the Environmental Protection Agency and Special Assistant for Health Affairs in the Office of Science and Technology Policy at the White House.

**Richard M. Campanelli**, Acting Counselor for Human Service Policy. In this role, he will function as senior policy advisor to the Secretary on issues relating to children and families, seniors, people with disabilities, life issues, civil rights, privacy, faith and community-based activities and other human service matters. Mr. Campanelli will continue in his capacity as Director of the Office for Civil Rights. Prior to this, Mr. Campanelli spent nearly 20 years in public and private work, including service in private law practice, as Senior Special Assistant to the U.S. Attorney General, as Legal Counsel to the U.S. Department of State South Africa Working Group and as a Trial Attorney in the U.S. Department of Justice Civil Rights Division.

**Natalie Gochnour**, Counselor to the Secretary. An economist by training, Ms. Gochnour will advise the Secretary on communication and policy matters. She has worked in numerous roles with Secretary Leavitt since 1993. Most recently, she served as Associate Administrator for Public Affairs at the U.S. Environmental Protection Agency. Her previous public service included serving as Director of Policy and Communications for the Utah Governor's Office, Utah State Planning Coordinator, and Deputy Director of the Utah Governor's Office of Planning and Budget.

In addition to these new appointments, **Laura Lawlor**, Deputy Chief of Staff, who served in the same capacity under Secretary Thompson, is taking maternity leave and will rejoin the senior team upon her return in May. She previously served President George W. Bush in various capacities both in the White House and when he was Governor of Texas. In the White House she served as special assistant to the President and Director of Cabinet Affairs. In Texas she served as Governor Bush's Health Policy Advisor and Deputy Director of Legislative Affairs.

## **THE POWER OF BANANAS**

Submitted by Blanche Duffy

Many of you will undoubtedly remember our fascinating treatise on peeling a banana from the top down or the bottom up a while back. After Reading THIS, you'll NEVER look at a banana in the same way again.

Bananas. Containing three natural sugars - sucrose, fructose and glucose combined with fiber, a banana gives an instant, sustained and substantial boost of energy. Research has proven that just two bananas provide enough energy for a strenuous 90-minute workout. No wonder the banana is the number one fruit with the world's leading athletes.

But energy isn't the only way a banana can help us keep fit. It can also help overcome or prevent a substantial number of illnesses and conditions, making it a must to add to our daily diet.

### **Depression:**

According to a recent survey undertaken by MIND amongst people suffering from depression, many felt much better after eating a banana. This is because bananas contain tryptophan, a type of protein that the body converts into serotonin, known to make you relax, improve your mood and generally make you feel happier. PMS: Forget the pills - eat a banana. The vitamin B6 it contains regulates blood glucose levels, which can affect your mood.

### **Anemia:**

High in iron, bananas can stimulate the production of hemoglobin in the blood and so helps in cases of anemia.

### **Blood Pressure:**

This unique tropical fruit is extremely high in potassium yet low in salt, making it the perfect to beat blood pressure. So much so, the US Food and Drug Administration has just allowed the banana industry to make official claims for the fruit's ability to reduce the risk of blood pressure and stroke.

### **Brain Power:**

200 students at a Twickenham (Middlesex) school were helped through their exams this year by eating bananas at breakfast, break, and lunch in a bid to boost their brain power. Research has shown that the potassium-packed fruit can assist learning by making pupils more alert.

### **Constipation:**

High in fiber, including bananas in the diet can help restore normal bowel action, helping to overcome the problem without resorting to laxatives.

### **Hangovers:**

One of the quickest ways of curing a hangover is to make a banana milkshake, sweetened with honey. The banana calms the stomach and, with the help of the honey, builds up depleted blood sugar levels, while the milk soothes and re-hydrates your system.

**Heartburn:**

Bananas have a natural antacid effect in the body so if you suffer from heartburn try eating a banana for soothing relief.

**Morning Sickness:**

Snacking on bananas between meals helps to keep blood sugar levels up and avoid morning sickness.

**Mosquito bites:**

Before reaching for the insect bite cream, try rubbing the affected area with the inside of a banana skin. Many people find it amazingly successful at reducing swelling and irritation.

**Nerves:**

Bananas are high in B vitamins that help calm the nervous system.

**Overweight and at work:**

Studies at the Institute of Psychology in Austria found pressure at work leads to gorging on comfort food like chocolate and crisps. Looking at 5,000 hospital patients, researchers found the most obese were more likely to be in high-pressure jobs. The report concluded that to avoid panic-induced food cravings we need to control our blood sugar levels by snacking on high carbohydrate foods every two hours to keep levels steady.

**Ulcers:**

The banana is used as the dietary food against intestinal disorders because of its soft texture and smoothness. It is the only raw fruit that can be eaten without distress in over-chronicler cases. It also neutralizes over-acidity and reduces irritation by coating the lining of the stomach.

**Temperature control:**

Many other cultures see bananas as a "cooling" fruit that can lower both the physical and emotional temperature of expectant mothers. In Thailand, for example, pregnant women eat bananas to ensure their baby is born with a cool temperature.

**Seasonal Affective Disorder (SAD):**

Bananas can help SAD sufferers because they contain the natural mood enhancer tryptophan.

**Smoking:**

Bananas can also help people trying to give up smoking. The B6, B12 they contain, as well as the potassium and magnesium found in them, help the body recover from the effects of nicotine withdrawal.

**Stress:**

Potassium is a vital mineral, which helps normalize the heartbeat, sends oxygen to the brain and regulates your body's water balance. When we are stressed, our metabolic rate rises, thereby reducing our potassium levels. These can be rebalanced with the help of a high-potassium banana snack.

**Strokes:**

According to research in "The New England Journal of Medicine," eating bananas as part of a regular diet can cut the risk of death by strokes by as much as 40%!

**Warts:**

Those keen on natural alternatives swear that if you want to kill off a wart, take a piece of banana skin and place it on the wart, with the yellow side out. Carefully hold the skin in place with a plaster or surgical tape!

So, a banana really is a natural remedy for many ills. When you compare it to an apple, it has four times the protein, twice the carbohydrate, three times the phosphorus, five times the vitamin A and iron, and twice the other vitamins and minerals. It is also rich in potassium and is one of the best value foods around. So maybe its time to change that well known phrase so that we say, "A banana a day keeps the doctor away!"

PS Bananas must be the reason monkeys are so happy all the time!

Bananas are good for you.

**KOMEDY KORNER****People Over 35 Should Be Dead. Here's Why!**

Submitted by Ed Bonnie

According to today's regulators and bureaucrats, those of us who were kids in the 40's, 50's, 60's, or even maybe the early 70's probably shouldn't have survived.

Our baby cribs were covered with bright colored lead-based paint.

We had no childproof lids on medicine bottles, doors or cabinets!

And when we rode our bikes, we had no helmets (Not to mention the risks we took hitchhiking).

As children, we would ride in cars with no seatbelts or air bags.

Riding in the back of a pickup truck on a warm day was always a special treat.

We drank water from the garden hose and not from a bottle. Horrors!

We ate cupcakes, bread and butter, and drank soda pop with sugar in it, but we were never overweight because we were always outside playing.

We shared one soft drink with four friends, from one bottle, and no one actually died from this.

We would spend hours building our go-carts out of scraps and then rode down the hill, only to find out we forgot the brakes. After running into the bushes a few times, we learned to solve the problem.

We would leave home in the morning and play all day, as long as we were back when the street lights came on.

No one was able to reach us all day. NO CELL PHONES!!!! Unthinkable!

We did not have Playstations, Nintendo 64, X-Boxes, no video games at all, no 99 channels on cable, video tape movies, surround sound, personal cell phones, personal computers, or Internet chat rooms.

We had friends! We went outside and found them.

We played dodge ball, and sometimes, the ball would really hurt.

We fell out of trees, got cut and broke bones and teeth, and there were no lawsuits from these accidents. They were accidents. No one was to blame but us. Remember accidents?

We had fights and punched each other and got black and blue and learned to get over it.

We made up games with sticks and tennis balls and ate worms, and although we were told it would happen, we did not put out very many eyes, nor did the worms live inside us forever.

We rode bikes or walked to a friend's home and knocked on the door, or rang the bell or just walked in and talked to them.

Little League had tryouts and not everyone made the team.

Those who didn't had to learn to deal with disappointment.

Some students weren't as smart as others, so they failed a grade and were held back to repeat the same grade. Horrors!

Tests were not adjusted for any reason.

Our actions were our own.

Consequences were expected.

The idea of a parent bailing us out if we broke a law was unheard of.

They actually sided with the law. Imagine that!

This generation has produced some of the best risk-takers and problem solvers and inventors,

ever.

The past 50 years have been an explosion of innovation and new ideas.

We had freedom, failure, success and responsibility, and we learned how to deal with it all.

And you're one of them!

Congratulations!

Please pass this on to others who have had the luck to grow up as kids, before lawyers and government regulated our lives, for our own good !!!!!

People under 30 are WIMPS!

### **A Baby For The Aged**

With the assistance of fertility treatments, a woman was able to have a baby at the age of 65. When she was discharged from hospital, her relatives came to visit. "Can we see the baby?" they asked. "Not yet, " said the 65-year old mother. Twenty minutes later, they asked again. "Can we see the baby?" "Not yet," said the mother. Another twenty minutes later, they asked again. "Can we see the baby?" " Not yet," said the mother.

Growing very impatient, they said. " Well, when can we see the baby then?"

"When it cries."

"Why do we have to wait until the baby cries? "

"Because I forgot where I put it."

### **Reunion Time**

Every ten years, as summertime nears, an announcement arrives in the mail, a reunion is planned; it'll be really grand; Make plans to attend without fail.

I'll never forget the first time we met; We tried so hard to impress. We drove fancy cars, smoked big cigars, And wore our most elegant dress.

It was quite an affair; the whole class was there. It was held at a fancy hotel. We wined, and we dined, and we acted refined. And everyone thought it was swell.

The men all conversed about who had been first To achieve great fortune and fame. Meanwhile, their spouses described their fine houses And how beautiful their children became.



The homecoming queen, who once had been lean, now weighed in at one-ninety-six. The jocks who were there had all lost their hair, and the cheerleaders could no longer do kicks.

No one had heard about the class nerd who'd guided a spacecraft to the moon; or poor little Jane, who's always been plain; she married a shipping tycoon.

The boy we'd decreed "most apt to succeed" was serving ten years in the pen, while the one voted "least" now was a priest; Just shows you can be wrong now and then.

They awarded a prize to one of the guys who seemed to have aged the least. Another was given to the grad who had driven the farthest to attend the feast.

They took a class picture, a curious mixture Of beehives, crew cuts and wide ties. Tall, short, or skinny, the style was the mini; You never saw so many thighs.

At our next get-together, no one cared whether they impressed their classmates or not. The mood was informal, a whole lot more normal; By this time we'd all gone to pot.

It was held out-of-doors, at the lake shores; We ate hamburgers, coleslaw, and beans. Then most of us lay around in the shade, in our comfortable T-shirts and jeans.

By the fortieth year, it was abundantly clear, we were definitely over the hill. Those who weren't dead had to crawl out of bed, and be home in time for their pill.

And now I can't wait as they've set the date; Our sixtieth is coming, I'm told. It should be a ball, they've rented a hall At the Shady Rest Home for the old.

Repairs have been made on my old hearing aid; My pacemaker's been turned up on high. My wheelchair is oiled, and my teeth have been boiled; and I've bought a new wig and glass eye.

I'm feeling quite hearty; I'm ready to party, I'll dance until dawn's early light. It'll be lots of fun; and I hope at least one other person can make it that night.

### **Ramblings Of A Retired Mind**

I was thinking about how a status symbol of today is those cell phones that everyone has clipped on. I can't afford one so I'm wearing my garage door opener.

You know, I spent a fortune on deodorant before I realized that people didn't like me anyway.

I was thinking that women should put pictures of missing husbands on beer cans!

I was thinking about old age and decided that it is when you still have something on the ball but you are just too tired to bounce it.

I thought about making a fitness movie for folks my age and call it "Pumping Rust."

I have gotten that dreaded furniture disease; that's when your chest is falling into your drawers!

I know when people see a cat's litter box, they always say, "Oh, have you got a cat?"  
Just once, I wanted to say, "No, it's for company!"

Why do they put pictures of criminals up in the Post Office? What are we supposed to do ... write to these men? Why don't they just put their pictures on the postage stamps so the mailmen could look for them while they delivered the mail?

Employment application blanks always ask who is to be notified in case of an emergency. I think you should write, "A Good Doctor!"

I was thinking about how people seem to read the Bible a whole lot more as they get older then it dawned on me. They were cramming for their finals.

As for me, I'm just hoping God grades on the curve.

# **IN MEMORIAM**

**The Alumni Association respectfully acknowledges  
the passing of the following  
Alumni/Employees/Spouses and expresses its  
sympathy to family members:**

**MARJORIE Y. LEWIS\***

**ANNE RUSZALA\*\***

\*HCFA or CMS Retiree

\*\* Spouse of HCFA/CMS Retiree John J. Ruszala

**If you are aware of any other deaths of Alumni please notify the editorial staff  
April 2005**