UCI EMERITAE/I Newsletter

University of California, Irvine

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Winter 2001

CHAIR'S COLUMN by Julian Feldman

On 26 January 2001, I attended the UC Faculty Welfare Committee (UCFW) meeting. I'd like to use this opportunity to tell you about some of items relevant to Emeritae/I which were discussed at the meeting.

Faculty housing is a major consideration in recruiting the new faculty UC needs to meet expected enrollments. The Office of the President (OP) provides some assistance with mortgages and down payments. OP is under some pressure to expand the faculty housing program, and a task force will be appointed to examine possible actions. Many members of UCFW expressed interest in the UCI faculty housing program.

tate budget for UC for 2001-2002 does not contain everything UC asked for, but it is a very generous budget. Will the economic downturn and energy crisis impact the 01-02 budget? later budgets? The boom in state tax revenues in recent years has come from the boom in equities and capital gains taxes.

The drop in the stock market will reduce state income from these sources. In anticipation of a possible downturn, Sacramento is interested in one-year deals these days.

Retirement issues. In their January meeting, the Regents approved changes in age factors used to calculate retirement income for staff and faculty retiring effective 1 January 2001 and later. This was a response to the PERS adjustment of age factors, but the response did not match the PERS adjustment because of UC's concern that early retirements would hamper UC's ability to meet the influx of w students.

The Regents also approved an ad hoc cost of living adjustment (COLA) for Emeritae/i and retirees to bring their



SPRING LUNCHEON

UCI Emeritae/i Association UCI Retirees Association

DATE:

Thursday, March 8, 2001

TIME:

11:30 AM

PLACE: SPEAKER: University Club, UCI Campus

Adrian Harris, Vice Chancellor Emeritus of Planning, UCLA

TOPIC:

"Check in for Your Financial Planning Checkup"

(Please see reservation form on back of cover page.)

pensions up to 85%. This adjustment will only impact those who retired on or before 1 July 1985. Changes to the regular COLA rules for annuitants will be considered later. An effort to change the investment strategy to provide better COLAs for annuitants is not likely to be considered in the near future.

The OP is developing a proposal to allow single annuitants to get something like the marriage-benefit when they retire by being able to name a beneficiary who is not a spouse.

UC Retirement System (UCRS) Board has made recommendations to the President on retirement system matters and the President has been obligated to report these recommendations to the Regents. Because of the composition of the Board (UC administrators, faculty, and staff), this role could be considered an unfair labor practice by UC unions. So the Board rules and the UCRS plan documents have been changed-the Board will no longer take votes and will not make recommendations. It will continue to exist and consider various retirement system matters. It will continue to provide some opportunity for consultation on retirement system issues with faculty and staff.

Healthcare issues. Increasing costs of medical care, especially prescriptions, and changes in the health care industry indicate that changes will be required in UC health plans. No specifics were discussed.

Note: UCFW and OP have been working together in a Health Plan Task Force to develop ideas for the next round of bids for health plans. This Task Force has not had any Emeritae/i representative nor has it given any special attention to senior health care issues. Sheldon Messinger, CUCEA Chair, has complained about these two problems, and he has been invited to nominate an emeritae/i representative to the Task Force.

SPRING LUNCHEON

You are cordially invited to join your fellow Emeritae/I and guests at a luncheon to be held at the University Club March 8, 2001. This luncheon will be jointly sponsored by the UCI Emeritae/I Association and the Retirees Association. The lunch, consisting of a hot and cold buffet, beverage and sherbet will begin at 11:30 AM and will be followed by a 12 o'clock talk which will

be of special interest to spouses of Emeritae/I and retirees. You may reserve a place by sending your check for \$11 to UCI Retirees Association, P.O. Box 4539, Irvine, CA 92616-4539.

The speaker, Adrian Harris, is Vice Chancellor Emeritus of Planning at UCLA. Harris retired in 1991 after 34 years with UCLA, and since that time his volunteer activities have included financial assistance both providing individually and in group sessions to faculty and staff of our University and other institutions and organizations; service on the Boards of the UCLA Emeriti Association and Retirees Association; Chair of the Council of University of California Retiree Associations, (CUCRA) for six years; involvement with the Council of University of California Emeriti Associations (CUCEA); Chair of the Joint Benefits Committee of CUCEA and CUCRA; and service on numerous committees. During the year 2000, he was named Emeritus of the Year by the UCLA Emeriti Association.

Harris' talk, CHECK IN FOR YOUR FINANCIAL PLANNING CHECKUP

will cover personal estate and retirement planning, investment opportunities and strategies, and a wide-range of other fiscal matters important to retired individuals and couples. Potential topics to be covered include wills; living trusts; gifts; leaving survivors well informed; taxdeferred investments: other investment opportunities; spending, borrowing and providing for future needs; home mortgages; insurance; determining liquid emergency funding needs and how to maximize related earnings; Social Security; impact of inflation; selling a house; converting assets into life-income; Federal Government rules; and required withdrawals from tax deferred accounts (dramatic changes as of January 1, 2001).

Hopefully, there will be ample time for questions and interaction.

REMINDER

If you have not yet paid your 2000-2001 dues, please send your check for \$25 made payable to:

UCI Emeritae/i Association 2000 Mesa Court Building Irvine, CA 92697-9014

UCI HISTORICAL HIGHLIGHTS By Sam McCulloch

The Graduate School of Administration, whose name was changed during the 1970s to the Graduate School of Management, is discussed on pages 207-209 of *Instant University*. The GSA began with an imaginative program which suffered almost immediately with budgetary problems. These plagued them throughout the 1970s. More high ranked professors needed to be appointed.

Graduate School of Administration

George Brown retired as Dean of the Graduate School of Administration at the end of 1971. His successor was Lyman Porter, an outstanding scholar in organizational psychology and an engaging teacher who had come to UCI from UC Berkeley in 1966. Porter served as dean from 1972 to 1983.

Initially, the school had just a few students, and those pursuing the two-year M.S. degree in Administration outnumbered by ten to one those pursuing the Ph.D. in Administration. The curriculum focused primarily on public administration and business administration. A few courses in higher education administration were added later, and in 1981, health administration courses were initiated.

Between 1971 and 1981 the school attracted a particularly excellent group of

doctoral students. After receiving their Ph.D.s, a number of them went on to teach at well-recognized institutions, including the Massachusetts Institute of Technology, the University of Oregon, Indiana University and the University of Minnesota.

In 1980 the school replaced its long-standing M.S. degree program with two masters programs, the Masters of Public Administration (M.P.A.) and the Masters of Business and Public Administration (M.B.P.A.) Ultimately, however, both programs were suspended because the demand for those degrees did not warrant the teaching and staff resources necessary to offer them.

In 1981 the name of the school was changed to Graduate School of Management. The faculty thought this better described their curriculum and research, and it also was felt that the revised name would be more marketab!

Faculty recruitment brought some fine scholars to the school, among them Robert Dubin from the University of Oregon. Dubin, an outstanding authority in organizational sociology and an insightful teacher, held a joint appointment with the sociology faculty in the School of Social Sciences. It was during the 1970s that the focus of business schools turned toward the study of organizations, and Dubin felt that the study of how organizations function is important because, as he stated in the UCI General Catalogue, "We live an enormous amount of our lives in organizations. Therefore, if we are going to live our lives comfortably, constructively, and usefully, we really have to learn something about the organizational worlds that command our times and energies."

The school also offered courses to the Orange County business community Scheduled on Fridays and Saturdathey were popular and well-attended.

As the number of faculty and students in the school increased, so did its needs for office and classroom. This led to a nomadic existence, which ended only in 1989 when the Graduate School of Management Building opened. In summarizing his tenure as dean, Lyman Porter declared "The resource issue stopped us in our tracks... I think the biggest disappointment was the ... total slowdown in the seventies." He cited the fact that faculty recruitment was certainly the biggest continual task of the school. "As [was] experienced by all other [business] schools, we were not competitive enough in salaries."

COMPLEMENTARY AND ALTERNATIVE MEDICINE By Wadie Najm, M.D.

Over the last decade, interest and access to complementary and alternative medicine (CAM) has soared. Popular demand rather than scientific evidence pearhead the popularity. Almost every store you visit has books, journals, pamphlets or brochures describing and promoting different CAM modalities and therapies.

Approximately 40% of the US population use CAM Most studies indicate chronic problems, musculo-skeletal and stress-related conditions as the main reason people seek CAM. Recently more people are using CAM for health maintenance and prevention.

Few modalities and supplements have published evaluations. Some studies show benefit, or a high patient satisfaction, however others are less convincing, or show no benefit.

The National Institute of Health (NIH) lists more than 350 different CAM modalities. The media may often emphasize or report about controversial therapies: however, use is often limited to a few modalities: Chiropractic, Acupuncture, Massage, and dietary supplements. Over the last decade several have gained acceptance and are covered by health insurance.

Acupuncture, massage and chiropractic could be helpful for a variety of conditions. A review of the studies looking at Chiropractic, show good evidence to support it's use for subacute low back pain, chronic neck pain, and headache. Other conditions require further evaluation. Acupuncture has been evaluated by a team of experts at NIH. A copy of their findings could be found at www.nib.gov/consensus.

Dietary supplements include vitamins, minerals, antioxidants, amino acids, and food products that are used to supplement a diet or food. Almost every month consumers are exposed to new product reported as the new cure-all natural and safe substance.

Are all dietary supplements safe? No! Natural does not mean safe or harmless. Around 25% of medicine and cancer medications are derived from herbs, yet people are not provided access to them without supervision.

Dietary supplements can produce side effects, and among the elderly and those taking medications, they may interact to increase or decrease the effect. Ginkgo, Vitamin E, Garlic, Ginger all can increase the tendency to bleed, particularly in those taking Aspirin, antiplatelets, and blood thinners.

Are all products the same? No! Dietary supplements can vary in quality and ingredients. The current law allows manufacturers to sell supplements without the FDA's rigorous review required for drugs. Studies evaluating content of supplements found as many as 50% of certain products have little or no active ingredients, hence worthless.

How can I ensure that the product contains the active ingredients? At this time, we have little to ensure quality of supplements. However, one way of ensuring quality is to look for the letters USP (ensures adherence to the standards of the US Pharmacopoeia) on the label. Another is to look for either the Consumer Lab logo or to visit their internet site

(www.consumerlab.com). This organization analyzes supplements and reports which brand names contain the indicated active ingredients.

The future trend is towards integrating valid, safe and scientifically proven CAM therapies into the current health system. For now, it is still consumer beware. The Susan Samueli CAM center at UCI will soon be able to provide consumers and providers with evidence-based information about a variety of CAM therapies and products. For those interested in more information, visit the NIH site and it's links http://nccam.nih.gov/nccam.

THE UNBEREAVED A true story by John Swett

It was a Wednesday afternoon, not long ago, when the watch commander of the county's coroner investigation unit



received a telephone call from s heriff deputy Berman requesting our services

on a suspected homicide. It was 16:46 hours when the call came down and it was nearly dark outside for the winter solstice was only a few weeks away. The call came to us because our responsibility under the law was to determine the manner and cause of death in every case where violence, or some irregularity, was thought to be a factor. A strange case it proved to be.

The case was assigned to Murph who had two years of experience in dealing with such matters. I was new to the unit, learning the ropes. As he collected his gear, he asked if I could join him for the first time to help take notes and photographs. Because I was in the midst of reviewing old case records, I thought I could be more useful if I joined him.

Information about the case, relayed to us by deputy Berman at the death scene, specified the street address and city where the incident occurred. A man's body had been removed by paramedics and transported to the emergency room of the nearest hospital for a routine but futile attempt to resuscitate him. The deceased, aged 72, had been in an altercation with his 25 year-old-grandson who allegedly won the argument by planting a hammer in his grandfather's skull about an hour earlier. While Murph checked out one of the coroner's white sedans to roll out to the scene, I grabbed a digital camera and other essentials and joined him in the parking lot. As is customary in our unit, all investigators are sworn police officers dressed in business attire, meaning coat and tie, rather than sheriff's uniforms. One reason for this is to present a less intimidating image when informing next of kin of a death. The coat allows a badge on the belt to be seen and a weapon to be concealed because some venues we investigate are in criminal gang areas.

Murph drove because he seemed to have an enviable knowledge of the county's surface streets and every imaginable shortcut to reach any location. He chose to enter the nearby freeway but we soon found ourselves embedded in bumper-tobumper rush hour gridlock unable to even exit to allow my partner to show off his surface-street skills. As we watched the interminable blinking of red tail lights arrayed before us, we crept forward at less than walking speeds and passed the time exchanging occupational lore about where, or how deep, the business end of a hammer had to go into a skull to result in a fatality. In principle there was no rush to get to the body because it was gradually assuming ambient temperature at the hospital and going nowhere unless we checked it out and released it. But there was urgency to investigate the body as soon as possible in order to get to the death scene to relieve detectives and criminalists who waited impatiently for us. They could not leave before we were on the scene.

After what seemed an interminable delay, Murph managed to squeeze through lanes to an exit and then blasted through surface streets toward the hospital at such a pace that my pupils dilated. Seat belts were fastened, nevertheless my fingers grasped the armrest so tightly it must have permanently deformed. My feet must have bent the floorboards down as well. I made a mental note to take my motorcycle helmet along on the next ride to avoid ending up like the guy we were on our way to investigate.

"Murph," I said, attempting a devious compliment, "you certainly know your way around but there's a lot of traffic tonight." He didn't take the hint. "It's not bad actually. I've seen far worse," he said, tweaking the accelerator a bit more for emphasis.

While poised at a stoplight, my heart rate and respiration recovered enough to manage a coherent question about his former life. A race driver, I thought. He explained that he knew his way around better than most because he had been a paramedic and ambulance driver in the same county for several years prior to becoming a coroner investigator. That explained a lot so I decided it was best not to point out, as we hurtled down boulevards, that we lacked the protective influence of a blaring siren and flashing lights that he had enjoyed in his ambulance days.

We arrived at the hospital's emergency room (ER) miraculously intact and located the subject of our investigation lying naked on a gurney behind drapes under a white sheet with self-adhesive tabs still in place on his chest used by the ER team to shock the heart into contractions and monitor its signs. The man was about 5 feet, 11 inches in height and wellnourished as the forensic pathologist euphemistically noted later in the autopsy report, instead of obese for he weighed nearly 300 pounds. We donned surgical gloves and began to explore the body for signs of trauma that might be linked to the man's demise. While Murph explored the head visually and by palpation. I took



wide-angle and closeup p h o t o - g r a p h s. Because the deceased was nearly b a l d, M u r p h q u i c k l y determined that his skull had

not experienced anything resembling a hammer blow as had been reported initially to us. There was a superficial, linear abrasion several inches long on the right temple showing only minor bleeding which indicated that his head had come in contact with some sort of hard edge. There were no signs of fresh trauma elsewhere on the body. As routine practice in cases of violence the man's hands were taped into paper bags to conserve evidence of blood and skiy for the criminalists to evaluate later in the crime laboratory. The only item of apparel on the body was a gold chain around his neck that was removed and placed in an envelope to deliver to the next of kin. It had been forgotten in the haste of transporting the man to the hospital emergency room. Murph tied an official toe-tag on the body and signed it over to the agent of the transport service who would deliver it immediately to the county morgue for autopsy the following morning. We then left the hospital and proceeded again at eye-popping speeds to the man's home, the site of his death.

The home of the deceased was located in a respectable, well-known, middle-class retirement community. The street was dimly lit but it was impossible to miss the address for two police cruisers were conspicuously parked in the street in front of the house as we pulled into a curbside parking spot about 40 yards away. While other houses nearby seemed quiet and neat, some with darkened windows, the street side of the deceased's house resembled a parking lot as if a party was in progress.

The first unusual thing I noticed was the presence of two, restored, classic cars in good condition parked in the garage driveway and the garage doors were closed. The cars were of the kinds one might find tucked away in an automotive museum safe from the elements and thievery. Restoration and maintenance of such cars is a time-consuming and expensive proposition. The second odd thing was the presence a dark-colored, stretch limousine parked next to the curb. Homicide detectives, who we knew were waiting for us in the house, weren't known to reach death scenes in one of those. Another curious thing was the absence of an obvious front door to the house when looking at it from the street. All other houses on the block were ordinary 1-2 story tract houses with lawns between clearly defined entries and the street.

Entrance to the dead man's house was through a narrow alley between the garage and the fenced property line of the neighbor to the east. The alley opened onto a small concrete-paved courtyard about 20 feet square with a burbling hot tub in one corner. The garage was unusually large and must have been expanded on, or added to, the original house. A door off the courtyard opened into the garage that was brightly lit with industrial-sized fluorescent fixtures. I stepped inside and found a fully equipped automotive shop where the classic cars had obviously been restored. There was a profusion of tools of every imaginable type representing a substantial and unusual investment for a private home.

I returned to the courtyard to rejoin Murph who began taking down information on his notepad from the homicide detectives who had waited for us. Officer Berman was still in the house with family members, friends and employees writing down in his laptop computer detailed information from witnesses about what had happened. The events leading to the man's death were as follows:

Sometime that morning the 25 year-old grandson of the deceased, who had no

fixed address but lived temporarily in his grandfather's house, had an argument with his girl friend of 2 years, Rosie, who also happened to be the grandfather's fulltime, live-in maid. The relationship had been a very tempestuous one in which Rosie was the recipient of occasional verbal and physical abuse. That morning the grandson threatened to beat up Rosie again for some unknown reason but the dispute went from near-boil to simmer and the grandson spent the morning sulking and drinking alcohol. By midafternoon he was drunk. He approached Rosie again and demanded that she do something for him. She refused. The grandson lost his temper and began to beat Rosie who ran screaming from the house into the street with a cell phone clutched in her hand. The grandson started after her but the grandfather attempted to restrain him by grabbing his leather jacket from behind. The grandson slipped out of his jacket and ran after the girl who by that time was pounding on the neighbor's front door across the street to gain a safe haven. Because the grandfather was overweight and not very mobile, he asked Jerry, his full-time limousine driver, to go after his grandson and stop him from harming Rosie.

Jerry dashed off in hot pursuit of the grandson and the grandfather waddled out behind them as fast as he could go. No one was in the house where Rosie was pounding on the door so she tried to dial 911 on her cellphone. As she was trying to do that the grandson reached her, grabbed her violently by the hair and threw her to the ground. He snatched the cell phone, smashed it into the sidewalk pavement and started kicking her. The limo driver, a small, skinny guy, arrived at that instant to make the grandson stop beating her and got promptly knocked flat on the ground by a vicious blow from the grandson.

By this time the grandfather finally made it across the street and started grappling with his grandson. The struggle moved out into the street where they fell on the asphalt with the grandson on top of the grandfather. At that point the grandson jumped up and ran off. The grandfather got up on his feet and walked a few paces toward his house and collapsed between two parked cars. It was there that his head hit either the edge of the curb or some edge on one of the cars. The limo driver and the maid witnessed the scuffle. They testified that the grandson had not hit his grandfather in the head with a hammer as we had been led to believe from the initial report. This corroborated our observations of the body less than an hour earlier. How or why the hammer story got started still remains a mystery.

The limo driver rushed back into the house and dialed 911. The paramedics arrived in 15-20 minutes and attempted to resuscitate the grandfather but rushed him off to the hospital emergency room for further assistance because they were unable to revive him. On the way to hospital, or upon arrival there, the man's clothing was removed for medical reasons and \$4000 in \$100 bills was found in one of his pockets. Was this guy a member of the mob? Was he engaged in some criminal activity? Even Bill Gates wouldn't carry pocket change like that. This case was no ordinary one. The clothing and money were returned to his widow at his residence. Police also arrived because the incident involved criminal behavior. The grandson, who foolishly showed up at the house a bit later instead of making a beeline for the state's border, was promptly arrested on

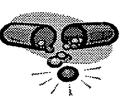


domestic violence charges and whisked off to jail on the strength of formal complaints from Rosie and Jerry. Given the events that had transpired that day we were not surprised to learn from t h e detectives that the grandson had a criminal record

criminal record and was quite familiar with jail cell decor.

Neighbors are routinely interviewed in such matters. His neighbor to the east had not witnessed the scene that had transpired in the street but he expressed relief, bordering on pleasure, that the man was dead. The neighbor disliked the deceased and considered him a "loser" "white trash," words we kept hearing from others. The deceased's household was not exactly a haven of domestic bliss. He deplored the loud music and noises that erupted from the house on a regular basis and regarded the people who lived there little better than animals because of screaming arguments and outbursts of foul language. None of the neighbors, it turned out, had much good to say about the deceased.

Murph and I were required to enter the house to collect the deceased man's medications as



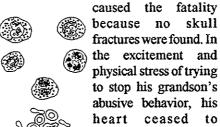
part of our investigation and we needed to explain to the next of kin the necessity of an autopsy whenever violence was suspected. The front door to the house was at a back corner of the courtvard. We entered what looked like a dining room off a disheveled kitchen. Jerry and Rosie were seated at the table answering officer Berman's questions. Two young men in their mid- to late twenties, sporting vacant expressions and tattoos, and perhaps friends of the jailbird grandson, lounged in chairs near the back .wall. I had an uncomfortable feeling they were former, or active, gang members. An older woman, who turned out to be the estranged wife of the deceased, stood near the entry of a little corridor leading to other rooms in the house.

The room lacked any semblance of taste. The wall decorations could be classified as being a step or two below fluorescent-paint images of Geronimo on black velvet that glowed in the dark. Murph later jokingly confided to me that he suppressed the urge to ask the wife the name of the

trailer park where they had previously lived.

The man's spouse admitted that she couldn't "live with the old coot" and had moved a couple of years earlier into an apartment in one of the neighboring cities. In spite of the discord between them, her move to establish independence did not result in a divorce. She said she wanted to remain married to the guy. When she made the comment I thought I detected fleeting twitches of a suppressed smile at the corners of her mouth. There was no sign of bereavement from anyone.

We asked for the man's medications and an outline of his medical history. Startling arrays of pill bottles appeared. He had a long, serious history of cardiovascular disease and was a biological time bomb on the verge of blowing a vascular "gasket" with 240 mm/Hg systolic and 135 diastolic arterial pressures. At autopsy he was found to have massive cardiomegaly with a heart weighing about two and a half times normal due to the enormous workload demanded of it. In addition, the coronary arteries were found to be 75% occluded. The autopsy further confirmed our impressions that no hammer blow



cardiac insufficiency. The premise that he was victim of a homicide, causing us to investigate the death, evaporated and became a death of natural cause.

function. He died from

The deceased was a man with only a high school education who probably never aspired to be on the honor roll or knew it even existed. He never held anything but menial jobs all his life and given what we then learned, he must have been encumbered with a two-digit I.Q.

What was the source of his profligate lifestyle? A few years earlier he won about

\$17,000,000 in the state lottery. He had no idea what to do with such a fortune because he never had much money and was uneducated.

The money allowed him to leave the trailer park and buy into an upscale retirement community where he became nothing more than a social outcast. Instead of investing his money and living happily ever after on interest and dividends, he hired a maid to take care of his day-to-day needs because his wife fled to the next town. For his entertainment he took up the hobby of restoring old cars. He also took up gambling and hired a full-time limousine driver to be at his beck and call and take him regularly around town on errands and to Las Vegas where he could rub shoulders with high rollers and tip generously for bottles of champagne. His grandson, and fellow louts, hung out at his house to be beneficiaries of the local trickle-down economy. The smartest on in this tragicomic episode was the estranged wife who knew her husband's poor health was her eventual ticket to personal prosperity and that's why she refused to divorce him. His death made her a nice Christmas present that year of the fortune that remained.



We welcome any articles and stories you would like to contribute. Please send by email to:

emeriti@uci.edu