



March 7, 2023

Dear Homeowner,

The Board of Directors recently held their quarterly meeting and would like to provide you with an update.

The Board reviewed year-to-date financials and fiscal year end projections. The Association continues to perform well across all entities with both the Club and Lodging Operations exceeding expectations. While some extraordinary expenses are expected – equipment & vehicle repair and increased utility costs – our projections for the Club and Lodging Operations indicate that there may be surpluses which can be designated to the respective reserve funds as well as a potential to offer Lodging Operations participants an added return.

The Board was presented with the preliminary Capital Plan for 23/24 and related 10-year funding projections. Major projects planned (or in preliminary planning) for this season include: front-side deck replacement and stair tower refurbishment at Building 7; terracing the slope behind Building 11 to prepare for future creekside patio replacement; Townhome parking lot asphalt renovation (from L building to G building); and continuing property landscape improvements.

During the coming months these planning factors, and others, will be further analyzed as the budgets for each operation are prepared for the next fiscal year which begins on June 1<sup>st</sup>.

VRC real estate sales continued at a strong pace last year, with 18 units sold in 2022 at prices ranging from \$480,000 (one-bedroom) to \$1,250,000 (townhome). There are currently 3 one-bedroom units on the market.

The Club Committee reported that there are currently 361 outside memberships, and with new procedures to monitor club use we are confident that the facility can comfortably handle this capacity.

The Rental Committee is pleased to report that reservations and revenue are going strong. In the last fiscal year participants received a 6% rebate as well as complimentary spring and fall cleaning and preventive maintenance inspections. Any owner interested in participating in the short-term rental program is invited to reach out to Lindsay Stadler for more information (lstadler@vrcmr.com). Our program remains strong, and the Vail Racquet Club is proud to offer both a valuable service to our owners and an incredible lodging option for our Vail guests.





The Board has decided that the VRC park will no longer be a “no dogs allowed” area, however, it is important to note that any dog in the area must always be on-leash, that owners must be respectful of other park users (i.e. pick up after your dog, don’t allow dogs to roam or run up to others, etc.), and that dogs should not be taken into the playground area.

On an operational note, you may notice a couple of changes to owner billing on your upcoming statements. Comcast has increased the base rate for internet service at the VRC, and so you will see a slight increase in your monthly Comcast billing. In addition, after a thorough review of the increasing costs of providing in-unit maintenance services, a new maintenance billing rate for owners has been implemented beginning March 1, 2023. The new rate is \$75/hour. The rate is reviewed periodically and is set to cover expenses, not with a goal of generating significant revenue. The hourly rate was last raised 7 years ago, and with dramatically increased prices in the wake of the pandemic this is a necessary adjustment to ensure costs are covered.

Please mark your calendars and plan to attend our Annual Homeowners Meeting, which is scheduled for Friday, August 11, 2023 at 2:00 pm. The meeting will again be held remotely in the same fashion as the last three Annual meetings. On a celebratory note, 2023 is the **50<sup>th</sup>** year of the Vail Racquet Club (hooray!), so we are planning a festive in-person homeowner event sometime this summer or early fall, date to be determined – stay tuned!

Sincerely,

A handwritten signature in black ink that reads "Kim Rediker". The signature is fluid and cursive.

Kim Rediker

General Manager

[krediker@vailracquetclub.com](mailto:krediker@vailracquetclub.com)

Direct: (970) 476-4233





# Vail Racquet Club

## The Old Muddy Gazette

*Happy St. Patrick's Day!*  
March  
2023

### VRC Class Update for March



#### **Masters Swim (Katie)**

Mon-Wed-Fri @ 6:30am

#### **Yoga (Joey)**

Sunday's @ 5:30pm

#### **Winter Sports Conditioning (Kinna)**

Monday's @ 5:30pm

#### **Pilates Mat (Malin)**

Tuesday's @ 5:30pm

#### **Pilates Mat (Patti)**

Monday's & Thursday's @ 8:00am

#### **Stretch (Jill)**

Saturday's @ 9:00am & Sunday's @ 4:00pm



**We are open every Thursday thru  
Monday from 3pm to 9pm.**

**Come see the new bar upstairs!**

**No reservations!**

**(970)688-5437 or**

**hello@aprescafevail.com**

### *Massage*



We have therapists on daily throughout the Winter. **\$80** for a 50 minute custom massage! Call today to reserve your appointment (970)476-4840.

### Vail Racquet Club Fitness Center Rules

- Members must accept personal responsibility for their safety and welfare.
- Members must wipe down and sanitize machines, equipment, and accessories before and after each use.
- Members must abide by the Vail Racquet Club's Member Pledge
- Members must be respectful and considerate of others while using the club.

## **Vitamin B12 Deficiency: Master of Disguise**

As science and technology progress “settled science” becomes unsettled, medical practitioners discover things they did not know and medical practices gradually change. Vitamin B12 deficiency an area of medicine undergoing revision because new tests that assess B12’s functions became possible in recent years. Prior to late 1980s, medical dogma held that B12 deficiency caused anemia first and a specific set of neurological symptoms called subacute combined degeneration of the spinal cord later. This teaching is slowly turning around. The parameters used to define deficiency are being revised downward, with implications for many people, particularly those over 60, vegetarians, vegans and everyone who relies on drugs that decrease stomach acid.

Vitamins are substances which the body cannot make but which are required by the body in minute amounts to facilitate chemical reactions. When they are not available in food or if the body cannot absorb them, the failure of the chemical reactions causes symptoms specific to lack of the vitamin in question. A well-known disease called “pernicious (meaning fatal) anemia” led to the discovery of Vitamin B12, because huge regular meals of liver, when combined with some mysterious “intrinsic” factor in stomach juices, reversed the condition, saving people from certain death. The Nobel prize in medicine went to the discovery of this “liver cure” in 1934, followed 30 years later by the Nobel in Chemistry for the elucidation of the chemical structure of Vitamin B12, the “extrinsic factor” supplied by liver in the liver cure. The “intrinsic factor” in gastric juices turned out to be a major transport protein, made in the upper stomach by specialized *parietal* cells. It is still called intrinsic factor (IF). In addition, another class of proteins called transcobalamins ferry B12 around the blood and into cells where it does its work. Vitamin B12 is the only vitamin that depends on a transport system to get where it needs to be.

Older people tend not to produce as much stomach acid, which prevents them from releasing the B12 in food. They also produce less intrinsic factor to carry the B12 into the far reaches of the small intestine where it is finally absorbed into the bloodstream. Northern Europeans, especially Scandinavians, have a higher risk of both problems. A much smaller percentage of people develop antibodies to the IF producing stomach cells or to the IF itself and have no intrinsic factor at all – this is the underlying problem in pernicious anemia.

Anemia is the symptom which usually prompts doctors to assess blood levels of B12 but an accumulation of evidence in the last few decades, including new ways of assessing how well B12 functions inside cells, has forced the recognition B12 deficiency can produce non-specific symptoms like fatigue and weakness or significant neurologic symptoms without any anemia at all. And it is apparent from many cases of B12 deficiency scattered through many years of the medical literature that the signs of B12 deficiency are wide-ranging and vague, and often attributed to psychological problems, other illnesses and simply aging. They include movement disorders, tremors, Parkinsonian symptoms, balance and coordination problems, depression, anxiety attacks, psychosis, mistaken diagnosis of adrenal gland failure, peripheral neuropathy, muscular weakness and muscle loss, optic nerve atrophy, brain atrophy, memory loss, mental fog, congestive heart failure and palpitations.

This wide variety of symptoms is a result of the work B12 does. It acts as a cofactor, or helper molecule, for two types of chemical reactions – one having to do with energy production, and the other with DNA replication, and both occurring in every cell in the body. Since the 1980s, measurement of two molecules that B12 helps convert to other substances has been possible. These are methylmalonic acid (MMA) and homocysteine. Both rise when B12 levels fall and MMA is well correlated with true B12 deficiency, indicating poor cellular energy production. Elevated MMA is a sign of functional B12 deficiency even when the blood B12 level is normal. Based on newer studies of biochemical and blood responses to B12 treatment, many researchers and practitioners now believe that previously defined lower limit of normal in B12 measurements, 200 picograms/milliliter, is far too low, and that better standards must be established.

Estimates of the number of people who are suffering from B12 deficiency vary widely. Currently, 20-30% of people over 60 are thought to have some degree of deficiency. In addition to age-related stomach changes, and autoimmune attack on IF production, the widespread use of drugs that inhibit stomach acid production contribute to the numbers, as does the increasing popularity of vegetarian or vegan diets. B12 is found naturally only in animal products like meat, eggs, milk, fish and shellfish. Plants said to contain B12 contain primarily cobalamides – analogues of normal B12 without its functions.

People over 60, vegetarians, vegans, people who have had gastric bypass surgery, people taking anti-acid drugs, and people who have developed unexplained neurological or neuropsychiatric symptoms should have B12 levels checked. Levels below 400pcg/ml warrant methylmalonic acid testing. If there are neurologic or neuropsychiatric symptoms which are not clearly explained by other disease processes, a trial of B12 is warranted, even with a “normal” B12 level.

Oral B12 supplements are now recommended for vegans, vegetarians and people over 70. For B12 deficient people and for people who cannot absorb B12, intramuscular injection of B12 is preferred, daily for a week to replete supplies, then weekly for a few months, then monthly. However, recent studies have shown that 1-4% of oral B12 is absorbed passively, by diffusion, bypassing the intrinsic factor transport system, and high dose B12 supplementation can suffice after repletion. Sublingual pills and nasal sprays are available, but there are no studies yet that show these to be any more effective than oral supplementation. B12 treatment is inexpensive, non-toxic, and effective in reversing signs and symptoms of deficiency. The challenge now is to educate both patients and physicians about the many disguises B12 deficiency adopts.