

## Health, retirement get Tammy's attention

By **Chuck Nowlen**  
Poynette Press reporter

Social Security "notch babies" led a group of local seniors seeking U.S. Rep. Tammy Baldwin's help in Congress last week.

Notch babies are people born

between 1917 and 1926, whose Social Security benefits were calculated at a lower level for a few years under a formula that was eventually scrapped by the federal government, Baldwin explained at an August 16 listening session at

the DeForest Community Center.

Now that they are retired and receiving Social Security checks, many notch babies—including DeForest's Al and Barbara

(See TAMMY page 3)



Congresswoman Tammy Baldwin listens to a question Monday during a listening session in DeForest.

*Poynette Press 8/22/01*

—Dustin J. Williston photo

---

# TAMMY

From page 1

Henschel—feel their accumulated benefits are lower than those of other Social Security recipients because of the brief benefits-formula change.

"Notch babies like us were cut out of part of Social Security," Al Henschel told Baldwin. "I think maybe we have to cry more about it, right?"

The Henschels were among about a dozen seniors who attended the listening session to ask for notch-baby, HMO-coverage and prescription-drug relief.

Although she seemed sympathetic to the Henschels' and others' concerns, Baldwin noted that measures to fix the notch-baby problem, for example, have been proposed "year to year," only to become bottled up in Congressional committees.

## Effect disputed

Part of the problem is that government studies have reached conflicting conclusions about the cumulative impact of the brief notch-baby Social Security formula, she said.

A solution will probably have to wait until President Bush's new Social Security Commission develops comprehensive reform proposals for Congress to debate, Baldwin said.

She noted that there are several other areas of potential reform that will also be considered eventually by the Ways and Means Committee's Social Security Subcommittee in the House of Representatives.

"We expect this to be addressed in larger Social Security legislation," Baldwin said of the notch-baby problem. "So people have told me that we don't want to do this little fix or that little fix (before more comprehensive measures are debated). I know that's probably not what you want to hear. But I'm not on that committee."

Asked what seniors can do to influence that process, Baldwin urged the group to make as much noise as possible about the notch-baby problem in communications with their elected representatives.

"Certainly, the more I can tell my colleagues about what I'm hearing on this issue, the better," she said.

## HMO prisoners?

The listening session began with a presentation by retired school teacher Gloria Hames, who insisted that seniors' health care is often short-changed because their doctors are hamstrung by the HMOs they work for.

Citing her own experience with her physician, Hames called on the federal government to provide financial assistance to doctors who want to set up their own HMO-independent practices.

"I feel sorry for doctors. They're stuck in an HMO and can't get out," Hames said. "I know we give money to students—we lend money to students. We also give (subsidy) money to farmers—tobacco farmers, for example. But we don't give the opportunity for doctors to finance their own clinics.

"My suggestion is that the government be financially responsible to help them get their own buildings so they don't have to stay in an HMO—they're stuck just like we are."

Baldwin assured Hames that she would "definitely look into the problem you present."

She also noted that a pending federal Patient Bills of Rights also includes items that apply to doctors.

One item specifically emphasizes that a physician's primary responsibility is to the patient, "not the HMO," Baldwin said.

## Prescription-drug snafu

In response to a question from one visitor, Baldwin also acknowledged that the price of prescription drugs varies widely in Canada, Mexico and the United States, with prices generally lower in the other countries.

That is because in Canada, for example, the government regulates prescription drugs, acting as a bloc buyer to buy up large supplies of medicine at a bulk discount.

That is more difficult to accomplish in the United States, Baldwin noted, but some groups, such as the Veterans Administration and "some major insurance companies," are able to get discounts that can be passed on to their members.

One proposal is pending in Congress that "tries at least for those on Medicare" to get price breaks, Baldwin also noted.