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# HCFA/CMS

## *ALUMNI NEWS*

SPRING 2006 (Vol. 12 No. 2)

MESSAGE FROM THE PRESIDENT

Well, Spring has Sprung and we are all bursting with that wonderful feeling of renewal. And speaking of renewal, I'd like to thank all of you who have renewed your membership for 2006 (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.

I am also pleased that the association continues to attract new members and continues to be an important part of the retirement life of many of us. On page 2 you will see a list of 9 new members, bringing the membership up to an all time high of 469. By providing copies of the new CMS internal employee newsletter (News You Can Use), 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. The first issue of "News You Can Use" is included in this mailing. See the item inside for more about it.

In this issue you will also find items about the COLA Count, Civil Service Issues, the Holocaust Memorial Program on May 3, Vision and Dental Benefits, the latest in CMS senior staff and organizational news, an SSA warning about an identity theft e-mail scam, and an interesting article about the value of bananas. An explanation of Medical Insurance and other goodies appear in the ever-popular KomedY Korner segment. There are lots of other items that hopefully will also be of interest to you.

I want to wish you all a Wonderful Spring and Summer 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 23, 2006

Fall Issue – September 22, 2006

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**NEW MEMBERS**

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

Alice S. Abramovitz

J. Robert Brown

Richard Bryson

David H. King

Patricia Mactaggar  
Lee Netzer  
Paul J. Olenick  
Jacqueline Sheridan-Moore  
Toba Thaman

We now have 468 active members.

### **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).

### **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 five months of the counting period toward the January 2007 federal retiree cost of living adjustment, the inflation index used to set that adjustment stands at 0.8 percentage points, following a drop of 0.5 percentage points in December an increase of 0.8 in January and an increase of 0.1 percentage points in February. The annual COLA count measures the change in the index's average from a third calendar quarter to the next. There are 7 months left in the counting period.

### **NEW CMS NEWSLETTER**

It has been some time now since CMS has released an issue of the CMS VOICE. We provided our members with copies of that publication as they became available. CMS has now begun publication of a new internal employee newsletter called "News You Can Use." You will find a copy of Volume 1, Issue 1 in this mailing. We plan to continue providing copies of future issues as they become available.

### **CIVIL SERVICE ISSUES**

FEDweek.com reports that the House Government Reform Committee, the main panel in the House dealing with civil service issues, has said it will oppose any efforts to single out federal retirees for reductions to cost-of-living adjustments, continues to favor allowing retirees to pay health insurance premiums with pre-tax money, and supports making student loan repayments tax-free.

### **HOLOCAUST MEMORIAL PROGRAM**

CMS's twelfth annual Holocaust Memorial Program will be held on Wednesday, May 3, 2006 at 11:00 a.m. Eastern Time in the CMS Auditorium, 7500 Security Boulevard, Woodlawn, MD.

**This theme of this year's program is "Survival Against All Odds – The Bluma Shapiro Story." The keynote speaker is a survivor of several concentration camps including Auschwitz.**

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

Alumni members who are interested in attending should contact: Herb Hane at (410) 544-3244, or by e-mail at: [herbgitta@closecall.com](mailto:herbgitta@closecall.com), so arrangements can be made for entry into the building.

### **VISION & DENTAL BENEFITS UPDATE**

Per FEDweek.com, the Office of Personnel Management OPM continues to work toward a launch late this year of a vision and dental benefits beyond the currently limited offerings in FEHB. Congress enacted legislation authorizing such a program in 2004, in which enrollees will pay the entire cost although at a presumably lower rate than for individually purchased coverage because of the purchasing power of the group. The benefits will be voluntary, and not dependent on FEHB enrollment. The dental-vision program plans to offer "self plus one" as an enrollment option, in addition to the standard choices of "self" and "family." The current schedule calls for OPM to issue contracts around the end of May and conduct an educational program in the fall. There will be an open season for electing benefits running concurrent with the FEHB open season in November-December. The program will officially be called the Federal Employees Dental and Vision Insurance Program, or FEDVIP.

### **SENIOR MANAGEMENT ANNOUNCEMENTS**

**Rod Benson** has been appointed to the SES position of Director, Office of Acquisitions and Grants Management. Since 1997, Rod has been managing CMS' procurement program, which totaled \$1.6 billion in FY 2005, ensuring that all procurements meet legal, ethical, and financial requirements. Rod has also been responsible for the award and administration of contracts required for the Medicare Integrity Program and to meet CMS' information technology needs. He has been responsible for all of CMS' research grants. He has been CMS' principal official responsible for acquisitions and is certified at the Level IV of the Department of Health and Human Services' (HHS) Acquisition Certification Program.

Prior to joining CMS, he was a trial attorney and legal advisor for HHS' Office of the General Counsel for 18 years and provided legal opinions and advice to CMS and the Social Security Administration on all aspects of their contracting activities as well as grants, appropriation law, Freedom of Information Act, Privacy Act, government tort claims, and government ethics.

**Bill Lasowski** has been appointed to the SES position of Deputy Director, Center for Medicaid and State Operations (CMSO). Bill has been serving as the Acting Deputy Director since September 1, 2005. Bill's technical knowledge and leadership skills gained through 25 years of financial management experience, 23 of which relate to Medicare, Medicaid, and SCHIP programs, are essential to the success of CMS' programs.

Previously, he served as a Senior Financial Advisor to the CMSO Director and Administrator on all aspects of Medicaid and SCHIP financial systems, budget, and operational issues for the States and Territories involving over \$190 billion in Federal funds annually while providing overall management direction for Medicaid and SCHIP financial management activities of CMS. Earlier in his career, he served as the Director, Division of Financial Management in CMSO from June 1987 to November 2001. As the Division Director, he was CMS' champion for leading the design, development, and implementation of the financial management policies and operational procedures for the newly enacted SCHIP program under Title XXI of the Social Security Act.

**Cathy Carter** has been appointed to the SES position of Director, Business Standards and Systems Operations Group (BSOG), within the Office of Information Services. Cathy previously served in the positions of Deputy and Director of BSOG and its predecessor organizations since 1995, where she managed \$100+ million in contracts for the maintenance of CMS' Medicare fee-for-service claims processing and beneficiary related systems. She has also been instrumental in implementing HIPAA transactions and code sets for Medicare as a payer and working toward providing those transactions via the Internet. Cathy's federal career began in 1976 and she has over 21 years of experience managing various fee-for-service and managed care aspects of the Medicare and Medicaid programs. Additionally, Cathy is a 2005 graduate of the HHS SES Candidate Development Program.

### **CMS ORGANIZATIONAL CHANGES**

CMS has announced organizational changes designed to manage even more effectively the Medicare health plan and drug plan responsibilities, and to enhance the ability to communicate on a broad, agency-wide scale with all of CMS' beneficiaries, partners and stakeholders in the programs it administers. The Agency has made significant strides in broadening its grassroots approach to reach people served by all of its programs, spanning across the traditional Medicare program, Medicare Advantage, and the increasing range of activities being undertaken at the agency level to improve quality and help patients and health professionals avoid unnecessary health care costs. This strategy builds on long-term partnerships with many new and innovative community based collaborations.

**Office of External Affairs (OEA):** To further these goals, CMS is integrating the Medicare outreach and partnerships activities and the beneficiary education and analysis functions into OEA. Specifically, the agency-level activities of (OEA) will be expanded to include the Beneficiary Services and Partnership Group and the Beneficiary Education and Analysis Group,

both of which were in the Centers for Beneficiary Choices (CBC). In addition, the Medicare Ombudsman Staff, also from CBC, will report to the Administrator through OEA.

**Office of Beneficiary Information Services:** A new agency-level Office of Beneficiary Information Services has been created and it will report through the Chief Operating Officer (COO). This new office will be responsible for implementation and management of the Beneficiary Contact Centers, which will be responsible for both 1-800 Medicare and the FFS contractor beneficiary calls and for management and oversight of CMS' external websites, www.medicare.gov and www.cms.hhs.gov. The functions of the beneficiary call centers and the websites, important operational assets of the Agency, are being moved to the COO from CBC to help ensure an enterprise-wide support in these increasingly important and sophisticated technical areas of information delivery.

In addition, CBC has made a number of internal organizational changes to help the Center function more effectively and build upon the successful steps in the implementation of the MMA. There were four primary goals of these changes: (1) to consolidate cross-cutting functions (those that supported several different Groups within CBC) into one Group; (2) to address several critical recommendations emanating from the recent Chief Financial Officer (CFO) Audit Report; (3) to more closely align policy and operations functions for both the Medicare Advantage and Medicare Prescription Drug Benefit programs; and (4) to consolidate plan payment policy and operations within one Group.

**Medicare Plan Payment Group:** This new group has been established and will primarily responsible for all plan payment policy development and operations.

**Plan Oversight and Accountability Group:** This group has been established; primarily to be responsible for a variety of crosscutting activities such as plan training and HPMS, as well as critical oversight and accountability functions supporting both the Part C and Part D programs. The responsibility for all CAHPS activities will become part of this Group. In addition, to provide further support for financial management, a new **Division of Operations Oversight** was established in this Group that will have CBC-wide responsibility to initiate and track corrective actions to mitigate program vulnerabilities and reduce improper payments. This division will also oversee support and coordination for internal and external payment audits, including the annual CFO Audit.

To align more closely the policy and operations functions within each program, the Medicare Advantage non-payment policy function has been moved to the Medicare Advantage Group. Similarly, the Medicare Drug Benefit non-payment policy has been moved to the Medicare Drug Benefit Group. The Privacy Rights and Protection Staff will be aligned with the Medicare Enrollment and Appeals Group. Finally, the private health insurance plan function has been moved to the Employer Policy and Operations Group. There were also several other realignments of functions within each group.

**Michael McMullan** has agreed to work directly with the Administrator to help lead the agency-level transition initiatives on Medicare Part D. The Administrator, Mark B. McClellan, M.D., Ph.D., said of Michael: "While I greatly value Michael's unique perspectives and leadership on this effort, I greet this change with mixed emotions. After 32 years of exceptional service for the Medicare program and all the people it touches, Michael will retire from CMS after she completes her work on this transition. Michael is a career civil servant of the highest caliber, as demonstrated by her receipt of several Presidential Rank Awards and numerous other service

awards, but especially by her ability to help all of us at CMS work together effectively in solving problems. Her leadership in such areas as implementing new communication technologies, finding more effective ways to overcome barriers in reaching all of our beneficiaries, enhancing our partnerships with local partners around the country, and in so many systems and management improvements, will have a major and permanent impact, and she brings all of these insights to our Part D transition work as well.

### **TRIANGLE OF LIFE REBUTTAL**

In the last issue of this newsletter we published an article about the "Triangle of Life," in which the theories of Doug Copp regarding survival techniques during an earthquake were presented. Alumni member Agnes G. Summers has pointed out that these theories are controversial and have been discredited by various sources, not the least among them being the American Red Cross. The following article is presented in rebuttal.

#### **American Red Cross response to "Triangle of Life" by Doug Copp**

Sent from Rocky Lopes, PhD Manager, Community Disaster Education, American Red Cross National Headquarters

*Recently it has been brought to my attention that an email from Doug Copp, titled "Triangle of Life," is making its rounds again on the Internet. "Drop, Cover, and Hold On" is CORRECT, accurate, and APPROPRIATE for use in the United States for Earthquake safety. Mr. Copp's assertions in his message that everyone is always crushed if they get under something is incorrect.*

Recently, the American Red Cross became aware of a challenge to the earthquake safety advice "Drop, Cover, and Hold On." This is according to information from Mr. Doug Copp, the Rescue Chief and Disaster Manager of American Rescue Team International (a private company not affiliated with the U.S. Government or other agency.) He says that going underneath objects during an earthquake [as in children being told to get under their desks at school] is very dangerous, and fatal should the building collapse in a strong earthquake. He also states that "everyone who gets under a doorway when a building collapses is killed." He further states that "if you are in bed when an earthquake happens, to roll out of bed next to it," and he also says that "If an earthquake happens while you are watching television and you cannot easily escape by getting out the door or window, then lie down and curl up in the fetal position next to a sofa, or large chair." These recommendations are inaccurate for application in the United States and inconsistent with information developed through earthquake research. Mr. Copp based his statements on observations of damage to buildings after an earthquake in Turkey. It is like "apples and oranges" to compare building construction standards, techniques, engineering principles, and construction materials between Turkey and the United States.

We at the American Red Cross have studied the research on the topic of earthquake safety for many years. We have benefited from extensive research done by the California Office of Emergency Services, California Seismic Safety Commission, professional and academic research organizations, and emergency management agencies, who have also studied the recommendation to "drop, cover, and hold on!" during the shaking of an earthquake. Personally, I have also benefited from those who preceded me in doing earthquake education in California since the Field Act was passed in 1933.

What the claims made by Mr. Copp of ARTI, Inc., does not seem to distinguish is that the recommendation to "drop, cover, and hold on!" is a U.S.-based recommendation based on U.S. Building Codes and construction standards. Much research in the United States has confirmed that "Drop, Cover, and Hold On!" has saved lives in the United States. Engineering researchers have demonstrated that very few buildings collapse or "pancake" in the U.S. as they might do in other countries. Using a web site to show one picture of one U.S. building that had a partial collapse after a major quake in an area with thousands of buildings that did not collapse during the same quake is inappropriate and misleading.

According to the Centers for Disease Control and Prevention (CDC), which collects data on injuries and deaths from all reportable causes in the U.S., as well as data from three University-based studies performed after the Loma Prieta (September, 1989) and Northridge (January, 1994) earthquakes in California, the following data are indicated: Loma Prieta: 63 deaths, approximately 3,700 people were injured. Most injuries happened as a result of the collapse of the Cypress Street section of I-880 in Oakland. Northridge: 57 deaths, 1,500 serious injuries. Most injuries were from falls caused by people trying to get out of their homes, or serious cuts and broken bones when people ran, barefooted, over broken glass (the earthquake happened in the early morning on a federal holiday when many people were still in bed.) There were millions of people in each of these earthquake-affected areas, and of those millions, many of them reported to have "dropped, covered, and held on" during the shaking of the earthquake.

We contend that "Drop, Cover, and Hold On" indeed SAVED lives, not killed people. Because the research continues to demonstrate that, in the U.S., "Drop, Cover, and Hold On!" works, the American Red Cross remains behind that recommendation. It is the simplest, reliable, and easiest method to teach people, including children.

The American Red Cross has not recommended use of a doorway for earthquake protection for more than a decade. The problem is that many doorways are not built into the structural integrity of a building, and may not offer protection. Also, simply put, doorways are not suitable for more than one person at a time.

The Red Cross, remaining consistent with the information published in "Talking About Disaster: Guide for Standard Messages," (visit <http://www.disastereducation.org/guide.html>) states that if you are in bed when an earthquake happens, remain there. Rolling out of bed may lead to being injured by debris on the floor next to the bed. If you have done a good job of earthquake mitigation (that is, removing pictures or mirrors that could fall on a bed; anchoring tall bedroom furniture to wall studs, and the like), then you are safer to stay in bed rather than roll out of it during the shaking of an earthquake.

Also, the Red Cross strongly advises not try to move (that is, escape) during the shaking of an earthquake. The more and the longer distance that someone tries to move, the more likely they are to become injured by falling or flying debris, or by tripping, falling, or getting cut by damaged floors, walls, and items in the path of escape. Identifying potential "void areas" and planning on using them for earthquake protection is more difficult to teach, and hard to remember for people who are not educated in earthquake engineering principles. The Red Cross is not saying that identifying potential voids is wrong or inappropriate. What we are saying is that "Drop, Cover, and Hold On!" is NOT wrong -- in the United States. The American Red Cross, being a U.S.-based organization, does not extend its recommendations to apply in other countries. What works here may not work elsewhere, so there is no dispute that the "void



identification method" or the "Triangle of Life" may indeed be the best thing to teach in other countries where the risk of building collapse, even in moderate earthquakes, is great.

## **PUBLIC WARNED ABOUT IDENTITY THEFT E-MAIL SCAM**

Social Security Administration Press Release

2/17/06

Jo Anne Barnhart, Commissioner of Social Security, and Patrick O'Carroll, Jr., Inspector General of Social Security, issued a warning today about a new email scam that has surfaced recently.

The Agency has received several reports of an email message being circulated addressed to "Dear Social Security Number And Card owner" and purporting to be from the Social Security Administration. The message informs the reader "that someone illegally is using your Social Security number and assuming your identity" and directs the reader to a website designed to look like Social Security's Internet website.

"I am outraged that someone would target an unsuspecting public in this manner," said Commissioner Barnhart. "I have asked the Inspector General to use all the resources at his command to find and prosecute whoever is perpetrating this fraud."

Once directed to the phony website, the individual is asked to confirm their identity with "Social Security and bank information." Specific information about the individual's credit card number, expiration date and PIN number is then requested. "Whether on our online website or by phone, Social Security will never ask you for your credit card information or your PIN number," Commissioner Barnhart said.

Inspector General O'Carroll recommends people always take precautions when giving out personal information. "You should never provide your Social Security number or other personal information over the Internet or by telephone unless you are extremely confident of the source to whom you are providing the information," O'Carroll said.

To report receipt of this email message or other suspicious activity to Social Security's Office of Inspector General, please call the OIG Hotline at 1-800-269-0271. (If you are deaf or hard of hearing, call the OIG TTY number at 1-866-501-2101). A Public Fraud Reporting form is also available online at OIG's website <http://www.socialsecurity.gov/oig>.

## **TRIPLE JEOPARDY**

Fedweek.com reports: When you buy life insurance, there are some traps you must avoid. For example, the insured individual should not name different parties as the owner and the beneficiary of the policy.

To see how this might work, suppose Mary Jones wants a \$1 million on her life. She has her husband Ted own the policy, to keep the proceeds from her taxable estate, while their daughter Ann is the policy's beneficiary.

Thus, when Mary dies, Ann will collect \$1 million. However, the IRS will contend that Ted (the policy owner) has made a \$1 million gift to Ann (the beneficiary). Thus, Ted's estate tax exemption will be reduced and gift tax may be payable.

Better strategy: Have Ann own the policy. Ann could apply for the policy and pay the premiums.

Best strategy: Create a trust to own the policy and be the policy beneficiary. Ann could be the trust beneficiary. This can remove the death benefits from anyone's taxable estate while providing creditor protection as well.

### **LACK OF TRUST**

Fedweek.com reports: Don't create a trust when it's not necessary. Trusts can help avoid probate and smooth the transition in case you become incapacitated. However, depending on the shape of your portfolio, you might not need a trust for those purposes.

Jointly held property goes directly from one co-owner to the other. Insurance proceeds and retirement funds go to named beneficiaries. Such assets don't go through probate; nothing in a will or trust can alter this disposition.

Thus, if your estate is likely to consist mainly of an IRA, a life insurance policy, and a jointly owned home, you won't need a trust to avoid probate or incompetency.

If you decide to create a trust, be sure to back up your trustee. Some mechanism should be in place to name a successor if the trustee dies, becomes ill, or moves across the country. Either a successor can be named in the trust documents or a procedure can be set out. For example, if your original trustee can no longer serve, the three trust beneficiaries can name a replacement, as long as the new trustee is an unrelated party.

### **VALUE OF BANANAS**

Submitted by Martin Gilbert

You may remember that a while back we published a humorous essay about which way to peel a banana. After Reading THIS, you'll NEVER look at a banana in the same way again!

Bananas contain three natural sugars, sucrose, fructose and glucose, and they are combined with fiber, causing a banana to give 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 way 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 chips. 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%!

## ARE PEOPLE LIKE ANIMALS

By Carmyn Walters

Submitted by Linda Peters

Are we busy as a **bee** or sly as **fox**?  
Brave like a **lion**, or strong as an **ox**?  
Of the characteristics we have, we find this is true,  
The animal kingdom, possess them too.

Be as gentle as a **lamb** and quiet as a **mouse**  
Don't do anything, to be labeled a **louse**,  
We know lots of folks like the stubborn old **mule**  
And akin to the **hound dog**, sometimes we drool.

There are times when many things come at us at once  
We get cross as a **bear** without any lunch  
Take a much-needed time-out, and try it again,  
Not good to be thought of as a mad ol' wet **hen**.

Quick as a **bunny**, is how some people still run  
Like softball players scoring, and out having fun.  
The wind beneath most wings, has not the force of a gale  
Rather our speed is more like the **snail**.

The bird families are also family to us,  
They sing and fly freely and never seem to rush.  
Be as wise as an **owl**, hooting softly in the dark  
And whenever you can, be as happy as a **lark**.

When the **hare** and the **tortoise** ran their famed race,  
The **hare** set rather a blistering pace.  
But he rested on his laurels, and didn't win.  
Let's be like the **tortoise** and never give in.

The animal kingdom is very loyal and kind  
It's that reward that pet owners, so often find  
Whether four legged or two legged, we all are quite great  
Both species share this thought, "Hope dinner's not late!"

## **KOMEDY KORNER**

### **MEDICAL INSURANCE EXPLAINED**

Submitted by Blanche Duffy

Q. What does HMO stand for?

A. This is actually a variation of the phrase, "HEY MOE." Its roots go back to a concept pioneered by Moe of the Three Stooges, who discovered that a patient could be made to forget the pain in his foot if he was poked hard enough in the eye.

Q. I just joined an HMO. How difficult will it be to choose the doctor I want?

A. Just slightly more difficult than choosing your parents. Your insurer will provide you with a book listing all the doctors in the plan. The doctors basically fall into two categories: those who are no longer accepting new patients, and those who will see you but are no longer participating in the plan. But don't worry, the remaining doctor who is still in the plan and accepting new patients has an office just a half-day's drive away and a diploma from a third world country.

Q. Do all diagnostic procedures require pre-certification?

A. No. Only those you need.

Q. Can I get coverage for my preexisting conditions?

A. Certainly, as long as they don't require any treatment.

Q. What happens if I want to try alternative forms of medicine?

A. You'll need to find alternative forms of payment.

Q. My pharmacy plan only covers generic drugs, but I need the name brand. I tried the generic medication, but it gave me a stomachache. What should I do?

A. Poke yourself in the eye.

Q. What if I'm away from home and I get sick?

A. You really shouldn't do that.

Q. I think I need to see a specialist, but my doctor insists he can handle my problem. Can a general practitioner really perform a heart transplant right in his/her office?

A. Hard to say, but considering that all you're risking is the \$20 co-payment, there's no harm in giving it a shot.

Q. Will health care be different in the next century?

A. No, but if you call right now, you might get an appointment by then.

### **GOD MADE GRAMPS & ME**

This one's for all the Grandmas and Grandpas!

A little girl was sitting on her grandfather's lap as he read her a bedtime story. From time to time

she would take her eyes off the book and reach up to touch his wrinkled cheek. She was alternately stroking her own cheek and then his again, finally she spoke up, "Grandpa, did God make you?"

"Yes, sweetheart," he answered, "God made me a long time ago"

"Oh," she paused, "Grandpa, did God make me too?"

"Yes, indeed, honey," he said, "God made you just a little while ago."

Feeling their respective faces again, she observed, "God's getting better at it, isn't He?"

### **IF MY BODY WAS A CAR**

If my body was a car, this is the time I would be thinking about trading it in for a newer model. I've got bumps and dents and scratches in my finish, and my paint job is getting a little dull, but that's not the worst of it.

My fenders are too wide to be considered stylish. They were once as sleek as a little MG; now they look more like an old Buick.

My seat cushions have split open at the seams. My seats are sagging.

Seat belts? I gave up all belts when Krispy Kremes opened a shop in my neighborhood.

Air bags? Forget it. The only bags I have these days are under my eyes. Not counting the saddlebags, of course.

I have soooooo many miles on my odometer. Sure, I've been many places and seen many things, but when's the last time an appraiser factored life experiences against depreciation?

My headlights are out of focus, and it's especially hard to see things up close.

My traction is not as graceful as it once was. I slip and slide and skid and bump into things, even in the best of weather.

My whitewalls are stained with varicose veins.

It takes me hours to reach my maximum speed.

My fuel rate burns inefficiently.

But here's the worst of it -- almost every time I sneeze, cough, or sputter ... either my radiator leaks or my exhaust backfires.

Ah, yes...but my body's *not* a car...SIGH!

### **OLD COUPLES TOAST**

A couple in there nineties was having problems remembering things, so they decided to the go the doctor for a checkup. The doctor told them that they were physically okay, but they might want to start writing things down to help them remember. Later that night, while watching TV, the old man got up from his chair. His wife asked, "Where are you going?" "To the kitchen," he replied. She asked, "Will you get me a bowl of ice cream?" The husband said, "Sure." She gently reminded him, "Don't you think you should write it down so you can remember it?" He said, "No, I can remember that!" She then said, "Well, I'd like some strawberries on top. You'd better write it down 'cause I know you'll forget it." He said, "I can remember that! You want a bowl of ice cream with strawberries." She added, "I'd also like whipped cream. Now I'm certain you'll forget that, so you'd better write it down." Irritated, he said, "I don't need to write it down. I can remember that! Ice cream with strawberries and whipped cream!" He then grumbled into the kitchen. After about 20 minutes the old man returned from the kitchen and handed his wife a plate of bacon and eggs. She stared at the plate for a moment and said, "Where's my toast?"

## **OBITUARIES**

### **REMEMBERING MY FRIEND-MAURICE HARTMAN**

By Chet Stroyny

I am sure most of you know by now that our good friend and former co-worker, Maurice Hartman passed on March 12, 2006 after a long battle with a serious disease. I know Bill Engelhardt sent out a note with the information from his obituary. Thank you, Bill. Rather than repeat that information, I want to share some brief personal thoughts and anecdotes about Maurice and his life.

Maurice and I got to know each other much later in our Federal careers when we became Regional Administrators in our respective offices in the late 80s - he in Philadelphia and me in Chicago. I have many different fond memories of Maurice. At our quarterly Operations meetings, Maurice was generally the one who put forward new ideas and thoughts. He was a thinker and a strategist. He thought outside the box. While many of us only saw what was on the surface related to some policy or program issue, Maurice was able to dissect a difficult issue and challenge the common way of looking at what was best for the Medicare or Medicaid program and its beneficiaries. He was not afraid to rock the boat and develop a new approach. He was a thought leader in the development of the original HCFA/CMS strategic plan during many long, arduous meetings. Maurice was someone I respected as a colleague. He had the wisdom of working many years in Federal service, both for HCFA and previously for SSA when Medicare was a part of SSA as the Bureau of Health Insurance. I am sure his SSA/BHI friends in the early days of Medicare have many stories to share about working with Maurice.

Another memory that comes to mind is from one of our Administration transition meetings at the Wye Plantation when Bill Roper came onboard as Administrator. Maurice was someone I gravitated to since we were still relative rookies among the powerful Central Office leaders and long time RAs such as George Holland and Jerry Sconce. I sought out Maurice and we quickly became friends. He was new in his job and so was I. He was a counselor and supporter. We played hard but we also worked hard. We enjoyed sharing stories about our families and the fun things we liked doing such as beating the ball around a golf course. On another trip to Baltimore we had an opportunity to play a round of golf together at Turf Valley in the late 90s with Dave

Butler and Clarence Boone, another friend who left us much too early. The one thing I remember is that Maurice was able to hit the ball straight consistently. He was constantly working to improve his game.

Space will not allow me to share the many different Maurice stories. I do have a favorite picture that I cherish from our last quarterly Operations meeting in late 1995 that was hosted by Mary Kay Smith of the Denver Regional Office. One evening, after a long day of meetings, we all journeyed together in an antique Diamond Rio armored car to the Central City casino for dinner and an evening of relaxation. Maurice told many funny stories on the way and during the evening. I have a picture of him at the bar, wearing an oversized cowboy hat and a very large smile. Jacqui Wilson is standing behind him, Nancy O'Connor seated next to him along with Ava Chung, Dave Butler and Sid Kaplan. Maurice enjoyed life. He had a wonderful sense of humor and despite his in-office all-business approach, he was easy going and could tell a good joke. We also shared a liking for Jack Daniels with our friend Clarence Boone.

I asked our friend, Rozann Abato, to share some of her thoughts about Maurice. They always seemed to be buddies, and shared a lot of laughs, when the RO folks were in CO for meetings, etc. Rozann told me that she used to bum snacks off Maurice in meetings. He was diabetic (although he never made an issue of it) and always carried food with him to keep his condition in check. Once, when Maurice was in Central Office for an extended period, Rozann invited him to dinner because she thought he could use some company while he was away from home. That was a mistaken impression because it took several weeks to get on Maurice's social calendar. She quickly learned that he had plenty of friends in Baltimore to fill his dance card. Rozann told me that she always liked and respected Maurice because he was a straight shooter. He said what he thought regardless of whether it was politically correct or what the powers-that-be wanted to hear. It's easy to like a guy who has integrity and doesn't wait to see which way the wind is blowing before taking a position on an issue.

In recent years, after I left HCFA/CMS, I engaged Maurice to work with me on several consultant projects. He brought a wealth of experience to a PRO/QIO project that we worked on for a client in Nashville, Tennessee. It was just good to continue to be able to work with my friend.

I am glad that I had a chance to meet and get to know Maurice's wonderful wife, Phyllis. We first met when we brought our spouses with us to a quarterly conference in Seattle hosted by Nancy Dapper. We took the ferry to Vancouver and had a wonderful time getting to know the spouses who supported the folks we worked with everyday. I kept in touch with Maurice and Phyllis in recent years and had the good fortune of having dinner with them several times, the most recent last fall in Cherry Hill, NJ where they lived. They were a wonderful couple who raised a great family of two daughters, Carolyn and Barbara, and their son Jimmy. They also have four wonderful grandkids - Harrison, Sam, Clay and Jack. They were the love of Maurice's life. Those of us who have grandkids know what a joy and treasure they are.

My last memory of Maurice is a few days before he went into the hospital in early March. I had asked him to consider helping one of my clients with a short term consulting project. He was excited about the opportunity and was ready to get back in the fray despite his ongoing health challenge. He was a fighter and was not going to give in. However, a few days later he called and left a message that he had a setback and would have to undergo a course of radiation for his back for several compressed vertebrae. His last phone message was very upbeat and he said he



would talk to me when he returned from the hospital. He ended the call with a smile in his voice. He said he would talk to me soon. That was Maurice.

I will miss him because he was my friend and made a difference during his time with us. He made a difference for many folks including his family, thousands of Medicare and Medicaid beneficiaries through his pioneering initiatives and, on a personal level, for his Little Brother through the Big Brother program that he was dedicated to for many years. Maurice was special. God be with you dear friend!

### **EULOGY FOR FLORENCE JANOFF**

Charles Janoff – Son

We gather today to celebrate the life of Florence Janoff—and in that, we are celebrating the life of a pioneer. Florence was the first in her family to obtain a college degree at a time when that was not the “norm” for young women. She was a success in her first chosen career (social work) and, with all the limitations you see before you, in her second career (wife and mother). Then, at a time when women were not expected to return to the work force after starting a family, circumstances compelled her to do so to start a third career—and she made her mark as one of the pioneers in establishing and developing the Medicare program from its inception until her retirement in 1997.

She was a pioneer in her personal life—sharing her life with a partner not of her faith at a time when doing so was not easy and dealing with a physical disability at a time when society was not as conscious of the barriers it placed before the disabled. She was among the first to travel to the People’s Republic of China when that area of the world was opened to the West. Her travels took her to the four corners of the world and she always returned with renewed vigor and excitement having seen what those four corners had to offer.

Yet Florence combined the pioneer spirit with the, dare I say, traditional roles of wife, mother and grandmother. As much as she relished her careers in all their variety, she cherished her family and friends even more. For no pioneer travels alone—and she was wealthy indeed in having all of you to share her travels and support her in all that she undertook. On her behalf, I thank you all for the love, kindness and camaraderie you all showed to her and to her family and on behalf of myself and my family, I thank you for being here with us today.

### **JACK E. MORSE REMEMBERED**

By John R. Wellington/Sharon Hippler, with an assist from Walter B. Schaueremann

I regret the loss of Jack to the world because it is a loss to all to lose such a rare person. Jack was one of the very few gentlemen I ever met in my 65 years. I don’t believe he would even have mentioned, except in the most circumspect way, that someone was tediously meticulous (as he was in fact). It was also typical of him as a gentleman never to enter discussions about religion or politics. The traits he had (including being a good friend) make him as religious as a person can hope to be. I agree that Jack in the words of his son, “had no vices, no grudges or malice, spoke evil of no one, never tried to cheat anyone, was forbearing, forgiving, humble and generous. Yet he didn’t consider himself better than anyone else”.

His Xmas card to us was postmarked 12/22/05. He was pleased that he had 25 years of

retirement. His last line in that card was, "We all have a lot to be thankful for." I believe that he had no idea that his time was near its end. He talked in the card about seeing the eye doctor to preserve his drivers license and that his parents had done that in their 90s. He was completely upbeat and humorous as usual.

Jack was my first supervisor in Medicare programming in 1966. He was at that time up to his ears in helping to bring up Medicare. I was fresh out of college. He was also a friend. We frequently shot pool together when he was in Baltimore, and he helped me with a couple of home projects. We built a shelving unit for one thing and his insistence on exact measurements frequently drove me mad. Jack was a methodical and painstaking perfectionist.

He visited me in Florida at Fort Myers Beach for a week in the winter of 1994 after I had just retired. I was staying in a beach house. He stayed there the whole time, and we had a nice visit, but we had to get him a ball to wear on the back of his pajamas to keep him from sleeping on his back because his snoring could wake the dead. We had fun eating out and doing the beach with metal detectors searching the sand for coins and such. He had a lot more patience than I had and when he left with both units, I didn't rush out to buy one.

Not mentioned in his obituary was that he had one bad arm and that people quickly forgot about that because he could do more with one arm than most people with two arms. I think the fact that this is not mentioned is a tribute to that fact. He had learned carpentry, cabinet making (to a level few could match), masonry, electronics and plumbing to name a few.

And Walt Schauer mann adds:

Jack was chided occasionally for his slow and methodical behavior (his nickname was "Bullet Bob"), but no one could ever criticize him as an individual. He truly was a gentleman; we worked together in the computer room on midnight shift. I was single at the time, about 22 years old and he was a steadying influence on me. We went to programming class together and were then assigned to EDP operations as console operators - along with Felix Hein - for a year before moving up to become programmers. He was absolutely imperturbable and I never heard him say a bad thing about anybody nor begrudge anybody any help he could provide.

# **IN MEMORIAM**

**The Alumni Association respectfully acknowledges**

**the passing of the following**

**Alumni/Employees/Spouses and expresses its**

**sympathy to family members:**

**GINGER HALE (11/24/05)\***

**SHIRLEY HAMMER\***

**MAURICE HARTMAN (3/12/06)\***

**FLORENCE JANOFF (2/8/06)\***

**MIEKO OKAWA LOWEN (12/27/05)\*\***

**PRESTON NORMAN LOWEN (1/10/06)\***

**CHARLES MINTZER, JR.\***

**JACK E. MORSE\*\*\***

**ALBERT RAIM (2/5/06)\***

\* HCFA or CMS Retiree

\*\* Spouse of HCFA Retiree Preston Norman Lowen – NY RO

\*\*\* Systems Person at onset of Medicare Program

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

**April 2006**