



In honor of Dr. Martin Luther King, Jr.

Remembering MLK

His legacy continues to resonate and inspire. The National Constitution Center sums up the celebration of Martin Luther King, Jr.'s legacy: Today, the MLK holiday serves multiple purposes: It honors the total legacy of Dr. Martin Luther King, Jr.; Focuses on issues of civil rights; highlights the use of non-violence to promote change; and calls people into public service.

"Darkness cannot drive out darkness; only light can do that. Hate cannot drive out hate; only love can do that."

— Martin Luther King, Jr.

BLACK HISTORY

HONORING THE PAST

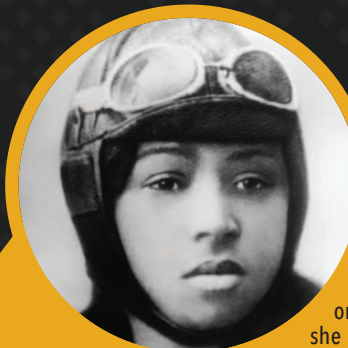
Celebrating the Present

INSPIRING THE FUTURE



Miles Davis
1926-1991

Miles Davis was a pioneer jazz composer for all times. Through many trials and tribulation Miles' career spanned over 50 years. Many artists have had a long career, but few are considered relevant to all generation of music lovers young and old. Miles collaborated with various artists such as saxophonist John Coltrane, pianist and composer Herbie Hancock and saxophonist and composer Wayne Shorter. Here is a list of just a few of Miles Davis' many great albums: Kind of Blue (1957), Miles Ahead (1959), Amandla (1989) and Doo-Bop (1992). Miles' music continues to teach and guide jazz musicians and music lovers today, as he is considered one of the many great music artists in our Black History. — Submitted by: **Cornnis Crawford**, Retiree



Bessie Coleman
1892-1926

Bessie Coleman was the first black female aviator, known to the world as Queen Bess and Brave Bessie. Bessie Coleman was the first licensed African American to hold a pilot license. Because her desire to enter flight school was denied in the United States on the basis of her race or gender or both, she earned her license from the Federation Aeronautique Internationale, where she received her international pilot licenses in 1921. She returned to the United States where she planned to establish a flight school for blacks. She performed aviation stunts to raise money for the school. She purchased three airplanes and began to tour the country. At one of her flying exhibitions, Coleman refused to perform unless blacks were allowed to use the same entrance to the show as whites. On April 30, 1926, tragedy struck. Coleman's plane crashed and she was killed. Coleman's pioneering role was an inspiration to early pilots and the African American and Native American communities. — Submitted by: **James Johnson**, Retiree



"...history has shown us that courage can be contagious, and hope can take on a life of its own."
— Michelle Obama



by Gregory Floyd

President, Teamsters Local 237
and Vice President-at-Large on the
General Board of the International
Brotherhood of Teamsters

Around this time of year, many people pause to consider the true legacy of Dr. Martin Luther King, Jr. Some will conjure up his nearly endless wisdom-packed, insightful words as evidence of his greatness: "You can kill the dreamer but not the dream," "The impossible just takes a little longer," or perhaps the most prophetic of his words, uttered at the Mason Temple in Memphis 54 years ago, where he spoke on behalf of striking sanitation workers protesting their meager wages of \$1.65 an hour and deplorable working conditions. It was there that he said: "I may not get there with you. But I want you to know tonight, that we, as a people, will get to the Promised Land." He was assassinated the next day.

Indeed, civil rights, voter's rights and worker's rights are intertwined. Dr. King knew this and ultimately died fighting for equality and dignity in the workplace. As we celebrate his birth and Black History Month, we must consider the obvious question: How far have we really come in turning Dr. King's momentous 1963 "I Have A Dream" speech at the National Mall into a reality? Some would say the answer is just as obvious as the question — not far enough. One

A Message From The President

Dr. King: Still Making The Impossible Happen

newspaper headline sums it all up: "MLK family asks for no celebration until lawmakers pass voting rights legislation" (Amsterdam News, January 11, 2022). And there have been many other telling insights. For example, during the April 3, 2018 commemoration of the 50th anniversary of the assassination of Dr. King, an adorable little 9 year-old girl came to the mic, standing on a box to reach it. She was greeted with thunderous applause as an overflowing crowd waited to hear what she had to say. Little Yolanda King, standing in the very same spot her grandfather stood 54 years before, did not disappoint. Referring to her grandpa's famous "I Have a Dream" speech, she told the crowd that she had a dream of her own. She said: "This should be a gun-free world. PE-RIOD!" From the stage, she could see thousands of people, most of them not too much older than her. They carried signs reading "Enough Is Enough" and "Stop Killing Us". Yolanda then went on to lead the crowd in the roaring chant: "Spread the word. Have you heard. All across the nation, we are going to be a great generation." Later, in an interview on CNN, Yolanda was asked what her grandfather would have thought about other current protest movements like "Black Lives Matter", "Me Too" and "DACA"? She said her grandfather would be so amazed to see all these people coming together.

It is interesting to note that with all three major TV networks at the time (ABC, CBS and NBC) airing Dr. King's speech, and although he was already a national figure by then, it was the

first time many Americans — reportedly including President John F. Kennedy — had heard him deliver an entire speech. Kennedy was assassinated less than three months later, but his successor, Lyndon Johnson, would go on to sign into law the Civil Rights Act of 1964 and the Voting Rights Act of 1965, marking the most significant advances in civil rights legislation since Reconstruction.

With so many challenges confronting us today — some new, others lingering for decades, from Covid to gun violence to voting rights, an analysis of Dr. King's true legacy is made even more difficult to accurately define. But one theme seems to bind all his accomplishments together: An inspiration to ingrain in people the commitment to do what's right when you've been wronged, and to draw upon the best instincts of each generation. Dr. King still brings people together. Yolanda was right. He'd be amazed at how many people — from so many different backgrounds — are tuned in and turned on to trying to make the impossible happen.

Senator Chuck Schumer, the Senate majority leader, had set the deadline date of Monday, January 17, when the nation observes Dr. King's birthday, for the passage of the new voting rights protection legislation, The Freedom to Vote Act and the John Lewis Voting Advancement Act, both keys to fulfilling Dr. King's magnificent legacy. Sadly, that did not occur, but the effort is not over — the struggle continues — and we are confident that the impossible can still happen. ■



by Julie Kobi LMSW
Director of the Retiree Division

A Message From The Director

COVID-19 BOOSTER INFORMATION

Here we are in 2022 — the holiday season is behind us, however COVID-19 remains with us. The pandemic has impacted our lives and quite frankly changed our

behavior, for example, getting used to the masks and frequent testing. The Omicron variant continues to present concerns all across the United States, which has us reconsidering plans and

activities. Information is continuously changing; however, we have learned a significant amount during these last several months. Here are a few reminders:

- Knowledge is key. Accurate vaccine and booster information is so important. We live in a time where social media impacts so much of our decision making. It's important to get the facts from a credible source.
- Vaccinations remain the best public health measure to protect people from COVID-19 and reduce the likelihood of new variants emerging, which include the booster. CDC recommends that everyone ages 12 years and older should stay up to date on their COVID-19 vaccines and get a booster shot when eligible. To find a vaccination center near you for the vaccine or booster please visit

<https://www.vaccines.gov>
or text your ZIP code to 438829
or call 1-800-232-0233

- The CDC recommends regular testing regardless of whether or not you have symptoms. To find a testing site near you please visit <https://corona>

[virus.health.ny.gov/covid-19-testing](https://www.virus.health.ny.gov/covid-19-testing)
or call 1-888-364-3065

*The Centers for Medicare & Medicaid Services said Americans on Medicare will be able to obtain up to eight over-the-counter tests per month for free at eligible pharmacies and other retailers. The agency will directly pay the participating retailers for the distributed tests.

<https://www.cms.gov/how-to-get-your-at-home-OTC-COVID-19-test-for-free>

The Retiree Division is here to support you in any way we can. Feel free to reach out via telephone 212-807-0555 or via email at retirees2@local237.org

For more information about COVID-19 Virus Vaccine and Booster:

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html>

(*Please note COVID-19 information is continually updating. Please check the CDC website regularly for the most updated information.) ■

RETIREE news & views

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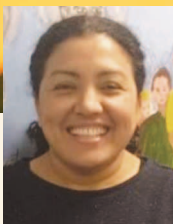
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Depression Versus Sadness.

Do you know the difference?



by Edith Johnston, LCSW

Deputy Director, Retiree Division

Sadness is a human emotion. It's a natural reaction to an event or situation that causes stress and emotional pain. For example, you can feel very sad because a good friend is moving away after he/she retires, and you won't get to see your friend as often as you are used to. In such a situation, the feeling of sadness may last a couple of weeks until you get used to the new situation. It's important to know that there are multiple degrees of sadness, but it usually does not last long, and it does not interfere with your day-to-day life.

Depression is a long-term mental illness. It impairs day-to-day social and emotional well-being, and other areas of life. If depression is left untreated, the symptoms can last a long time. Mental health professionals use the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM-5) to help determine if someone is sad or depressed. You may receive a diagnosis of depression or persistent depressive disorder if you meet the criteria.

The DSM-5 criteria include nine potential symptoms of depression. The severity of each symptom is also weighed as part of the diagnostic process. The nine symptoms are:

- Feeling depressed throughout each day on most or all days
- Lack of interest and enjoyment in activities you used to find pleasurable
- Trouble sleeping, or sleeping too much

- Trouble eating, or eating too much, coupled with weight gain or weight loss
- Irritability, restlessness, or agitation
- Extreme fatigue
- Unwarranted or exaggerated feelings of guilt or worthlessness
- Inability to concentrate or make decisions
- Suicidal thoughts or actions, or thinking a lot about death and dying

It's important to know that depression can be treated, like any other health issue. As a mental health worker, I am aware that some people do not feel comfortable seeking help for mental illness such as depression because there is some stigma attached to it. However, depression can be treated with psychotherapy and medications. The first step is to know the difference between depression and sadness and seek help if necessary. A good start is to let your primary care provider (PCP) know how you are feeling, like you would do if you had any other illness. Your PCP can do the initial evaluation and refer you for more assistance as needed.

If life events are making you sad, you can also find help for that. Some of my suggestions are to reconnect with a friend or hobby, or volunteer in a local organization such as a food pantry, library, or any other place where you feel comfortable helping. Go out for a walk, alone or with a friend. Senior Centers offer a diversity of events, and you can also meet new people.

The Dalai Lama said "There are only two days in the year that nothing can be done. One is called yesterday and the other one is called tomorrow. Today is the right day to love, believe, do and mostly live." ■



Introducing Guest Columnist

The Balance Act of Aging

by Sara Bowers Tittle, PT, DPT

Physical Therapist, Doctor of Physical Therapy

Sara received a doctorate in physical therapy from Emory University School of Medicine, Division of Physical Therapy, May 2009. She has over 12 years of experience in home health as well as acute care (hospital setting) and subacute rehab (nursing care). Sara specializes in vestibular (balance and dizziness) physical therapy and geriatric patient care, including treatment of those with neurodegenerative diseases (Parkinson's, MS). Thank you to Sara for sharing her expertise with Local 237 Retirees

Well prior to retirement, you became proficient with balancing your checkbook or assessing your work-life balance. It isn't until you lose YOUR balance that you start to consider what might be wrong with it. In medicine, balance refers to the ability to distribute your weight in a way that allows you to stand or move without falling. "Losing your balance" is synonymous with falling, but can you really lose your balance? And if so, can you get it back?

Balance is governed by 4 systems in the human body. The co-operation of your sensory functions (nervous system), inner ear (vestibular system), bones and muscles (musculoskeletal system), and eyes (vision) allows you to move around and stand without falling victim to gravity. As we age, there are normal age-related changes and common conditions that can impact these systems. How do you know if you are at risk? And what is the solution?

Sensory changes: Some people with conditions like diabetic neuropathy may experience diminished sensation in their feet and hands. How does this impact balance? If your feet can't tell your brain about the surface on which you are standing, you may be susceptible to trip hazards. This can be addressed with supportive footwear and even custom orthotics as well as addressing potential trip hazards in the home including electrical wires, area rugs, clutter, and pets.

Inner ear problems: Vertigo or dizziness can be a very uncomfortable distraction from the business of trying to stand or walk. Inner ear function can be altered by conditions like stroke or Meniere's disease, infections or deconditioning. Often dizziness and

vertigo can be treated and even completely resolved medically, often by an ENT, or by a physical therapist with vestibular training.

Bone and muscle changes: A common culprit in balance problems is muscle weakness and joint changes. Muscles and joints can weaken from lack of use (the old "if you don't use it you lose it"). Aging adults often unwittingly decrease their activity levels because of joint pain and deformity. Increased activity level, exercise, and physical therapy can strengthen muscles and improve joint stability. Speak to your physician if joint pain is limiting your ability to move around as inactivity can further worsen joint integrity.

Visual changes: In addition to common age-related vision changes, low light conditions can create an environment for loss of balance. Address vision changes with your healthcare team. Address home safety to prevent falls such as night lights in bathrooms and turning on the light to go to the bathroom in the middle of the night.

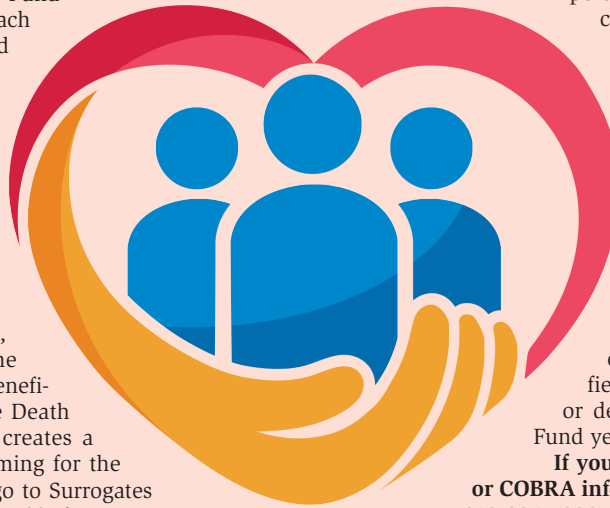
If you identify that you are at risk for balance issues and falls, do not despair! If you are experiencing changes in one system, make an effort to optimize your balance function in other ways. If you have numbness in your feet, make sure you are performing lower extremity strengthening exercises. If you have vertigo, make sure your home is free of hazards. Lastly, if your healthcare provider has recommended an assistive device such as a cane or walker, use it as instructed. When used properly, assistive device use prevents falls and improves mobility in general. A physical therapist can provide an expert analysis of assistive device use and provide necessary instruction in proper use. ■



Naming a Beneficiary and COBRA

by **Mitch Goldberg**
Director of the Retiree Benefit Fund

As you may be aware, the Retirees' Fund provides a \$2500 Death Benefit for each retired member. This benefit is paid to your beneficiary. Your beneficiary can be any person you choose. You may also change your beneficiary at any time by contacting the Fund office and requesting a new enrollment form and completing the beneficiary designation portion of the enrollment form. However, your designation must be on file in the Fund office. If you filed a beneficiary designation when you were an active member and do not file a new beneficiary designation, your beneficiary will be carried over to the Retirees' Fund. If there is no designated beneficiary living at the time of your death, the Death Benefit will be paid to your estate. This creates a delay in payment and can be time consuming for the executor of your estate who will need to go to Surrogate Court to provide the proper papers to the Fund before payment



can be released. If you are unsure or your personal situation has changed due to divorce, spousal death or anything else, you may want to name a new beneficiary.

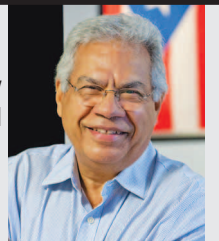
COBRA is most commonly used when retirees pass away. In certain instances where coverage under the Fund would otherwise end, the Act (commonly referred to as COBRA) requires that family members covered under the Fund be offered the opportunity for a temporary extension of welfare fund health benefits coverage (called "continuation coverage").

The continuation coverage provisions apply to the Fund's prescription drug, dental, optical and hearing aid benefits only. If your eligible family member chooses continuation coverage, he or she will be entitled to coverage which is identical to the coverage then being provided under the Fund to similarly situated family members. Their coverage will be subject to increases or decreases in the same type of benefits for family members of similarly-situation retirees. If any increase or decrease occurs, they will be notified and there will be a corresponding increase or decrease (effective as of the beginning of a Fund year) in the cost of their coverage.

If you are in need of updating your beneficiary or COBRA information, please contact the Welfare Fund at 212-924-7220. ■

El estudio y la investigación del negro en Perú

Por **Néstor Murray-Irizarry**
historiador y gestor cultural



I Introducción

Hoy en día, la inmensa mayoría de los investigadores, a nivel internacional, reconocen la importancia de todo el quehacer cultural de los africanos, particularmente del hombre y la mujer negra traída a la fuerza, y esclavizados, o nacidos en América. La cantidad significativa de publicaciones sobre diversos temas relacionados con la cultura afroamericana es muy impresionante. Las tesis preparadas para centros o universidades en el mundo, sin editarse, es algo bien importante para el conocimiento y comprensión de la vida y obra de seres humanos, que hasta hace varios años casi nadie valoraba su importancia histórica o artística. El establecimiento de centros o de unidades de estudios africanos, o del legado afro, en las universidades de mayor prestigio en el mundo, ha contribuido grandemente a ese reconocimiento. En América estudiosos como Melville Jean Herskovits (1895-1963), estadounidense nacido en Ohio. Fue un antropólogo e historiador estadounidense que estableció firmemente los estudios africanos y afro estadounidenses en la academia. Sé licenció en Historia en la Universidad de Chicago, en 1920. Recibió su doctorado en Antropología de la Universidad de Columbia de Nueva York, bajo dirección del gran antropólogo germano-estadounidense Franz Boas.

II Herskovits y Schomburg

La polémica obra clásica de Herskovits *The Myth of the Negro* (Harpers, Nueva York, 1941), escrita con la colaboración de su esposa Rhoda y su amigo Alfred Metraux, demuestra que se pueden observar supervivencias africanas en casi todos los aspectos de la vida de los negros en los Estados Unidos. En 1941 y 1942 Herskovits trabajó en Bahía (Brasil) estudiando la enorme influencia de las culturas africanas en región. En 1948 fundó el primer programa principal interdisciplinario de Estudios Africanos, en la Northwestern University de Evanston, Illinois. *La Melville J. Herskovits Library*, establecida en 1954 en la Northwestern University, es la colección especializada más grande sobre África en el mundo.

Tampoco podemos olvidar la imponente colección de materiales de estudios africanos y sus descendientes, que el puertorriqueño Arturo Alfonso Schomburg (1874-1938), legó a la ciudad de Nueva York.

III Perú

En otros países latinoamericanos, que también he visitado, como el caso del querido Perú, también he encontrado investigaciones de reconocidos estudiosos que se han ocupado del tema. Un buen ejemplo, inspirado en la música lo constituye: *Las tradiciones musicales de los negros de la costa del Perú* del etnomusicólogo canadiense William D. Tompkins. Este estudio fue un donativo que nos hiciera, en nuestra visita, a la biblioteca central de la Pontificia Universidad Católica del Perú. Esta investigación etnomusicológica de campo recoge información de diferentes fuentes escritas y orales, profundizando en el conocimiento de los procesos históricos de la música afroperuana; de sus diversos géneros musicales, cantos y danzas, llegando a presentar su tesis doctoral en la Universidad de California en 1981: *The Musical Traditions of the Blacks of Coastal Perú*.

Como toda investigación etnomusicológica que tiene como fuente principal la tradición oral, la conversación y entrevistas con cultores, muchas personas dialogaron e informaron a Tompkins brindando valiosísimos conocimientos desde la práctica vivencial de su cultura, que se desarrolla de forma oral y tradicional en contextos cotidianos y festivos en permanente creatividad y afirmación de sus propias identidades sociales, paralelamente a lo que acontecía a nivel de difusión masiva y comercial.

Ritmos negros del Perú es otra de las grandes aportaciones sobre los afrodescendientes peruanos que también los interesados deben consultar. Su autora Heidi Feldman estudia la complejidad de la cultura musical que se mueve entre la afirmación de una identidad- ya mestiza, por los procesos de síntesis cultural a través de la historia - y las exigencias de un mercado nacional y transnacional.

Entre 1980 y 2010, muchos acontecimientos importantes influyen en los procesos productivos de la música y las danzas del Perú. La reivindicación de la presencia africana y la lucha por la no discriminación racial se expresa en organizaciones como el movimiento *Francisco Congo* y otras agrupaciones artísticas y centros culturales como *CADETE, Centro de Desarrollo Étnico*-que han venido estudiando la cultura de los afrodescendientes como parte de la diversidad que alberga este hermoso país. ■



Never Too Early to Have a Health Care Proxy and Durable Power of Attorney

by **Mary E. Sheridan, Esq.**
Director of Local 237 Legal Services Plan

People often tell me they do not need to worry about naming a health care proxy or obtaining a Power of Attorney because they are still young and healthy. The reality is that it is never too early to do so and too many times it becomes too late.

Until someone is 18, a parent or guardian would be the health care proxy. What many do not realize is that once you turn 18, that is no longer true. Life is unpredictable and with minimal planning and effort you can protect for the unexpected by choosing someone to be your voice for medical and financial decisions in the event you are unable to act on your own. For health care decisions the person you name is called your proxy and named in a Health Care Proxy form. For all other decisions, financial and personal, the person you name is called your agent and named in a Power of Attorney form.

Deciding who to choose can be difficult. You should remember that being a proxy or agent is not for everyone. Often my clients think of this as a gift bestowed on a child. However, not every adult child wants the responsibility, nor

would he or she necessarily be the best voice or decision maker. When thinking about who to name as your health care proxy, you should think about who would feel comfortable asking doctors a lot of questions and standing up for you if you are not able. Does the person you wish to name feel comfortable making decisions for you even if they disagree with your wishes? Sometimes the emotional relationship with you can get in the way of making difficult health care decisions. Lastly, you must ask before naming someone. You may discover that the sister you wanted to act as your proxy really does not want to take on the role.

The person you name as your health care proxy may be perfect for that role but not for the role of agent in your Power of Attorney. The agent may have to handle all your finances and make difficult choices involving your assets and income. The person named should be organized and good at keeping records. Again, you must ask before naming someone to be sure the person is willing to take on this role.

Your proxy and agent do not have to be a family member, although most often people name a family member. For instance, you could choose a trusted friend. Whoever you name must be at least 18.

If you already have these documents, remember it is a good idea to periodically review them to ensure they are set up the way you wish them to be. A good time to do that is at the start of each decade of life or when a major life event happens.

If you live in our covered New York area, the Legal Services Plan can prepare these documents for you. If you are outside of the covered area, as a retiree you are eligible for reimbursement of attorney's fees pursuant to a schedule. You can reach the Legal Services Plan at (212) 924-1220. ■



Matters of the Heart

by **Elaine Williams, LMSW**
Assistant Director, Retiree Division



February is American Heart Month. Every year, more than 659,000 Americans die of heart disease, which is the number one cause of death for most groups and ethnicities. <https://www.cdc.gov>

There are several risk factors that cause heart disease; some are controllable while others are not. Age, race, and family health history can put someone at a higher risk. There are also plenty of risk factors that are influenced by lifestyle choice such as:

- Physical inactivity
- Obesity
- Poor diet
- Diabetes

A heart attack, also called a myocardial infarction, happens when part of the heart muscle doesn't get enough blood (i.e., the heart is blocked.) The more time that passes without treatment to restore blood flow to the heart, the greater the damage to the heart muscle.

Common heart attack signs and symptoms:

- Nausea, indigestion, heartburn or abnormal pain
- Shortness of breath
- Cold sweat
- Fatigue
- Light headedness or sudden dizziness

Call for emergency medical help immediately if you experience any of these symptoms. If you do not have access to emergency medical services, have someone drive you to the nearest hospital.

Here are some things you can do to keep your heart in great shape.

- Cut down on salt
- Cut back on alcohol
- Eat less sugar
- Get more exercise

Problems with the heart means problems with the whole body, so it's important to pay close attention to "The Matters of the Heart" whether we're talking about blood pressure, diabetes, or weight management. Let us pledge to do all we can to take care of the engine that keeps our bodies going. ■



Understanding Glaucoma

by **Luz Nieves-Carty MPA**
Assistant to the Director, Retiree Division



Glaucoma is called "the sneak thief of sight". There are no symptoms and once vision is lost, it's permanent. As much as 40% of vision can be lost without a person noticing. Regular and routine eye exams are extremely important

Did you know? Glaucoma is the leading cause of irreversible blindness. This disease is most prevalent in the Latino/ African – American population. Glaucoma is 6 to 8 times more common in African Americans than Caucasians.

Over 3 million Americans, and over 60 million people worldwide, have glaucoma. Are you one of them? Experts estimate that half of them don't know they have it. The World Health Organization estimates that 4.5 million people worldwide are blind due to glaucoma.

What is glaucoma? Glaucoma is a group of eye diseases that gradually steal sight without warning. Although the most common forms primarily affect the middle-aged and the elderly, glaucoma can affect people of all ages. Vision loss is caused by damage to the optic nerve. It is responsible for carrying images from the eye to the brain. There is no cure for glaucoma—yet. However, medication or surgery can slow or prevent further vision loss. Early detection is vital to stopping the progress of the disease.

There are two main types of glaucoma: primary open-angle glaucoma (POAG), and angle-closure glaucoma. These are marked by an increase of intraocular pressure (IOP), or **pressure inside the eye**. When optic nerve damage has occurred despite a normal IOP, this is called normal tension glaucoma. Secondary glaucoma refers to any case in which another disease causes or contributes to increased eye pressure, resulting in optic nerve damage and vision loss.

Glaucoma is the second leading cause of blindness in the world, according to the World Health Organization. In the most common form, there are virtually no symptoms. Vision loss begins with peripheral or side vision, so if you have glaucoma, you may not notice anything until significant vision is lost. The best way to protect your sight from glaucoma is to get a comprehensive eye examination. Then, if you have glaucoma, treatment can begin immediately.

Glaucoma is a leading cause of blindness among African Americans. And among Hispanics in older age groups, the risk of glaucoma is nearly as high as that for African Americans. Also, siblings of persons diagnosed with glaucoma have a significantly increased risk of having glaucoma.

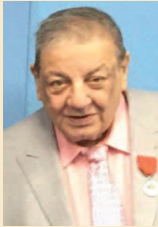
Are you at risk for glaucoma? Those at higher risk include people of African, Asian, and Hispanic descent. Other high-risk groups include people over 60, family members of those already diagnosed, diabetics, and people who are severely nearsighted. Regular eye exams are especially important for those at higher risk for glaucoma and may help to prevent unnecessary vision loss.

Although certain groups are at higher risks than others, everyone is at risk for glaucoma. People at high risk for glaucoma should see a doctor now for a complete eye exam, including eye dilation. Your eye doctor will tell you how often to have follow-up exams based on the results of this eye health screening. To learn more information about Glaucoma, please visit www.glaucoma.org or call (415) 986-3162, ext. 231. ■

on a personal note... In Memoriam



To the family of retiree **John B. Rivera**, we extend our sympathy. Mr. Rivera, retired School Guard, passed away on 1/14/21. He will be deeply missed.



To the family of **Vincent Aquilino**, we extend our sympathy. Mr. Aquilino, retired NYCHA Assistant Superintendent, passed away on 1/15/22. Mr. Aquilino

was a union activist for many years and contributed to our oral history project. He will be profoundly missed.

RETIREES CORNER Congratulations



Congratulations to new retiree, **Nora Funaro**, retired Attorney with DCAS.



PLEASE BE SURE TO CONTACT THE UNION IF YOUR PHONE NUMBER OR ADDRESS HAS CHANGED.

In addition to notifying the union, please contact the Social Security Administration, your pension system, and the Office of Labor Relations. You do not want to miss out on important information.

RETIREE news & views

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JANUARY/FEBRUARY 2022



**WE WANT TO
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YOU**



**SEND PHOTOS, STORIES, FUN RECIPES,
SHARE SPECIAL OCCASIONS/EVENTS OR
A NEW HOBBY YOU WANT TO SHARE.**

**EMAIL: RETIREES2@LOCAL237.ORG
OR CALL: 212-807-0555**

2022 Pension Payment Calendar

January							February							March						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
						1			1	2	3	4	5			1	2	3	4	5
2	3	4	5	6	7	8	6	7	8	9	10	11	12	6	7	8	9	10	11	12
9	10	11	12	13	14	15	13	14	15	16	17	18	19	13	14	15	16	17	18	19
16	17	18	19	20	21	22	20	21	22	23	24	25	26	20	21	22	23	24	25	26
23	24	25	26	27	28	29	27	28						27	28	29	30	31		
30	31																			
April							May							June						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
						1	1	2	3	4	5	6	7			1	2	3	4	
3	4	5	6	7	8	9	8	9	10	11	12	13	14	5	6	7	8	9	10	11
10	11	12	13	14	15	16	15	16	17	18	19	20	21	12	13	14	15	16	17	18
17	18	19	20	21	22	23	22	23	24	25	26	27	28	19	20	21	22	23	24	25
24	25	26	27	28	29	30	29	30	31					26	27	28	29	30		
July							August							September						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
						1		1	2	3	4	5	6			1	2	3		
3	4	5	6	7	8	9	7	8	9	10	11	12	13	4	5	6	7	8	9	10
10	11	12	13	14	15	16	14	15	16	17	18	19	20	11	12	13	14	15	16	17
17	18	19	20	21	22	23	21	22	23	24	25	26	27	18	19	20	21	22	23	24
24	25	26	27	28	29	30	28	29	30	31				25	26	27	28	29	30	
31																				
October							November							December						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
						1			1	2	3	4	5			1	2	3		
2	3	4	5	6	7	8	6	7	8	9	10	11	12	4	5	6	7	8	9	10
9	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17
16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22	23	24
23	24	25	26	27	28	29	27	28	29	30				25	26	27	28	29	30	31
30	31																			

● Check Mailing Date

■ Electronic Funds Transfer (EFT) Date

*EFT will be deposited Jan. 3, 2023