

## On the Run

Bill Powers

As a child and young man I was haunted – taunted – by an advertisement that seemed to be in every comic book and magazine I read.

There, virtually exploding off the page was a muscular man who had just kicked sand in the face of a “97-pound weakling.” The pathetic victim’s lady friend, sneering at her puny companion, walked off with the muscle-bound guy.

I was that “97-pound weakling.” I could have posed for that ad, only I had thick glasses as well as protruding ribs and scrawny arms and legs. My heart went out to the “weakling,” as I quickly turned the page lest one of my friends see what I was looking at and make some cruel comment.

The ad, of course, was for Charles Atlas’ body building course. In the scenario presented in the magazines, the skinny guy goes home, takes the course, and returns to the beach to beat up the muscular guy and reclaim his girlfriend. Wow! What a wonderful outcome.



Only it didn’t happen that way with me. Not for another 30 years anyway.

I continued on my nerdy way, fearful of asking girls out, self-conscious in a bathing suit, the last guy completing routines in gym class. Wheaties, Breakfast of Champions, was a fraud.

Then when I was in my forties, I joined the increasing army of people who responded to President John Kennedy’s physical fitness challenge and began “jogging,” or as we harriers prefer, “running.” Jogging sounds so leisurely. Now *running*, that’s he-man stuff! Let’s see that muscle-bound Charles Atlas beat me in a 5K race.

Eventually, I also joined a gym, once again following a growing trend. One thing 97-pound weaklings learn is: never be a leader. It’s much safer following the crowd.

At first, the exercise machines were intimidating. And, there was that muscle-bound guy again, this time he was casually adding 50-pound weights to the bar bells and “bricks” to the various machines. Then, oh my God! He walked over to where I was struggling with an arm curl machine. I started to sweat. He looked at the light weights with which I was stressing my sorry excuses for muscles. He shook his head. But this time, instead of kicking sand in my face or even sneering, he said in a kindly voice, “Way to go; your form is good.” I could have kissed his tattoo. Continued on page 3.

## Why You Need the Shingles Vaccine

By Frances S. Hilliard, RN, MS

Shingles (herpes zoster) is a condition caused by *varicella zoster*, the same virus that causes chicken pox. Once you have had chicken pox, this virus can remain dormant in your nervous system for many years. For reasons not clearly understood, the virus may become activated and cause you to have shingles. Conditions that can cause your immune system to function less efficiently increase the chances of getting shingles. These conditions include advancing age, physical/emotional stress, and chronic diseases (especially cancer).

Shingles is characterized by a painful, blistering skin rash that usually appears in a band or strip on one side of the face or body. The infection is particularly dangerous should it involve the eye area, potentially causing vision loss. Patients often describe the associated discomfort as intense burning or painful itching, and the pain generally lasts from two to four weeks. Some patients go on to develop a highly painful and debilitating condition called post herpetic neuralgia, which can cause chronic pain long after the rash has cleared up. Once you have shingles, treatment options are fairly limited and mostly directed at reducing discomfort.

The shingles vaccine (Zostavax) is the only way to lower your risk of getting this condition. The vaccine is currently recommended for patients sixty or older. Even if you think you’ve never had chicken pox, you should still receive the vaccine. (Studies have shown that 99% of Americans over forty have had chicken pox, although many don’t remember having the disease.) And if you’ve already had a case of shingles, getting the vaccine will lower the chances of getting it again. You should not be given Zostavax if you are allergic to certain antibiotics (e. g., neomycin) or to gelatin; currently have a weakened immune system (E.G., from cancer, chemotherapy, or HIV/AIDS); or take high doses of steroid medications. Talk to your health provider if you have any other serious medical conditions or allergies.

For individuals on Medicare, coverage for the shingles vaccine can be somewhat complex. Unlike basic immunizations (such as flu, pneumonia, and hepatitis B), which are covered under Medicare Part B, Zostavax is covered under Medicare Part D (Prescription Drug Plan). The amount you pay out-of-pocket depends upon several factors, including where you get vaccinated (pharmacy versus doctor’s office) and your specific Part D plan rules. It is important for you to check with your Part D insurer or your Medicare Advantage Plan about these rules before you receive the shingles vaccine.

## Health and Medical Evacuation Insurance While Traveling Overseas

Professor Steve Solosky

If you are like me, travel has become a way of life since retirement. Personally, I have racked up over 650,000 air miles and my passport has been stamped over 75 times since leaving Nassau Community College in 2010. I am sure many of us have had even greater adventures since walking away from the blackboard.

Unfortunately, I've seen my share of sprains, broken bones, and other medical situations while on the road in Europe and South America. My traveling companion suffered from altitude sickness in the Andes, a friend had intestinal issues in Iceland, and a colleague experienced appendicitis on the Amalfi Coast. The importance of having medical insurance coverage for these issues cannot be overstated.

Let's take a moment to discuss the basics of travel medical/evacuation insurance. Please note each insurer's policies are different and it is the responsibility of the policy holder to read and understand the conditions and limitations of coverage.

**Emergency Medical Coverage:** This does exactly what the name implies. It pays for medical expenses related to illness or injury while traveling. Medicare coverage is virtually non-existent outside of the United States, including Canada. According to a telephone interview I had with an Empire Plan representative, overseas coverage essentially equates to domestic out-of-network coverage. Most other domestic policies provide no reimbursement for overseas illness/injury at all.

**Emergency Medical Evacuation Insurance:** If medical evacuation transportation is needed from a foreign country for treatment to the United States, the fees can be astronomical. For instance, I knew a professor who broke his hip in Paris and needed to be medically evacuated to Florida for treatment. The fees were over \$75,000 – all paid with his travel insurance. Please note Medicare or the Empire Plan will not pay for overseas medical evacuation expenses.

So, where does the retiree obtain health and medical evacuation insurance for overseas travel? Some premium credit cards provide adequate coverage. However, it is important to understand the terms and conditions of such insurance coverage. Some of the better on-line resources for overseas travel insurance are Allianz Global Assistance, Blue Cross Blue Shield Travel, or HTH Travel Insurance. Many other good carriers can be found online.

If taking more than one overseas trip per year, it might be worthwhile to purchase an annual policy. The cost of my annual policy, for instance, provides coverage for as many overseas trips as I take per year at a significantly reduced cost compared to paying on a trip-by-trip basis.

*Professor Steve Solosky is retired from the full-time faculty of Nassau Community College. In his 2<sup>nd</sup> career as "The Traveling Professor," he has published the highly-successful "The Traveling Professor's Guide to Paris." He also runs small group tours for active adult travelers to Europe and South America. His website is [www.travelingprofessor.com](http://www.travelingprofessor.com), and he can be contacted at [info@travelingprofessor.com](mailto:info@travelingprofessor.com).*

## RC39 needs member participation

RC39 President Pete Herron

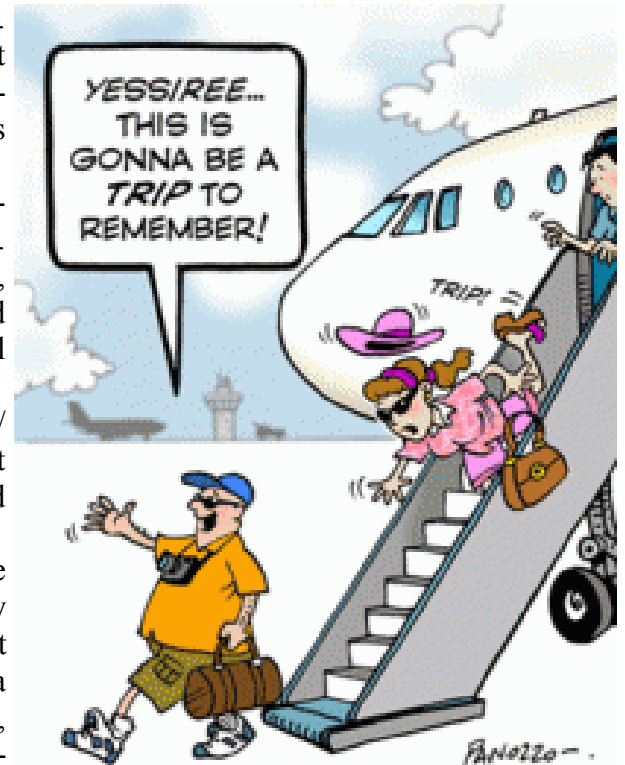
The RC39 newsletter is by and for its members. All members are encouraged to submit (email preferred) an article. The article can be a creative writing piece, something on a retiree issue (union, health insurance, pending legislation, etc.), travel, hobbies, volunteer activities, or what every you think would be of interest to RC39 members.

RC39 needs new leadership. All RC39 deliberations are done by email. Members can request to be placed on the RC39 officer email list. Everyone on the list will be able to participate in all email discussions. Only elected officers will be able to vote. This is a great way to learn what is involved in being a RC39 officer.

You can contact me at [rc39pete@optonline.net](mailto:rc39pete@optonline.net), or 98 Rocky Point Landing Rd., Rocky Point, NY 11778. Looking forward to hearing from you.

## RC39 Website

Check out RC39 website <http://rc39.ny.aft.org/> where you can read recent NYSUT RC39 newsletters, AFT and NYSUT news releases, and much more.



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It's odd. When we're young we want to speed things up so that we become "grown-ups." Then, after a certain age, we want to slow down the process. *Please, I can't be 50, 60, 70, 80....* Believe it or not, I didn't feel that way. Typically, road race results are tallied in terms of 5-year age categories. So, when you are 49, you are competing against those hot shot 45-year olds. Then, when the magic day arrives when you can write "50" as your age on the race application, you become the "youngster," the "kid," in your age group.

Also, there is attrition. Look at race results and you find that the number of participants decreases progressively after age 50. So, there I was, climbing the chronological ladder – 55, 60, 65, 70, 75, 80.... There are so few older participants in most races that the oldest age category is 70+; at times, it's even 60+. I have resigned myself to not being able to compete with youngsters in their 60's. Now my goal is to be the *oldest* in the race. Frequently, it happens. In such cases, I declare myself the winner.

Now, I can't brag too much. I've got to be humble.... There are octogenarians running marathons. The most I've ever run was a 10K. Oh yes, I did once run an 8 mile race between El Paso, Texas and Juarez, Mexico. We went across the international bridge and back. I joke that 1200 of us ran across to Mexico, but that miraculously 1500 of us ran back to El Paso. No one was checking citizenship status. (Don't tell Donald Trump about this.)

On another occasion, in Aspen, Colorado, I ran what was called the "Ducky 5K." The course for us humans was on a path along a river in which hundreds of yellow plastic ducks were bobbing their way down stream to the finish line. Real kooky. Each duck had a runner's number. You could win, either by yourself or by your duck finishing first. My duck sunk half way down, and I almost passed out in the high altitude.

Many races have been on the UNC-Chapel Hill campus. I like running with all the students. My goal used to be to beat some of the overweight coeds who were braving the course. Now, those hefty gals pass me and say, "Way to go, Pop!"

My routine for many years has been to alternate running days and gym days. But even in the gym I run a mile or two on a treadmill. My goal used to be to run a mile in less than 9 minutes. A point was reached when the goal became 10...then 11...now 12. It's humbling. The other day as I dragged my sweat-soaked body from the treadmill, this dear old lady looked at me with admiration and said, "My, how fast you can run. I hope you don't overdo it." I smiled modestly. Actually, she's 88 and pretty good herself with those 6-pound bar bells.

On my bathroom wall is a picture of yours truly streaking along (!) in the "Run for the Roses" in Raleigh, North Carolina, seventeen years ago. I'm wearing "Carolina" running shorts and a sweat shirt; it must have been a cool day. I look at that picture and then in the mirror at myself today. Hmm...

Folks say that running will ruin my knees. I say, "When?" I'm 82 and have not had any joint issues. My daughter, also a runner and plagued with knee and hip problems, insists that the reason is that I didn't start running until middle age; I didn't damage still maturing muscles and joints. Perhaps she's right. However, I attribute it to the fact that I don't overdo it. I shudder at the very thought of running a marathon. Or perhaps it's genes. My parents were great walkers and never mentioned any aches or pains. Then again, they were raised not to complain. There's a lesson there.

At the rate of 20-plus competitive runs per year, I've run in well over 500 races. I don't think Charles Atlas could match that. By the way, the famous strong man was born Angelo Siciliano in Italy in 1892. He came with his family to Brooklyn, New York, at age 13 and changed his name to Charles because it sounded more American. As he became more muscular someone said he looked like the Greek god Atlas; hence his last name. Charles Atlas died at age 80 after his daily jog along the beach, leaving behind a son, Hercules, and a daughter, Diana. A family of gods and goddesses.

Of course, none of us are gods – indestructible. We are frail, limited, destined to stop running sooner or later. Might I be jinxing myself writing in such glowing terms about the lengthy road I've been pursuing? Indeed, by the time you read this my running days may have ended. Knowing smiles may say: *So much for that guy's bragging.*

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**RC39 Newsletter is looking for comments, suggestions and articles from its members.**



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If you have not sent in your voluntary NYSUT RC39 annual contribution, now is as good a time as ever. Just send your check along with the form below to the RC39 treasurer. It is your contributions that enable RC39 officers and delegates to represent you at NYSUT conferences and meetings.

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