President’s Letter - G. Miller

Happy New Year to all emeriti and emeritae! I hope you are managing to stay healthy in these trying times and have been following us by reading our quarterly UCI Emeriti Association (UCIEA) Newsletter (all back issues available on-line at https://sites.uci.edu/emeriti/newsletters).

Some details are below, but first, the bottom line: please join/rejoin the UCIEA and pay our modest dues in order to support our advocacy work on behalf of all emeriti/ae and keep our mostly volunteer organization going. Our membership year runs from January – December, so it is time to renew for anyone who pays annually or has paid a multi-year membership that has expired. A few of you are already “Life-time Members” and I thank you for that, but please consider adding a donation to keep us going or to contributing to our newly established dissertation scholarship for deserving UCI graduate students.

UCI has about 535 emeriti/ae. The current paid membership of the UCI Emeriti Association is about 150. Hence, the large majority of UCI emeriti/ae are getting the benefits of our organization’s efforts without contributing. I ask you to consider submitting the modest dues to help UCIEA function, during our annual membership drive, which is NOW. You may join or rejoin for one year or multiple years online at: http://www.connect.uci.edu/UCIEADues. You may also print out the membership form attached and mail it with a check.

UCIEA, has, as its core goals, protecting your interests, promoting opportunities for your engagement with the campus, and providing activities you might enjoy. If you want more details about all that, read on...

This past year, in spite of the highly unusual turn of events, UCIEA has continued to be a diligent and strong advocate of emeriti/ae benefits and interests in the UC system and on campus.

We have remained active in discussions about revisions to UC health and other benefits that are now being considered and may affect current and/or future retirees. We have constantly called attention to serious shortcomings in the new online systems for retirees (UCRAYS) and for those entering retirement (UCRASC).

Sadly, we have been unable to continue our face to face meetings with Deans regarding their engagement and support of emeriti/ae. However we monitor their newsletters for snippets about their emeriti/ae.

We extended the complimentary parking for general parking spaces in any
We would like to recognize and congratulate the following emeriti/ae on their continued work.

**Emeriti Spotlight**

**Professor Emeritus Prof. Robert Benny Gerber**

of Chemistry, has been awarded Israel Chemical Society’s highest honor **ICS Gold Medal** for his fundamental contributions to the structure and dynamics of polyatomic molecular systems and deciphering mechanisms of atmospheric reactions.

**Click here to read more:**  https://www.chemistry.org.il/ics-medal
Susan Lessick, AHIP, FMLA, UCI Librarian Emerita and collaborators have been awarded a second prestigious Institute of Museum and Library Services (IMLS) Laura Bush 21st Century Librarian Grant. The new grant ($227,862) will build upon and enhance the successful Research Training Institute for Health Sciences Librarians (previously funded by an IMLS grant) and transition the existing institute research curriculum to online formats and offer two online institutes in 2021 and 2022.

The new institute learning model will capitalize on the advantages of online learning and feature an expanded curriculum in the emerging area of digital research dissemination and a pilot research methods education project for Library and Information Sciences (LIS) graduate students. RTI ONLINE will be a powerful driver of new, better, and important health information research, generating indispensable knowledge and data in the field of health sciences librarianship that practitioners require for well-informed decision making to enhance health sciences library services and to improve health outcomes of patients and consumers.

See more UCI Emeriti/ae Spotlights here: https://sites.uci.edu/emeriti/emeriti-spotlight/

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The UCI Emeriti Association (UCIEA) invites nominations for its annual Outstanding Emerita/us Award. This award recognizes a UCI Emerita/us who is not on recall (or has been recalled for 10% or less), but continues to make a significant contribution to the University’s missions of teaching, research and/or service since retirement.

To submit a nomination, please provide the following information:

1. The name, title and department of the nominee
2. Your relationship(s) with the nominee
3. The nature of the nominee’s contributions since retirement and significance of the contributions
4. One additional letter of support
5. Any further information that you feel is relevant
6. If you can provide a recently updated C.V. (within the last year), that would also be helpful, but not essential.

Please submit nominations to emeriti@uci.edu
MAXIMIZING HEALTH CARE WEBINAR - R. ROBERTSON

As part of our mission to continue the education of staff retirees and faculty emeriti/ae, the Center for Retirees and Emeriti/ae assembled a series of presentations on varied aspects of health care that we may face later in life. This series of presentations can be found on the CER website (see below).

https://sites.uci.edu/emeriti/

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FAST TRACKING THE COVID VACCINE - S. KRASSNER

A number of folks are concerned about the historic fast track approval of COVID vaccines. This is due to the long approval and application time needed for vaccines in the past. It normally took years before a specific vaccine could be used to deal with infectious diseases.

There are several reasons why it was possible to develop a safe and effective COVID vaccines in less than 10 months. In the United States, the Federal government gave billions of dollars to leading pharmaceutical firms to quickly develop and test vaccine candidates of very large numbers of non-immune people in a short time-period. It was not possible to do safety and efficacy checks with so many people in the past in such a short time before, but this time sufficient funding was available for such measures.

Another important point is related to great technological advances in pharmacology and molecular biology that allowed for novel approaches to the development of vaccines. Instead of using inactivated or non-lethal strains of bacteria and viruses as the basis for a vaccine, it was now possible to simply use molecular technology to make molecules that can protect against a specific pathogen. This procedure takes a shorter time to complete than does the older methodology because the molecules are easy to develop and test.

There are some issues, however, that require further study. We do not know long COVID protection lasts with the new vaccines because there simply has not been enough time lapsed since the COVID
vaccines were first administered. There are vaccines that provide protection for years but we also know that there are also vaccines with a much shorter time of protection. In time this important information will become available. It is worth noting that there is little information about vaccine effectiveness against mutated strains of the virus.

Another issue concerns long-term serious side effects of COVID vaccines. As with most other widely-used vaccines a small percentage of treated persons may experience serious issues even when given a widely accepted vaccine. Fortunately, the risk/benefit ratio for the vast majority of vaccines is significantly in favor of their use. Reports about the American COVID vaccines indicate that side effects are not serious enough for the vast majority of people. The risk/benefit ratio is very favorable because protection seems to be about 92-95% with the American vaccines. Compare this number with that of the Chinese vaccine which provides about 72% protection.

Finally, there may be some misunderstanding about safe behavior following vaccination. Those vaccinated should continue to wear face masks and maintain social distancing because, although asymptomatic, they may still be carriers and could infect non-vaccinated, susceptible others.

The vaccine distribution mess we are currently experiencing is the result of a number of factors and is the subject for a later discussion.

We remember our colleagues who have passed.

**Frank Cancian** Anthropology – December 2020

**William J. Lillyman** German – November 2020

**Virginia A. Mann** Language Science – November 2020

**Ruth Kluger** German – October 2020

**James L. Calderwood** English – February 2020

**John S. Jacobson** History – February 2020

**Karl George Hufbauer** Humanities – January 2020

FULL list at our In Memoriam webpage: [https://sites.uci.edu/emeriti/in-memoriam](https://sites.uci.edu/emeriti/in-memoriam).
MAXIMIZING HEALTH CARE WEBINAR - R. ROBERTSON

The health care field is complex, with varied “levels” of care. The series starts off with an overview of types of health care services and where one can obtain them. Lee-Anne Godfrey, R.N., a care management specialist from the company RNhealth Management, outlines the types of health care, ranging from preventative, through curative, rehabilitative, palliative, and eventually to end-of-life Hospice care. She offers seasoned advice to help with decisions regarding moving from one type of care to another, as well as choices when residential care is the best option.

A completed Advance Health Care Directive is a critically important document for any of us, but constructing this directive can be daunting. The second presentation in this series is by Dr. Kevin Haselhorst, an Emergency Room physician and author of “Wishes to Die For,” an instructive guide to decision making toward the end of life. Do you want all heroic measures to maintain life? Or is quality of life and a peaceful end of life more important than length of life? Dr. Haselhorst guides us through the decision-making processes, and the steps to take to plan for the type of health care that best fits with our personal values.

For as long as we maintain good cognitive health, each of us is in charge of our own health care. But what happens when, perhaps due to accidental trauma or progressive degenerative disease, we are no longer able to communicate our wishes? In the third presentation, Dr. Stanley Terman, Psychiatrist, Ethicist and End-of-Life specialist, outlines the challenges facing us when we are cognitively impaired, and explains how to plan in advance to ensure that our wishes are carried out when we are no longer able to articulate them.

The fourth presentation in this series helps us deal with the reality that health care, particularly end of life health care, can be expensive. Further, not all providers provide the expected services. How do we pay for these health care options? John Menzies Clarke, founder of Pathfinder Senior Care Consulting, presents an overview of expected costs, compares the costs of different scenarios, and outlines sources of funding for our health care.

These topics, originally presented live in the fall of 2020, have been video recorded and are now available for viewing from the CER website at: https://sites.uci.edu/emeriti/.

We encourage all members of the Staff Retirees Association and the Faculty Emeriti/ae Association to view these informative video presentations.