



# University of Michigan Retirees Association

Volume 11, No. 4

April 2009

## Social Hour Programs

**April 16, 2009** Elaine Didier, PhD, Director of the Gerald R. Ford Presidential Library in Ann Arbor and the Gerald R. Ford Presidential Museum in Grand Rapids will present: "**National Treasures: Behind the Scenes at the Ford Presidential Library and Museum.**"

**May 14, 2009** "Inspiration, Discovery, and the Ann Arbor Hands-On Museum."

Mel Drumm, Executive Director, and Karl Zinn, PhD, UM retiree-volunteer will describe this remarkable local resource and how it benefits from volunteer participation. In addition to amazing activities and impressive special events on site, the Hands-On Museum reaches out to communities across southern Michigan and to classrooms across North America. Get your hands on some sample activities before, during and following the presentation.

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### KEEP IN TOUCH WITH UMRA OVER THE SUMMER

(This is the last newsletter until August)

Check things out at the UMRA Web Site!

- ✓ A schedule of UMRA Social Hours and news of other happenings.
- ✓ A history of UMRA and a Q&A section about UMRA
- ✓ A list of officers, with phone numbers and e-mail addresses
- ✓ A Newsletter archive
- ✓ A listing of other web sites that may be useful to retirees

If you don't remember the address just GOOGLE it! Enter ***umich retirees***

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## Social Hour Details

UMRA Social Hours are held most months during the academic year on second-Thursday afternoons from 3 to 5 PM. All U-M retirees and their guests are cordially invited to attend. The gatherings usually include light refreshments—coffee, sliced fruit, cookies, and soft drinks. Social Hour programs begin at 3:15 PM and continue until about 5:00 PM. Announcements about speakers and programs are made in this newsletter, in University Record *Events* notices, and at the UMRA web site <[www.hr.umich.edu/umra](http://www.hr.umich.edu/umra)>.

## Meeting Location

Social Hour gatherings are held at the Best Western Hotel, 2900 Jackson Road, Ann Arbor. Parking is plentiful, and easy access to the meeting room is gained by using the Ballroom entrance at the rear of the building. Handicap access is good. Other venues are used from time to time. Please check the meeting notices on Page 1 to find the latest information.

### **The University of Michigan Retirees Association Newsletter**

G-250 Wolverine Tower, 3003 South State, Ann Arbor MI 48109

The Wolverine Tower building is located at the intersection of  
Eisenhower Blvd. and S. State St. Parking is available nearby.

**Web site:** [www.hr.umich.edu/umra/](http://www.hr.umich.edu/umra/) **Email:** [umra@umich.edu](mailto:umra@umich.edu)

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**University of Michigan Retirees Association**

**Health Day, 2009**

**Tuesday, April 28, 2008**

**Weber's Inn**

3050 Jackson Rd, Ann Arbor, MI 48103 (734) 769-3237

- 8:00- 8:45     **Registration and Coffee**
- 8:45-8:55     **Welcome** –Douglas Woolley, President, University of Michigan Retirees Assoc  
Introduction – Pat Butler, Conference Chair
- 9:00-9:55     **Hearing and Hearing Aids: What is New** Ranjani Krishnan, Aud. D., CCC-A  
Audiologist, Division of Audiology and Electrophysiology, University of Michigan  
Medical Center
- 10:00-10:15    Break
- 10:20-11:15   **Training Your Brain: What's the Research ?** Cindy A. Lustig, Ph.D., Assistant  
Professor of Psychology, College of LSA, University of Michigan
- 11:20-12:15   **Exercise, Let's Do It**, Colleen Greene, MS, Wellness MHealthy Coordinator,  
MHCI/UMH, MHealthy Employee Wellness Program
- 12:20-1:30     Lunch- Retirees will select a lunch and prepay with their original registration
- 1:35-2:30     **Music For The Health Of It**, Dianne Baker, BSN, Music and Health Consultant,  
Drum Coordinator, Composer, University of Michigan Health System
- 2:35-3:30     **Hips, Knees and Joints, All About Replacement**, J. David Blaha, MD, Professor,  
Orthopaedic Surgery, University of Michigan Medical School
- 3:30-3:45     Break
- 3:50-4:45     **Probiotics: Our Silent Partners for Good Health** Gary B. Huffnagle, PhD,  
Professor of Internal Medicine (Pulmonary) and Microbiology/Immunology,  
University of Michigan Medical Center
- 4:45           Discussion, Evaluation and End of Program
- .....

**Registration:**

Name(s) \_\_\_\_\_ Name 2<sup>nd</sup> person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Please enclose check for \$15.00 per person                      Amount enclosed \_\_\_\_\_

Meal(s) desired    \_\_\_\_\_ Chicken \_\_\_\_\_ Salmon \_\_\_\_\_ Vegetarian \_\_\_\_\_

Registration must be Mailed **BEFORE April 17, 2009**

Send to: UMRA G250 Wolverine Towers, 3003 S. State St., Ann Arbor, MI 48109-1281

## MEETING REPORTS - UMRA SOCIAL HOURS

### **Report: February 12 Social Hour Fighting the Health Care Crisis Robert M. Kelch, M.D.**

*Executive Vice President for Medical Affairs, University of Michigan  
Chief Executive Officer, University of Michigan Health System*

[Thanks to Allison Krieger of Dr. Kelch's staff for providing this summary.]

The United States has the capacity to deliver exceptional health care. We spend a lot of money and resources but, unfortunately, we do not always spend wisely:

- U.S. spent \$2.4 trillion on health care in 2007 – 17% of Gross Domestic Product, more than any other major expenditure and more per capita than anywhere else in the world.
- U.S. uses more expensive specialty services – by far – than elsewhere, but studies show more care doesn't necessarily mean better health. In fact, it can mean worse care.
- The annual growth of administrative costs is outpacing total health expenditures.

The University of Michigan has a community of 175,000 employees, family members, retirees and students. We have tremendous potential to impact community health - and a unique opportunity to leverage our University's intellectual resources to address the national health care crisis.

As a good community citizen, U-M must invest in efforts to promote healthy living, contain health care expenditures, and define optimal insurance coverage for individuals and families. We also must invest in efforts that target the major drivers of health care costs such as insufficient prevention, growth in chronic illness, noncompliance and poor self-management, our aging population, mental illness, the current U.S. health care reimbursement system and other socio-economic issues.

The University of Michigan is engaged in a strong, necessary and unique answer to the health care crisis. We call it **MHealthy**, a 5-year strategic plan that focuses on:

- commitment and support from leadership
- a supportive environment, culture and infrastructure
- benefit design and incentive
- health risk assessments with follow-up coaching
- general and targeted interventions to sustain and improve health
- mental/emotional health and substance-dependent services
- disease management programs (such as diabetes, multiple medications)
- effective communication and
- evaluation of outcomes.

MHealthy sets the stage for the kind of responsible, proactive, employee/retiree health care management that will call into check the rising health care costs we're experiencing as a nation, as a state and as a community. MHealthy offers a number of programs for retirees,

*Continued next page*

MHealthy Continued

including the Active U physical activity program, RecSport Stay Fit for Life, Understanding U mental and emotional health programs, nutrition and weight management services, and Tobacco Consultation Services.

In short, to help keep health care costs down and health benefits strong, we all need to be responsible consumers who pay attention to wellness – and prevention.

MHealthy is an active, healthy way to personally combat the high cost of health care and to make a great investment in something very important: You.

Phone 734-975-7472 or visit <[www.mhealthy.umich.edu](http://www.mhealthy.umich.edu)> for more information.



## **Report : March 12 Social Hour**

### **An Eye for an Eye**

**William I. Miller**

*Thomas G Long Professor of Law, U-M Law School*

With the plethora of wrongdoings in the business and financial world making headlines in newspapers [at least as long as the newspaper continues publishing!], Professor Miller’s March program on the historical, ethical and religious development of the concept of justice and retribution was timely. Most of us have certainly heard the stern biblical admonition of “an eye for an eye, and a tooth for a tooth” and have seen the sculptured depiction of a blindfolded individual holding the symbolic scales of justice. However, probably many of us were not aware of striking similarities in many ancient cultures regarding the requirement of a “payback”, or equivalence, in many early notions of compensatory retribution.

As far back as 1800 BC, the Babylonian King Hammurabi codified ideas on justice which were then common in that part of the

world. His ideas were subsequently incorporated into the ethical values of the three great religions – Judaism, Christianity, and Islam - which sprang up in the Middle East. The Hebrew greeting shalom which today means peace once had the meaning of “paying back in kind”. Even the word “peace” can be traced back to the Latin “pacare” – to appease. There are also terms like “even-handed”. Many societies have used humans as measures of value at some time in their history. The concept of slavery not only appeared in the Bible, but its existence was justified by some Christians until the middle of the nineteenth century. Shakespeare’s “pound of flesh” is still extant in some extremist societies in which a thief may have his offending hand or arm cut off. Draconian “justice” is likely to remain a subject of scholarly debate far into the human future.

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## **Planning for Your Peace of Mind**

Many of us have heard sad stories about surviving family members struggling to learn an account PIN or computer password of a departed or disabled family member or struggling with the processes of Probate Court. We sometimes go about our daily routines without a real thought as to how our survivors will be able to cope with a host of very important questions, ranging

from the medical to the practical like the location, accessibility and disposition of financial assets. Yet, if we wish to enhance not only our own peace of mind, but also of our family members, it strongly behooves every adult – and especially seniors – to plan for that eventuality.

The Michigan Legislature has prepared a free 47-page document entitled

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planning continued

**PLANNING FOR YOUR PEACE OF MIND** which contains a comprehensive list of information to be recorded and available to act as guide to medical and legal decisions. Topics include

Personal Records

Medical and Prescription Records

Michigan Statutory Will

Advance Directives for Health Care .

This publication is generally available from members of the Michigan Legislature. For

the 18th State Senate District which includes Ann Arbor, a copy may be obtained from the office of State Senator Liz Brater who may be contacted via the address information below:

P.O. Box 30036

Lansing, MI 48909-7536

(517) 373-2406

Toll-Free: (866) 305-0318

[senlbrater@senate.michigan.gov](mailto:senlbrater@senate.michigan.gov)

[www.senate.michigan.gov/brater](http://www.senate.michigan.gov/brater)

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## Is Anything Still Manufactured in the U.S.?

The current U.S. economic downturn is commonly acknowledged to have begun in December 2007. Since it started, newspaper stories, with increasing frequency, trumpet the loss of jobs. The manufacturing sector has been particularly hard hit. Detroit and Southeast Michigan, once known as the Arsenal of Democracy, now languish in a slump which threatens to even decimate the American automobile manufacturing industry. But even before the current recession there was ample evidence of major changes in American manufacturing. Many industries have had to seriously downsize in the face of external competition. This was true in the production of steel, clothing, electronics, among others. It may seem like the country that used to make everything is on the brink of making nothing. Plants have been hemorrhaging work to foreign competitors with cheap labor while some companies were directly moving production overseas.

But manufacturing in the United States isn't dead or even dying. It's moving upscale, following the biggest profits, and becoming more efficient. The U.S. remains by far the world's leading manufacturer by value of goods produced. It hit a record \$1.6 trillion in 2007 – nearly double the \$811 billion in 1987. For every \$1 of value produced in China's factories, America generates \$2.50.

America makes things that other countries can't. Today, "Made in the U.S.A." is more likely to be stamped on heavy equipment [aircraft, farm equipment, etc.] or the circuits that go inside other products than the TVs, toys, clothes and other items. U.S. companies have shifted toward high-end manufacturing as the production of low-value goods moves overseas.

About 12.7 million Americans, or 8 percent of the labor force, still held manufacturing jobs as of the start of 2009. Fifty years ago, 14.6 million people, or 28 percent of all workers toiled in factories. Thirty years ago, U.S. producers made 80 percent of what the country consumed according to the Manufacturers Alliance. Now it's around 65 percent.

American factories still provide much of the processed food that Americans buy and U.S. companies make a considerable share of the personal hygiene products like soap and shampoo, cleaning supplies and prescription drugs that are sold in pharmacies. But many other consumer goods now come from overseas.

Once this recession runs its course, economists say that surviving manufacturers will emerge more efficient and profitable. More valuable products will be made and manufacturers will focus on the most lucrative products.

## When Being Number One Is Not So Good

Many studies regarding health and life expectancy confirm that obesity is not only a major cause of health problems, but also of a significantly reduced life expectancy. In that light, it is interesting to look at the data collected by the U.S. Centers for Disease Control and Prevention. These are U.S. adult obesity rankings, from highest rate to lowest, based on combined data from 2004 to 2006.

Ranking	State	Ranking	State	Ranking	State
1	Mississippi	18	Nebraska	35	Wyoming
2	West Virginia	19	North Dakota	36	California
3	Alabama	20	Iowa and	37	Nevada
4	Louisiana		South Dakota	38	New Hampshire +
5	South Carolina +	22	Wisconsin		New York
	Tennessee	23	Pennsylvania	40	D.C. and
7	Kentucky		and Virginia		New Jersey
8	Arkansas	25	Illinois and	42	New Mexico
9	Indiana and		Maryland	43	Arizona
	<b>Michigan</b> and	27	Kansas	44	Utah
	Oklahoma	28	Minnesota	45	Montana
12	Missouri and	29	Delaware	46	Rhode Island
	Texas	30	Oregon	47	Connecticut
14	Georgia	31	Idaho and		and Hawaii
15	Ohio		Washington	49	Vermont
16	Alaska	33	Maine	50	Massachusetts
17	North Carolina	34	Florida	51	Colorado

### Credit Card Consumption

With blame for the current worldwide economic recession being laid in part on the consumer's avoidance of cash in favor of a reliance on plastic credit cards, it is interesting to look at the facts revealed in a recent Survey of Consumer Finances study of average U.S. credit card debt as a function of the age of the credit card user.

<u>Age Range</u>	<u>1989 Credit Card Debt</u>	<u>2004 Credit Card Debt</u>
All ages	\$2,500	\$5,000
45-54	\$3,000	\$6,000
55-64	\$2,500	\$5,800
65-plus	\$1,200	\$4,500

## Have you changed your address or e-mail?

1. Print new information below.
2. Cut out this form and your address label.
3. Mail both to the UMRA address shown by your mail address.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail address \_\_\_\_\_

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