

Happy St. Patrick's Day!!!



## RETIRED PUBLIC EMPLOYEES ASSOCIATION Chico Chapter 77

### MARCH 2018 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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### MEETING ANNOUNCEMENT

THURSDAY, MARCH 1, 2018 - 11:15 A. M.

Manzanita Place (Chico Elks Lodge)

1705 Manzanita Avenue, Chico - (Lunch cost: \$15)

**SPEAKER: Jerrod E. Sieberg**

California Department of Motor Vehicles (DMV)



**TOPIC:**

***“Senior Driver Ombudsman Program”***

Jerrod Sieberg has been with DMV for over 20 years and a Senior Driver Ombudsman since 2015. In this position, it allows him to act as a “go between” for the people of California with a particular specialty in helping senior drivers. He developed a strong rapport with drivers over 65 and made sure that, if at all possible, they could continue to drive in California.

### MEMBERSHIP REPORT – By Margaret Ballinger

You know what? Every time you read a newspaper or bulletin or even some anonymous articles, it’s right in front of you that “PUBLIC EMPLOYEES ARE OVERPAID, AND YOU THE TAXPAYER IS PAYING FOR THIS.” Well, that is not ALL true! And, by the way, do you read these articles, maybe even a portion of them, or just skip over them? Hopefully, you do read them, or at least a portion, and this helps keeps you up to date on what is going on.

Recently some information was received from our Sacramento office, and set forth below is a portion of it: Some people believe that TAXPAYERS FUND THE TOTAL COST OF PUBLIC PENSIONS. The largest portion comes from CalPERS investment dollars, with additional funding from employee and employer contributions. Workers currently contribute up to 15.25% of their paychecks to help fund their own pensions. The CalPERS Pension Buck illustrates the sources of income that fund public employee pensions. Over the past 20 years, ending 6/30/17, for every dollar CalPERS pays in pensions, 61 cents comes from investment earnings, 26 cents from employer contributions, and 74 cents out of employee contributions. In other words, 74 cents out of every public employee pension dollar is funded by CalPERS own investment earnings and member contributions.

This information is not always made known to the taxpayer, and maybe YOU can point this out to anyone who continues to insist that they (THE TAXPAYER) are paying for our pension. Hopefully this gives you something definite to work with when discussions on pension costs arise.

## LEGISLATIVE REPORT – By Mary Kowta

Our lawmakers have been occupied with bad behavior in their ranks; but fortunately, some had time to listen to 1500 demonstrators who recently visited the Capitol to voice their concerns on San Joaquin Valley issues: health care disparities, lack of clean water, poor nutrition, and overwhelming childhood poverty. Yes, this is one of the richest agricultural areas in the nation. Something to ponder as we enjoy our salads!

The California Primary Election will be on June 5. At this time, none of the qualified measures or initiatives concern pensions, but there is still time--so be wary of signature gatherers.

Early this month it was reported ([aashtonsac.bee.com](http://aashtonsac.bee.com)) that California public pension funds may lose significant participation from charter school organizations. The Aspire group (36 schools, classified employees) is exploring withdrawal from CalPERS as it considers establishing its own pension system as a cost-saving strategy. Other groups rejected CalPERS in favor of their own less costly pension systems. Currently, 10% of California public school students attend charter schools. This represents the growing "school choice" movement.

## HEALTH BENEFITS REPORT – By Al Raitt

The article this month will be a bit different because I want to share with you a personal medical experience in hopes that it could be of benefit to you or someone you know. In these newsletter articles I have typically provided information about items discussed in the latest CalPERS Stakeholders meeting in Sacramento having to do with legislative, policy, or procedural issues related to health benefits. I trust that you have found these articles helpful. However, I missed the last meeting (Thursday, Feb. 8) because I was in a hospital bed that afternoon having an unanticipated and hurriedly-scheduled heart catheterization to see

if the cause of six weeks of chest discomfort and shortness of breath could be determined. It was a 95% blockage of a major artery supplying blood to the front of the heart (dubbed "the widow-maker" by the cardiologists because it is often the cause of sudden death). It was dealt with by putting a "stent" (expandable tube) through the small opening remaining in the blocked area and enlarging it to flatten the blockage up against the inside wall of the artery and to create an opening allowing usual blood flow to once again occur. Since then (it is now Sunday, February 11) there has been no further chest discomfort; and although there is some residual shortness of breath (mostly when I'm trying to get back to bicycling or doing water aerobics classes), I'm hoping that will decrease after I have been participating in the "cardiac rehab program" (a medically supervised exercise program) for a while.

You may recall Dr. Peter Magnusson, Medical Director of Cardiac Services at Enloe Medical Center, doing a presentation to our Chapter 077 meeting in January 2017, about the many facets of cardiac care and the fundraising efforts for an expanded Cardiovascular Care Center. Little did I realize then that a year later he would be successfully performing my procedure, and I now feel a closer personal connection to that program.

Lastly, and most importantly, I wanted to share in this way as a means of conveying an important part of this experience: Should you or someone you know begin experiencing "something strange" happening in the chest, even if it's hard to identify precisely but is "I just don't feel good somehow," tell yourself or your acquaintance to "GET THAT CHECKED RIGHT AWAY. DON'T WAIT!" Even if it doesn't feel intense or severe, "GET IT CHECKED!" It may be nothing serious (in which case, by the way, medical people will NOT think that you are bothering them unnecessarily); or, as it was in my case, you might be only 5% more blockage from a sudden, fatal event. And, if that were to happen, you probably won't be attending any further RPEA Chapter meetings, and we'd like as many members as possible to keep coming!