

UCI EMERITAE/I Newsletter

University of California, Irvine

Winter 1998 Vol. 4, No. 2

CHAIR'S COLUMN by Jerome Tobis, M. D.

There has been considerable discussion in the Executive Committee of the Academic Senate concerning Shared Governance between the Faculty and the Administration of the University. This principle was established by the Board of Regents in the early history of the University and has been claimed to have accounted in large part for the outstanding reputation that the University of California has achieved in higher education. In an attempt to strengthen this governing relationship between the Senate and the UCI Administration, the Chair of the Senate, Professor Arnold Binder, appointed a restructuring committee to review the Senate functions. The Restructuring Committee made recommendations last year that included the reduction of the number of committees of the Senate in the hope that this change would result in greater efficiency and more rapid response and impact to the Chancellor and Executive Vice Chancellor concerning Irvine campus issues. The

Emeritae/i Senate Committee has responded to the Restructuring Committee with the following statement which was unanimously adopted. If the division is to carry out its legitimate functions effectively, its elected chair, committee members and Representative Assembly must alertly, vigorously and consistently protect and implement their responsibilities under the existing rules of the Academic Senate. It is the essential function of the Academic Senate to represent fully the constituencies that comprise the Senate's membership. Therefore, the Emeritae/i Senate Committee is entirely unsympathetic to any contemplated restructuring of the Irvine Division that would reduce the existing number of its committees. It is not at all self-evident that down-sizing the committee structure of the Irvine Division would make it a more effective vehicle for the faculty's participation in the process of shared academic governance process. One might just as logically argue that reducing the size of the (See page 2)

GUILT: The Enemy of a Satisfying Retirement by Joseph N. Bell

I've just discovered the ultimate perk of a lifetime spent in journalism, and it stands the generally accepted concept of retirement on its head. Instead of providing more time for frivolous activities long delayed by work demands, retirement provides more time for work itself.

I have been a working journalist for more than 50 years. Even during the 21 years I taught the non-fiction writing sequence in UCI's English Department, I continued to write for national magazines. Although I had become saturated with that kind of writing before I retired from UCI ten years ago, I longed to experiment with essays and fiction. Retirement opened up those possibilities. It also offered a new set of unexpected problems.

Although financial demands had moderated, it was still necessary that I continue to earn.

MEMBERSHIP DUES 1997-98

If you have not paid your annual dues (recommended \$25 per family), please note that checks should be made out to UCI Emeritae/i Association and sent to our new Treasurer, Isabelle Hunt, 2 Faith, Irvine, CA 92612-3252.

My long history in journalism made it possible for me to fill that need by writing a newspaper column, first for the *Los Angeles Times*, later for the *Daily Pilot*.

A newspaper column in which you are allowed - - as I have been - - to pursue whatever fancy stirs you at that moment is an enormous indulgence. It fulfills the ultimate fantasy of a monologue in which no one is able to interrupt you, and you don't have to wait politely for your turn to speak. It has never been a problem to come up with column ideas, but this neat structuring of priorities also surfaced a particularly pernicious problem that I've found most difficult to resolve in retirement: guilt.

(See page 3)

UCI FACULTY ART REVIEW by Dickran Tashjian

The UCI Art Gallery presented "**A Hotbed of Advanced Art: Four Decades of Visual Arts at UCI**" from 11 November to 6 December 1997. Accompanied by a catalogue (available at the Art Gallery), the exhibition was curated by Dickran Tashjian, Professor and Chair of Art History.

From its inception in 1965 the School of Fine Arts (now School of the Arts) brought visiting artists to campus on a short-term basis to complement the permanent faculty in department of Studio Arts. The early

(See page 3)

MARCH LUNCHEON

Professor Richard McKenzie, PhD, Graduate School of Management, will be the speaker at the next luncheon of the UCI Emeritae/i Association. The meeting is to be held on **Wednesday, March 18, 1998 at 11:30 a.m. at the UCI University Club.**

The topic of Professor McKenzie's talk will be "**OUR NEW YEAR'S ECONOMIC PROGRAM: Are the Clinton 90s as Good as the Reagan 80s? Forecasts Included!!**"

Reservations: the price is \$16.00 per person (including tax). Make the check out to **UCI Emeritae/i Association**. Send to UCI Emeritae/i Association, 2000 Mesa Drive, Irvine, CA 92697. If you have questions, call (714) 824-6204.

CHAIR'S COLUMN (cont'd)

administration would contribute to an improvement in the present unsatisfactory state of shared academic governance at UCI.

The problem lies not in the number or size of committees, but rather in the procedures by which the Irvine Division communicates and negotiates with the Administration. Excepting only the recommendations of CAP and those of P & T which require the observance of confidentiality, all Divisional committee recommendations should be made directly to the Division's Chair and Executive Committee. In Executive Committee session these recommendations can receive the scrutiny, amplification, and debate required to ensure that they express the collective judgment of representatives of the Division's full membership before being conveyed to the Administration as recommendations of the Division.

Only in this way can the Irvine Division effectively articulate its members' advice and judgment to the Administration. Only in this way can shared academic governance become a realizable process.

HEADS YOU WIN TAILS I LOSE

Risk Profile of Our Retirement System Assets
by Sheen T. Kassouf

Members and annuitants of the UC Retirement System are indeed fortunate: active faculty and employees are not required to make monthly contributions from their salaries and by some estimates current assets comfortably exceed expected future payouts. Thus it may appear churlish to criticize the Regents. Their Treasurer and her staff are dedicated, conscientious professionals of the highest integrity. The investment returns on the System's assets over the past dozen years have greatly exceeded long run historical averages. (But not the returns of a passive portfolio, or index fund with the same level of risk borne by the System's assets. This is a different but related issue which I will address at another time.) These above historical average returns have essentially financed all of the early retirement programs of recent years. So what's to criticize? The

ANNOUNCEMENT

The UCI Medical group is pleased to announce that fourteen different specialties serve patients at the UCI Gottschalk Medical Plaza located on the UCI campus at One Medical Plaza Drive off California Avenue. These specialties include Cardiology, Dermatology, Endocrinology, Gastroenterology, Gynecology, Immunology, Infectious Disease, Rheumatology, Neurology, Neurosurgery, Hematology/Oncology, Ophthalmology, Orthopedics and Surgery. If you know the physician you want to see, you can call directly to schedule an appointment at 824-8600. We also have at the Plaza a geriatric primary care physician, Dr. Simin Torabzadeh, as well as other primary care physicians who welcome seniors.

Our Physician Referral Department can assist you in identifying a physician (all are College of Medicine faculty) within each specialty and can provide some brief biographical information. Please call them at 456-7001 or toll-free at (888) 456-7001 between the hours of 8 a.m. and 5 p.m. You may also access the UCI Website for information regarding our faculty physicians. The Website is located at <http://www.uci.edu/>, then click on academic programs, academic units, then the College of Medicine.

The UCI Medical Group accepts all UC insurance plans except Kaiser. If you are a member of an HMO and have UCI Medical Group as your provider, your primary care physician determines that a referral is necessary, he/she can directly refer you a specialist without additional review or approval. You will be issued the referral at the time of your visit. If you have any other questions, please call our Customer Service Department at 456-7004 or toll-free at (888) 456-7004.

Pat Jones, Vice President, Business Ad.

Treasurer has hit the ball deep into the bleachers and everyone seems to have benefitted. Not to put too fine a point on it, the Regents and the Treasurer have bet aggressively in the past by taking much larger stock market positions than most other endowment and retirement plans and they have won. From all current available information they are still swinging for the bleachers with a portfolio that is riskier than the great majority of other institutional pension portfolios. If they continue to have a high batting average in the future, who benefits? It is unlikely retirement benefits would be increased -- comparison with other State employee benefit plans would become politically too sensitive. Further above average gains may finance another early retirement program, but the need for further demographic restructuring seems small. The benefits, in my view, would go to the State Legislature which would continue not contributing to the Retirement plan. Indeed, when the next recession strikes California the Legislature may even find a creative way to raid the Retirement plans "excess" assets.

On the other hand, if the Regents strike out (and deep ball hitters strike out more than the average batter), who will sustain the losses? Current retirement benefits would continue and are backed by the totality of the University's assets, not just the Retirement System portfolio. (For example, a back-of-the-envelope calculation suggests the University might gain \$5 billion or so by selling the Irvine campus to some bio-tech developer and relocating to Santa Ana.) The losses would redound to the active faculty and employees who might be required to resume contributions to the System from current salaries; and to retirees who may cease to see cost of living adjustments to their benefits. In short, neither annuitants nor current employees will benefit from the current risk posture of the System's portfolio, but can suffer if there are losses. Is it likely the System can suffer losses of such a magnitude in the future as to endanger benefits? It might be well to recall that in one day in October 1987, the System lost more than 20% in the value of its stock portfolio wiping out all of the actuarial surplus. This was the equivalent of 10.5

earthquake and only the lunatic fringe is predicting a similar occurrence any time soon. And yet...

In the spring of 1929 before leaving for Europe, the industrialist Walter Chrysler entrusted a million dollar portfolio to the legendary Wall Street trader Jesse Livermore. Upon Chrysler's return in mid-September he learned that Livermore had more than doubled the value of his portfolio. Livermore was immediately terminated. "Anyone making those returns is taking too much risk for me," explained Chrysler. Is it time to send a similar message to the Regents?

Sheen T. Kassouf is Professor Emeritus, Economics

GUILT (cont'd)

I have a whole covey of personal habits that prevail against work once my column is out of the way. For example, I spend far too much time watching college and professional sports on television. I rationalize this by turning off the sound and allegedly working while the game is in progress. This, of course, is absurd unless I'm doing the most menial sort of writing -- a fact which I avoid addressing through absolute denial.

I'm also given to spending many hours browsing in book stores, attending California Angel games, and having lunch with old friends who shared World War II with me. Since my wife works long hours away from home, there is no one to observe this behavior. Although she would refrain from judging it -- and quite likely would encourage it -- her presence would probably provide some sort of internal call for me to shape up. Instead, there is only a kind of nagging and irritating guilt. For the first time in my life, I have the time and opportunity to experiment with writing that may not be successful but would surely be satisfying. Shunting that opportunity aside to watch Syracuse and Rutgers play basketball or re-runs of "Victory at Sea" on television inevitably means paying a price in guilt. Maybe it should. I haven't decided that yet. It has become clear, however, that the guilt is

not only the outcome of this mental lethargy, but also, in an odd sort of way, the cause of it. The more guilt I feel, the more I tend to indulge in the behavior that causes the guilt.

So instead of deciding to give up the behavior, I've decided to give up the guilt. Spending one's retirement years feeling guilty about enjoying oneself doesn't seem very intelligent. My new theory is that once I get rid of the guilt, then the writing roadblocks will fall away and I'll get down to it. Of course a little creative drive would help. I'm working on that, too.

Meanwhile, clearly none of this can kick in until after the Super Bowl. While I'm watching it, I'll be getting out my research notes and arranging them and warming up my computer so I'll be ready to plunge in as soon as the game is over. I just hope it doesn't go into overtime.

Joseph N. Bell is Lecturer Emeritus, English

ACADEMY FOR LIFELONG LEARNING by Rose Moldave

The Academy for Lifelong Learning has now been launched with a charter membership of over 200 participants. Joan Schwartz and Rose Moldave are Co-Chairs and Ginny Freeman is the liaison to the Extension Office. We are forming committees to handle the management of the organization. The Curriculum Committee is already activated and hard at work with plans for courses in theater, art, science, etc. The Inaugural Lecture Series began on January 13 with a stimulating lecture on California politics by Professor Mark Petracca to an overflow audience. Starting February 4, a condensed version of Dr. Dickran Tashjian's course on Exiles and Emigres will begin the formal course program. We urge all Emeritae/i and spouses to join the Academy when membership enrollment opens again in May 1998. The Academy would be most pleased and encourages any interested person to teach a four to six-lecture class on his/her field of expertise or special interest. Please

contact us with your proposals or membership interest.

Joan Schwartz (646-3050) and Rose Moldave (644-1416) are co-chairs of the Academy

FACULTY ART REVIEW (cont'd)

presence of Robert Irwin attracted Larry Bell, James Turrell, and Maria Nordman, who became the nucleus of the Light and Space movement. Conceptualism (always a strong pedagogical motif in the department) and performance art were emphasized by Eleanor Antin, John Baldessari, and Bas Jan Ader.

These artists joined permanent faculty like minimalist John McCracken, ceramicist John Mason, painters like Ed Moses and John Paul Jones (also a distinguished printmaker), and Craig Kaufman and Tony DeLap, who often worked between sculpture and painting. Exhibited along with current Studio faculty were prominent alumni like Chris Burden, who was notorious for his dangerous performances, Kim Abeles, who has worked in many different media, and Jay McCafferty, who does paper and canvas solar burnings. Provocative and lively throughout the years, these faculty are now recognized as a veritable Who's Who of distinguished American artists. Vija Celmins, for example, is a MacArthur Fellow, while Robert Irwin was commissioned to design the garden at the new Getty Center and Alexis Smith to do a mural at the Center as well. John Coplans, who was the first director of the Art Gallery and mounted many pathbreaking exhibitions, is now an internationally recognized photographer.

Dickran Tashjian is Professor and Chair of Art History

REPORT ON HMOs by Robert May

Of the benefits provided to University of California faculty, none is more important, and less understood, than health benefits. In large part this is because of the changes in the manner in which the benefit is provided,

spurred on in the past several years by the dramatic changes which occurred, and which continue to occur, in the health care industry. Although the university has over the past number of years pursued policies designed primarily to keep down the cost of health care premiums, (in part so that there is always a zero-cost option), it remains the case that on the whole the range of plans offered should allow all faculty to have access to high quality health care. There are however, dangers on the horizon, which impact both active and retired faculty.

The University of California currently offers active and retired faculty a choice of three different sorts of health care plans. The first are Health Maintenance Organizations (HMOs); among these plans are Health Net, Pacific Care and Kaiser. (Choices differ at the various campuses.) These plans have the lowest premiums; this year, both Pacific Care and Kaiser have zero premiums to the consumer (single-party), while Health Net is a few dollars. (In an HMO situation, a provider group, such as UCI Medical Group, receives a capitation from the health plan, a certain amount of money for each person signed on with the provider group who is insured by the health plan. This amount is the same regardless of the overall health of each individual with the provider group.) As a reflection of aggressive cost-management, HMOs are the most highly restricted plans in two central areas - physician choice and patient discretion in seeking treatment. Normally in an HMO, one chooses a Primary Care Physician (PCP) in a provider group which is contracted with the health plan, with referrals to specialists being at the discretion of the health plan, although this is usually delegated for most cases to the provider group. The plan, as insurer, retains the right to deny a patient any requested treatment, (or more precisely, deny payment for services), it does not deem warranted. On the other end of the spectrum are traditional health insurance plans; only one of these, Prudential High-Option, is currently offered by the University of California. This sort of plan is unrestricted just where HMOs are restrictive; the patient has free choice of doctors, and may seek whatever treatment necessary. The plan pays a percentage of the costs, usually

80%, and the patient pays the rest, (usually after some deductible.)

The third type of plan offered is what is known as a Point-of-Service (POS) plan, which is a sort of hybrid of the above two. At UC, this plan is known as UC Care; the university is the insurer of the plan, but it is administered by Prudential Insurance. When a patient seeks treatment, it is the patient's option to seek that treatment in one of three ways. The first way, known as Tier 1, is via an HMO. The second, known as Tier 2, allows the patient physician choice, and self-generated referrals, from a wide pool of doctors listed as participating in the program. Tier 2 care is paid for at 80% by the plan, 20% by the patient, (after deductible). Tier 3 care is comparable to Prudential High Option, with all choices residing with the patient; in particular, the patient may choose any physician for care, regardless of whether the physician is a listed participant. Tier 3 is paid for at 60% by the plan, 40% by the patient (again, after deductible). Which tier of care is chosen is on a treatment by treatment basis. One does not enroll in the plan at a tier level; rather, the patient may choose what he or she thinks is the best option for them ailment-by-ailment (or may switch in the course of treatment of a particular ailment).

The main problem which currently faces us with regard to these health plan alternatives is that the choice of options is shrinking. The reason is what is known as "adverse selection." The problem is as follows: Healthy people are much cheaper to insure than less healthy people, as they make far fewer claims on the health insurance plan. But healthy people, since they have low needs, tend to enroll in plans on the basis of low premiums, rather than on the basis of services offered. Less healthy people, on the other hand, tend to enroll in plans on the basis of services, rather than on the basis of premiums. The result of this is that plans which offer higher levels of service - in particular, those which do not utilize higher degrees of cost-management in access to physicians and treatment -- end up with a disproportionate number of less healthy

people who are more expensive to insure. This is adverse selection. The consequence of unchecked adverse selection is that the plan enters a "death spiral." As premiums go up to cover the increased costs of carrying less healthy patients making more claims, healthier patients, who make less use of the plan, are driven out to plans charging lower premiums, accepting lesser service in exchange for less cost to them. This in turn worsens the more healthy/less healthy proportion, again increasing costs to the insuring plan, which again raises premiums, thereby driving more people out of the plan. This cycle continues until the plan prices itself out of the market, and becomes extinct.

The death spiral caused by adverse selection is what has happened to Prudential High-Option for active faculty. While it is still offered as an Open Enrollment option, its costs are now so prohibitive that there are virtually no enrollees among active faculty. This plan has, however, remained a plan of choice among retirees and annuitants because for them premiums have been vastly lower, due to Medicare contributions. This year, however, there has been a precipitous increase in the Prudential High-Option premium for retirees and annuitants, to over \$70 per month (single party). The fear is that this plan will go the way for retirees and annuitants that it has gone for actives; the conditions of adverse selection, and the fact that retirees and annuitants, as a group, are the most expensive to insure, make this fear well-placed.

This fear has been exacerbated by an equally sharp increase in premiums for UC Care for active faculty. While this increase does not show up in the premiums for retirees and annuitants (because of Medicare), it does forebode that the death spiral may be infecting this plan too. The importance of this to retirees and annuitants is that if Prudential High-Option becomes unaffordable for them as well, then this would be the plan of preference, (as it no doubt already is for some). But, if we lose this plan as well, then all that would be available, for both actives and non-actives, would be HMOs. The Committee on Faculty Welfare, both system-wide and at UCI, is

committed to retaining health plan options for all UC faculty, both active and not. The system-wide committee, and in particular, the Health-Care Sub-Committee (co-chaired by Prof. Dan Bikle of UCSF and Prof. Hal Simon of UCSD), have made this a highest priority item. Although there is worry about the continued availability of Prudential High-Option for retirees and annuitants, the primary focus is on the survival of UC Care. In inquiring with the system-wide benefits office about the reasons for the premium increase for UC Care, the response was that it was a result of a substantial increase in the cost of prescription drugs; the Health Care Sub-Committee found it unlikely that this was the sole, or even primary, cause of the cost increases, and fears that the death spiral for this plan has begun.

On the positive side, however, the new University Associate Vice President for Employee Benefits, Judith Boyette, is working actively with the Health-Care Sub-Committee on this problem. A number of groups have been formed to look into the various aspects of this problem, and to develop plans to preserve UC Care before the next round of negotiations on premiums. Another hopeful sign is that for UCI, enrollment in UC Care remained constant during this year's open enrollment, although we have not yet seen data from other campuses, so we do not know whether these data are indicative or not.

Whether these efforts will lead to the long-term viability of health-plans options is to be seen; I will try to keep the UCI emeritae/i informed of developments as I learn of them.

Robert May is Chair, Committee on University and Faculty Welfare and UCI Representative, University Committee on Faculty Welfare

EMERITAE/I WELFARE COMMITTEE MINUTES (11/17/97)

Present: Jack Sklansky (Chair); Robert May; Julius Margolis; Robert Warner; Jerome Tobis; Renee Hubert; Judd Hubert; Patricia Jones.

Principal objective of meeting: Determine key projects involving health-related welfare of emeritae/i.

Chief results of meeting: a) A resolution, approved unanimously, to establish a staff position of patient advocate in the Irvine Division of the Academic Senate. b) a resolution to focus the Committee's efforts this year on health insurance for annuitants and related matters -- particularly the costs of point-of-service plans and fee-for-service plans.

Robert May reported on the various health plans presently available and their dim prospects for the future. Prudential High Option has recently increased its fees by 100% and is affordable only to people on Medicare. Moreover, Prudential, which administers but does not directly insure UCI subscribers, is attempting to divest itself of health care. Unfortunately, UC Care with its 3 tiers, by recently increasing its fees by 70%, seems to have entered into the same costly "death spiral" as Prudential High Option. The strong possibility of a drastic curtailment of these two plans may eventually reduce options to HMOs or to approximations such as Kaiser. The HMOs may themselves increase in price in spite of strong competition among them. Thus, every effort should be made to retain Prudential High Option and UC Care as viable options. Information provided to faculty [including annuitants] on the various health plans is insufficient. Surveys, apart from UCSB's, are generally spotty because they lack a critical mass of respondents. Jerome Tobis indicated that uncertainty also characterizes Medicare by reason of Congressional and even Presidential manipulations.

In the course of discussing the idea of patient advocacy, it was noted that at present no channels are officially available. Julius Margolis pointed out that the ombudsman, who serves as a conciliator, cannot function as an advocate for the patient. The Committee passed a resolution recommending that a salaried position of patient advocate be established on the staff of the UCI Academic Senate. The Committee

also resolved that it will focus its attention this year on health insurance for annuitants and other related matters, particularly the costs of point-of-service plans and fee-for-service plans.

The *Newsletter* has recently published a report on the difference between insurers offering long-term health care insurance for seniors. That report is very helpfully amplified in a Special Report on Long-term Care Insurance in the October 1997 issue of *Consumer Reports*, pp. 36-50. The report supplies valuable information in five important areas of interest: What to expect from Medicaid, Who needs long-term health care insurance, How to judge a policy's coverage, How agents "spin" the coverage offered in their policies, and How to compare the many companies offering such insurance.

Pat Jones distributed interesting documents concerning UCI health care. Although customer service, which is her responsibility, does provide a channel for a better understanding between providers and patients, it can in no way provide a substitute for patient advocacy. Annuitants may obtain a free subscription to the UC Berkeley Wellness Letter by contacting Heidi Cholodenko by phone at 714-824-4900 or by e-mail at izotmail@uci.edu.

Official answers to all health insurance questions may be obtained by contacting Michele French, Director of Health & Welfare, Employee Benefits Plan administrator, Berkeley: michelefrench@ucop.edu.

The Committee recommended that we ask Michele French the following question: Why don't we have more health insurance options, particularly point-of-service (POS) plans? Jack Sklansky volunteered to present this question to her.

Renee Hubert and Judd Hubert are editors of the *UCI Emeritae/i Newsletter*.

RECOMMENDED READING

The editors strongly recommend a recent article on the German Health-Care System by Dietlind L. Wahner, M.D., Dr. Peter Knuth and Prof. Dr. Rudolph in the November issue (1996, 72) of the Mayo Foundation for Medical Research. Far from limiting themselves to German health-care, the authors have included comparisons with other first-world systems, including the United States. Interestingly enough, health-care in America, based on "a predominantly voluntary type of private insurance" combines by far "the lowest satisfaction rate" of all developed nations with the "highest level of spending per person." As of 1994, 40,000,000 Americans were uninsured. While the British, Swedish, and Canadian systems among others are based on taxation, the German and the French depend on social insurance or contributions similar in some respects to social security. All of them meet with a high degree of approval on the part of patients. The foundation of German social health-care was laid by Bismarck-hardly a radical thinker-way back in 1883. We are now in 1998.



PLEASE SEE FORM ON
OPPOSITE PAGE.

TO: UCI EMERITAE/I
FROM: SAM McCULLOCH, Vice Chair, Executive Committee
RE: Biobibliography, UCI Emeritae/i Academic Activity

Please fill out and return to the Office of the UCI Emeritae/i as soon as is reasonable. We need to show our activity to the administration from July 1995 to June 1997.

NAME: _____ BIRTH DATE: _____ RET. DATE: _____
ADDRESS: _____

PHONE(S): _____ DEPARTMENT: _____
E-MAIL/FAX: _____

FIELD OF RESEARCH/CREATIVE ACTIVITY:

DO YOU HAVE EXTRAMURAL GRANTS: ____ YES ____ NO UNIVERSITY SPACE: ____ YES ____ NO
NUMBER/TYPE OF STAFF SUPPORTED:
IS HELP NEEDED FOR: ____ FUNDING ____ OFFICE SPACE ____ LABORATORY ____ SECRETARIAL

PUBLICATIONS/EQUIVALENT CREATIVE WORKS (INDICATE BY ACTUAL NUMBER)

____ BOOKS ____ ARTICLES ____ BOOK CHAPTERS ____ ABSTRACTS ____ PROF. REPORTS
____ PRODUCED AND/OR DIRECTED WORKS IN FILM OR VIDEO
____ WORKS OF ART IN EXHIBITIONS ____ BOOK REVIEWS
____ CREATED AND/OR PERFORMED WORKS OF MUSIC, DANCE, OR THEATER
____ CREATIVE WORKS OF LITERATURE ____ CONSULTING REPORTS (specify below)

TEACHING/EMPLOYMENT: ____ YES ____ NO AT: ____ UC ____ OTHER LOCATION (state where)

UNIVERSITY SERVICE (UC)

COMMITTEES: ____ SENATE ____ DOCTORAL ____ DEPARTMENT ____ ADMIN.
SUPPORT GROUPS: ____ ADVISORY ____ EMERITI ____ FUND RAISING
OTHER SERVICE: please specify _____

COMMUNITY SERVICE

PLEASE SPECIFY: _____
COMMUNITY HONORS AND/OR AWARDS: please list _____

SERVICES TO THE PROFESSION: (SPECIFY)

COMMITTEES: _____
OFFICES HELD: _____
EDITORIAL APPOINTMENTS: _____
REVIEWER OF ARTICLES (LIST JOURNALS): _____
HONORS: _____
OTHER SERVICE: _____

PERSONAL:

HOBBIES, INTERESTS: _____
(including courses taken and special studies)

AVERAGE NUMBER OF CAMPUS VISITS PER WEEK: _____

(USE SPACE BELOW OR ON BACK OF FORM TO EXPAND ON ANY ASPECT OF THE ABOVE OR TO PROPOSE SUGGESTIONS FOR IMPROVEMENT IMPROVEMENTS OF THIS FORM:)

UCI Emeritae/i Association
1997-1998 EXECUTIVE OFFICERS

Jerome Tobis

Chair

Sam McCulloch

Vice Chair

Isabelle F. Hunt

Treasurer

Richard Friedenberg

Recording Secretary

Grover Stephens

Corresponding Secretary

Louis Gottschalk

Past Chair 1997-1998

EDITORIAL BOARD

Renee R. Hubert

Editor

Judd Hubert

Editor

Myron Simon

Editorial Board Chair

Jerome Tobis

Ex Officio

Warren Bostick

Chair of Program Committee



PRESORTED
FIRST CLASS



UCI EMERITAE/I ASSOCIATION
2000 Mesa Office Building
University of California, Irvine
Irvine, California 92697

Telephone: (714) 824-6204

E-mail: emeriti@uci.edu

PRESORTED
FIRST CLASS



U.S. POSTAGE



00523

H METER 573741