



University of Michigan Retirees Association

Volume 12, No. 3

February 2010

Social Hour Programs

February 11: Obamamania and Anti-Americanism in Europe: Complementary Rather Than Contradictory Concepts. Andrei S. Markovits, PhD, Professor of Political Science and Sociology and the Karl W. Deutsch Collegiate Professor of Comparative Politics and German Studies, and Professor of Germanic Languages and Literature.

March 11: A World Without Ice. Henry N. Pollack, PhD. Professor Emeritus of Geological Sciences, College of Literature Science, and the Arts.

April 8: Managed Competition in Medicare: The Effect of Premiums on the Health Plan Choices of Retirees. Thomas Buchmueller, Ph.D, Waldo O Hildebrand Professor of Risk Management and Insurance, Professor of Business Economics and Public Policy, Stephen M. Ross School of Business.

May 13: A View of the Olympics from 1964 to 2004. Dick Kimball, Retired University of Michigan Men's Diving Coach, will talk about the Olympics from both the athlete's and coach's perspective.

Please save April 27 for the UMRA Health Day, to be held at Weber's Inn on Jackson Rd. from 8:15 am to 4 pm. The program will be in the next Newsletter.

IN THIS ISSUE

- **A new committee to study retiree health benefits.**
- **Celebrating Red Simmon's 100th!**
- **Remembering Robben Fleming.**
- **Handling medical emergencies.**

Here is a heads-up about obtaining accurate and current news from the UM Benefits Office. Benefits administrators say it will become ever more important for retirees to have access to timely information about the details of benefit programs. Retirees who are computer savvy can check the Benefits Office's excellent web site for information at <www.benefits.umich.edu/>. We can also receive retiree benefits information via email. If you have an e-mail address to which you'd like Benefits to send retiree updates, please drop UMRA a brief note asking for this service. (Use the UMRA e-mail address: <umra@umich.edu>.) Your e-mail address can then be forwarded to the Benefits Office but will otherwise be kept confidential.

**Senior Living & Housing Awareness Week, May 7-16, 2010. Ten days of events.
Contact the Housing Bureau for Seniors at 734-998-9339.**

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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 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>.

Meeting Location

Social Hour gatherings are held at the Executive Plaza (formerly 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.

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Committee on Retiree Health Benefits

When the Committee on Sustainable Health Benefits (a committee formed by UM administration several years ago) submitted their report in December 2008, one of the recommendations in the report stated: "Due to the complexities in designing and paying for retiree health benefits, the University should convene a special work group or committee to examine all aspects of retiree health benefits." Consultants were hired (Hewitt Assoc.) and in December 2009, such a committee was formed, the Committee on Retiree Health Benefits (CORHB).

The charge to the CORHB is as follows:

"The CORHB is charged with making recommendations on eligibility requirements for retiree health benefits and the retiree contribution levels for current and future faculty and staff and their dependents.

A market analysis conducted by Hewitt identified a variety of health benefit approaches that would ensure the university's overall benefit package remains at or above market for higher education. These approaches resulted in significant recurring cost savings to the university in both the short and long term. The Committee will consider a combination of retiree health benefit strategies including eligibility, access, and contributions to achieve a plan that results in a position at or above market and recurring savings to the university in the range of:

\$7 million to \$20 million by 2020; and

\$80 million to \$ 120 million by 2040"

For the full text of the background and charge, go to <<http://benefitsstewartship.umich.edu/>>

It is very important that there be both retiree input and present employee input for CORHB committee deliberations. You can access the comment form at

<<http://benefitsstewartship.umich.edu/contact.html>>

Please submit your thoughts or comments to the committee, sending them to the above website so they can be shared with the entire committee.

**Pat Butler, VP of UMRA is our representative on CORHB.
She says: DO THIS NOW. WE NEED YOUR INPUT!**

Robben W. Fleming

December 18, 1916 --- January 11, 2010

President, University of Michigan, 1968-78, and in interim capacity in 1988. Fleming earned degrees from Beloit College and the University of Wisconsin Law School before serving in the U.S. Army during World War II. He was named Michigan's ninth president in the Fall of 1967. The 1960s were a time of student and national unrest but he was successful in preserving academic discipline, along with intellectual and personal freedom during this turbulent time. After leaving Michigan, Fleming served as President of the Corporation for Public Broadcasting in Washington, DC for two years, after which he returned to Ann Arbor and taught at the Law School until his retirement in 1985. In 1988 he left retirement briefly to serve as interim president while a new president was selected.

The University of Michigan Retirees Association wishes to honor the memory of those members who served the University with their devotion and dedication. [Please alert one of the listed UMRA contacts to include a name in future issues of the Newsletter.]

Happy 100th Birthday to Red Simmons

UMRA's January Social Program was a very special meeting to celebrate the 100th Birthday of our own Red Simmons. It was a joyous occasion which included appearances by several of his women's track star athletes and Michigan's current track coach. These fans reminisced about their experiences with the celebrated, and still very spry, coach of UM's first women's track team.



Photos by Joseph Moffatt

Avoiding “Senior Moments”

We’ve probably all heard, or even used, the phrase “going to pot” – not in the youth jargon of drug sense, but in letting oneself go physically or mentally. Gerontologists have long preached the value of keeping one’s mind stimulated as a way to slow the deterioration of memory as one ages. And here in Washtenaw County we are truly fortunate to be in the midst of many educational and cultural facilities. High on this list, especially for seniors, is our own Washtenaw Community College which even sponsors a “Lifelong Learning” Program with many classes of special interest to older citizens. Moreover, citizens of Washtenaw County who are age 65 or older, are eligible to apply for an Emeritus Scholarship which may eliminate tuition.

If you plan to enroll in these classes for credit and are not registered at WCC, make a visit to the Student Connection [an office on the 2nd floor of the Student Center Building] with photo ID showing birth date. If signing on for a noncredit course the instructor may have a senior enrollment form available at the first meeting to use in registering and payment. For additional information, please call the Student Connection at 734-677-5060 or via e-mail at <lifelong-learning@wccnet.edu>.

Genuine Medical Emergencies

Very few of us exhibit the physical prowess we possessed decades ago. Advancing years have taught us that our reflexes are slower, our strength is declining and we tend to experience aches and pains with increasing frequency. Nevertheless, the average U.S. life expectancy for both males and females is very significantly higher now than it was a hundred years ago. We are discouraged from becoming medical hypochondriacs who rush to a physician at the slightest tinge of pain. Yet, there are several symptoms which do require immediate attention and care. The following list of 6 such symptoms was compiled by Katherine Kam with help from MDs Louise Chang, Neil Shulman, Jack Birge, and Joon Ahn and first published in "Heart Disease Health Center", sponsored by *Earthlink*.

1. Paralysis of the arms or legs, tingling, numbness, confusion, dizziness, double vision, slurred speech, trouble finding words, or weakness, especially on one side of the face or body.

These are signs of stroke – or a “brain attack” – in which arteries that supply oxygen to the brain become blocked or rupture, causing brain tissue to die. Symptoms depend on which area of the brain is involved. If a large blood vessel is blocked, a wide area may be affected, so a person may have paralysis on one side of the body and lose other functions, such as speech and understanding. If a smaller vessel is blocked, paralysis may remain limited to an arm or leg. If you have symptoms, call 911 right away and get to an emergency room that offers clot-busting therapy for strokes due to blocked vessels. Such treatment, which dissolves clots in blocked vessels, needs to be given within the first three hours after symptoms begin, though newer treatments may work within a longer time frame. Time is urgent: fast treatment can potentially stop brain tissue death before permanent brain injury happens.

2. Chest pain or discomfort; pain in the arm, jaw, or neck; breaking out in a cold sweat; extreme weakness; nausea; vomiting; feeling faint; or being short of breath.

These are signs of heart attack. If you get some of these symptoms, call 911 immediately and

[Continued on Page 6](#)

Continued from Page 5

go to the emergency room by ambulance. It is recommended that patients chew one regular, full-strength aspirin (unless the patient is allergic to aspirin) to help prevent damage to the heart muscle during a heart attack.

Not everyone who has a heart attack feels chest pain or pressure or a sense of indigestion. Some people, especially women, the elderly, and people with diabetes, get “painless” heart attacks. Being aware of “painless” heart attack signs is crucial: a very weak feeling, sudden dizziness, a pounding heart, shortness of breath, heavy sweating, a feeling of impending doom, nausea, and vomiting.

Doctors say that it’s important to learn heart attack signs and understand them in context. For example, everyone has occasional jaw pain. One doesn’t immediately run and say that it is a heart attack. But if one is also sweating and has some of these other symptoms – shortness of breath, etc. – then that should tip one off that there’s something much more serious happening.

3. Tenderness and pain in the back of your lower leg, chest pain, shortness of breath, or coughing up blood.

These are symptoms of a potentially dangerous blood clot in the leg, especially if they come after one has been sitting for a long time, such as on an airplane or during a long car trip. These signs can also surface after being bedridden after surgery. Anybody is susceptible and blood clots are more common than most people and doctors realize.

Blood is more likely to pool in the legs when one is sitting or lying down for long periods of time, as opposed to standing and walking. If a blood clot forms in the leg as a result, the calf can feel swollen, painful, and tender to the touch and one should be evaluated. If one gets sudden chest pain or shortness of breath, a piece of the blood clot may have broken off and traveled through the bloodstream to the lungs. This condition can be life-threatening, so one should get to an emergency room without delay.

4. Blood in the urine without accompanying pain.

Anytime blood is seen in one’s urine, one’s doctor should be called promptly, even if there is no pain. Kidney stones or a bladder or prostate infection are common causes of blood in the urine. But these problems are usually painful or uncomfortable, which sends people to the doctor promptly. In contrast, when people observe blood in the urine but feel no pain, some take a “wait and see” approach, especially if they have just one episode. But this is dangerous. Lack of pain doesn’t necessarily mean lack of seriousness. Cancer of the kidney, ureter, bladder, or prostate can cause bleeding into the urinary tract. When these cancers are small enough to be curable, they may not cause pain. One shouldn’t dismiss this symptom because it may be the only clue for an early diagnosis.

5. Asthma symptoms that don’t improve or get worse.

Asthma attacks are marked by wheezing or difficulty breathing. When an attack doesn’t improve or worsens, a patient should get emergency care. If an asthma attack is left untreated, it can lead to severe chest muscle fatigue and even death. Some people with persistent asthma hesitate to go to the emergency room because they’ve gone so many times before, or they need someone to drive them because they’re short of breath. So instead of seeking care, they try to hang in there even if they need higher doses of inhalants or have decreasing lung function measurements when using a device to monitor exhalation strength. Because asthma makes breathing difficult, the muscles for breathing may tire and the volume of air in the lungs will decrease. As a result, a

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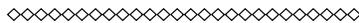
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person's oxygen level drops and blood levels of carbon dioxide rise. A carbon dioxide buildup in the blood has a sedating effect on the brain, which may cause a person to feel drowsy. A drowsy person with asthma who seems to be relaxing more, who seems to not be struggling for breath anymore – even though they've been at it for six or eight hours – may actually be worse. This could be a sign of respiratory fatigue. Eventually, the person could stop breathing. They're really in a big danger zone. Patients believe they're getting better when they're actually getting worse. They become sedated and seem to be peaceful when actually, they may be dying. One of the most important considerations is how long an attack lasts. If one has been having labored respiration for several hours, even though one may be apparently OK, one should not let it go any longer. Hurry to the emergency room.

6. Depression and suicidal thoughts.

Few people would put up with crushing chest pain or extreme shortness of breath, but many endure depression, even though at its extreme it can be life-threatening. Some people will not seek care when they are depressed because they think that they'll be perceived as being crazy or not strong or manly. They have to understand that there is a chemical imbalance going on in their brain. Depression is a disease just like any other disease. Symptoms include sadness, fatigue, apathy, anxiety, changes in sleep habits, and loss of appetite. Depression can be treated with medications and psychotherapy. If one has suicidal thoughts, one can speak to someone right away by calling national phone numbers such as 1-800-273-TALK or 1-800-SUICIDE.

It is important to speak up if one thinks something is wrong. Doctors are human and can miss important diagnoses. One should not be intimidated by their white coats or their vocabulary.



The Ann Arbor Housing Market

Many of us are personally aware of significant changes in the local housing market during the past several years. The Ann Arbor Observer recently tabulated the local experience. In 2005 the median selling price for a single family home was \$183 per square foot. This value fell to \$164 in 2007, to \$154 in 2008, and to \$139 in 2009. This represents a drop of 24% from its 2005 value.

Also of interest is the decline in value as a function of house size as shown by the following table for sales in the first ten months of 2009:

Single-family home (in sq. feet)	# Sold	Average price	Average price per sq. ft.)
600-999	97	\$135,000	\$152
1,000-1,249	124	\$168,000	\$148
1,250-1,499	99	\$188,000	\$139
1,500-1,749	86	\$229,000	\$142
1,750-1,999	81	\$261,000	\$139
2,000-2,499	79	\$294,000	\$133
2,500-2,999	41	\$368,000	\$138
3,000+	34	\$699,000	\$190

Have you changed your mail or e-mail address?

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

Name _____

Address _____

City, State _____ ZIP _____

E-mail address _____

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