



## RETIRED PUBLIC EMPLOYEES ASSOCIATION Chico Chapter 077

### AUGUST 2020 NEWSLETTER

#### *Mission Statement:*

*We are active and retired California public employees working together to maintain and improve the quality of the lives of our members by protecting and improving our earned retirement, medical, and other benefits.  
RPEA represents the rank and file retired public employees.*

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#### JOIN YOUR CHAPTER 077 MEMBERS FOR A TRIAL ZOOM MEMBERSHIP MEETING!



**THURSDAY, AUGUST 6 – 11:30 A.M.**

You will receive an email from RPEA Headquarters on the Monday or Tuesday before the meeting with the information below:

**How to join the virtual meeting: Join by Zoom or by phone**

**Date:** Thursday, August 6

**Time:** 11:30 a.m.

**Option 1:** Click on this link: [Join Zoom Meeting](#)

**Enter ID:** 325 908 2109

**Option 2:**

**Phone, dial** +1 669 900 6833

**Enter Meeting ID:** 325 908 2109

Then just wait to be connected!

If you do not receive the email, it means that RPEA Headquarters does not have a current email address for you, AND you can still join by doing the following from a computer, iPad, or Tablet.

Go on the internet to [www.zoom.us](http://www.zoom.us); in the upper right click on "Join a Meeting"; type in ID# 325 908 2109. (Pro Tip: Being on a tablet or computer is better than a phone because you can see the presentation and people's faces).

Lance Brogden, RPEA/AMBIA Liaison, has agreed to host our Zoom meetings until we can safely attend in-person meetings. Chapter 077 doesn't usually hold meetings in July and August, but this August 6 Zoom meeting is an "experimental" one to get everyone comfortable about staying connected via Zooming!

#### MESSAGE FROM ROGER KLAVES ASSISTANT AREA II DIRECTOR (Written 6-28-2020)

Howdy displaced Paradise 074 Lunch-bunchers! Just a monthly note to say we are still in "suspended" mode for some time to come. If you're living close to Oroville or Chico, you'd be welcome at either chapter although they're not meeting at this time due to COVID-19. Today I got my current issue of the RPEA State newsletter. COVID-19 is the operative word for most of the articles. I'm seeing in recent issues of the *Sac Bee* that folks like me that have Long-Term Care insurance will see a rise in premiums beginning in July, 2021 because care homes and assisted living places are being hit so hard by COVID-19. PERS has suspended enrollment in the program. The ongoing saga of the LTC lawsuit that started in 2013 is up for trial preparations this coming September. PERS State worker and retiree health insurance prices will experience a "modest" 4.4% increase in 2021. CalPERS retiree representative and board member Margaret Brown is suing board chair Henry Jones for what she says was retaliation for her allegedly using the CalPERS name and logo for campaign purposes. This is illegal. She is up for reelection next year. We will see how this comes out. Note to Oroville and Chico chapters: Headquarters reminds chapters if they haven't recently chipped in any money for the Headquarters building maintenance fund, said monies would be welcome any time.

#### LEGISLATIVE REPORT – By Mary Kowta

California's current legislative session has been disrupted twice by the Coronavirus. Now the lawmakers' hope is that July 27 will be the date to rejoin and resume the State's important business. Hundreds of bills await their attention. Democrat leaders are suggesting that they pull a number of bills and limit hearings to enable the process to move as efficiently as possible. The session deadline is August 31. According to the *Sacramento Bee* (7/19), both Senate and Assembly will reduce policy committee hearings to just one during the final month of session. The bills that make it through the process will be voted on during floor sessions from August 17 to the 31st.

The legislators will observe best health practices of distancing, wearing masks, and only solo trips in the elevators.

## LEGISLATIVE REPORT (Continued)]

Here is an interesting side note: Danielle Diele, granddaughter of our RPEA member Dolores Campbell and the late Hugh Campbell, was awarded a coveted internship for this year, serving in the office of Assemblyman James Gallagher. She is currently working from home in Merced where, nonetheless, she is knee deep in the politics and practices of legislative activity. Mr. Gallagher himself served as intern to Doug LaMalfa in the same office prior to entering law school. Danielle is a grad of Cal Poly SLO, with a distinguished reputation in both Future Farmers of America and academics. I recommend her as a future luncheon speaker!

### Budget Issues

The financial analysts are busy calculating tax monies as they come in, and so far they are encouraged that these funds will aid schools, social services, and health care. There are high hopes in Sacramento that federal funds will become available to make up for the shortfall due to the Coronavirus.

### Pension news

CalPERS reports 4.7% return on investments for fiscal year 2019-2020. Not great, but CalPERS says not to worry! Meanwhile, we should all be wary of those who attack California's public pension system. As Jim Gregg always tells us, "Don't sign any ballot petitions outside the supermarket." Hmmm, maybe the Coronavirus has ended that practice!

## HEALTH BENEFITS REPORT – By Al Raitt

### “Possible Prepublication Preview”

*“This month's newsletter article is the copy of an email sent to other Statewide RPEA members during an email argument about the federal government's response to the current pandemic. Several members of the Health Benefits Committee (of which I'm a member) took it upon themselves to forward the email to the editors of the Statewide bimonthly newsletter for possible publication in the July/August edition. I have no idea if that will happen, but either way I wanted to share this with members of our own chapter. If you happen to see it again in the Statewide newsletter, consider this a preview.”*

Fellow retirees,

As a physician who has studied the 200+ year modern history of epidemics and world-wide pandemics, and as a 13-year member of the RPEA Health Benefits committee, I would like to add some context to the current conversation about the appropriateness, or lack thereof, of injecting diverse political views into the discussion.

The roles of government and medicine have historically remained constant during pandemics. Governments around the world have ALWAYS (with a few notable exceptions) demonstrated phases in their response. Phase one is to attempt to keep awareness of the spread a secret from the general population. The rationale often given is that there is a desire "not to scare the people;" however, in retrospect, it turns out that the major motivation of those at the highest levels of government was their own political survival. This applies to all the governments on the planet be they led by dictators, monarchs, democratically elected (whether "conservative" or "liberal") or others. A notable exception was the pandemic of

1918. This became known as the "Spanish flu" because all governments except Spain decided to keep the early phase a secret (eventually 50 million people died worldwide). People in other countries learned the truth about what was actually happening by reading the Spanish newspapers, so it became known as the "Spanish flu." (Years later, when it became possible through scientific means to learn the actual source, it turns out it began when the virus from a pig infected a young man working on his father's pig farm in Kansas. He joined the US Army during the World War I and infected soldiers who were subsequently sent to Europe. From a single case to 50 million dead. That is how vicious pandemics can be!

The second phase, after word begins to spread about what is really happening, is to try and minimize the problem. To make statements about how small the problem is and that there is nothing to worry about. The reasons for this include "so people won't be so afraid."

The third phase, as the contagion spreads more widely, is to blame "others" for the problem and to take as little responsibility as possible.

The primary motivations for these responses are self-preservation, political survival, and retention of power. Members of government are more concerned about themselves than they are the safety, well-being, and concern for the population as a whole, and they thereby allow people to become ill and die in order to retain their political power. In a sense, this is an "inwardly-directed motive." The effort is directed towards themselves--not to those beyond themselves. And, remember, this has happened repeatedly in almost all countries around the world for centuries. For many of us the Coronavirus is the first true pandemic we've experienced, so we see the reaction of our leaders as novel; but it's not. It's usual, uniform, and highly predictable. They've always done it. They're doing it now; and there is, therefore, a very high probability that they will do it again next time!

The medical public health community begins focusing from the outset on the causes and treatments of pandemics and then prevention of recurrence. It is an apolitical approach concerned primarily on the population as a whole and how many people can be saved from illness and death. In this sense it is an "outwardly-direct motive." The effort is directed toward others than themselves. The main reason this group is referred to as "The Public Health Program" is that its main focus is on the "public" good, the population as a whole--not just the "private" or the "individual."

It's easy to understand, then, the conflict that exists between the "political" and the "public health" players in a pandemic drama. They inherently have different priorities, and often the public health recommendations are seen as a threat to power by the political element. However, because the political players have greater governmental power, they often try to delay or contradict information coming from the public health sector. This inhibits, if not outrightly prevents, implementation of policies aimed at preventing the spread of disease and amelioration of suffering and death. The struggle is often described as involving "politicization." This is a red herring when it becomes a discussion about "conservative" and "liberal" values, because the greater issue is the distinction between the "political" and the "public health" values; so I would implore those speaking for or otherwise representing RPEA, to resist the temptation to become part of the "conservative" and "liberal" argument and instead focus on the greater issue of "political" and "public health" matters.

The need for this was brought home even just today (July 5, 2020) when a high-ranking member of the FDA stated publicly that he was not going to "take sides" in the request to "decide who is right and who is wrong" about the political decisions currently being made with regard to "open more quickly or more slowly." He is clearly not going to "take the bait" of being invited into the "political polarization" argument; but instead, is simply going to present just the "public health facts." Period! In doing so, he emphasizes the distinction between what is "political" and what is "public health."

To be of greatest service to the members we serve, I would ask those in the RPEA governing body and committees to adopt this same approach when sharing both factual information or opinion. Thank you!