

# National Association of Letter Carriers

## Branch 782

### E.A. Baker Union Update

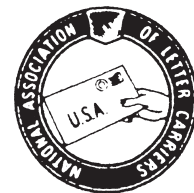


ARVIN  
DELANO  
MOJAVE

AVENAL  
EDWARDS AFB  
RIDGECREST  
TEHACHAPI

BAKERSFIELD  
LAMONT  
SHAFTER  
TRONA

BORON  
McFARLAND  
TAFT  
WASCO



CHARTERED FEBRUARY 25, 1901

VOLUME LXXXI NUMBER 1

JANUARY 2010

at the

Mike:



Last month, one of our members shared some opinions as “facts”. I have been asked to publish the following response.

## HEALTH CARE REFORM—YOUR UNION IS INVOLVED

I read the Branch 782 December newsletter with a great deal of interest.

It seems that the author of the article “Government Controlled Health Care...” has once again failed to tell you the truth when he suggests that “...the Union missed this additional tax on us...”

The Union did not miss that tax. We lobbied against it and we educated our membership about it while it was being dealt with by our legislators.

The author of the December article failed to tell you the truth.

He failed to tell you that the National Association of Letter Carriers spent much time and effort on Capitol Hill lobbying against this medicare tax as it was believed that we were well covered by the Federal Employees Health Benefits Program (FEHBP).

*Continued on Next Page...*

He further says that the money that was taken from him resulted in nothing in return.

Even though we lobbied against the additional tax (which the above author failed to tell you about), it is clear that Federal Employees *do* receive some benefit in return. Read about this at the Office of Personnel Management Website (<http://www.opm.gov/insure/health/medicare/medicare01.asp>).

Please! Take some time and read for yourself!

Also, try to understand all of this in the context of what was happening in the early 1980's.

Beginning in 1981—and continuing for 8 long years—we were faced with an anti-union President named Ronald Reagan.

In 1981, he fired all Professional Air Traffic Controllers (PATCO) who dared challenge their employer in their effort to better their wages and working conditions. PATCO was decertified and ceased to exist almost overnight.

Only months after what happened to PATCO, the NALC was but a few hours away from a strike action against our employer. At the eleventh hour of negotiations, we reached an agreement for our 1981 National Agreement.

In 1981 and 1982 Ronald Reagan made it clear that, in his opinion, Federal Employees were overpaid and had too many benefits. Included in his belief was his claim that our retirement was too generous.

“Reaganomics”—as it was known during those years—led to an act of Congress that took away the Civil Service Retirement System (CSRS) which we used to have and replaced it with the Federal Employees Retirement System (FERS).

Another platform of Reaganomics was that smaller government would lead to “trickle down economics”. Those at the top would be taxed less and would therefore trickle down benefits to everyone else.

Do you feel trickled on?

The author of the December article also has the audacity to proclaim that this “...once great country...” is no longer great. Well, we **WILL** recover from the insanity of decisions made by President Bush for many years to come.

Deregulation and loosening of controls are what led to the collapse of the real estate market and the banking failures. The citizens of this country deserve to be protected from corporate greed. Reaganomics and the Bush-Whacked years need to be undone. The “meddling” that the above referenced author complains about is what would have prevented the fiscal disaster that we are now facing!

We **will** recover from the insanity of decisions made by President Bush and others who feel that working men and women do not deserve a decent standard of living.

Health Care reform is a step in that direction. Don't be misled by the ranting of the misinformed.

Think about it... The NALC has fought for over a hundred years to ensure that you have Rights, Benefits and Protections. The NALC created the very first federal health care program and the NALC Health Benefit Program continues to offer the best possible benefits. At one time, there were no retirement benefits. Sick Leave was non-existent. Injuries on the job had absolutely no remedies.

Why would the NALC not continue to work on your behalf??? Shame on those who denigrate our intentions by using untrue scare tactics!

The NALC is attempting to keep you informed on Health Care Reform. We are involved to help influence the outcome of the final product. Sign up as an e-activist at the [NALC.org](http://NALC.org) website to get the NALC's updates on this important legislation.

MANUEL L. PERALTA Jr.,  
National Business Agent

# Guest Editorial

Joseph R. Palmerson  
President, NALC Branch 2128

*In case you wanted to know what your 'enemies' are up to in Congress, let me cite a few proposals from House Republican leader John Boehner, and Minority Whip Eric Cantor. See how they would work to reduce the deficit to achieve savings for American taxpayers—out of your pocket...*

## 1. UPDATE THE FORMULA FOR FEDERAL PENSIONS:

Initial pension benefits for federal civilian employees are calculated based on the average of employee's highest earnings over 3 consecutive years. It is common practice in the private sector to base benefits on a 5 year average. The Congressional Budget Office has estimated that moving to a 5-year average would save taxpayers \$1.2 billion over 5 years.

## 2. ELIMINATE FULL TIME UNION REPS FROM THE FEDERAL PAYROLL.

Under current law, federal employees who are part of a collective bargaining unit may be granted 'official time' to perform-representational duties on behalf of the union. While on official time, the employee is paid by the government but is acting on behalf of the union. According to OPM, in FY 2008 the federal government spent \$120 million paying employees for their time spent working on union activities. Eliminating union time would save the government millions of dollars each year.

## 3. ELIMINATE RETIREMENT PAYMENTS FOR FEDERAL WORKERS WHO RETIRE BEFORE AGE 62.

The federal government provides civilian employees with a benefit not normally offered to private sector employees. Federal employees who retire at age 55 or older with at least 30 years of service receive until they reach 62, a benefit equal

to the estimated Social Security benefit for which the worker will become eligible at age 62. This policy not only encourages federal employees to retire early, but it comes at a significant cost to taxpayers. Preliminary estimates indicate that the early retirement benefit costs taxpayers \$267 million a year.

**D**o I have your attention yet? These proposals are yet another example of how our enemies are always looking for ways to dismantle our benefits and our union rights. Make no mistake, these are the people that would love to eliminate unions and union workers.

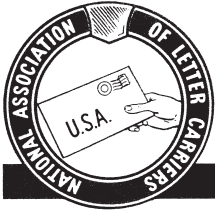
We do have many Republican friends in Congress but these two leaders are not among them. Boehner and Cantor would have no problem forcing you to work many more years before retirement and they have no qualms about reducing your retirement benefits. And, they would love to subject your union's leadership jobs to the whims of management.

If you haven't already done so, please sign up for COLCPE, the NALC political action fund. Invest just 7 minutes a pay period to insure your future by giving to COLCPE's "Gimme 5 Fund". Just \$130 a year to support our friends in Congress will go a long way if each and every one of us signs up.

You might not like it or agree with it but that is the way the system works. Until such a time comes when we have true campaign finance reform and Congressmen and Senators no longer depend on campaign contributions for their continued existence, we need to make our voice heard by supporting our friends through COLCPE. Doing our part to keep our friends in Congress, and putting more friends there, takes money and work. Our COLCPE fund serves that purpose. It helps fund the campaigns of candidates in tune with our needs and it helps fund efforts to succeed in selling our issues. Do your small part and contribute to COLCPE. Our future depends on it!

The source of the article was the Toms River, NJ Branch 2128  
*Union Vision* published in Summer 2009.





# National Association of Letter Carriers

Fredric V. Rolando, President

December 15, 2009

**Manuel L. Peralta Jr.**  
National Business Agent  
NALC Region 1  
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President

**Gary H. Mullins**  
Executive Vice President

**George C. Mignosi**  
Vice President

**Jane E. Broendel**  
Secretary-Treasurer

**Nicole Rhine**  
Asst. Secretary-Treasurer

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Director, City Delivery

**Brian E. Hellman**  
Director, Safety & Health

**Myra Warren**  
Director, Life Insurance

**Timothy C. O'Malley**  
Director, Health Insurance

**Ernest S. Kirkland**  
Director, Retired Members

**Board of Trustees:**

**Larry Brown Jr.**  
Chairman

**Randall L. Keller**  
**Michael J. Gill**

To: Branch Officers and Shop Stewards

Subject: Medical Treatment of Disabled Veterans

Recently it was brought to my attention that a disabled veteran was issued discipline for attendance where some of the absences involved treatment for a military service connected disability.

Many of our brothers and sisters returning from combat zones have been injured and may require continued treatment for those injuries. In order to protect their rights, I ask you to review the below information. Both of the documents that I reference are on your contract cd's or may be downloaded from the NALC website (<http://nalc.org/depart/cau/step4mrs.html>).

M# 00165 Reads as follows:

## EXECUTIVE ORDER

### Special Leaves of Absence to be Given Disabled Veterans in Need of Medical Treatment

With respect to medical treatment of disabled veterans who are employed in the Executive civil service of the United States, it is hereby ordered that, upon the presentation of an official statement from duly constituted medical authority that medical treatment is required, such annual leave or sick leave as may be permitted by law and such leave without pay as may be necessary shall be granted by the proper supervisory officer to a disabled veteran in order that the veteran may receive such treatment, all without penalty in his efficiency rating.

The granting of such leave is contingent upon the veteran's giving prior notice of definite days and hours of absence required for medical treatment in order that arrangements may be made for carrying on the work during his absence.

Herbert Hoover

The White House  
July 17, 1930

(See reverse)

Affiliated with the AFL-CIO &  
Union Network International



There was a dispute between the USPS and the NALC as to whether or not that Executive Order applied to the United States Postal Service. A grievance was appealed to the National Level resulting in a favorable settlement (M# 00866) which in part reads as follows:

“...The parties at this level agree that Executive Order 5396, dated July 3, 1930, does apply to the Postal Service and that absences meeting the requirements of that decree cannot be used as a basis for discipline...”

Management has on occasion attempted to argue that the disabled veteran did not meet all of the obligations of the Executive Order and therefore absences from work for treatment of their service connected disability are not shielded from use in discipline. If management raises that argument you should be arguing that the following passages from the M-39 (Management of Delivery Services) are controlling and mandate that management properly advise an employee of their obligations before resorting to discipline:

#### *115 Discipline*

*115.1 Basic Principle In the administration of discipline, a basic principle must be that discipline should be corrective in nature, rather than punitive. No employee may be disciplined or discharged except for just cause. The delivery manager must make every effort to correct a situation before resorting to disciplinary measures.*

#### *115.2 Using People Effectively*

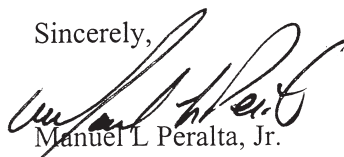
*Managers can accomplish their mission only through the effective use of people. How successful a manager is in working with people will, to a great measure, determine whether or not the goals of the Postal Service are attained. Getting the job done through people is not an easy task, and certain basic things are required, such as:*

- a. Let the employee know what is expected of him or her.*
- b. Know fully if the employee is not attaining expectations; don't guess — make certain with documented evidence.*
- c. Let the employee explain his or her problem — listen! If given a chance, the employee will tell you the problem. Draw it out from the employee if needed, but get the whole story.*

We will be seeing more and more of our injured brothers and sisters returning from war as time goes on. Assist them by sharing the above information before they are disciplined for absences that are related to treatment for service connected disabilities.

In closing, Sherry, Bryant, Chris, Brian and I wish you a Merry Christmas and Happy Holiday Season

Sincerely,

  
Manuel L. Peralta, Jr.  
National Business Agent  
NALC Region #1

# Minutes of the December 2009 General Meeting

The regular meeting of Branch 782 was called to order by President Mike Towery at 7:00 p.m. on the 15th day of December, 2009 at the branch office, Bakersfield. The flag salute was led by Sgt. At Arms, Jerry Patterson. All members of the Executive Board were present. The stewards were present from Arvin, Brundage, Camino Media, Delano, Downtown, East Bakersfield: alternate, Hillcrest, Lamont, Oildale, Shafter, South, Stockdale, Avenal, and Taft. Also present was Newsletter Editor Basil Zuniga, Assistant Editor Jason Munoz, OWCP Rep. Richard Gerdes, Photographer Anita Holderman and Emma Gonzales and Frank Martinez of the Social and Recreation Committee.



**REPORTS OF STANDING AND SPECIAL COMMITTEES:** Teresa Ortega reported that the Picnic will probably be in April. Basil Zuniga reported that last month South Station took care of the folding and stapling and all went “great”. Darryl Holderman provided dinner. Next month will be East Bakersfield Station’s turn. Basil also pointed out that Assistant Editor Jason Munoz, is the son of one of our former branch officers “Fuzzy” Munoz. Emma Gonzales

reported that the Holiday Dinner Dance is over, and there was a mad rush for tickets at the last minute.

**GOOD OF THE ASSOCIATION:** Mike Towery reported that the Second Steward meeting will be held on Tuesday, December 29th. John Ortega reported that all the stations in Bakersfield have completed the last round of MIARAP. There will not be many changes this time and the changes will take effect at the end of January. He stated that Lancaster/Palmdale area still needs to be completed.

**FINANCIAL SECRETARY’S REPORT:** Anita Holderman reported that there is nothing to report yet, as the general meeting was early this month.

**TREASURER’S REPORT:** Molly Biggar reported:

Beginning Balance	\$46,154.73
Dues & Income	\$12,691.18
Interest Income	\$ 8.31
Total Balance	\$58,854.22
Expenses	\$18,790.78
Ending Balance	\$40,063.44

The MDA 50/50 Drawing was won by Ralfie Ochoa. The \$350.00 General Meeting Drawing would have been won by Michelle Henry, who was not present.

There were 59 members present. The Meeting adjourned at 7:25 p.m.

Respectfully Submitted,

KIM GERDES

## OUT THERE



**DOWNTOWN STATION**

Dale Pearce  
Javier Cruz

**SOUTH STATION**

*100% Union!!!*

**EAST BAKERSFIELD**

*100% Union!!!*

**HILLCREST**

A. White

**BRUNDAGE**

David Kinglee

**DOLE COURT**

*100% Union!!!*

**STOCKDALE**

Ron Huston  
James Oh  
G.S. Saran

**CAMINO MEDIA**

F. Medina, Jr.

**ARVIN**

*100% Union!!!*

**AVENAL**

*100% UNION!!!*

# NON-MEMBER LIST

## September 2009

**BORON**

*100% Union!!!*

**CALIFORNIA CITY**

*100% Union!!!*

**DELANO**

C. V. Quebral  
L. A. Campos

**EDWARDS**

*100% Union!!!*

**LAMONT**

*100% Union!!!*

**McFARLAND**

*100% Union!!!*

**MOJAVE**

*100% Union!!!*

**RIDGECREST**

S. R. Pierce  
H. G. Blanco  
R. M. Noke  
**T. K. Miller**

**SHAFTER**

L. M. New  
M. D. Voights

**TAFT**

B. W. Krier  
K. J. Hughes

**TEHACHAPI**

V. L. Johnson

**TRONA**

S. L. Walent  
B. R. Dame  
K. K. Treat

**WASCO**

*100% Union!!!*

*Basil, 416 of the 439 craft employees in cities we serve are NALC members! We have achieved a total of 94.7%.*

*Submitted by KIM GERDES  
Branch 782 Recording Secretary*



**“** In politics, nothing happens by accident. If it happens, you can bet it was planned that way.  
**— F.D.R.**

## January 2010 Branch 782 General Membership Meeting Drawing

# \$400

*There is one “catch”... You have to be present to win.*

# Anita

"Bringin' it  
into focus"



Anita Holderman, Branch 782 Photographer



# 2009 Holiday Dinner Dance





# November & December General Meetings



# Take Care of Yourself—

## A Message for Men and Women

As a retired Letter Carrier and as the Webmaster of our Branch website, I've been working for or involved with the Postal Service now since 1971. I've seen many friends come and go with illnesses and injuries, some preventable and some not; most however, could have and should have been minimized.

When asked to write this article, I could not see just outlining all those things that happened to me and merely suggest that you avoid them. I would venture to say that what I am about to convey will apply to both our men and women but will stand out a bit more for our tough, hardworking guys out there who are reluctant to show or feel anything that suggests weakness.

That's not to say you gals out there don't demonstrate that same toughness. You however—for the most part—don't need to exude that extra measure of macho "so-what-if-it-hurts" attitude that so many of us guys are hung up on. But many of you do! So for you ladies that fall into this "tough" category, this message is for you as well.

### ***LISTEN UP, PLEASE!!***

We've all gone to work sick or injured over the years. It's nothing new. It's just the way things are. With the management attitude we faced every day it was usually the easiest, though not the smartest thing to do. I'm here to tell you that if you continue to ignore signs from your body that tell you to "stop" and "take action", you are going to pay the price eventually.

In 2001, I was nearing the time where I could start thinking about retiring. Getting a neck injury repaired before that time

became a serious consideration. We all want to feel our best when we retire. Unfortunately, I had passed over a number of other seemingly minor problems that should have been checked into: a lung problem, a prostate problem and a few others all because it was too much of a hassle to be bothered with.

Dealing with management and trying to keep sick leave at a minimum was as serious a priority then as it is now. Here's how that line of thinking gets you into trouble.

After going for a pre-surgical physical exam prior to my spinal fusion, my doctor informed me that she had found an abnormality upon examination of the prostate. "Not to worry," she said, "get your surgery done and then let's check into this further." Well, I did, and 9 months after surgery, we checked further into the prostate...

Prostate cancer is "normally" a fairly slow-growing type of cancer which will affect nearly all men by the time they reach their 80's. If caught early, it can be treated via a number of ways. Sometimes it actually needs no treatment at all. For several years, I had ignored my body's pain and discomfort because it was just too darn inconvenient to go in and have things checked out. The time had come, however, when ignoring the problem would no longer do.

After an extensive exam including a biopsy, I was told that it was definitely prostate cancer and that—at that time—a radical prostatectomy was the answer. It was not what I wanted to hear but action had to be taken, and taken **NOW**. The surgery led to an additional 11 days in the hospital and being kept in isolation after contracting a life-threatening case of the MRSA virus during my stay.

*Whatever could I have done to have prevented or at least minimized all this?*

There is a simple answer. My body had been telling me there was something wrong for a couple years. I had continued to ignore its signs because it was bucking the system. I am "a Man" and Men don't complain about every little thing. (And let me make it perfectly clear that women don't either).

The problem would go away. I was sure of it. It was just too darned much trouble to deal with management, paperwork, even my own family and recreational schedule. Looking back, none of those reasons added up to being a very good excuse for not taking action at the first signs of trouble.

**THE SIGNS:** frequent and sometimes painful urination, sexual dysfunction and the ever nagging thought in the back of my mind that there really was something wrong... As in every kind

of cancer, early detection is the key. The fix is generally less invasive. The damage is usually less severe and the treatment is less time-consuming and less expensive. Most importantly the outcome is generally more acceptable.

While I'm referring to my experience with prostate cancer here because I am (after all) a man, let's keep in mind those of you women out there who may have even more concerns regarding any number of serious issues that we men will never fully understand.

**HERE'S THE KICKER!** One old adage seems to fit right in here: "One thing leads to another."

Once the initial surgery and subsequent treatment for my prostate cancer was in full swing, further testing of my lymph nodes led to the discovery of a new diagnosis—Non-Hodgkins Lymphoma (NHL).

NHL, a cancer of the lymph nodes, is not regularly picked up at an early stage. It's usually picked up after being treated for some other medical problem, typically after progressing at least a little past Stage I. My case was no exception. I was diagnosed with Stage IV Non-Hodgkins Lymphoma. (Stage IV meaning that the cancer had spread to multiple sites, both sides of the body, and affected at least one major organ.) Had I been diagnosed a year or two earlier with prostate cancer, the NH; might well have been discovered then while still in Stage I, while it was more easily and successfully treatable.

As many of you may know, I've been extremely fortunate in getting the best treatment available and have exceeded many of the earlier years' prognoses due to on-going research and advanced methods of treatment, for all of which I am extremely thankful. The first 2 ½ years of treatment gave me a full year in remission and now I'm coming close to finishing a second round of treatment for its recurrence.

This brings me back full-circle to my beginning. Had I paid attention to my body's signals and taken the necessary steps to investigate the little tell-tale signs that my body was giving off, I might well have avoided the more extensive problems that eventually led to the more serious and aggressive treatment that I'm currently undergoing.

It's not my intention to create a new generation of hypochondriacs. Quite the opposite. It is my hope that those of you who take the time to read this will understand the message that I am attempting to convey.

Listen to your body. Watch for the subtle signals that it sends out to warn you of an impending physical problem. Small problems can escalate to much more serious problems. Take the time to address those warnings. Get regular checkups.

Speak frankly with your physician. Ask a lot of questions. Demand answers. Do your research. Taking care of yourself is taking care of your family. After all, what is more important than our family?

I wish you all the very best of health and a most rewarding career and eventual retirement.

RICK PLUMMER  
Webmaster, NALC Branch 782

P.S. For the record, I have just finished another 18 weeks of chemotherapy and am looking forward to receiving news that I may once again be in remission.

And a second P.S.: Basil, Thanks for asking me to do this! Whether it's used or not, it's given me the opportunity to look at myself and reflect a bit on what, really, I might or might not have done to change things.

I had a P.E.T. scan today that may tell me whether my current treatment is doing what it's supposed to do. Please keep your fingers crossed for me. If I am very lucky, I may be able to stop with the RCHOP and continue on with less severe treatment or Rutuxinmab on a maintenance regimie until it pops up again!

Hope to see you at the next meeting or perhaps the newsletter folding...

#### OUT THERE



# John says, "Just Say, Yes!"

As I sit here writing this article reflecting back on 2009 and my involvement with Branch 782, I realize that 2008 was a big influence.

In 2008, I had been a Shop Steward for Stockdale station for approximately one year and was still a bit green as a Carrier Steward. (I was a Clerk Craft Steward for almost four years before switching crafts). I remember we had nominations and an election to determine who was going to be Branch 782's delegates to the National Convention in Boston, Massachusetts. I garnered a whopping 5 votes by the way. So much for that. I was honored that I even got nominated being a "rookie".

It wasn't very long after that when I was attending one of our monthly Branch meetings that I was asked something. "If the opportunity came up would you be interested in attending the convention as a delegate?" My answer was, "YES!" I had attended a Clerk Craft National Convention in the past and I knew that there would be some excellent training classes to attend.

Well as it turns out, I did get to go.

For compensated delegates, the Branch pays for the travel, lodging and per diem (meal money). All I had to do was decide whether I would use LWOP or annual leave for the week. The classes were exceptional and there is nothing like being on the floor during the convention to vote on various amendments that are proposed to our Contract.

I had to be at the convention center by 7:30 am and the day's events were usually over by 3 p.m. each day. There was some free time to sightsee or hang out with other delegates.

It was during this time, that I had the pleasure of meeting Region 1 National Business Agent "Manny" Peralta. He is a very interesting and intelligent man. After talking with him for a few hours, he too asked me if I had the opportunity to do something would I accept *another* challenge. Again, my answer was: "YES!"

The "opportunity" he was referring to was a chance to attend the NALC Leadership Academy. What an honor it was being asked to apply by "Manny" Peralta! I did apply, and with help from Basil Zuniga, I was accepted for consideration.

I didn't know much about it then, but Manny said he would mentor me through the selection process. I was fortunate enough to be one of the thirty Letter Carrier candidates chosen to participate from across the USA.

The Academy consists of three week-long sessions spread out over a 6 month period. The sessions were in January, April and June of 2009. There were some *very* long days involved.

Classes ran from 8 a.m. until 5 p.m. We then had a dinner break, followed by more work from 7 p.m. until 10 p.m.

Upon returning to Bakersfield after each session, I was required to do a project and to present a report on that project before I returned for the next week-long session.

Guess what? I was asked if I would be willing to accept a new challenge? Well, once again, I said, "Yes!"

So, in between the January and April Leadership Academy sessions I had the privilege of representing Branch 782 on Capitol Hill to gather support for HR 22 as part of the Western States NALC Lobbying effort. Talk about inspiring!

My next "opportunity" came soon after that. Branch 782 President Mike Towery asked me if I was willing to be the Union Representative for the new route adjustment process—MIARAP. I said, "Yes!"

My plate now was pretty full; but with the help of Mike Towery, and my fellow Stewards, I was able to take on this new challenge. I have the utmost respect for Mike and hope I can continue to say YES for years to come.

Upon graduating from the Leadership Academy in June, I was required to spend a week with our National Business Agent to officially complete the course. I must admit I was in awe getting to spend time with Manny Peralta. He is by far the best NBA our great Union has. He is so very well versed in our Contract as well as all manuals pertaining to Letter Carriers. We are very fortunate to have him representing our Craft!

There were also training and rap sessions in Los Angeles and San Diego that I was given the opportunity to attend during the remainder of the year.

In closing I'd like to say that while "I" was used a lot in this article, it wasn't just me that accomplished these tasks. It was a team effort. First of all, none of it would have been possible without you—the membership. I never forget that and want to take this time to thank all of you so much.

I want to sincerely thank Mike Towery for being the great leader that he is and for believing in me. I also would like to thank "Manny" Peralta for investing the time he has in me and our Branch. Finally, I want to thank my Brother and Sister stewards for their assistance in my projects and for being willing to help with anything I needed.

While 2009 seemed to fly by, I just wanted to take a look back; remember; and, then share it with you. Who knows what 2010 will bring? Any of this sound interesting or fun? Come to a meeting and maybe you, too, will get your chance to say, "YES!"

Respectfully,  
JOHN ORTEGA

## Where:

### Southwest Lanes

3610 Wible Rd.  
Bakersfield, CA 93309  
661.834.2695

## When:

### March 7th, 2010

Sunday • 12-3 pm  
(Check-in 11:30 am)

## Cost:

### \$100.00 per team

(25.00 per person)

Includes 3 games, shoes and PIZZA

661.834.2695



Get your shoes, get your back stretched and your competitiveness spirit ready. Join our Fourth Annual Bowling Extravaganza. Team up with your co-workers at your station and get a shot at having bragging rights on what station truly has the best carriers. Remember to pick a name for your team! You will need a 4-person team. (men, women, mixed)

**Deadline: February 27th.** I will need teams who want to participate on sending the money, check, money order and the names of each player to me by this date to reserve the lanes. I only have so many lanes reserved.

**First to pay, first to play** - Last year 3 teams were turned away!



## PAST WINNERS

2010 EB Kentucky St. Kids

## Contact:

**Jeff Harrington**

For more info: 378-0975 after 4 pm

Send everything to P.O. Box 30144, Bakersfield, CA 93385

# Because Life Has Twists...

by Norma Hamer  
Shafter Shop Steward

October 15, 2009

Prayer Warriors needed...

Robert has been admitted to the hospital last night. He has been experiencing blood in his stool. He had gone to see his primary doctor who thought it best to watch him for 24 hours. Shortly after arriving at the hospital, he came out of the bathroom and passed out—losing a lot of blood after losing consciousness. He has been scheduled to do a scope sometime today, but has not been given a time of when that will actually take place. He has lost a lot of blood, more with every bathroom visit.

Please lift him up in your prayers. Pray that the doctors find where all the blood is coming from, pray for his strength to get thru yet another obstacle.

God's Grace & Love,

Norma

October 16, 2009

Well, the colonoscopy was done last night and it was a waste of time.....

The laxatives and go-lightly was given too early on in the day and the procedure was done well after 7:30pm. There was too much blood in the colon/large intestine for the gastro doctor to see anything. There was good news last night; there were no signs of any gangrene tissue (like what he had experienced in 2005) in the colon area itself.

They will do another scope today at 3-3:30pm. Robert so wanted a milk shake last night, and was put on clear liquids 'till midnight. They will also do a bleeding x-ray today. If they do not find anything in the colonoscopy, they will also do a scope from his mouth during the same time that the colon is done.

He kept telling Shawnie to go and get him some fries and that shake....

Thank you for all of your prayers.

All of God's love, Norma

In early 2004, Robert started experiencing extremely painful headaches. We had HMD insurance at the time and were always waiting for approvals from the insurance company before we could go to the next step to make another appointment. Every next step was so long and far in between. There were days that the headaches were so severe, he would vomit. After several visits to a physician, countless prescriptions of "try this", which totaled up to a full gallon sized Ziploc bag, and an emergency room visit, we could never find out why he was having the headaches. When open enrollment came around, we jumped at switching from HMD to a PPO. Best decision we ever made. But, shortly after we did that, Robert's headaches went away and he never pursued going to a specialist.



We went camping at 5 different beaches along California the summer of 2005. I remember sitting on Doheny beach, watching Shawnie and him surf. He caught a wave that was about 4 feet high, a smooth, slow roller. He was having a real good ride, until the wave closed out. He fell off of his board, fully outreaching his left arm, landed on the water on his left side, and lost his breath. He came up and was a little slow in getting out of the water. I asked him if he was okay, and as he was pulling off his wet suit, I noticed a bulge in his side, under his ribs. I freaked out, but he said he was fine. He felt like he just dislocated a rib. He didn't surf or run for one day and was back in the water the following day. The bulge did go away.



The day before our vacation ended, Robert's big toe turned purple. Weird. We poked it, rubbed it and the next day it was back to normal. But his ring toe was now purple. Double weird. When we got home, he made an appointment with his doctor about the toes. He was able to get an appointment for after work, but it would take a while.

After being home for about a month, Robert kept complaining about his stomach hurting him. He was eating fine; you should have seen him at the neighborhood 4th of July party. He has always been a big eater, loves all kinds of food. When the doctor appointment came around, the doctor was more interested in his stomach area than his big toe. He ordered an ambulance for Robert, took him to Mercy Southwest, stayed in the ER for two days, ran some tests, could not figure out what was wrong with him. (His doctor went out of town and could not be reached) They wanted Robert to take the flush out medicine go-lightly. There was one point when he passed out while he was trying to go to the restroom. That's when things started getting ugly, my family members were there along with other close friends, and they started demanding that something be done. The on call doctor ordered an emergency exploratory surgery to be performed. No one could have prepared me for what I was told after an hour into the surgery.

**Oct 16, 09 Am update**

He will be receiving 4 pints of plasma, and 2 more pints of blood. His last stool showed good signs that there is a lot of bile/clear fluid and only clumps of dried blood, not bloody like an opened bag of donated blood. He is almost finished with the go-lytley. I feel confident that this new scope will give a better reading. God's healing hands at work!!

Norma

**October 16,2009**

7:00 pm

Robert has had the colonoscopy done along with the throat/stomach/small intestine. The scope did find an ulcer, it has been cauterized and was the only indication of the bleeding. While in there, the gastro doctor did find some veins that are enlarged. When a vein is enlarged, it is a sign of cirrhosis of the liver. Shawnie looked it up on the internet and Robert has a lot of these symptoms. The only thing that we don't know is the condition of the portal vein. They have scheduled him to do an ultrasound on his liver tomorrow, (sometime in a.m.-no specific time set) which should show the condition of his vein, and if his kidney levels are better, they will do the CT scan for them. The only way to test to see if there is cirrhosis is to do a biopsy of the liver, which has not been scheduled yet.

Look for [www.medicinenet.com/cirrhosis/article.htm](http://www.medicinenet.com/cirrhosis/article.htm)

This is a helpful website. Robert has only 10% of his small intestine left, and lost all the blood veins that went along with them. He also lost his gallbladder and appendix.

Thank you for your continued prayers. What's next...

God's Love,

Norma

**October 17, 09 11am**

The CT Scan for the kidneys and the ultrasound for the liver/portal vein were done this morning. He is able to drink clear fluids right now, still no food. He is in much better spirits, sitting up in the chair by the bed. He has also taken himself to the bathroom. His eyes are looking a little clearer and the color of his skin is looking more like normal. Can't wait for the results...

And what are they going to do about the enlarged vein? They are waiting for the results of both scans and will let us know. May take a day or two. I think that the doctor on call for Cartmell is wanting the weekend to pass and not have to deal with it. Most doctor's

*Continued on Next Page...*



Robert and Norma right before he had his pic line removed...



# Life changes and you have to learn how to change with it... Ready for the next step...our outlook is positive and we are hopeful...

seem like they don't care, can't wait for Cartmell to come back...

Patience... I'm not asking God for it! Have to be careful what you ask for.

But I need to practice it.

God's great!!

Norm

*Norma,  
Max and I are holding you up in prayer.  
As often as God brings you two and your family into our thoughts. We are*

*praying. I know I speak for everyone on this list. We all love you guys and know that HE has you and keeps you.  
Love,  
Max and Judy Turner  
LC 43 LC44*

**October 18, 2009 1pm**

gastro doc never showed up...

but dr cartmell's on call relief showed up and told us that the liver is smaller than average, that the spleen is enlarged, that the portal vein is gorged, that the liver is scarred and has put

pressure on the veins and caused them to be enlarged, and that doing a biopsy of the liver is a high risk due to the fact that the liver is damaged and rob had been on coumadin, blood thinner.

Dr. Cartmell will be back tomorrow. he will be staying another night in the hospital.

He has been "upgraded" to take on soft foods.

Thanks for your continued prayers and support.

in His Love,  
Norma

**October 18, 2009 5am**

Robert could possibly be in the hospital for a few more days... Dr Cartmell came back and we are glad that he did. He told us that they are going to keep doing blood tests since they are not sure why his blood levels are down. He received a total of 6 pints of blood and 6 plasma and his blood levels are still low. They are slowly rising, just low. They are not going to do any invasive tests since he is high risk. He started taking lovenox yesterday. He was off of the blood thinners for 4 days. They are still monitoring his output and are taking samples. He has been real hungry and has found out that he can have anything that the nurses' station has if his urge is after the cafeteria closes. We have talked to Dr Cartmell about going to UCLA.



Would we rather be here or at the hospital??? Hmmm....



He says that we should, but wants to get him dialed in with his blood levels first. There has been no blood coming out of his digestive system. Robert is in good spirits. I have decided to go back to work. He is doing more walking around with no problems. His coloring is good. His legs are swollen; he does have some veins that are "leaking" in his thighs. An ultrasound was done in Aug/Sept. on his legs by a vascular specialist, Dr. Thatipeli. His tummy is still the same size, other than it changes when he eats! It bloats out more. I will be going by in the morning and after work. Thank you for all of your prayers and thoughts. I know that I do not respond to everyone's e-mails, and phone calls, but we do read and hear them.

God's Blessings,

Norma

Sorry for this being so long in between updates...

And for some reason, the last two e-mails I thought I sent did not go thru...

He was released from the hospital on the 20th, returned to work on the 26th, worked one day and now this...

### October 28, 2009

Robert has been in a lot of pain. The kidney stones are making him cringe every time he feels them, and with his liver in the shape that it is, he can't take certain medication. He has been allowed to take one benedryl and one Tylenol per day. It has been suggested that he eat yogurt with live active cultures to help with the natural gas causing bacteria that is in his digestive tract. He had not been sleeping at all; he would maybe get 10 minutes sleep and then have to wake up and go to the restroom. Last night was the first time he slept: his first wake up time was at 3am! He is very tired, of being in pain and going thru all of this. Today we were at CBCC for

his iron injection (that takes an hour to do-hooked up to an IV-the injections end Monday), then a scan was done of his abdomen, laying down, and then standing up. The lying down image showed a lot of gas in his intestines, but the standing up showed a lot of fluid *and* gas, indicating that he has either a blockage or a kink in his intestines. He now is scheduled to go to Truxton Radiology on Friday morning to do an upper GI with the chalky stuff and then a small bowel follow thru. This procedure will indicate if there is a blockage and where it is. He has an appointment at Cedar Sinai on Nov 4th for his kidney problem. He has an appointment at UCLA on Nov 16th for his liver problem. He has come a long way and this is just another hump in the road.

Please continue to keep him lifted up. He will get thru this, just like the last time. It just seems like every time we take two steps forward, there is a step backward.

In His love,

Norma and  
Robert J

### Wed, Nov 4th,

Wow, after a long day of waiting, traffic and doctor's office (mostly traffic), we finally got home around 8:30 pm. What a long day it was. But, a good day...

Robert will have his first procedure to remove the stones on Nov 13. Since the stones are so big, they will do anywhere from one to three procedures with a two/three weeks span in between procedures. These procedures are only done on Fridays. They do not want to go thru his back and directly into the kidney since he has the blood clotting issue. He will have

a kidney stent placed inside the ureter, between the kidney and the bladder, to help relieve obstruction. He also has a stone inside the ureter that is real near to the bladder. They will use a laser to break up the stone and suck out the pieces. He will keep the stent in for 5 days following the last procedure and then it will be removed. He will be put out when they do this. It is an outpatient procedure.

We are one step closer...

Now, I just need to find a nutritionist that specializes in short bowel. Get him eating foods that won't want to stay in his kidneys!

Thank you for all of your prayers, thoughts, and support.

God's Blessings, Norma

**On Robert's 41st birthday, Nov 3rd, he was allowed to have a shake, the first solid food that he had eaten since July 13th. And on Thanksgiving was allowed to have homemade broth and a spoonful of mashed potatoes. After a few more weeks, he had a scan done that showed the flow of his insides. Little by little, he was able to eat more and more. What could he eat, what didn't digest; a whole new ballgame. He was still on TPN, intravenous food. The whole time he was in the hospital, all he watched was the cooking channel. He could smell and name what was coming from the cafeteria for the other patients. Why he tortured himself that way, I will never know.**

### November 13, 2009

Robert couldn't sleep Thursday night, just thinking about how the procedure was going to go. The procedure was done and finished around 6pm. The doctors were running late and didn't even get to him until after 3pm. The procedure went well. They removed most of the stones and I was told that he should be able to pass the rest. There will be another CT scan and x-ray done after two weeks to see how he has progressed. The stent is still in place. He feels the urgency to go to the restroom a lot. He was poked

*Continued on Next Page...*

five times before they got a vein for the IV. He was so dehydrated from not being able to eat or drink anything after midnight on Thursday that his veins kept rolling and collapsing. He is weak and tired. He was in recovery for an hour or so and then we made our way home. Didn't know there wouldn't be traffic after 8pm on a Friday night.

Monday, we go to UCLA for consultation on liver.

Please pray for strength, healing, acceptance, doctor's knowledge. Please also pray for thankfulness in all that he has been thru. Thank you all for being Prayer Warriors.

In His name,

Norma

### November 16, 2009

Wow, really liked this doctor a lot!  
Dr Simon Beaven.

Found out that in order to properly give a diagnosis of cirrhosis, one needs to have a biopsy done. He has suggested that he get a biopsy by going down Robert's vein in his neck area and get to the liver that way. It is a less risky, much more noninvasive way of getting the biopsy. Robert wants to be put to sleep, but the procedure would be done with him sedated only. He's not happy about that, but... It is much better than the alternative and it will be even less painful. And by going down the vein, the procedure would also show the strength of the blood in the veins, how fast it is pumping, how strong the flow is.

Another thing we found out is that with the portal vein being engorged and it being blocked by an obstruction, the clot, that it makes the veins back up and makes other parts of the body enlarged, hence the enlarged spleen and veins found in the colonoscopy/endoscopy that was done while he was in the hospital this

last October. He explained it like this, you take a water hose and put a kink in it, what happens? There is built up pressure on the spout. The doctor also told us that with all the back-up with the blockage that this could cause his liver to become sludgy, and appear to have cirrhosis. Doctor did mention that a stint could be put in in (they call them tips). Major side effect to that would be that he would lose thoughts, concentration, etc. He could possibly not be able to operate machinery, drive a car, and possibly even hold a conversation.

Another way would be to go back in and roto-rooter the veins that are blocked. Doctor wants a vascular MRI done not just of the abdomen, but the area above the liver as well. This would show if there are any other veins that are blocked. If they are in roto-rooting one vein, they might as well do any of the other ones that are blocked as well.

He also wants another scope done with the machines that they have at their hospitals. The one done here doesn't give specific information about sizes of intestine, stomach, etc., exact location of the photos that were taken. All that good detailed stuff.

We are starting at square one and getting more labs done, more images, more doctors getting together to figure out this complex body.

May God continue to bless every one. I thank each and every one of you for your continued prayers. I know this is far from over...

Blessings & Peace,

Norma



Robert, walking down the hall with Shawnie, his daughter; Shawnie's friend, Angela, and his ever-present medical robot med dispenser thinks about life's simple pleasures: milk shakes, surfing, hitting the road on a motorcycle and sleeping in his own bed instead of a hospital bed...

### December 4, 2009

Robert is in great spirits... Dr Fuchs says that all of the stones were removed from the kidney! Robert had a lot of "gravel" in his ureter and not many stones in the right kidney. He will be able to have the stent removed sometime after Wednesday and that can be done here in Bakersfield. No more kidney stones! Yeah!! Now, load him up with calcium and Citra-K, yummy! Robert is ready for the next step, MRI of vascular system and liver biopsy at UCLA.

He is nervous, but the desire to know is stronger.

And, he has been released to go back to work, part-time, from Dr Cartmell. He still has to see the city doctor, which should be on Dec 16th; this is the date he should also return to work.

Not to add pain to misery, but he also has to have a root canal done on the 11th and a tooth pulled on the 14th. He needs work head to toe!

Thanks to all for your prayers and thoughts.

God's Blessings-

Norma

**December 28, 2009**

This early afternoon, Robert had an MRI of his upper/lower abdominal area, once without contrast, once with. The results were not in by the time that he had seen Dr Beaven later this afternoon. Here is a list of the things that were discussed with Dr Beaven:

**Cirrhosis-** They have labeled him as having this, even without the biopsy, due to the other scope that he has had and his liver blood test results.

**Scope-** Robert will have another scope of his insides, they want to see what it looks like while he is not bleeding and is feeling healthy. We should hear from Beaven's office about a date for this procedure within two weeks.

**Biopsy of the liver-** Is not going to be scheduled at this time and has not been ruled out. The MRI results should show what state the liver is in. Good thing about the biopsy would be that it would show the pressure of the blood flowing thru the veins.

**Liver Cancer-** They will be doing yearly tests, blood and ultrasounds, to check him for this.

**Transplant-** They are going to have Robert formally evaluated for a liver and small bowel transplant. He does not need a transplant right now, but when the time comes, he will have this step out of the way. Dr Beaven mentioned that Robert's liver has rapidly gotten worse over the last 3 years. It is not from his early days of drinking. Having short bowel syndrome and blood clots has made his liver go from healthy to forming cirrhosis. Seems to think it may be in 4-10 years that his liver will last. Previous test results from 2005 while at Mercy in Bakersfield showed that there were no signs of any liver damage before his short bowel. So the cirrhosis that he has now is from the short bowel complications.

Life changes and you have to learn how to change with it. Ready for the next step.

Our outlook is positive and we are hopeful.

We thank you all for your continued prayers and thoughts.

God's Blessings,

Norma

**December 30, 2009**

Robert received the call from Dr Beaven regarding the results of the MRI last night. The test did not show that his liver had any signs of obvious cirrhosis, so with that, Robert will have a biopsy performed. We have to wait to hear from Beaven's office for a date. Another item that Beaven discussed was removing the spleen. He seems to think that the enlarged spleen may be causing his platelets to be low. He did mention that the transplant evaluation will be put on hold. He also mentioned having a vascular surgery to reroute some of his veins into the portal vein, bypassing the blood clot area. Keep in mind that all of these procedures still need to be discussed amongst the doctors. This is all great news!

God's grace is upon us all!

Norma

**January 7th, 2010**

Update on Robert—

Had the liver biopsy done on Monday, the 4th, @UCLA. Still have not received the results, it is in the pathologists department. We should have it back by the weekend??? But a great thing about the transjugular test was that his blood pressure going into his liver is normal! I also ran into Dr Farmer, the surgeon who "hooked" Robert back together in the hallway by the admitting office. I told him hello and he looked at me and pointed, I mentioned Robert's name, and he said, "Yes, I remember, have his doctor let me know what they find out." Robert was extremely nervous going into the procedure, was awake the whole time and felt one of the three snips that they took. After it was all said and done, he felt great about it. Just waiting to hear what is next and when it will be... God's hands are on him. Please continue to ask for healing, comfort, direction...

Blessings-

Norma



**Countless trips to the TPN clinic every two weeks, trickled to every 4 weeks, then 6 weeks, then eventually, Robert was able to maintain his weight,(went from 200 lbs to a whopping 160'ish) and was finally taken off of TPN. After seeing that life can flash before you and be gone in a moment, one tends to live life to the fullest.**

**Don't get me wrong, there have been several scares here and there. But they have all turned out okay; he is truly a blessed man. He went out and bought a motorcycle and he continues to surf every chance he gets. Now, if he could just find a way to live at the coast...**

# My Health Benefits

By Norberta Fullen,  
NALC Branch 1100 Retiree

I have had the NALC Health Benefits Plan for many, many years and I have had more than one doctor's office tell me, "Don't ever change your health plan."

The NALC Health Benefit Plan is the closest thing we have at present to—horrors!—"public option." It is non-profit. It is run for the benefit of its members and not for as much profit as it can squeeze out of its subscribers. And, it would be even more efficient if all Letter Carriers carried it.

I understand that we increased the enrollment in the NALC Health Benefit Plan this past Open Season, and that is a good thing; but, it could be even better if we all belonged.

There has been a lot of talk lately about our national health care 'system' (if you can call it that) and a lot of voices putting down the health care systems in other countries. Scary words and slogans, such as 'rationed care', 'long waits', 'long lines', etc.

I lived in England for two years some time ago; and, I had health care at the Air Force Base where we were stationed. Once, when I got sick I was forced to use the British National Health Care. I was too sick to get out to the base, and most of the Air Force doctors and dentists were sick themselves with an Asian flu epidemic. Anyway, I used two British doctors and a British dentist.

The care was great. There was no waiting. The doctors even made house calls. (No, it was not in the nineteenth century!) I'm still here.

Recently, I read an article on health care by T. R. Reid, the author of *The Healing of America: A Global Quest for Better, Cheaper and Fairer Health Care*.

It was titled "5 Myths About Health Care Around the World." I'd like to list his points and discuss them. Maybe facts will make people think.

**First myth: "It's all socialized medicine out there."** Some countries—for example Great Britain, New Zealand and Cuba—do have a government run system. Their government owns the hospitals and pays

medical personnel. However, doctors and hospitals in Canada and Taiwan are entirely in the private sector. The government just pays their bills. Japan, Germany, the Netherlands and Switzerland depend entirely on private insurance.

The big difference is that they cover *all* their citizens. The private insurers are regulated. But—they are regulated here, also—the only reason most people have insurance (particularly through employment) is because of our governmental regulations.

**Second myth: "Overseas, care is rationed through limited choice or long lines."**

Their choices differ somewhat, but they do have choices. Germany has over 200 different plans. In Japan and France, you must use the plan of your employer (if employed), but you can choose whatever providers you want and insurance must pay. There are no preferred providers or list of eligible doctors or hospitals. In Canada, you choose your own providers. Some countries do have waits for non-emergency care. However, many countries—Britain, Austria, Germany—have a better record of waiting times than does the U.S. In Japan, there is so little wait that people often don't bother making appointments.

**Third myth: "Foreign health care systems are inefficient, bloated bureaucracies."**

All health care systems have some bureaucracy—keeping records, admissions clerks, etc. In the U.S., the ratio of your dollar spent on administrative costs is over 20% when you talk about the "for profit" companies. (Much of this money is spent on lobbying Congress to make no changes.) In France, it is about 4%. In Canada, 6%. Japanese citizens see their doctors more often than Americans and have more MRIs and X-rays, but their cost per citizen is less than half what is spent here.

**Fourth myth: "Cost controls stifle innovation."** Hip or knee replacements are a French innovation. Treating depression with deep brain stimulation is Canadian. Many drugs advertised here come from Britain, Switzerland or Japan. MRIs of the neck region cost around \$1500 in the U.S. In Japan, the same scan costs about \$98.

**Fifth myth: "Health insurance (by its very nature) has to be cruel."** We all know the

cruelties practiced here: Routine rejections for pre-existing conditions, denial or delay of valid claims, and cancellation of insurance once you really need it, are common stories. The insurance industry employs people to peruse applications to find some entry or omission allowing them to claim you lied. They then cancel retroactively.

Here, in the Eastern Sierra, I have a friend who buys his own insurance. One month, he didn't notice the raise in rates and sent in the usual premium check. He promptly got a letter that they'd cancel in four days if he didn't pay the extra amount, penalties for late payment and next month's premium also. He couldn't pay right then, so his insurance was cancelled. Was it just coincidence that he had recently had major medical bills from an accident? Or were they looking for an excuse to pounce on?

There are a lot of *foreign* systems that operate here now by our own government. The VA health care is like universal health care... It's paid through taxes, but treatment is free, and there are no insurance premiums. The Medicare system is like the Canadian system. People pay a premium, but everyone (here, over 65) who wants it is accepted, and premiums are uniform. Insurance through your job, where employers pay a large portion of your premium, is like Germany. The difference is that foreign insurance plans (like the NALC) exist only for their customers.

The U.S. has the best educated doctors and nurses, great hospitals and wonderful researchers. We should have the best health record, too. But we don't. Many nations have longer life expectancies, and better health care outcomes. Yes, we can come up with a system that covers everyone and takes away the enormous power and profit of those insurance companies that exist primarily for profit and not for their customers. This doesn't preserve the free market; it preserves their salaries. We have too many uninsured or underinsured citizens, and we're paying for it.

**EVERYONE SHOULD HAVE INSURANCE AS GOOD AS THE NALC HEALTH BENEFIT PLAN.** We should study how some of these other countries' systems work, and figure out a way to apply it to our own unique and wonderful country...because: **EVERYONE SHOULD HAVE INSURANCE AS GOOD AS THE NALC HBP!**

# 2010 NALC HBP Info



NALC Health Benefit Plan	1-888-636-6252
*Hospital Pre-Certification	1-877-220-6252
*** Mental & Substance Precert.	1-877-468-1016
Drug Prescription Retail	1-800-933-6252
CareMark Hearing Impaired	1-800-238-1217
*** CareMark Specialty Pharmacy	1-800-237-2767
*** Durable Medical Eqpt.	1-888-636-6252
CareMark Specialty Pharmacy	1-800-237-2767
Durable Medical Equipment	1-888-636-6252
Nurse Assistant (24/7)	1-877-220-6252
CareMark Pharmacist	1-888-636-6252
Enhanced Eldercare Services (24/7)	1-877-468-1016
CIGNA PPO Dr's & Facilities	1-877-220-6252
***CIGNA Transplant Approval	1-800-668-9682
Quest Diagnostics (Lab Services)	1-877-220-6252
Quit Power (Smoking Cessation)	1-877-784-8797
CIGNA Health Rewards (Discounts)	1-800-870-3470
CIGNA Dental Discount Program	1-877-521-0244
**** Disease Management Program	1-800-227-3728
MEDICARE Managed Care Plan	1-800-633-4277
OPM Retirement Info Center	1-888-767-6738
Federal Information Center	1-800-688-9889
Social Security Administration Info	1-800-772-1213

\* Failure to pre-certify will result in a \$500 reduction in benefits paid by the Plan. Must notify the Plan prior to hospital admission with doctor name and dates. \*\* Mail order drug prescription program long term (maintenance drugs) 60 day supply: \$8 generic, \$43 name brand; 90 day supply: \$5 NALC select generic, 12 generic, \$65 name brand. Preferred Retail Pharmacy, 20% generic, name brand 30%. MEDICARE 60 day supply: \$7 generic, \$37 name brand; 90 day supply: \$4 NALC Select Generic, \$10 generic, \$55 name brand. Prior approval required for some drugs. Certain bio-tech drugs (e.g. Asthma, Diabetes, organ rejection) require prior approval before dispensing. Must call the Plan. **1-800-237-2767.**

**Mark Ramirez**  
**(661) 834-5011**

**Branch 782 HBR Representative**

**NALC Health Benefit Plan**  
**20547 Waverly Court**  
**Ashburn, VA 20149**

**NALC Prescription Drug Program**  
**P.O. Box 94467**  
**Palatine, IL 60094-4467**

**NALC Prescription Drug Program "Claims"**  
**P.O. Box 521926**  
**Phoenix, AZ 85012-2192**

**Optimum Health Behavioral Solutions**  
**P.O. Box 30755**  
**Salt Lake City, UT 84130-0755**  
**Questions: 1-877-468-1016**

**Conentra Urgent Care**  
**9500 Stockdale Highway Suite 100**  
**Bakersfield, CA (661) 282-4900**

**Sendas Northwest Urgent Care**  
**3409 Calloway Drive Suite 101**  
**Bakersfield, CA (661) 587-2500**

**PPO Lab: Quest Diagnostics**  
**2001 17th St**  
**Bakersfield, CA (661) 631-8514**

## Preferred Provider (PPO)

**Cost: \$15.00**

**Co-pay per office visit**

## Preferred Provider (PPO)

**Deductible**

**\$300 Individual**

**\$600 Self & Family**

**Per Calendar Year**

Center for Disease Control	<a href="http://www.cdc.gov">http://www.cdc.gov</a>
National Library of Medicine	<a href="http://www.nlm.nih.gov">http://www.nlm.nih.gov</a>
American Public Health Assoc.	<a href="http://www.alpha.org">http://www.alpha.org</a>
American Cancer Society	<a href="http://www.cancer.org">http://www.cancer.org</a>
American Heart Association	<a href="http://www.americanheart.org">http://www.americanheart.org</a>
American Lung Association	<a href="http://www.lunusa.org">http://www.lunusa.org</a>
Diabetes Foundation	<a href="http://www.diabetes.org">http://www.diabetes.org</a>
Muscular Dystrophy Association	<a href="http://www.mdausa.org">http://www.mdausa.org</a>
JAMA Asthma Information Center	<a href="http://www.ama.assn.org/special/asthma">http://www.ama.assn.org/special/asthma</a>
Your Personal Health Record	<a href="http://www.nalc.org/depart/hbp">http://www.nalc.org/depart/hbp</a>
National Patient Safety	<a href="http://www.npsf.org">http://www.npsf.org</a>

Never would I have thought that this would actually have become the *biggest* “Biggest Loser Competition” when I tried it differently this time around! I am ecstatic that there was such an overwhelming turn out. ***I am thrilled to say that there are 47 teams, totaling 94 competitors!!!***

# Brundage Biggest Loser: Couples!!!

These 94 competitors combined weight totals 20,361 Pounds. WOW! That averages out to 216.6 pounds a person. How big can MR. SLIM TRIM get? Let’s all start shedding those unwanted pounds!!

A total of ten of our postal units have united to make a healthy change to kick off the New Year. I wasn’t sure if it was my articles that motivated people or just the potential “JackPot” that had people entering. What do *you* think??? Either way, I am awed that it has grown so big.

## ***HOW BIG???*** ***THE TOTAL “JACK POT” IS \$2350!***

There will be a winning team every month of \$50 to win their entry fee back and to help keep the motivation going for three (3) months. At the end, the money will be split 75/25 percent—\$1687.50 for 1st team winner and \$562.50 for 2nd team winner). This competition is mimicking the series “Biggest Loser”: Everyone will be measured by their *PERCENTAGE OF WEIGHT-LOSS AS A TEAM*.



For myself, I have joined the gym and I am calorie counting my meals day-to-day. ***I CAN’T STRESS ENOUGH THAT WE ARE ON THE HONOR SYSTEM.*** There is a lot of money at stake. Doing it the healthy way is the ***ONLY*** way to do it.

Pam Smith at Hillcrest, Norma Hamer at Shafter, Jeff Harrington at East Bakersfield, and Kristine Ford at Arvin.

We are all participating in something that will change our lives and the lives of our partners!

We are all in this to WIN the \$\$\$\$.

But don’t forget to do it the *honest* way—diet and exercise.

Money is a good motivator but you also have to work together and motivate each other! I already have people walking/

I could not have possibly done this on my own without the help of my Station Leaders that volunteered to take the monies and weights for me and for that... ***Thank You! Thank You!! Thank You!!!***

Those special Station Leaders are: Glen Ryder at Dole Court, Tina Munoz at Camino Media, Francisca Davis at Stockdale,

OUT THERE



running with me at the Panorama Bluffs. Stockdale says they will start walking at the Riverlakes Path for those of you in the area. Also, Melanie Davis (Shafter) would like to start riding bikes at the Bike Path.

If anyone's interested, please contact me @ 661-496-5679 so I can get people connected!

Help not only your partner but one another, I know we're competing with

one another but we can still encourage each other to keep going.

Change doesn't happen overnight. You all can do what you set your mind to.

**Good Luck to every team!!!**

MABEL BULLIS  
Brundage Shop Steward



## ***WANT TO KNOW WHO YOUR COMPETITION IS???***

**Brundage Station:** Stacy Castillo (Clerk) - Enoch Moya (PTF Carrier); Mabel Bullis (T-6 Carrier) - Kaesia Shein (Sister); Maria Gutierrez (Carrier) - Vicki Guerrero (TE Carrier); Juanita Sullivan (Clerk) - Lonnie Sullivan (Spouse); Ruben Gonzales (PTF Carrier) - Amanda Gonzales (Spouse); Kim Williams (Carrier) - Judy Roberson (Carrier); Carrie Kendrick (204B) - Mike Bettes (Management); Yvonne Esquivel (T-6 Carrier) - Oscar Esquivel (Spouse); Beatriz Munoz (PTF Carrier) - Sonya Camacho (Rural Route Carrier); Shurie Amick (Carrier) - Kim Pumphrey (T-6 Carrier); Kimmie Gardea (Rural Route Carrier) - Rudy Gardea (Spouse)

**East Bakersfield:** Jeff Harrington (E.B. Carrier) - Tony Esquivel (E.B Management)

**Shafter:** Melanie Davis (Shafter Carrier) - Norma Hamer (Shafter Carrier); Amanda Oneill (Stockdale Carrier); Shawnie Hamer (Shafter Carrier Daughter)

**Arvin:** Jeri Jimenez (Arvin Carrier) - Patricia Dorsey (Friend); Linda Perkins (Arvin Rural Route Carrier) - Beatriz Nerio (Arvin Clerk); Roy Rosales (Arvin Carrier) - Cynthia Gomez Moreno (Arvin Rural Route Carrier)

**Hillcrest Station:** Sally Herrera (Hillcrest Management) - Alice Nelson (Stockdale Carrier); Carol Newton (Hillcrest Carrier) - Peggy Merjil (Hillcrest Carrier)

**Stockdale Station:** Randy Courson (Stockdale Carrier) - Trisha Courson (Daughter); Caroline White (Stockdale Carrier) - Debbie Courson (Spouse of Randy Courson); Beatriz Rodriguez (Stockdale Carrier) - Jose Salinas (Son); Tina Harbour (Stockdale Carrier) - Sheirlyn Sharpe (Stockdale Carrier); Francisca Davis (Stockdale Carrier) - Elsie Florez (Stockdale Carrier); Cindy Flores (Stockdale Carrier) - Alma Marquez (Stockdale Carrier)

**Camino Media Station:** Tina Munoz (Camino Carrier) - Gabriel Munoz (Spouse); Gina Garcia (Camino Carrier) - Mark Garcia (Spouse); Nick Faderly (Camino Clerk) - Amanda Myers (Spouse); Kalle Coronado (Camino Carrier) - Mike Coronado (Spouse); Margie Cruz (Camino Carrier) - Anita Certuche (Camino Carrier)

**Pegasus Plant (GMF):** Yvonne Garcia (Pegasus) - Paul Pineda (Pegasus); Debbie Heer (Pegasus) - Ricky Heer (Camino Media Clerk)

**Dole Court Station:** Fernando Gonzalez (Dole Court Carrier) - Oscar Salazar (Dole Court Carrier); Jennifer Gonzalez (Dole Court Carrier) - Paul Hernandez (Dole Court Carrier); Laura Gordon (Dole Court Carrier) - Jeff Honor (Dole Court Carrier); Mike Copeland (Dole Court Carrier) - Dahlia Garcia (Dole Court Carrier); Cindy Jimenez (Dole Court Carrier) - Adolfo Jimenez (Dole Court Carrier); Glenn Ryder (Dole Court Carrier) - Diane Ryder (Dole Court Carrier); Hermie Encinas (Dole Court Carrier) - Deborah Jones (Dole Court Clerk); Priscilla Robertson (Dole Court Carrier) - Brenda Rhodes (Dole Court Carrier); Araceli Hernandez (Dole Court Carrier) - Laura Vega (Dole Court Carrier); Mona Renner (Dole Court Carrier) - Teresa Suarez (Dole Court Carrier); Teresa Garcia (Dole Court Carrier) - Sabrina Bonilla (Dole Court Carrier); Sharon Davis (Dole Court Carrier) - Ted Davis (Spouse); Angie Garcia (Dole Court Rural Route Carrier) - Bex Bougher (Dole Ct Rural Route); Jamie Gonzalez (Dole Court Supervisor) - CeCe Hernandez (Stockdale Carrier)

# MIARAP - Breaks and Office Time

by Trish Guy, NALC Branch 231

With route reviews occurring about every six months under MIARAP, Carriers are beginning to see how much their **DAILY PERFORMANCE AND DECISIONS** can influence route adjustments to a much greater degree than in the past. As the MIARAP process works through the follow-up phase, two concerns are emerging that may have direct impact on your route...

Assuming that MIARAP will be an ongoing process, the impact can become dramatic for those who ignore this article.

## **FIRST OF ALL, DO NOT WORK THROUGH YOUR BREAKS!**

Yes, I am beating this drum once again because we repeatedly have Carriers telling us that they still do this.

Please realize that: 1) There is no way to document or validate your claim, therefore your route time is calculated with break times included.

2) You're not giving your body the rest it both needs and deserves, *and* you will just get more route added in recognition of your devotion. (The only exception is clocking a "No Lunch".)

I do understand the many reasons Carriers continue to do this. Getting back before dark, not wanting the confrontation with management, fear of later start times, etc.

If you don't want "more route", then you must find ways of dealing with these other concerns. If you can put something at the end of your route that is easier to handle after dark, then adjust your line of travel. Even taking your lunch break at the end of the day might help.

Have confidence in your work ethic when it comes to management discussions. You know you're doing your best, so ask them

what you should do differently when they challenge you. As to the possibility of later starting times, I can only ask you to weigh this in regards to your own priorities: come in 15 minutes later or get 15 minutes added to your route?

Every six months... Think about *that!*

My second concern is office times. The MIARAP agreement requires us to select whichever number is the lowest, either the 18/8 standard or your actual office average. So if your actual average is over standard by, say, 15 minutes on average, you might get added to (or not cut) because of it. Understand that this is not a change from past route adjustments.

But I think the issue here is the fact that we are being measured against mail counts from DOIS rather than an actual piece count. (Did I hear one big "Amen!" to that?)

From day one, our Union has insisted that DOIS is inaccurate and untrustworthy. *So how can they turn now and put the burden of "the numbers" onto the backs of our carriers?*

Our national leaders worked long and hard to come up with MIARAP as a more cost effective route adjustment process.

This agreement has given local NALC representatives unprecedented access to all aspects of DOIS. If Management did not have tremendous faith

in the overall integrity of the data we would find, that certainly would not have happened.

One of the biggest improvements is the simple fact that mail processing machines are doing most of the counting now. Only a small percentage of your mail volume these days is input by your supervisor.

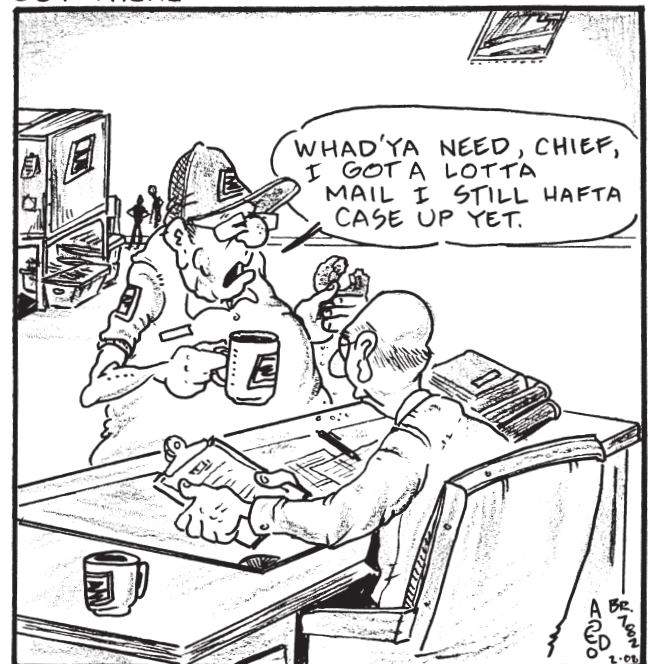
In addition, the first thing your MIARAP team does in this process is review the DOIS figures and look for "anomalies". When your supervisor screws up and gives you credit for only 5 cased letters, we take that day out of your average. (It has been rare, but we've seen it.) This gives you protection from supervisor error and ensures more accuracy in the averages being used to evaluate and adjust the routes.

No process is perfect, but at least you know that DOIS figures are not being given an unequivocal NALC blessing.

Eliminating the actual six-day count is where MIARAP achieved the greatest cost savings to help keep us in business.

So, how do you protect yourself from the "gray areas" that remain? Here are some things to watch for. 1) Be sure all of your cased mail is accounted for. Throwbacks and small parcels are the two things commonly missed.

OUT THERE





At 100% standard office time you get one minute for casing up 18 letters (or 8 flats) and one minute pull down time for every 70 pieces of all mail types. Every piece matters! Don't let management brush aside giving you credit for "just a few pieces".

(Remember: DPS is not credited to office time, so if your count is higher than what they tell you, that will impact street time. On average, one tray holds 400 letters.)

2) **FOT** - Every route is allotted 43 minutes of "Fixed Office Time" every day. Specific amounts of time for these minutes of FOT includes items:

**Vehicle check:** 3 minutes

**Break time:** 10 minutes

**Personal Time:** 5 minutes

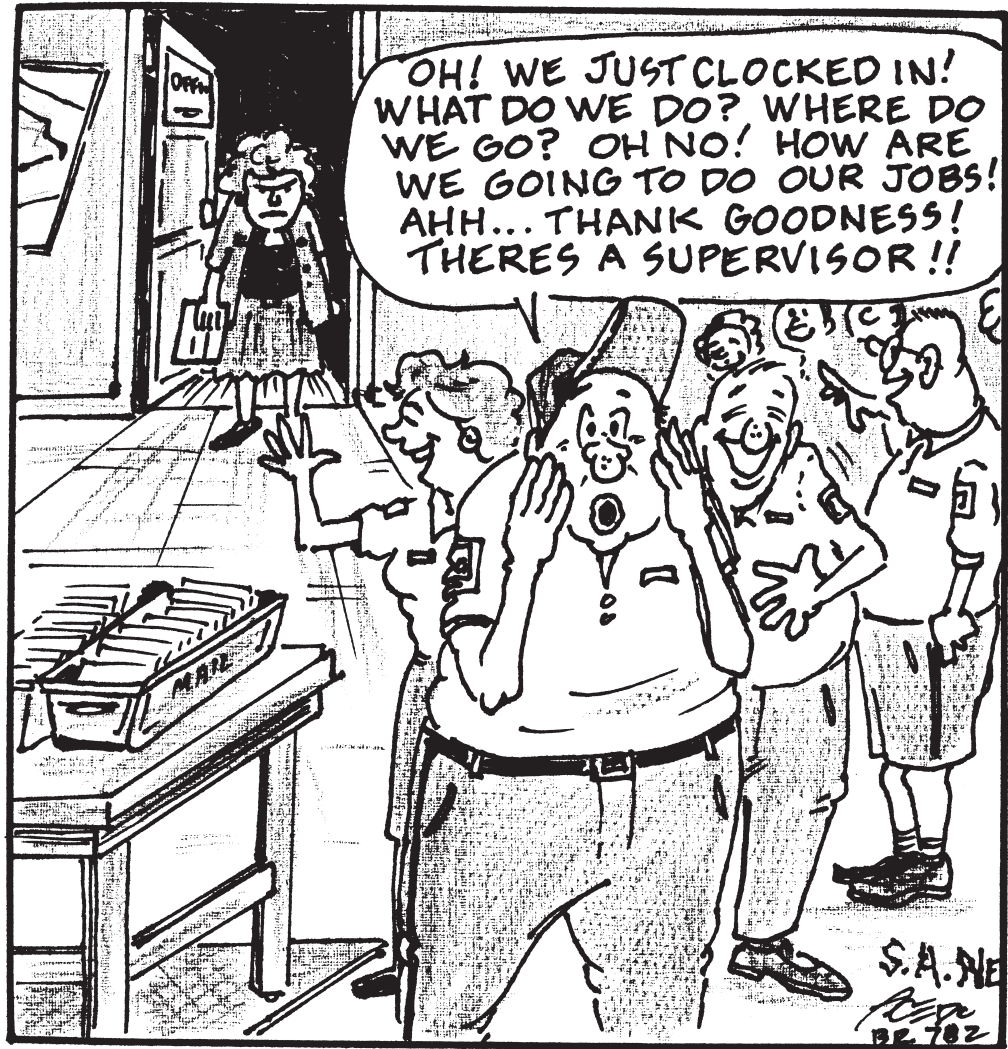
**Withdrawing mail:** (pulling mail out of shrink wrap, straps, trays, tubs and cases)  
5 minutes

**Accountables:** 6 minutes (includes am & pm time)

**COA's, markups & forwards:** 5 minutes

**All other daily office work:** 9 minutes

The two areas that may be higher than average on some routes are forwards and accountables. If you have a business route or apartment route, it may benefit you to keep a daily count of your accountables or change of address cards, respectively. But only if you frequently require more than the standard time you are already "given".



When you have your consultation prior to route adjustments, bring that tally with you so that the MIARAP team can justify your office time if it is over standard.

3) If you have to sort out your circulars in the office for some reason, move to street time while performing this work.

**Any work you do in the office that is not credited is lost!**

If you are on one of the routes that cases *Fresno Bees*, be sure you are getting the count included in your cased volume.

When all mail is properly accounted for, DOIS's "projected leave time"—though not precise—should normally be somewhat reasonable...within probably about 10 minutes.

If you can keep the items listed above in mind, you will be able to protect yourself from the gray areas of DOIS and MIARAP's estimated standard requirement.

Article courtesy of the Fresno, CA NALC Branch 231 *Postman's View* published in January 2010.

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**First of all, Do Not Work Through Your Breaks!**

## from the editor-guy

There is one thing about the basic concept of a Union: It is all about the people! All of the representation, training and involvement is geared at making the lives of everyone better.

If you've read the articles this month, you've gotten a chance to share in what's happening in the lives of some fellow members. You've seen Anita Holderman's pictures. And, of course, you've all been welcomed into Fred Acedo's world...

Before I continue, let me share the latest update that I got from Norma Hamer:

**January 15, 2010**

***Robert's liver biopsy was negative. His liver is normal, there is no cirrhosis. He will be having another scope on January 28th to see exactly where the bleeding was coming from in October. They want to rule out a busted vein. And he will be having a consultation with Dr Farmer on February 1st regarding his spleen and small bowel.***

***God's Blessings to you all for keeping him in your prayers.***

***Love, Norma***

Obviously, when you're in the midst of dealing with a crisis, priorities shift. They have to. Rick Plummer's article illustrates that pretty clearly.

Rick points out that taking care of problems early is the best approach in our lives. Mabel Bullis has championed a cause with The Biggest Loser which could lead to a healthier life style. I think all of us should be so very proud of her for having a vision and being able to share it in a way where others catch fire, too!

With that in mind, I want to return to an idea that I (as the Branch 782 Editor-guy) first wrote about in August 2008. I would love to be able to look back and say, "Wow, it really did happen!"

I have a Union dream. It is actually a very simple dream. And it is a dream that can actually happen. More importantly, I want to share it with you in the hope that some of you can see yourself living this dream.

A dream takes off when a person or an organization can develop an approach to make a goal a reality. Part of the equation is a time factor—How much time do we have to work on getting where we want to go? The second, and most important issue is a very basic one. Is this goal a priority? Thirdly, what other factors come into play which might make the dream more attainable?

So what's this got to do with you?

The next National Convention will be held this year. Can you visualize yourself on the convention floor with thousands and thousands of other Letter Carriers from all over the country? It *is* an experience which is exhilarating and energizing. But, you have to make your own decision about whether or not you think that it would be something to do and to place some priority on doing what you need to do to be able to be there.

Where? Well...Anahiem. Let's see...oh, yes, Disneyland. And, Angel's baseball games. And, shopping or hanging out by the pool. If you can use the week of the convention in conjunction with your "planned" summer vacation, you can use the event as more than just being there. And (just in case you didn't know this) there is a guest section on the convention floor where family members can join you for all or part of the proceedings to share in the experience.

So why is this my dream? It's simple.

Many of us take for granted all of the work rules and protections which frame our work lives. We don't realize that most workers don't have what we have. A national convention is a very real learning experience.

Even if you just attend the convention on your day off, it will be an investment which could be important. Being at a convention is very real education in becoming an activist and developing the skills

and tools to survive our lives as Letter Carriers.

I feel so strongly about this that I have proposed an idea that you can help me with.

The NALC National Convention is held every two years. Host cities are all over the country. Travel usually involves air fare. This year, the convention is only going to be about 150 miles away...

If the Branch rents a twelve passenger van to transport delegates, I would be willing to drive the van back to Bakersfield after the first day. I would then leave *early* the next morning with anybody who wants to jump in the van so that we can arrive in time for the early morning training classes—and *they usually begin at 7:30.* (You do the numbers on the leaving time...)

All of my "passengers" could participate in the training, attend the convention, and check out the afternoon classes. (More importantly, I would be able to fulfill my duties as an elected convention delegate.) I would then drive everyone back at the end of the day..

I would also do this for the second and third days of the convention. The reason that I won't do this for the last two days of the convention is simple. The van is *the* transportation for the Branch 782 delegates. They might need it for something and to get home, too.

As I close—like other delegates before me—I thank you for allowing me to represent you at Conventions. I have learned a lot. Much of what I have taken from the experience has given me answers to questions which many of you have posed to me.

I look forward to seeing if this dream for Branch 782 will be realized. I know that if a number of you take up the challenge to live this dream of mine, there will be some incredible future results.

But, of course, that will be up to you. My dream is in your hands.

BASIL ZUNIGA



# Branch Officers

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The opinions expressed in this publication are those of the writer and are not necessarily those of the publication staff or of the Officers of the Branch.

The information contained in this publication is true and complete to our best knowledge. All recommendations, on equipment and procedures are made without guarantees on the part of the authors or of the organization. Because the quality of equipment, services and methods are beyond our control, the organization and its publication authors disclaim all liability incurred in connection with use of this information.

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We invite all members to contribute articles for publication. Copy, if possible, should be double-spaced (but doesn't have to be) but **MUST** be signed by the contributor.

The Editor retains the right to edit, delete, or reject the article for the good of the Branch (and even this is subject to persuasion).

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*OUT THERE*



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78 members discuss the  
impact—so far—  
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ASK QUESTIONS.***

## **Come to the General Membership Meeting on Tuesday January 26, 2010 at 7:00 p.m.**

NALC Branch 782 Office: 2628 F Street, Bakersfield, California 93301