



From the President...

By Debby Weintraub

I have been serving on the Citizen's Oversight Committee for Measure B Parcel Tax and Measure A Bond for over three years as a representative of a senior's organization in the community. I was selected



because I was an officer on the PRO Board. So, in large part, I am there representing you.

I have two important tasks as a member of the COC:

1. Safeguarding the spending of taxpayers' dollars by ensuring that the money is being spent as the language specifies in the bond measure and that the intent of the measure is being carried out by PCCD.
2. Reporting back to my constituency about the COC as well as conveying the concerns and wishes of the group I was asked to represent to the COC.

The first year on the COC was spent receiving reams of paper documenting **where** Measure B money had been spent. During our second year of meeting as a group, the COC requested an audit of the expenditures for Measure B by the district as part of our responsibility to the taxpayers and also because the mass of financial documents the district presented to us at our quarterly meetings were difficult to comprehend. There was no way to know **why** the spending reported in the documents was being drawn from Measure B funds instead of from the General Fund.

The independent audit concluded that the expenditures were appropriate. However, the members of the COC were surprised by the disproportionate amount of money being spent on classified staff, totaling over 80 % of the entire amount of spending. The independent audit showed that Academic expenditures dropped from \$6.3M in 2014 to \$1.4M in 2016.

Simultaneously, Classified costs, including benefits, increased from \$750k in 2014 to \$6.6 M in 2016.

Both the excessive amount of money going to classified staff and the nature of the positions being funded out of Measure B caused great concern among the committee members. We were not clear how the spending linked to the intent of the bond language.

As a member of the committee, I am still not clear about the following:

1. What are the goals at the colleges for Measure B spending and have any of those goals been met? What has been the progress in meeting those goals?
2. What exactly has changed in terms of offerings or services for students since Measure B money began flowing to the colleges?

My fellow committee members also were questioning whether the Measure B funds were being used as the voters intended. Our Chairperson, Michael Mills, gave an excellent presentation to the Board of Trustees on February 27, 2018, outlining our concerns. Michael has been a very active and strong voice during this process, unafraid to ask questions and to push for information needed. The language of the Parcel Tax Measure states: "To provide College of

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Alameda, Laney College, Merritt College and Berkeley City College secure funds that cannot be taken by the state, and support affordable college education including: providing core academic programs including math, science and English; training students for successful careers; and educating students to transfer to university..." The COC is hoping Measure B expenditures in the future will more closely align with the language and intent of the bond.

I am also hoping that the Board of Trustees, the people we elected to hold fiduciary duty for the district, will look very carefully at the Measure B spending over the next two years, ask questions and demand answers if they are unclear why Measure B money is being used to fund something.

Another area in which District spending has caught my attention is the managing of the OPEB Bonds. The Retirement Board is soon going to relieve the district CFO from dealing with the OPEB Bonds by hiring a person to work directly for them as Executive Administrator to the Retirement Board of Authority. The salary for that person will come out of OPEB funds, and our three (retiree) advisory representatives on the Retirement Board think it is a necessary position. My biggest concern is that there is no voting member of the Retirement Board that is neither a district employee nor a Board of Trustee member. Every single person on the Retirement Board that has any authority is directly linked to the district. I think it would increase the integrity of the Retirement Board and give a valuable "outside" perspective on the management of the OPEB Bonds if there were voting members on the Retirement Board that were not directly connected to Peralta.

As always, PRO continues to pay close attention to Peralta retiree health care concerns. We are still communicating with the district about crossover billing (only an issue for CoreSource users) which seems to be a communication gap between Anthem Blue Cross and Medicare. I recently attended several of the district's workshops on medical benefits. Cheryl Meares from the Benefits Office indicated that it was extremely important to let Medicare know that Anthem Blue Cross is a secondary coverage and to

ask any provider if they are **contracted** with Anthem Blue Cross which apparently is a different question than whether they accept Anthem Blue Cross.

For any questions or problems retirees have concerning their benefits, Ms. Meares said the best way to get a response is by emailing the Benefits Office at benefits@peralta.edu. Recently a dependent of a retiree wrote to the Benefits Office and cc'd PRO about a six -month frustration of trying to resolve a CoreSource payment. This was the first time the person had involved the Benefits Office. Within two weeks the whole matter had been resolved, so I highly encourage all of you to try emailing the district Benefits Office as soon as you feel you need help. I think we may be in a new era of receiving support from the Benefits Office.

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Peralta Retirees Organization

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Volume 14 Number 3

Understanding Cognition and Aging—Be Active

By Becky Stone

Where did I put my keys again? What is the name of that restaurant I like? I know I came into this room for something! When did these stairs get so steep anyway? Wait ... that movie came out the same year I retired, I know this...it's on the tip of my tongue...

Aging itself is neither good nor bad. We all encounter aging no matter what we do, so long as we are fortunate to live long enough. The question is not will we grow older, but how will we engage the process?

While I was working at Peralta I taught a class called "Improving Cognitive Skills." The students in my classes were either recovering from various types of brain injuries or had been diagnosed with specific learning disabilities. I had a background in biological science and in Speech Pathology. The class was a pleasure to teach and consisted of lectures followed by laboratory exercises designed to strengthen cognitive skills. During my 22 year exposure to all kinds of cognitive challenges, I learned a great deal about the brain, the mind and cognition.

The first thing that became clear was the amazing resiliency and plasticity of the human brain. Some cognitive traits are built into the brain, but the vast percentage of what we experience through our nervous system is constantly being rewired in response to environ-

mental and internal experiences. This process does not stop as we age. You CAN teach an old dog new tricks. In fact, learning "new tricks" is an essential ingredient in productive and satisfying aging. For example, consider the chart below.

On the other hand, there are some inevitable cognitive changes that occur with time. These changes usually occur slowly and are subtle.

The most consistent change is decreased speed of cognitive processing. This takes the form of greater difficulty with multitasking and a decline in the ability to keep multiple pieces of information in the mind at the same time. These skills are critical to safe driving. Every time you calculate a tip in a restaurant you call on this skill. It is called working memory.

Another thing to keep in mind is that you won't remember if you aren't paying attention. You can improve memory simply by checking in with yourself to see if you are paying attention. Meditation improves attention. Choosing tasks that require you to remain present to complete them strengthens



Becky Stone

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Activities Associated With High Cognitive Function In Older Adults

Intellectually Engaging Activities

- Discussion groups, reading, playing bridge, playing musical instruments, puzzles, using the computer, hobbies and crafts
- Voluntary activities that are complex such as mentoring or planning worthwhile projects
- Taking a class or teaching one
- You choose something you enjoy

Physical Activities

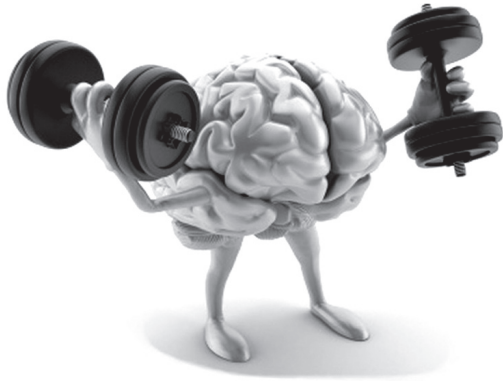
- Exercise, especially that which improves cardiovascular health
- Gardening
- Dancing
- You choose something you enjoy (maybe not skydiving)

Social Engagement

- Traveling, cultural events, museums, lectures, concerts
- Socializing with friends and family
- You choose something you enjoy

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attention. That being said, some forms of memory will decline. Rapid recall of specific facts such as names becomes more difficult than other forms of memory which come embedded in contextual or other associative cues. For this reason I always try to make consistent and efficient use of a small spiral notebook and the electronic memory keepers on my



phone to support my unreliable explicit memory. If post-it notes and the like are over used, they become ineffective. A system for making new notes and disposing of the older ones plus routinely checking on lists and reminders is essential. Patience and a sense of humor is required.

Remember that the brain is a body part. Take care to get exercise, good nutrition and adequate rest. Naps are a good thing. Be very careful with medications. Make sure your doctor knows everything you are taking and how much. Know the side effects and the interactions of your medications. Then, onward into our brave new world.

Becky Stone was a DSPTS instructor at Merritt College and the College of Alameda beginning in 1987. She retired in 2009 and continues to enjoy life in Oakland with her husband and family.

The Peralta Retirees Organization (PRO) & The Peralta Federation of Teachers Present Medicare and District Benefits Workshop

When: Tuesday, April 24, 5:00 – 7:00 pm

**Where: Peralta Federation of Teachers Office
555 E. 8th Street, Oakland, CA**

– Light refreshments will be provided –

**RSVP by April 23 to PFT 510-763-8820 or
union@pft1603.org**



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Alex Pappas: My Turkish Kismet

As a Greek-American, I never dreamed I would marry a Turkish woman. But in 1997 I met my wife, Füsün, at a Gestalt Seminar in Turkey and both our lifelong bachelorhoods were inevitably to come to an end: we married in Oakland in 2002. At the time we met, she was a professor of counseling psychology at Ankara University. Ironically, in the 1970's she studied English at Holy Names College in Oakland for 8 months before going to Michigan State for her second masters.



Alex and Fusun at the family summer house near Lake Sapanca (their Tahoe), 70 miles east of Istanbul.

I enjoy living in Turkey seven months of the year, especially in Istanbul with its wonderful ferryboats between Europe and Asia. Culturally and geographically, Turkey is so much like Greece. I feel very much at home. I find the people exceptionally polite especially to senior citizens. For example, I am always offered a seat on the crowded buses I use, often by middle age women. I used to try and refuse, to no avail. Twenty years have slipped by since coming to Turkey and I no longer refuse a seat!

People regard Greeks as their brothers and sisters. Take away the language differences of the people of the world, and we find a common substratum of values and compassion that politics often undermine. One way this has manifested is a cookbook written collaboratively by two women, one Turkish, one Greek. It turns out there are over 500 Turkish and

Greek words that are identical.

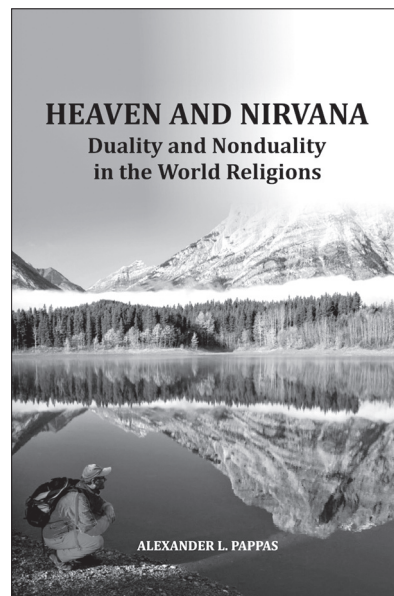
The sea and me. The wonderful Aegean and its islands and coastlines are a blessing whether one is in Turkey or Greece. I loved visiting the ancient sites in Turkey despite the fact that many of the relics are in the British or German museums. There really is a Troy, Ephesus, Gordian and its knot, etc. It is also somber to visit less ancient sites such as Gallipoli where almost a million men died, roughly half on each side during that one year struggle of the first world war — madness that is still going on.

My book. One of my subjects at College of Alameda was 'The Religions of the World.' I was always frustrated that none of the available texts gave fair air time to the nondual traditions. My wife said stop complaining write one yourself. It took ten years but it is published and available on Amazon: **Heaven and Nirvana – Duality and Nonduality in the World Religions.**



Alex Pappas

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Heaven and Nirvana: Duality and Nonduality in the World Religions
Paperback –
May 14, 2016
by Alexander L Pappas (Author)
812 pages

(My Turkish Kismet..Continued from page 5)

Lecturing in Turkey. I became friends with Saleh Akdimer, a wonderful human being who also happened to be a professor of religion at Ankara University. On two occasions Saleh asked me to speak to staff and interested students. It was quite an honor. Unfortunately, Saleh unexpectedly passed on a few years ago. He had traveled to India as I have done many times. We had a strong bond over our universal view of psychological and spiritual development.

Study group. I led a comparative religion study group for three years. This came about because, by ‘chance,’ I met a Turkish professor (Tansu) in Berkeley who was a Fullbright scholar. Ironically, his field is ancient Greek! He was interested in my views about nonduality and the like. Six months later, Tansu called me in Ankara, where we live some of the time, and said that I am to give a talk at the Yoga Center the following Tuesday! A command performance with no warning. I agreed. Another person who was my translator (half of the 30 attendees did not speak English) had a difficult time with so many of the terms I used. Suddenly, a woman walked over and said she would do the translating. She (Zera) did a great job. No wonder as she was a professional translator for the Turkish government as well as having traveled to India and its ashrams. She wanted more teachings so I suggested a study group at her home. Soon we had a group of ten women fluent in English and two men, Zera’s husband and me. The group last for about three years. I met Saleh through one of the members. What a wonderful experience and way to make new friends.



Coastal city of Side



Sunset in southern coastal city of Side which was the most important ancient Roman port during its time.

Politics. When I am in Berkeley, I am always asked if I am impacted personally by the Turkish government. My answer is no. As an American who doesn’t speak Turkish (but I can read a menu!) I am not a threat to President Erdogan whom I perceive as a very smart and efficient person who runs the country very well. Unfortunately, since the July 2016 coup attempt, allegedly by the followers of Gulen (who lives in Pennsylvania), democracy has suffered a great deal in Turkey as, I am sad to say, it has in the US today.

Religion and politics. Turkey is a house divided. The followers of Ataturk, Erdogan’s main opposition, strongly believe in a complete separation of Church and State. Erdogan’s party tends to incorporate a much more inclusive policy of the Muslim tradition, but it is not a theocracy. It is interesting to compare the political divide in the US with the one that is playing out today in Turkey. Another important point is that external fights with the Kurds keep the country united at the moment.

Alex Pappas taught Business and Economics at the old Merritt College from 1961 to 1970. He transferred to COA in 1970 where he taught Psychology and World Religions. Alex joined the PFT in 1970 and was chair of the Fringe Benefits Committee until he retired in 1993. He taught part time at COA until 2008, primarily in the outreach program at the senior citizen center. Alex notes: “As a Gemini, I have two BA’s and MBA/MA in different fields.”

The New Shingles Vaccine: What You Should Know About Shingrix

The CDC now recommends this vaccine for its strong, longer-lasting protection

By Diane Umansky

Consumer Reports

Last updated: January 25, 2018

Today, the Centers for Disease Control and Prevention made its formal recommendations for the use of Shingrix—a new vaccine that appears to offer significantly better protection against shingles, a blistering skin eruption that typically affects people older than 50.

Shingrix is the first new shingles vaccine in more than a decade and only the second to ever be approved (Zostavax was the first) by the Food and Drug Administration.

In October the Advisory Committee on Immunization Practices, or ACIP, came out with three major recommendations for Shingrix, and the CDC officially accepted them.

Now the CDC is recommending that Shingrix—a two-dose vaccine—be given to people starting at age 50, a full 10 years earlier than its advice for getting Zostavax.

The CDC also recommends that people who have already gotten Zostavax should now get Shingrix as well and that Shingrix is officially the preferred vaccine over Zostavax, a single-dose vaccine. Those who've had shingles, which occasionally recurs, should also receive Shingrix.

“This looks to be a vaccine that will provide substantially long, persistent protection,” says William Schaffner, M.D., a consultant to the ACIP and a professor of medicine in the division of infectious diseases at Vanderbilt University School of Medicine in Nashville, Tenn. “The body responds to Shingrix

much more strongly, compared to Zostavax.”

Marvin M. Lipman, M.D., Consumer Reports' chief medical adviser, notes, “Shingrix should replace Zostavax because the benefit/risk ratio, at the present time, strongly favors Shingrix.”

Zostavax maker Merck, meanwhile, says in a statement that “we believe that a single shot of Zostavax will continue to play an important role in vaccination to help prevent shingles. . . . Consumers should talk with their healthcare providers or pharmacists about each vaccine's profile (ie, single dose versus two doses) and make the decision on which vaccine may be best for them.»

Here's what you need to know about the new vaccine and the new recommendations:

Why a New Shingles Vaccine?

Did we need a new shingles vaccine? To answer that question, it helps to have a bit of background on this infection.

Shingles, which is also called herpes zoster, occurs when the chickenpox virus (varicella zoster), which is dormant in those who've had the illness, reawakens later in life. Almost all adults older than 40 carry the chickenpox virus—and the older we get, the more the risk of getting shingles climbs. According to the CDC, the infection strikes about 1 million people in the U.S. each year and nearly one in three adults will experience a bout of shingles in their lifetime.

The two to four weeks of shingles, marked by symptoms such as a blistering and painful rash on one side of the body, can be difficult enough. But about one in five people with shingles go on to develop postherpetic neuralgia, or PHN, which is nerve pain that can linger for months or even years.

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Since 2006, we've had Zostavax—approved for those between 50 and 59 but recommended by the CDC for adults 60 and older—as the sole bulwark against shingles. Zostavax offers 70 percent protection against shingles for people between 50 and 59 but only 18 percent in people 80 and older, according

study period and cut PHN risk by 86 percent.

There are key differences between the ways Shingrix and Zostavax are designed. The new shingles vaccine contains an adjuvant, a substance that boosts the immune system's response. This may be what makes Shingrix both more effective and longer-lasting, says



Almost 1 out of every 3 people in the U.S, will get shingles, and many of these people will continue to

have severe nerve pain, even after the rash clears up.

to the Pink Sheet, which reports on the pharmaceutical industry.

When all ages are taken into consideration, Zostavax cuts the chance of shingles by only 51 percent and the risk of PHN by 67 percent.

In addition, Zostavax's effectiveness appears to last just five years, according to the CDC. And research presented in the fall at IDWeek, an annual meeting for infectious disease professionals, suggests that Zostavax may actually wane after only three years.

The Shingrix vaccine (whose two doses are to be given two to six months apart), according to the CDC, offers 97 percent protection in people in their 50s and 60s and roughly 91 percent protection in those in their 70s and 80s. And it appeared to retain similarly high effectiveness throughout a four-year

Schaffner at Vanderbilt.

As with Zostavax, the recommendation is that those who are or will soon be on low-dose immunosuppressive therapy (such as less than 20 mg a day of the steroid prednisone), and those who have recovered from an illness that suppresses the immune system, such as leukemia, can get the vaccine.

Right now, Shingrix is not recommended for older adults who are immunocompromised or are taking moderate to high doses of drugs that suppress the immune system.

But because the new shingles vaccine contains a nonliving viral particle, it may ultimately be deemed appropriate for those with compromised immunity. (Zostavax contains live—although weakened—herpes zoster virus, so those with significantly weakened immune systems should not receive it.) The ACIP will review data on

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(**Shingles...**Continued from page 7)

Shingrix in these groups as it becomes available.

“Shingles is a big problem with immunocompromised people,” Schaffner says.

Those who are severely allergic to any component of Shingrix should not get the vaccine, and anyone with active shingles should wait until symptoms resolve. The vaccine hasn’t been studied in pregnant or breastfeeding women.

Can It Cause Side Effects?

Like every vaccine, Shingrix has the potential for side effects, although so far, none seem particularly worrisome. The new shingles vaccine does appear to be more likely to cause pain during injection and at the site of injection for up to three days afterward than Zostavax does.

In clinical trials, the side effects also included injection site redness and swelling, muscle pain, and immune system responses such as headache, shivering, fever, and upset stomach. Most, according to GlaxoSmithKline, its manufacturer, lasted less than three days.

Though Shingrix was tested on some 16,600 adults in clinical trials, its real-world use has been limited.

The company will be conducting additional safety and efficacy studies over the next few years, and the CDC will be monitoring any adverse events that are reported.

“As with any drug that’s approved on the basis of studies in only thousands, in contrast to millions after approval, strict post-marketing surveillance studies have to be agreed upon, with severe penalties for irregularities,” says CR’s Lipman.

Availability and Cost

According to Schaffner, it’s anticipated that deductibles and co-pays aside, private insurers will probably cover the cost of Shingrix—which is \$280 for the two shots. That’s what insurers generally do with Zostavax (which costs \$213 for those who have to pay full price, according to the CDC).

However, it may take a little time for all insurers to do this, he says, and Medicare, he notes, may take longer. What’s probable is that like Zostavax, Shingrix will be covered under Medicare Part D. That has posed coverage challenges for some consumers.

Ed Note: PRO will research and report in a future newsletter on what coverage exists for retirees.

Why Do We Need A Shingles Vaccine?

Once shingles develops, the available treatments do not prevent PHN

Antiviral therapy

- Modestly shortens duration of rash if initiated early.
- **Even early treatment does not prevent PHN**

Corticosteroids

- Decrease severity of acute pain
- **Do not reduce the incidence or severity if PHN**
- **Side effects and toxicity argue against use**

Pain medications

- **Even narcotics have limited effectiveness against chronic neuropathic pain (i.e., PHN)**
- **Side effects are troublesome, especially in elderly patients**



(From the President...Continued from page 2)

On April 24, Bruce Jacobs will be doing his annual Medicare and District Benefits workshop co-sponsored by the PFT (See page 4 for more details.) Anyone who has attended can attest to the wealth of excellent information and clear explanations given. If you know anyone who has any questions about how Medicare and district benefits intersect, please encourage them to attend our workshop.

Finally, and at the risk of sounding like a broken record, PRO is in desperate need of more people to get involved both with the Board and with some of our committees. We have two vacancies on the Board, several committees (Scholarship & Membership) are without any chairs, and several of our Board members have or plan to cut back on their leadership roles. If PRO disappears due to lack of new energy, the work, strength and reputation of our organization will vanish. For PRO to continue, some new folks need to get engaged. I can't put it any more bluntly.

IN MEMORIAM

The following Peralta retirees have passed away during the last months. PRO extends our deepest condolences to their families and loved ones.

**Maureen Knightly
Lloyd Moffatt
John Steiner**

If you have any information about the passing or the serious illness of a Peralta retiree, please contact Helene Maxwell at: helenemaxwell3@gmail.com or by writing to PRO, 1250-I Newell Ave., #162, Walnut Creek, CA 94596

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