Pandemic Impacts NYSUT

The covid-19 pandemic has impacted everyone. NYSUT is no exception. NYSUT meetings have been conducted using Zoom. The NYSUT Headquarters, including the print shop and mail room have been closed since early March just as the RC39 March/April newsletter was going to the printer. Usually the newsletter is mailed at the same time it is sent to the printer. Only after it became clear the print shop would be closed for some time and it would not be mailed to members, the newsletter was emailed to members. RC39 is one of the few retiree councils that maintains a website and emails its newsletter to its members for whom it has an email address.

Because NYSUT Headquarters has the mailing address of most RC39 members but not their email addresses, mailing the newsletter is the best way to get the newsletter to the most members. If you know of a RC39 member who is not getting the newsletter because we do not have the member’s email address, please encourage the member to send us her/his email address. Besides receiving the newsletter in color, the email version has hyperlinks in its text making it easier to visit pertinent websites. Also, all RC39 newsletters are posted on the RC39 website, http://rc39.ny.aft.org/.

Union For Life!

NYSUT Retiree Online (Zoom) Leadership Conference
August 11-13th, 2020

Pete Herron

This was my first state wide Zoom meeting with more than ninety participants. I found the technical sessions on online tools for communicating with members potentially very useful. Now I have homework on learning how to use these tools. The breakout sessions gave participants the opportunity to interact with members from all sections of the state. While this meeting consumed the better part of three days, it was great not to have to travel to Albany and stay at a hotel.

August 11 Opening Plenary
10-11 AM: Union For Life! The importance of strong retiree activist networks in 2020
Breakout sessions: Engagement
11 AM: Capturing contact info and engaging new retirees
2 PM: Using data to build your council or chapter
3 PM: Creating digital surveys to engage retired members

August 12 Breakout sessions: Mobilization
10 AM: Federal and state legislative issues to mobilize around
11 AM: Election 2020—volunteers, tools and retiree election issues
Breakout sessions: Communications
1 PM: Online communications tools and strategies
2 PM: Video conferencing platforms
3 PM: Getting the most out of social media
4 PM: NYSUT’s 30th Anniversary of Retiree Councils campaign

August 13 Closing Plenary
10-12 AM: Strategic planning and closing session.
Long-Term Care Insurance

Insurance is the type of product that you hope you never have to utilize. In the event that you need to use it, though, it's important that you have the insurance product that best meets you and your family's needs.

NYSUT members and their families have access to a team of dedicated long-term care planning specialists through the NYSUT Member Benefits Trust-endorsed New York Long-Term Care Brokers program. These specialists will provide, explain and compare the different long-term care insurance providers and products to help you choose the best coverage at the most competitive premium.

NYLTCB is a nationally-recognized insurance intermediary that offers access to discounted long-term care insurance plans from multiple highly-rated insurance companies (including the New York State Partnership for Long-Term Care) for eligible individuals from 18 to 79 years old.

With NYLTCB, eligible individuals get a long-term care insurance plan designed with their specific needs in mind. And with the discount provided to NYSUT members (along with marital/domestic partnership discounts and potential Preferred Health discounts), this important protection can be far more affordable than you may assume.

Click here to view a video discussing four ways to save on a long-term care policy.

2 Easy Ways to Learn More:
1. Call New York Long-Term Care Brokers toll-free at 888-884-0077
2. Visit https://www.advisorsib.com/nysutmb/

The New York Long-Term Care Brokers program is a NYSUT Member Benefits Trust (Member Benefits)-endorsed program. Member Benefits has an endorsement arrangement of 2.5% of first-year premium and 1% of renewal premium received in years 2-10. All such payments to Member Benefits are used solely to defray the costs of administering its various programs and, where appropriate, to enhance them. Member Benefits acts as your advocate; please contact Member Benefits at 800-626-8101 if you experience a problem with any endorsed program.

Diana Lindsay
Program Specialist
NYSUT Member Benefits
800-626-8101 x 1229

RC39 Website
Go to the RC39 website, http://rc39.ny.aft.org/, where you can read recent NYSUT RC39 newsletters in color, AFT and NYSUT news releases, and much more.
Cancers of the skin involve abnormal growth and structural changes in skin cells. The single most important risk factor is exposure to sunlight, and skin cancer most often develops in areas of the body that are exposed to the sun. However, skin cancer can also occur in areas of the body not ordinarily exposed to sunlight. Having had one or more blistering sunburns as a child or teenager increases the risk of skin cancer as an adult. The greater the sun exposure you have had, the greater the chances of skin cancer developing, especially for those who have not used protective clothing or sunscreen. The use of tanning lamps or tanning beds puts you at significant risk. (A tan is actually the skin’s reaction to injury from excessive UV light.) Individuals living in warm, sunny climates, or at higher elevations, exposes you to more sunlight and more risk. Anyone, no matter your natural skin color, can develop skin cancer, but having lesser amounts of the skin pigment melanin means you have less protection from the sun. Other factors which increase the risk include a family history of skin cancer, a personal history of skin cancer, exposure to radiation treatments, exposure to certain chemicals (such as Agent Orange, a defoliant used during the Vietnam conflict), or a weakened immune system. Skin lesions known as actinic keratoses, commonly referred to as “age spots” or “sun spots”, are considered precancerous, and without any treatment, may develop into squamous cell cancer.

Everyone should be aware of how important it is to monitor the skin for the appearance of new skin lesions and/or changes in existing lesions. Inspect your skin regularly – use mirrors to help, or have another person inspect areas you cannot easily see. Visit a dermatologist on a regular basis, especially if you have significant risk factors. The American Cancer Society uses the “ABCD” rule for monitoring skin lesions:

Asymmetry: Benign lesions are usually symmetrical in shape, with regular edges.
Border: The border of the lesion should appear smooth. Note any changes in the border, such as being rough or jagged.
Color: The color of the lesion should stay the same over time. Lesions that darken (especially brown or black pigmented) or have more than one color are suspicious.
Diameter: Measure and keep track of the size of lesions. Enlarging lesions need to be evaluated.

Should you notice any changes in skin lesions, or should a new lesion appear, see a dermatologist to have the lesion evaluated. Visit a dermatologist on a regular basis, especially if you have significant risk factors. The American Cancer Society uses the “ABCD” rule for monitoring skin lesions:

Asymmetry: Benign lesions are usually symmetrical in shape, with regular edges.
Border: The border of the lesion should appear smooth. Note any changes in the border, such as being rough or jagged.
Color: The color of the lesion should stay the same over time. Lesions that darken (especially brown or black pigmented) or have more than one color are suspicious.
Diameter: Measure and keep track of the size of lesions. Enlarging lesions need to be evaluated.

The only way to tell for sure if a lesion is malignant is by having a biopsy.

There are three common types of skin malignancies:

**Basal Cell Carcinoma**, an abnormal growth of skin cells in the epidermis, or outermost skin layer. This type of skin cancer is the least aggressive, and rarely spreads to other places in the body.

**Squamous Cell Carcinoma**, especially common on the face, ears, and neck, although individuals with darker skin are more likely to develop this type of cancer on areas not exposed to the sun (such as the soles of the feet). These lesions vary greatly in their rate of growth, but tend to be more aggressive and more likely to spread.

**Malignant Melanoma**, an aggressive type of skin cancer that arises in the melanocytes – cells which produce the skin pigment melanin. This form of skin cancer is more common in persons who have experienced blistering sunburns. Melanoma can be confined to the upper layer of the skin or may enter the deeper layers; in which case it is likely to spread to other parts of the body. Melanoma can also occur as a primary lesion in the eye.

Treatment for skin malignancies, as well as for the pre-malignant keratoses, will vary, depending upon the size, depth, location, and type. Small skin cancers limited to the surface of the skin may not require treatment beyond the initial biopsy and removal of the growth. Should more intervention be necessary, options may include:

**Cryosurgery** (“freezing”) using liquid nitrogen. The dead tissue will slough off as it thaws.

**Excision**, or cutting out the malignant tissue and a surrounding margin of healthy skin. Should a wide excision be used, a skin graft may be subsequently needed.

**Mole’s Procedure**, used for larger, recurring, or difficult to treat lesions. It involves removal of the skin layer by layer, and examining each layer removed under a microscope, until no abnormal cells remain.

**Laser treatment**

**Curettage and Electrodecsision**, where the layers are scraped away with a special circular blade. Afterwards, an electric needle is used to destroy any remaining cancer cells.

**Photodynamic Therapy**, using a combination of laser light and a drug which makes the cancer cells more sensitive to the light.

**Radiation Therapy**

**Chemotherapy**

**Immunologic (biologic) agents**, drugs which can stimulate your immune system to kill the cancer cells.

_*This column is not intended as a substitute for medical advice, diagnosis, or treatment. You are urged to seek the advice of a health care practitioner for any questions or concerns you may have about your medical condition or treatment._*

**References**

www.cancer.gov/cancertopics/wyntk/skin National Institutes of Health

www.cancer.org American Cancer Society

www.mayoclinic.com/health/skin-cancer Mayo Clinic

www.mskcc.org/cancer-care/adult Memorial Sloan-Kettering Cancer Center

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**Retiree Council 39 Board of Directors**

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Open RC39 Director-at-large For personal reasons Lou Harmin has resigned as director-at-large. If you are interested in serving NYSUT by becoming a RC39 director-at-large please email Pete Herron at rc39pete@optonline.net.
Have you paid your voluntary RC39 contribution for 2020?

If you have not sent in your voluntary NYSUT RC39 annual contribution, now is as good a time as ever. Just send your check along with the form below to the RC39 treasurer. It is your contributions that enable RC39 officers and delegates to represent you at NYSUT conferences and meetings.

RC39 Newsletter is looking for comments, suggestions and articles from its members.

Send your comments, suggestions, or article to Peter Herron at rc39pete@optonline.net or mail to 98 Rocky Point Landing Road, Rocky Point, NY 11778. Your article will be published when space is available. RC39, NYSUT, and AFT news will be given priority.

Do not let a new address keep you from receiving NYSUT RC39 newsletters. There are three ways to update your address. Contact NYSUT Member Records at 1-800-342-9810 ext. 6224. Send written changes to: NYSUT Member Records, 800 Troy-Schenectady Road, Latham, NY 12110, or e-mail changes to memberec@nysutmail.org. If you are a snowbird, give Member Records a few weeks notice to change its address records each way.