

The K.T.R.T.A. Bridge

Spring 2018

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Our motto: “It’s great to remember but the bliss is to forget.”

Online The Bridge may be seen at: www.krta.ca



Presidential Perspectives – Take two.

Kamloops Thompson Retired Teachers' Association Executive for 2017-2018

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Kamloops Thompson Retired Teachers' Club:
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Glenda Miles 250-372-922 glendamil@hotmai.com

2017 – 2018 General Meetings

Oct 27 Therapy dogs, Trudie BonBernard; Moon Wok
Nov 24 Christmas dinner
Jan 26 Plant based Eating – Olga Savovich Moon Wok Chinese New Year
Feb 23 Seniors' Health Issues – Dr. David Stoltze

2017 -- 2018 Executive Meetings

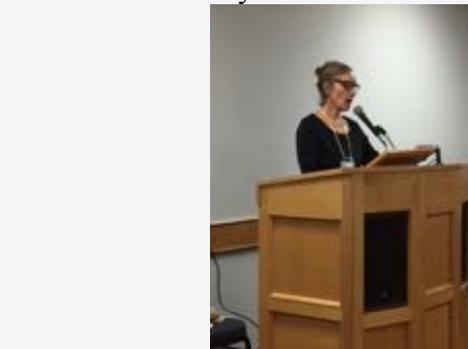
Monday, Oct. 16, 10:00 – 12:00 at Marie Laoche's 679 Patricia
Monday, Nov 13, 10:00 – 12:00 at Susan Legault's 48 – 137 McGill
Monday, Jan. 15, 10:00 – 12:00 at Betty Karpuk's 2532 Marsh Rd
Monday, May. 12, 10:00 – 12:00 at Sandy Baird's 1991 Westsyde Road

KTRTA Life in Pictures

September saw our usual first fall gathering. Summer stories and garden produce were exchanged. **October** brought on Halloween costumes and a most interesting presentation by Trudie BonBernard, outlining and documenting the various kinds of service dogs available to Canadians. She brought a whole team along, complete with a wide variety of dogs. Dinner was catered by Moon Wok. Lots of doggie bags to take home. **November** luncheon, semi-subsidized, was provided by Harold's Restaurant, a full turkey dinner with all the trimmings and more. Thanks to Susan Legault, two of the finest Kamloops musical hopefuls entertained. Sandy Baird, our treasurer, added more color than the decorations! Pictures below.



The January luncheon was of a potentially life-changing event. Olga Savovich reported on her 3-year study and experiment on eating whole plant based food. Glenda Miles said she has been living on this diet for 27 years. That's 30 years of experience between them. And, since both say they are without health issues and feeling great, and both look an undeniable picture of health and well-being, the evidence they provide is most convincing. Below is Olga and the Chinese New Year's table laid by Moon Wok. Under the pictures is Olga's handout information.



EAT FOOD, EAT WHOLE PLANT FOOD AND NOTHING BUT WHOLE PLANT FOOD

"A Whole Food Plant Based Diet can prevent, slow down and in most cases reverse many types of chronic diseases and cancers."

Thomas Edison (1903) "The doctor of the future will no longer treat the human frame with drugs, but rather will cure and prevent disease with nutrition."

Physicians Committee for Responsible Medicine (USA) recommend a whole food plant based diet.

Sources:

Dr. John McDougall MD	The Starch Solution	Dr. Neal Barnard MD	The Cheese Trap
Dr. T Colin Campbell PHD	Whole: Rethinking Nutritional Science	Dr. Caldwell Esselstyn MD	Reversing Heart Disease
Gene Stone editor	MD The China Study Forks over Knives (Film)	Dr. Michael Greger MD	How Not to Die nutritionfacts.org
Michael Moss	Salt, Sugar and Fat: How the Food Giants Hooked Us (Pulitzer journalist)	Dr. Lisle & Goldhammer MD	The Pleasure Trap
Dr. Robert Lustig PHD, MD	Fat Chance *educators take note		

■ What can a whole food plant based diet can do for you?

A whole food plant based diet can prevent, slow down and in most cases reverse many types of chronic diseases and cancers.

■ Who said "Let food be thy medicine and medicine be thy food"? Hippocrates

■ What are the four main food groups in a Whole Food Plant Based diet? There are four main food groups: Grains, Vegetables, Legumes and Fruits (whole grains not refined processed carbohydrates like white flour or white sugar).

KTRTA and R.R.Smith/KTRTA Bursary Awards for 2017

The TRU gymnasium is an amazing sight each year when the TRU Bursary and Scholarship Awards are presented to students. Donors come to personally present their awards to students who have been chosen by the staff in the Office of Advancement at TRU. In a setting made colourful by dozens of bright helium balloons, conversations are happy as everyone anticipates the giving and receiving of cheques.

This year, the president of TRU, Allan Shaver, spoke to the gathering and then select students from varied disciplines spoke about their educational journeys and the value of the awards they receive ... they acknowledged both the financial support and the caring message that comes with gifts from strangers. When the cheque envelopes are opened there are expressions of surprise, large smiles and sometimes tears. A wonderful feeling pervades the room.

The students who received the bursaries this year were:

Retired Teachers Bursaries -- \$1600 - Quinn Bailey

-- \$1600 – Sonja Rokosh

R.R. SMITH Bursary -- \$ 500 - plus Retired Teachers Bursary - \$500 - Alicia Gaskell

Comments in their thank you cards include: "Words cannot express how grateful I feel in receiving financial support". and "You have made it possible for me to continue ... this money couldn't have come at a better time." Thank you to all the retired teachers for supporting the Retired Teachers Bursary Fund over many years. Your generosity is appreciated.

2017 Bursary Students



R.R. Smith / KTRT Club
Alicia Gaskell



Retired Teachers' Bursaries
Sonya Rokosh / Quinn Bailey



Pension and Benefits Information

Tax Information

1. You will receive a letter from the Teacher Pension Plan this January containing information about your 2018 pension including you indexing increase. They also enclose **your T4 for 2017** (you will need this for your 2017 taxes) and a newsletter.
2. You can declare your extended health and dental premiums as part of your medical deduction. MSP premiums are not deductible. You can also declare your fees for medical insurance for travel, minus the portion for trip cancellation/interruption. If you have not included these in the past you can download the form for a Tax Reassessment and you can do this for past years.
3. You may be eligible for the Disability Tax Credit – check in the Canada Revenue Agency website for Form T2201 and the Guide – read and discuss with your Dr. about your eligibility.

Interior Health Authority

1. My Health Portal Interior Health – This portal on the internet allows you to access information about any tests that you have at an Interior Health Authority Facility. To sign up for access to your portal you have to show your picture ID and provide your email address to the lab at RIH or Tudor Village. You then go home and sign in and sign up. You may have to call the 1 800 number as sometimes it does not always progress the way it should. If you live outside of Kamloops check with your local health facility to see if you can take your info and e-mail there to facilitate your sign up.

Information from the BCRTA re Pensions and Green Shield

- The Inflation increase this year is 1.6 % and becomes part of permanent pension.
- MSP premiums are halved in 2018.
- The BCRTA office staff are spending quite a bit of time dealing with questions and issues around Green Shield, our EHB provider.

The move to Green Shield was a decision of the Teacher Pension Corporation not the BCRTA. The move was requested because of continually increasing premiums with Blue Cross. Please inform your members that:

- o Our present plan is essentially identical to Blue Cross plan and has worked to ensure affordability by not increasing premiums this year
- o If a problem occurs First: contact Green Shield and if not satisfied ask to speak to a supervisor. To request an escalation in service call toll free [1-888-711-1119](tel:1-888-711-1119) Mon. to Fri. 5:30am to 5:30pm or email: customer.service@greensheild.ca . Second: If still not satisfied access Green Shield's Customer Complaint Resolution process at the following URL: <http://www.greenshield.ca/en-ca/get-in-touch/-we-are-happy-if-you-re-happy> You may also write the Pension Board but Green Shield Canada is best equipped to answer questions.

Fair PharmaCare and Green Shield

■ The BC Fair PharmaCare Assistance: your level of assistance is based on your income. You should have registered when the program first started and your income level is updated each year when you file your income tax. If you do not know if you are registered contact them at [1 800 663 7100](tel:18006637100) to ask if you are registered.

■ Green Shield Extended Health may request a letter from Fair Pharma Care indicating that you are registered for some medical treatments or services. You can call Fair Pharma Care [1 800 663 7100](tel:18006637100) and ask them to send you a letter (they only do postal mail). Mail this off to Green Shield so they have it on file for you. You can do this now at your leisure rather than later I hast!

If you have any questions please contact Sheila Park – KTRTA Pensions and Benefits Chairperson – [250 372 2806](tel:2503722806) or email at spark1@telus.net

Attachments area

KARESS (Kamloops Administrators, Retirees, Educators and Support Staff) Alzheimer's Walk for Memories Team. Please join us on Sunday, May 6th 2018 at the Tournament Capital Centre.

You can also donate or register to the team at the Kamloops Walk for Memories website alzgiving.ca. or call the Kamloops Branch [250 3778200](tel:2503778200).

**Thank you,
Sheila Park**

From the President's Desk

2017/18 is to be my final year as president of the KTRTA. This was my second time as president and I enjoy doing the job but it is someone else's turn. Perhaps yours?

I would like to share a few things that you should know if you are considering taking on this job or to persuade you to consider doing it.

- You will have very supportive people in the membership.
- The executive members of the KTRTA are the best. While the president oversees the organizing of the meetings it all goes well because everyone on the executive does the job they have taken on. They have always been a great group to work with.
- As president you know if you take on a task the executive will support you and help you get it done: this year it was Bill C-27. Thank you to Raven and members who worked on this. We still await an outcome.
- As president you have the opportunity to go to the BCRTA AGM in Richmond in September. You get to meet members from around the province and learn more of what the BCRTA does to support retired teachers in BC and in Canada.

- As president you have the opportunity to attend the BCRTA Zone meeting and meet other retired teachers in our zone.
- Welcoming new retirees at the KTTA/School District Retirement Banquet is a job that is always fun and what a happy group to meet as they enter retirement.

Just a few things that the KTRTA President does that you would enjoy doing if you decided to take on this role. You could also consider taking on other roles on the executive. Just come to the April 27th 2018 AGM Luncheon and let your name stand during the elections. Help to have the KTRTA continue in the tradition of being an active association supporting retirees.

See you there,
Sheila

Part 4 – Those who served. Marie Laroche’s KRTA History Report

Needless to say, without the dedication of the Executives who gave of their time, we wouldn’t have this venue and this wonderful group of people here to celebrate our 40th Anniversary as an association. Most of them started by volunteering for Sunshine as Donna Walsh and I did in 1995. As we gained confidence we progressed from Sunshine to programme to secretary, treasurer, vice-president to president. All positions were a two-year commitment. Here are the presidents since 1971. Some of them have passed away but will always be remembered.

1. Mr. Karl Knapp	1972-1977
2. Mr. J.E. Tait	1977-1979
3. Mrs. Rae Coupier	1979-1982
4. Mrs. Mae Fraser	1982-1984
5. Mr. Fred Shirley	1984-1987
6. Mr. Alf Law	1987-1992
7. Mrs. Janet Doubt	1992-1994
8. Mrs. Irene Smith	1994-1997
9. Mrs. Barb Stankiewicz	1997-1999
10. Mr. John Kolody	1999-2000
11. Mr. Evert Krider	2000-2002
12. Marie Laroche	2002-2004
13. Doug Nicol	2004-2006
14. Darrel Johnson	2006-2008
15. Sheila Park	2008-2010
16. Donna Walsh	2010-2012
17. Darrel Johnson	2012-2014
18. Sheila Park	2014-2018

These are the dedicated retired teachers who kept our association alive and well through 40 years. Thank you!

Lives Lived: Joan Denton

Here's a brief rundown of my path through life.

Born and raised-- Born in Boston and raised in Quincy, MA. Only child of only children. My 4 grandparents who lived within a mile of us were all "from away"-- 2 from Sweden, 1 from Glasgow, 1 from PEI. They were all from large families and immigrated on their own to the Boston area in the late 1800's to early 1900's. No big families for them!

Childhood memories---Nothing significant. There were no children my age in the neighborhood so I didn't know how to be with others. I felt this as an empty place when I was growing up.

Career---Always liked school--the learning and the structure of it. Loved teaching Sunday School when I was in HS. As I saw it the only jobs open for single ladies was teaching, office work or nursing. The only one that grabbed my interest was teaching.

Education---Attended a small college north of Boston where I could drive home every weekend with a friend I knew from church. Met Gordon who was from Saint John in the fall. (This is under Education because having a boyfriend was a huge education for me!) Although he was a year ahead of me, we waited to be married until I earned my bachelor's degree so I would always be able to support myself as a teacher.

Marriage---With my Landed Immigrant Visa in hand and a job waiting in northern New Brunswick where Gordon was teaching we married and moved to Campbellton -- the first of my culture shocks. After a year we moved to Saint John to be near to his mom and 5 of his 7 siblings and their families. Another shock--having a large family.

I taught there, we had our two children and Gordon changed from teaching to being a truant officer for the School Board. He felt he didn't know what he was doing so off to the University of Maine for a year. He hadn't been there a month when he knew he wanted his doctorate in Education and Psychology. Four years later he earned his Doctorate and I had received my Masters in Elementary Guidance and Counseling. We moved to upstate New York. Three years later Canada called and we were both hired by an English school district on the west island of Montreal. So the adjustment continued. This was in the mid -70's. After Rene was elected and the head offices moved out the schools became like 'barns'. Our jobs were in jeopardy. Gordon wanted to leave the helping profession anyway. I did not want to leave education. When offered I readily accepted the position in Kamloops and we all became Westerners! Not much adjustment here as Kamloops always felt just fine and people were friendly. Of course, there were surprises like wearing jeans to the symphony! After retirement, we moved to Mexico.

Why Mexico? -- Gordon was always searching, planning for the next step. He wanted to have a retirement where he could learn and enjoy things that interested him and where he didn't have to pay so much tax. He did a lot of research and reading about Mexico. It ticked the boxes and was close to Canada. I thought I'd be satisfied to stay in our nice townhouse, be near grandkids and volunteer in schools.

Tell me about your children. Steve was born in 1962, Becky 1964. Steve is married with two children, a boy and a girl, and lives in Kelowna. Had a hard time at school, works in Costco. Becky has a boy and a girl. She lives in Calgary, which she enjoys. Both she and her husband are glad to be in Calgary.

Yet you went to Mexico. Having an active mental and physical retirement in a different place was Gordon's dream. A few years after he had his stroke in 2003, leaving his right side paralyzed, not being able to walk or talk but understanding English I named all the places we'd lived asking where he was most content. He gave a big smile when I said Mexico. 'Even with all the medical and physical problems?' A big smile and nod of the head. It was right for us. 5 hrs. North of Mexico City, 6000 feet on the Plateau Queretaro.

What did you like about Mexico? The people -- friendly, helpful, kind, supportive. If someone offers to help and you say 'no, gracias' -- that's rude! Then the low cost of food, taxis, buses, rent, public medical insurance -- \$ 700 CAD for 2 (covers ambulance trips, generic meds, doctor's visits, operations, hospital stays), private family doctor's cost \$ 40 (will come to the house) and specialists \$60. Most doctors speak English, and you can get appointments for any doctor within a day of two of calling. I could take care of Gordon at home with day care nurse-aid help.

What did you dislike? The very high costs of private hospitals, having to have someone stay with the patient 24/7 in any hospital -- meaning you sleep in a chair or on the floor with your own bedding. There are couches in the private hospitals and some clinics. [Close, hands-on family support of patients is taken for granted in Mexico.] Maybe not having your favourite brand of food available (not so much toward the end of our stay as at the beginning), was difficult. Also the car drivers -- too fast, not using signals, not stopping for pedestrians, except those in wheelchairs. The worst was waiting for hours and hours for attention in Emergency and for monthly prescription renewal at the public doctor.

Significant events while in Mexico? -- As you can tell, the most significant event was Gordon's stroke 2003 Feb 13, after a double bypass, and learning the system. 2nd stroke in April. He did not understand language after that. He was on a feeding tube. Died Sept, 2016. Also learning how to take care of myself so I could stay healthy and be there for Gordon. There was a lot of tension.

Earlier, before Gordon's stroke, a significant event was our joining a *danzon* group. *Danzon* is a formal dance, like a waltz is formal as opposed to salsa or hip-hop! Wonderful people! Traveled to different cities for exhibitions.

Yearly visits to different beaches. At first with Gordon, later by myself for a break. I liked the West coast better. Puerto Vallarta, Mazatlan. Warmer than the Gulf coast.

The Christmas celebrations. [The Mexicans go all out to celebrate.]

Soccer games. Eating in various restaurants and experiencing new foods.

Would you do it again? Yes, definitely. I think some of my grandparents' genes passed by my parents and showed up in me! It's been a great and perfect adventure as I've learned about myself and the world around me. More understanding, tolerance, acceptance and curiosity of all people.

Looking ahead? It was right for me to come back home after Gordon passed in Sept., 2016. There was nothing special to keep me in Mexico. Ted Apted, who worked at Special Services invited me to live with him in his home right on the Shuswap. We had known each other for 38 years. After visiting, pondering and realizing I didn't like living alone I moved here last March. Another adventure and realizing that older people can be flexible and happy once again!

Food for Thought

A) Health Care in Crisis – COSCO Reports

This is an abridged summary of the COSCO article sent out in an e-mail by Sheila Park, entitled: *Tough Love: Health Care for Seniors in Canada* (Not everyone has e-mail.)

Preface Medicare was first introduced as a national program in 1968. It was designed for a much younger population, and provided coverage only for hospitals and doctors. This remains unchanged. Meanwhile hospital stays have become shorter, drug prices have risen, as costs for extended care, assisted living, mental health care, dental care, hearing aids and physiotherapy. None of these is included in Medicare, so the costs have shifted from Medicare to individuals, who are increasingly unable to provide for themselves. We need to understand why our health care system had not moved with the times, as it has in many developed countries, and ask ourselves what we can do.

Introduction: Power and Politics

Major attempts to reform and modernize the health care system based on the Romanow and Kirby reports in 2002 have ground to a halt. The First Ministers' Pan-Canadian Health Care Accord of 2003-4, after a change of government in 2006 led to the dissolution of the Accord. The new bilateral agreements of 2016-17 between individual provinces and the Federal Government replaced the Accord. The 6% annual increase given to the provinces was cut in half unilaterally. The individual deals made are not in the public domain. What is clear is that seniors in particular are not receiving their hoped-for care.

Medicare and the Canadian Health Act

Under our health care system, Medicare, the federal government transfers funding for health care to the provinces/territories, which are then responsible for the administration and delivery of health services to their residents. Health care is therefore a shared responsibility, but the federal government holds the purse strings. It has additional control on overseeing that the provinces spend the money in accordance with the principles of the Health Act. These are: universality, portability, accessibility, comprehensiveness and non-profit public administration. Under Medicare, health care is publicly funded but privately provided by doctors and other medical specialists.

The 2003 Pan-Canadian Consensus on Health Care Renewal

After many years of cuts in social programs Canadians began to name health care as the single most important problem facing the country, overtaking concerns about the economy. A Senate committee was asked to examine the health care system and the government's role in it. Their report became known as the Kirby Report. A month later a federal government study produced another report, known as the Romanow Report. Both reports cover the same area and agree on a universal health care system for Canada. The difference is that while the Kirby report allows private care be included, the Romanow report does not. Romanow's first recommendation is to establish a Health Covenant, agreed to by the first ministers. Acting on this recommendation, the first ministers meet in February of 2003 and agree to reform health care. Their Covenant states that

- “All Canadians have timely access to health services on the basis of need, not ability to pay, regardless of where they live in Canada.”
- “The health care services available to Canadians are of high quality, effective, patient-centered and safe,” and
- “our health care system is sustainable and affordable and will be here for Canadians and their children in the future.”

The Ten-Year Plan to Strengthen Health Care

The issues the premiers were most concerned about were timely access to quality care. The Ten Year plan incorporated and expanded on the items of the 2003 Health Accord. After a change from a Liberal to a Conservative government in 2006, both the commitment to the Accord and the delicate Federal/Provincial/Territorial relationship began to crumble.

The Unmaking of the Health Accord

A 2008 report of the Health Council of Canada noted problems with both implementation and communication as the provinces were not living up to their agreement to share information “in any meaningful way.” Unable to monitor progress and ensure public accountability, as mandated, the Council contented itself by publishing reports on innovations and policy changes.

The Senate committee also issued a report, noting that progress on the Accord was slow, Canada has lost its leading position internationally and now was in the lower middle of the pack of developed nations and that although there were sufficient funds in the system, delivery was yet to come.

Meanwhile, in 2011, Jim Flaherty, the federal finance minister, without consultation, announced that the agreed upon formula for ten years will be changed and cut in half, because that was what the provinces actually were spending. Thus the annual increases the provinces were getting fell from 6 % to 3 %.

In 2014 the federal government shut down the Health Council. In the Council's last report, Dr. Jack Kitts described what worked and what did not, and “set out an approach for achieving a higher-performing health system.”

In 2015 the ten-year agreement legally expired. The collaborative role of the provinces and territories were no longer operative. The future terms of a federal-provincial health care accord became uncertain. The conservatives lost the election.

Sunny Days (?)

Justin Trudeau promised to renegotiate the Health Accord with the provinces. The ministers of the P/T got together to present a common front, asking for a 5.2 % annual increase of funding. The federal government came to the table offering 3.5 %. The unity was broken when New Brunswick signed a separate 10-year agreement. In the agreement, the core health transfer funding of 2016-17 would be increased annually by 3 % and separate funding would be provided for home care and mental health. Premier Gallant of N. B. commented that had he not acted quickly he understood that the promise of funding for home care and mental health would have been off the table. The agreement also said that if any other P/T negotiated a better deal, N. B. would get the same deal. The other premiers expressed outrage that N. B. broke the ranks. However, within three days, this agreement was followed by the other Atlantic provinces and by March 2017 all the other provinces, except Manitoba have signed bilateral agreements. All received additional funding for home care and mental health that is to be separately monitored. B. C. and Alberta received separate funding to deal with the opioid crisis.

Although neither the texts of the agreements nor the promised accountability measures for home care and mental health care are currently publicly available, it seems clear that the visionary Pan-Canadian 2003-04 Health Accord has now been replaced by a series of bilateral agreements focused primarily on funding. It seems that the provinces may be getting not less than the 5.2 % increases. Or may not.

Discussion: A Health Care system in Crisis.

One thing is very clear, the collaborative federalism and impetus for transformative change that Romanow and Kirby envisioned for the health care system appear to have completely vanished. The legitimacy of the 2003-04 Accord conferred on Medicare as a unifying system that represents Canadian values have been eroded. Federal leadership on health care appears to have returned to pre-2000 paternalism, inertia, and the prospect of significant underfunding.

Our health care systems lags behind most developed countries. Even countries with older populations than Canada, such as Japan and Sweden have cheaper, better outcomes than Canada. About 30% of health care expenditures are covered by private insurance or paid out of pocket. This requirement is very high. Many can't afford it. Studies estimate that one in ten Canadians cannot afford to take their prescribed medications because of cost. Yet many illnesses are now treated with drugs at home that required hospital care in the past. Canada ranks 30-eth of 33 countries in hospital bed availability. We have now come to accept that stretchers placed in hallways are substituted for beds. Adding to this risky situation is the increasing privatization of hospital services, such as cleaning, laundry, food services and staffing levels that are too low for the acutely ill patients they now serve. Complaints about inappropriate hospital discharges are among the top concerns.

Since hospital stays tend to be very brief and therefore people are expected to recover at home, there is an urgent need for better home care. Some seniors do not have a family doctor to provide care. Some fragile seniors, on wait lists for extended care for many months, are taking up hospital beds badly needed for acute care patients. One consequence of this situation, whether this is a deliberate or accidental result of government policies over the last two decades, is an ever-increasing reliance on privately provided services for those who can afford to pay. The practice of medical specialist offering expedited medically necessary procedures, though illegal, has gone unchecked and expanded greatly in the past few years. The fundamental principle of equitable access to medically necessary health care is long gone.

The outcome of all these deep fissures in the system is illustrated in recent news reports about the 88-year-old man with heart failure, vertigo, and a recently diagnosed fracture in his spine who was being discharged from an Ontario hospital into the care of family members who did not have the resources to care for him. He had been waiting for a bed in a long term care facility for a year. When the family said they did not have the ability to care for him in such a fragile condition, the hospital notified the family that they were sending the senior to a homeless shelter. When the family arrived at the hospital, they were met with three policemen. The Ontario Ombudsman intervened and suggested that the man should be temporarily housed in a private pay facility.

This state of affairs is a very far cry from what seniors need and want as a human right in a developed country like Canada and it certainly does not make for “sunny days” for most seniors.

B) They live among us

ONLY AT AT&T? AT&T fired President John Walter after nine months, saying he lacked intellectual leadership. He received a \$26 million severance package. *Perhaps it's not Walter who's lacking intelligence.* * **WITH A LITTLE HELP FROM OUR FRIENDS:** Police in Oakland, CA spent two hours attempting to subdue a gunman who had barricaded himself inside his home. After firing ten tear gas canisters, officers discovered that the man was standing beside them in the police line, shouting, *'Please come out and give yourself up.'* * **WHAT WAS PLAN B?** An Illinois man, pretending to have a gun, kidnapped a motorist and forced him to drive to two different automated teller machines, *wherein the kidnapper proceeded to withdraw money from his own bank accounts.* * **THE GETAWAY!** A man walked into a Topeka, Kansas Kwik Stop and asked for all the money in the cash drawer. Apparently, the take was too small, so he tied up the store clerk and *worked the counter himself for three hours until police showed up and grabbed him.* * **DID I SAY THAT?** Police in Los Angeles had good luck with a robbery suspect who just couldn't control himself during a lineup. When detectives asked each man in the lineup to repeat the words: 'Give me all your money or I'll shoot', *the man shouted, 'that's not what I said!'* * **ARE WE COMMUNICATING?** A man spoke frantically into the phone: 'My wife is pregnant and her contractions are only two minutes apart'. 'Is this her first child?' the doctor asked. *'No!' the man shouted, 'This is her husband!'* * **NOT THE SHARPEST TOOL IN THE SHED!** In Modesto, CA, Steven Richard King was arrested for trying to hold up a Bank of America branch without a weapon. King used a thumb and a finger to simulate a gun. *Unfortunately, he failed to keep his hand in his pocket. (helloooooo...!!!)* * **THE GRAND FINALE!** Last summer, down on Lake Isabella, located in the high desert an hour east of Bakersfield, CA, some folks, new to boating, were having a problem. No matter how hard they tried, they couldn't get their brand new 22-foot boat, going. It was very sluggish in almost every maneuver, no matter how much power they

applied. After about an hour of trying to make it go, they putted into a nearby marina, thinking someone there may be able to tell them what was wrong. A thorough topside check revealed everything in perfect working condition. The engine ran fine, the out-drive went up and down, and the propeller was the correct size and pitch. So, one of the marina guys jumped in the water to check underneath. He came up choking on water, he was laughing so hard. Under the boat, still strapped securely in place, was the trailer!

Now remember these are all true stories. These people vote and most have children.

C) People who care and do. All of us care about our pensions, yet when threatened, few of us will take the time and effort to do something about it. Our membership is in the hundreds, yet only a handful showed up at Cathy McGregor's office to protest government moves to change our fixed, secure pensions to unsafe, so-called target pensions. Raven Ritcey, third from left on top organized the protest. Many thanks to those who heeded her call!



In Memoriam

Harry Hudyma passed away on October 28 at the age of 83. After teaching for 8 years in Saskatchewan, he moved his family to BC. He taught in New Denver and Fernie before moving to Kamloops. He taught at Kamloops Senior Secondary, Westsyde Secondary and Hospital/Homebound. He is survived by his wife Nell, 3 sons and 3 grandchildren. No funeral service by request.

Gwen Abley passed away on November 3 at the age of 69. Gwen taught in the Kamloops Thompson District for 37 years. She will be remembered as a thoughtful educator and mentor to students and colleagues alike. Gwen is also known for her paintings. She is survived by her husband, Bill, 3 children and 5 grandchildren.

A Glimpse into the Future?

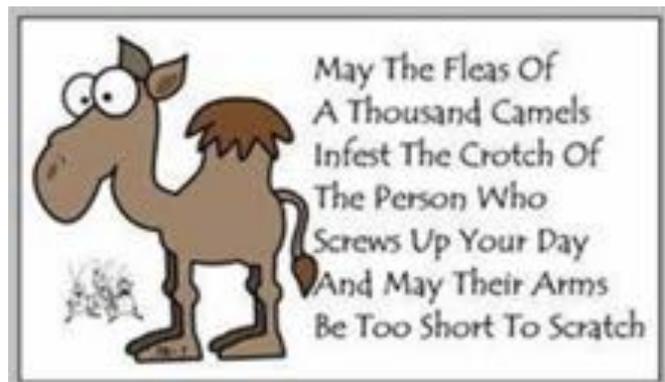
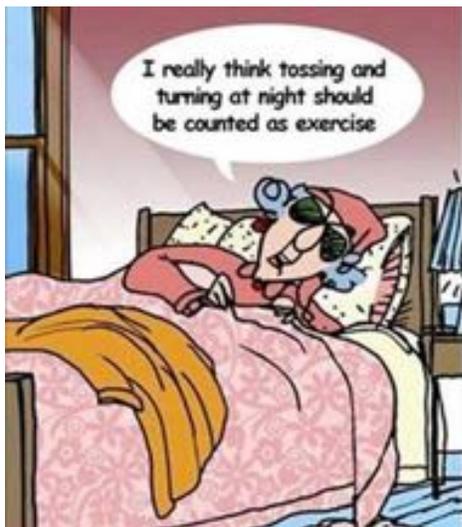
There have always been the same 3 constants... Death, Taxes and CHANGE!

* **Our** competitors are no longer other car companies but Tesla (obvious), Google, Apple, Amazon 'et al' ... Software will disrupt most traditional industries in the next 5-10 years. * Uber is just a software tool, they don't own any cars, and are now the biggest taxi company in the world. * Airbnb is now the biggest hotel company in the world, although they don't own any properties. * Artificial Intelligence: Computers become exponentially better in understanding the world. This year, a computer beat the best Go player in the world, 10 years earlier than expected. * In the US, young lawyers already don't get jobs. Because of IBM Watson, you can get legal advice (so far for more or less basic stuff) within seconds, with 90% accuracy compared with 70% accuracy when done by humans. * So if you study law, stop immediately. There will be 90% less lawyers in the future, only specialists will remain. * Watson already helps nurses diagnosing cancer, 4 times more accurate than human nurses. Facebook now has a pattern recognition software that can recognize faces better than humans. In 2030, computers will become more intelligent than humans. * Autonomous cars: In 2018 the first self-driving cars will appear for the public. Around 2020, the complete industry will start to be disrupted. You don't want to own a car anymore. You will call a car with your phone, it will show up at your location and drive you to your destination. You will not need to park it, you only pay for the driven distance and can be productive while driving. Our kids will never get a driver's license and will never own a car. * It will change the cities, because we will need 90-95% less cars for that. We can transform former parking spaces into parks. 1.2 million people die each year in car accidents worldwide. We now have one accident every 60,000 miles (100,000 km), with autonomous driving that will drop to one accident in 6 million miles (10 million km). That will save a million lives each year. * Most car companies will probably become bankrupt. Traditional car companies try the evolutionary approach and just build a better car, while tech companies (Tesla, Apple, Google) will do the revolutionary approach and build a computer on wheels. * Many engineers from Volkswagen and Audi; are completely terrified of Tesla. * Insurance companies will have massive trouble because without accidents, the insurance will become 100x cheaper. Their car insurance business model will disappear. * Real estate will change. Because if you can work while you commute, people will move further away to live in a more beautiful neighborhood. * Electric cars will become mainstream about 2020. Cities will be less noisy because all new cars will run on electricity. Electricity will become incredibly cheap and clean: Solar production has been on an exponential curve for 30 years, but you can now see the burgeoning impact. * Last year, more solar energy was installed worldwide than fossil. Energy companies are desperately trying to limit access to the grid to prevent competition from home solar installations, but that can't last. Technology will take care of that strategy. * With cheap electricity comes cheap and abundant water. Desalination of salt water now only needs 2kWh per cubic meter (@ 0.25 cents). We don't have scarce water in most places, we only have scarce drinking water. Imagine what will be possible if anyone can have as much clean water as he wants, for nearly no cost. * Health: The Tricorder X price will be announced this year. There are companies who will build a medical device (called the "Tricorder" from Star Trek) that works with your phone, which

takes your retina scan, your blood sample and you breathe into it. * It then analyses 54 biomarkers that will identify nearly any disease. It will be cheap, so in a few years everyone on this planet will have access to world class medical analysis, nearly for free. Goodbye, medical establishment. * 3D printing: The price of the cheapest 3D printer came down from \$18,000 to \$400 within 10 years. In the same time, it became 100 times faster. All major shoe companies have already started 3D printing shoes. * Some spare airplane parts are already 3D printed in remote airports. The space station now has a printer that eliminates the need for the large amount of spare parts they used to have in the past.* At the end of this year, new smart phones will have 3D scanning possibilities. You can then 3D scan your feet and print your perfect shoe at home. * In China, they already 3D printed and built a complete 6-storey office building. By 2027, 10% of everything that's being produced will be 3D printed. * Business opportunities: If you think of a niche you want to go in, ask yourself: "in the future, do you think we will have that?" and if the answer is yes, how can you make that happen sooner? * If it doesn't work with your phone, forget the idea. And any idea designed for success in the 20th century is doomed to failure in the 21st century. * Work: 70-80% of jobs will disappear in the next 20 years. There will be a lot of new jobs, but it is not clear if there will be enough new jobs in such a small time. * Agriculture: There will be a \$100 agricultural robot in the future. Farmers in 3rd world countries can then become managers of their field instead of working all day on their fields. * Aeroponics will need much less water. The first Petri dish produced veal, is now available and will be cheaper than cow produced veal in 2018. Right now, 30% of all agricultural surfaces is used for cows. Imagine if we don't need that space anymore. There are several startups who will bring insect protein to the market shortly. It contains more protein than meat. It will be labelled as "alternative protein source" (because most people still reject the idea of eating insects). * There is an app called "moodies" which can already tell in which mood you're in. By 2020 there will be apps that can tell by your facial expressions, if you are lying. Imagine a political debate where it's being displayed when they're telling the truth and when they're not. * Bitcoin may even become the default reserve currency ... Of the world! * Longevity: Right now, the average life span increases by 3 months per year. Four years ago, the life span used to be 79 years, now it's 80 years. The increase itself is increasing and by 2036, there will be more than one-year increase per year. So we all might live for a long long time, probably way more than 100. * Education: The cheapest smart phones are already at \$10 in Africa and Asia. By 2020, 70% of all humans will own a smart phone. That means, everyone has the same access to world class education. * Every child can use Khan academy for everything a child needs to learn at school in First World countries. There have already been releases of software in Indonesia and soon there will be releases it in Arabic, Suaheli and Chinese this summer. I can see enormous potential if we give the English app for free, so that children in Africa and everywhere else can become fluent in English and that could happen within half a year. * *Within the next 20 years during our lifetime we will be living in a different world !*

An interesting talk by the Managing Director of Daimler Benz, Jonathan Brathwaite, an International Tax Lawyer and founder of Mithril Advisors, as of May 10, 2017

The Funny Page



Is this a cat? An owl? No, it's Marie Laroche talking about our presidents! Now, that's funny!

Something for seniors to do to keep those "aging" grey cells active!

1. Johnny's mother had three children. The first child was named April. The second child was named May. What was the third child's name?
2. There is a clerk at the butcher shop, he is five feet ten inches tall and he wears size 13 sneakers. What does he weigh?
3. Before Mt. Everest was discovered, what was the highest mountain in the world?
4. How much dirt is there in a hole that measures two feet by three feet by four feet?
5. What word in the English Language is always spelled incorrectly?
6. Billy was born on December 28th, yet his birthday is always in the summer. How is this possible?
7. In California, you cannot take a picture of a man with a wooden leg. Why not?
8. What was the President's Name in 1975?
9. If you were running a race, and you passed the person in 2nd place, what place would you be in now?
10. Which is correct to say, "The yolk of the egg are white" or "The yolk of the egg is white"?
11. If a farmer has 5 haystacks in one field and 4 haystacks in the other field, how many haystacks would he have if he combined them all in another field?

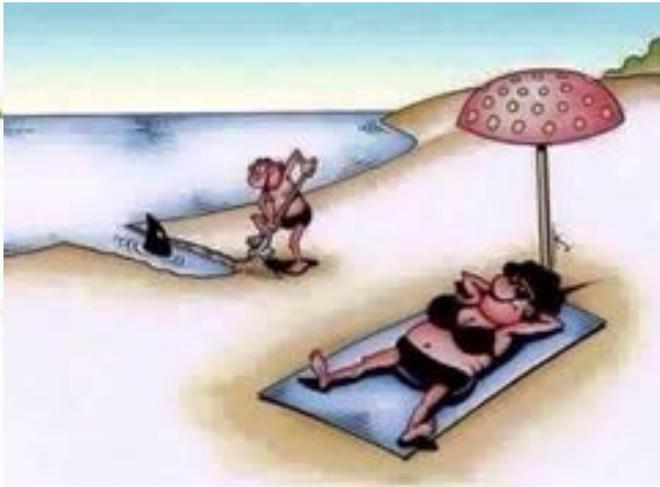
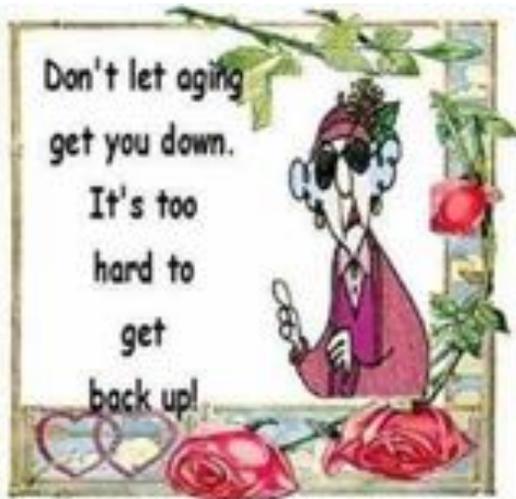
Here are the Answers: (No peeking!)

1. Answer: Johnny, of course.
2. Answer: Meat.
- 3 Answer: Mt. Everest; it just wasn't discovered yet. [You're not very good at this are you?]
4. Answer: None. There is no dirt in a hole.
5. Answer: Incorrectly
6. Answer: Billy lives in the Southern Hemisphere.
7. Answer: You can't take pictures with a wooden leg. You need a camera to take pictures.
8. Answer: Same as is it now – Donald Trump [Oh, come on...]

9. Answer: You would be in 2nd. Well, you passed the person in second place, not first.

10. Answer: Neither, the yolk of the egg is yellow [Duh]

11. Answer: One. If he combines all of his haystacks, they all become one big one.



Secrets to a long happy marriage



A old woman was sipping on a glass of wine, while sitting on the patio with her husband, and she says, "I love you so much, I don't know how I could ever live without you"... Her husband asks, "Is that you, or the wine talking?"... She replies, "It's me... talking to the wine."