

WLU RETIREES' NEWS

A publication of the Wilfrid Laurier University Retirees' Association

To contact the Executive: retirees@wlu.ca

Spring 2020

Friday Afternoon Gatherings

Alfred Hecht's Long Journey to Canada

by Jan and Margaret Overduin

Time went by fast as Professor Emeritus Alfred Hecht gave an open, personal, and moving account of his family's struggles to escape from the Ukraine during the turmoil of WWII. He spoke to a full and attentive house at the February 28 meeting of WLURA. Many of the details of this journey – some traumatic and too horrible to describe in detail – came (reluctantly) from discussions with his mother Susanna and older siblings and an uncle.



Alfred Hecht (right)

The treatment of the refugees resulted in the creation of a world of families without men, as described in Marlene Epp's book *Women without Men*. It is "the story of thousands (some 35,000) of Soviet Mennonite women who, having lost their husbands and fathers to Stalinist work camps and the Second World War, made an arduous and dangerous journey through war-torn Europe, housed in displaced-persons camps after the war, before eventually emigrating to Paraguay and Canada." In their last refugee camp in Gronau, Germany, Hecht's family was rejected by Canada because of the lack of a male provider among them (*shame* on Canada!!). Instead they went by boat to Paraguay, which imposed no such condition.

We got a little confused by all the troubles Hecht's family went through. That's the horrors of war for you. The Russians hated them (Al's grandfather was unceremoniously executed on his own farm), as did the Nazis ("Hecht" is a Jewish name), and if you're a family on the run with a very pregnant mother and only a cart for your possessions, that cart will be taken away from you.

In 1944 Al's dad, who had been a teacher, was drafted into the German army where he became a radio operator. His last letter is dated January 13, 1945. His body has never been found.



Once the family was finally safe in Oberdorf in U.S.-controlled territory (where baby Johanna is born), the Allies decided to swap part of Berlin in an exchange that put Oberdorf right back in Russian-controlled territory again, overnight. As a result the family was to be sent back east again. In order to avoid that, they decided to flee under cover of darkness through a hole in the Russian security fence and across a

fast-flowing river. Al remembers the baby rolling out of the carriage down the dyke, and not crying. A refugee family of a mother with seven children, one in a baby carriage, and a precious sewing-machine so that mother might find some work.

Being stripped of their freedom and their possessions, Al became keenly aware of the importance of knowledge and education, things that cannot be taken from you. It spurred him on to earn a doctorate and to eventually become a professor at WLU in 1972.

Pandemic Blues

- ◆ I feel like a lead-role movie star – for *Home Alone 2*.
- ◆ Also feel like a teen again: gas is cheap but I'm grounded.

— These and following pandemic philosophical tidbits thanks to Al Auerbach

Friday Afternoon Gatherings

Consumption and Treatment Services in Waterloo Region

by Gerald Schaus

The presentation by Kathy McKenna and Violet Umanetz on Friday, January 31, 2020, was thought-provoking, informative, emotional, lively, and inspirational.

In one of the most interesting presentations to Association members in years, McKenna, a public health nurse of

33-years experience, and Umanetz, Director of Harm Reduction and Overdose Prevention Services with the Sanguen Health Centre, gave an at-times-emotional presentation about their work with drug addicts in the Region. They shared information about the health services made available to a marginalized community in the Region, as well as some of the terribly sad stories of people, originally like you and me, who have become addicted to drugs, both legal and illegal ones, and whose lives have fallen into truly hard times, some of whose lives have been lost.

A safe injection site has recently been approved and opened up in downtown Kitchener amidst controversy and protest by people in the neighbourhood, but Kathy and Violet reassured us of the great value of their work for the good of the broader community, not just for the drug users themselves. Illegal behaviours are neither approved nor condoned; the attempt is simply being made to help people who otherwise retreat into secrecy and harm themselves and others.

The Sanguen Health Centre originally was a small not-for-profit organization focused on Hepatitis C and problems of a marginalized population. Now the Centre includes testing for Hep A and B, HIV and syphilis, as well as overdose prevention and vein care. Besides the site in downtown Kitchener, the Centre has a community health van purchased through the sponsorship of Telus Corporation, which provides a mobile health clinic reaching more of the drug-using community. The Centre also provides counselling services, flu shots, and sexual-health support. It sees up to 500 people per week.

The building with offices in downtown Kitchener has only been open since October 15, 2019, but normally five people work there at a time, 12 hours per day, seven days per week. As many as 40 people are seen per day, with two rooms set aside for safe drug injection. No person has ever fatally overdosed while using their facility, and all people are treated non-judgmentally, simply to encourage them to come there for their own health and a chance to receive counsel and help in any way possible. It was stressed to us that nobody ever wants to become an addict. The oldest person who uses their facilities is 87 years, and many users have been productive people from various walks of life.

The benefits to the wider K-W community are that this health initiative aims to minimize death; the spread of disease like HIV, hepatitis, and other blood-borne infections; as well as reducing bodily injuries to users. The point was strongly made that it is very much cheaper to help this marginalized community through the health clinic than it is through the emergency departments of local hospitals. Also, it costs OHIP about \$100,000 just in medication to treat a single person with Hep C, so prevention is crucial. We were provided with a quick lesson about Naloxone for countering overdoses of fentanyl, and shown a standard kit.

In a moving anecdote, Kathy told us about the parents



Violet Umanetz and Kathy McKenna

and friends of an innocent 17-year old boy from Elmira who died from a fentanyl overdose not long ago. When they heard about efforts by the Region to develop an education program regarding the dangers of drug use, the boy's parents begged Kathy to introduce an education program at their son's high school so other young people are better warned and hopefully saved from making a potentially fatal decision.

More Pandemic Blues

- ◆ Actually, my life is just about the same as it used to be. Shudder to think what that says about me.
- ◆ Was on the road at night, police searched my trunk. They uncovered rubber gloves, mask, duct tape, rope, chemical bottles, and plastic sheets. They're giving me an award.

Pension Update

by Alastair Robertson

Pension Fund Rate of Return

The WLU Pension Plan, along with other Canadian pension plans, enjoyed strong asset returns in 2019. From January 1 to December 31, 2019, the pension fund earned an annual rate of return of 13.5 percent, which easily outpaced the fund's 7.46 percent average annual rate of return over the four years from 2016 to 2019. Last year's results represent a particularly dramatic improvement from those posted in 2018 when the fund grew by only 0.31 percent.

Stock markets boomed in 2019. The S&P/TSX Composite Index of Canadian stocks rose by approximately 21 percent. In the U.S. the Dow Jones Industrial Average gained 22 percent, while the S&P 500 Index advanced by almost 29 percent. Stock markets in China, Europe, Japan,

and emerging markets also registered strong gains over the year and the MSCI World Index, which tracks stocks of over a thousand companies throughout the world, rose by 24 percent in 2019. Just over half of the WLU Pension Fund is held in the form of equities, both Canadian and foreign.

By contrast, the first quarter of 2020 saw a steep drop in equity prices as markets responded to the COVID-19 pandemic and fears of its effects on the economy. Between January 1 and March 31, 2020, the main Canadian and U.S. stock indices fell by slightly more than 20 percent. The exact effects of this meltdown in equity markets on the University's pension fund is not known at the time of writing. Of course, approximately half of the pension fund is held in assets other than equities, which include bonds, mortgages and infrastructure investments whose values are not directly tied to the public equity markets.

Pension Plan Estimated Funded Status

At its March 2020 meeting (held online), the Pension Committee of the Board of Governors received estimates of the funded status of the WLU Pension Plan at December 31, 2019, as prepared by the plan actuary. The value of the plan's assets were compared to its pension liabilities on both a going-concern basis, which assumes that the pension plan will continue indefinitely into the future, and a solvency basis, which assumes that the plan terminates at the date of the valuation. A pension plan is considered underfunded on a going-concern basis when its funded ratio (assets divided by pension liabilities) is less than 100 percent. Under current Ontario pension legislation, a pension plan is considered underfunded on a solvency basis when its funded ratio is less than 85 percent.

At December 31, 2019, the Pension Plan had a going-concern funded ratio of 99 percent, which represented an unfunded liability of \$7.3 million. These results are a slight improvement from the going-concern funded ratio of 98.7 percent, and corresponding deficit of \$8.9 million, recorded at April 30, 2019, the date of the most recently filed actuarial valuation. The rise in the going-concern funded ratio over 2019 is attributable to a number of factors including better-than-expected investment returns, as well as the special payments made by the University.

When estimated on a solvency basis, the Pension Plan had a funded ratio of 93.7 percent at December 31, 2019, which was a decrease from the value of 95 percent recorded at the April 30, 2019, valuation. The fall in the solvency funding ratio is primarily attributable to the decrease in government bond yields, which are used to set interest rates needed to estimate the plan's liabilities by expressing future pension benefits in present-day dollars. When interest rates fall, pension plan liabilities rise.

Like most other Canadian defined benefit pension plans, the WLU Pension Plan is expected to suffer a deterioration in its funded status as a consequence of the stock

market downturn in the first quarter of 2020. However, the University is not legally obligated to file another actuarial valuation of its pension plan until April 30, 2022, and, in the meantime, faces no increase in special pension payments above the level required to amortise the \$8.9 million going-concern funding shortfall under the April 30, 2019, valuation.

Yet More Pandemic Blues

- ◆ A prevailing theme of disaster movies has a haughty government official ignoring a scientist. Of course, that would never happen for real.
- ◆ Asked Amazon how much they'd pay me to accept two barrels of crude oil. (Still waiting.)
- ◆ Wish I had a dog. So it would take me out for a walk.

President's Message

by Gerry Schaus



What a difference a few months make! Since the last issue of the WLURA Newsletter, the world has been turned upside down, by a little virus. And by "world" here, I don't just mean a corner of Ontario, or even all of Canada, or of North America, I mean literally, the *whole world*. The Grim Reaper is culling our ranks at a frightening pace, and causing economic woes that reach far deeper into society than any of us can easily grasp.

It is up to us as individuals though to choose whether we want to dwell on the depressing news about the number of new cases and recent outbreaks and, sadly, more deaths from the virus, or whether we instead focus on the good things around us, like our families, our gardens, new taste treats, sunny days, nature's renewal, quiet walks, warm memories. I choose the latter.

I've been in self-isolation for the past two and a half months at the cottage, being re-supplied with food by my daughter who lives in nearby Orillia. There have been many days when I haven't talked to anyone all day – except myself. When I arrived here, there was still a thick sheet of ice on the lake. Now, I've been in for swims on five occasions in the sun-warmed water, and looking forward to many more opportunities. Pam has been babysitting our grandson at our other daughter's house, while we've given up our own house to one of my sons and his girlfriend who works as an ER nurse at Grand River Hospital. We're very conscious of spreading the virus, or catching it from others, but we've gotten into a new routine, and are certainly en-

joying the change of pace. For the first time in a long time, there are *no* travel plans to think about, for better or for worse. We're content where we are, and having a chance to work on a fair number of things that had been sitting on the "back burner."

As for WLURA, the Executive have been making contingency plans for a re-start of activities, whenever that may be. We'll keep you informed as re-openings begin, and life returns to normal. Meantime, it's a chance to wave at your neighbour, chat with your grandkids, and stay at least two metres away from those whose hugs have always made you feel a little uncomfortable (wink, wink). Enjoy your days!

Again, Pandemic Blues

What's behind this?

- ◆ Just a pendulum swing-back – so teens can scold their parents for going out?
- ◆ The Internet industry – to cause mass addiction?
- ◆ The shelf-fixture industry – so new store shelves look presentable when empty?
- ◆ Karma – for living on Native land?
- ◆ Makers of wide hoop skirts for when everybody's required to wear them?
- ◆ Biblical truth about introverts inheriting the earth?
- ◆ Telemarketers – so everyone would be home?
- ◆ Mother Nature sending us to our rooms?

Gift Card Scam

WLU's ICT Security Team investigated twelve different gift card scams in February. These involved emails sent by one or more people impersonating professors, department chairs, and deans. These emails requested gift cards ranging from \$300 to \$2200 from Best Buy, Amazon, Shoppers, Victoria's Secret, and Steam.

Greg Cudmore, an ICT Security Analyst, explained how it works:

The scammer creates an account impersonating a faculty or staff member, and then sends email to other faculty or staff members asking for assistance. After receiving a reply, the scammer asks the respondent to purchase a gift card, using an excuse like:

- ◆ "I'm tied up in a meeting."
- ◆ "I'm unable to go to a store."
- ◆ "I'm running late to class."
- ◆ "Can you do me a favour?"
- ◆ "My vehicle is broken down."
- ◆ "I'm out of the country or out of town."
- ◆ "I forgot my [son's, daughter's, nephew's, or niece's] birthday today."
- ◆ "How are you doing? Where are you? Are you busy? I need a little favor from you."

There are a few ways to spot the scam:

- ◆ The sender's email address is incorrect
- ◆ When clicking the "Reply" button the sender's email address has changed
- ◆ The email signature or credentials are incorrect

If you believe an email is a possible scam send an email to reportspam@wlu.ca, forwarding the message you were sent. ICT can help confirm whether an email is malicious in nature. You should also contact the user directly by phone or in person to verify the request.

Sun Life

For the covid-19 situation Sun Life has launched a dedicated web page at www.sunlife.ca/covid-19. Here you can find the most up-to-date information from Sun Life regarding their response to COVID-19, including the emergency out-of-country coverage with Allianz.

CURAC Affinity Agreements

by Frank Millerd

CURAC (College and University Retiree Associations of Canada) has arranged a number of affinity agreements that provide discounts to members. Members of the WLU Retirees' Association are eligible to participate in these affinity agreements.

Registered Teachers of Ontario (RTO) Extended Health Care Plan

Members of the WLU Retirees' Association are eligible to join the Retired Teachers of Ontario (RTO) and participate in RTO's group plans. You must be a member of RTO and permanently residing in Canada to join an RTO group insurance plan. You can join RTO without joining an RTO plan. For membership information and an application see: www.rto-ero.org/join-us/membership. The membership fee is \$70 per year.

Retiree Association members who are RTO members may join the RTO Extended Health Care Plan. Features of the plan:

- ◆ pays for eligible expenses not normally covered by a government health insurance plan which are recommended as medically necessary;
- ◆ coverage includes prescription drugs, vision care, elder-care guidance, paramedical practitioners, aids and appliances, accidental dental and guidance on treatment options, subject to limitations;
- ◆ comprehensive 93-day/trip travel insurance.

Retirees who are not now members of the WLU or another extended health care plan may be interested in joining RTO and the RTO Extended Health Care Plan.

RTO members who are currently in a group health benefits plan, such as Laurier's, will be accepted as members of the RTO Extended Health Care Plan without a medical questionnaire. Coverage is also available for spouses and dependent children residing in Canada.

Information on the RTO Extended Health Care Plan and rates is available at: www.rto-ero.org/insurance. Membership enquiries may be directed to RTO at **1-800-361-9888**.

Rates vary relative only to single, couple, or family. They are not age-banded. Current monthly rates for the RTO plan are: single, \$104.35; couple, \$208.75; and family, \$250.52. Coverage can be continued for a surviving spouse and eligible dependent children following an RTO member's death if they are already enrolled in the RTO Extended Health Care Plan.

To learn more or to apply for enrolment in the RTO Extended Health Care Plan or other RTO plans, please:

- ◆ call the plan administrator (Johnson) at **1-877-406-9007**
- ◆ identify yourself as a member of the CURAC group; and
- ◆ identify your member association, the WLU Retirees' Association.

The surviving spouse of a deceased retiree may join RTO and RTO's plans only if the deceased retiree was an RTO member at the time of death. A retiree may want to join RTO to ensure their surviving spouse is eligible to join RTO and enroll in their group plans if the retiree predeceases the spouse. After a retiree dies any health and dental benefits from Laurier for the surviving spouse and eligible dependents continue only for two years. If a surviving spouse joins an RTO plan within two years of the retiree's death, while still a member of Laurier's Group Benefits Plan, they will be accepted into the RTO plan without a medical questionnaire.

The Laurier benefits retirees had when they retired remain in place. The RTO plans are available from your membership in the Retirees' Association and are not associated with WLU. Enrollment in an RTO plan would be in addition to any benefits from Laurier.

Home and Car Insurance

Economical Insurance offers retirees affiliated with CURAC auto and home insurance at advantageous rates. CURAC members can save up to 60 percent on home and auto insurance premiums. Specializing in group property and auto insurance, Economical is one of Canada's leading property and casualty insurers, established in 1871.

Pet Care Insurance

PetSecure offers retirees affiliated with CURAC pet insurance at advantageous rates. PetSecure is a member compa-

ny of Economical. Information on Economical programs: www.curac.ca/members-benefits/economical

Travel

The government of Canada currently advises that all non-essential travel outside of Canada be avoided until further notice.

Travel Medical and Trip Cancellation Insurance

MEDOC Travel Insurance (a division of Johnson Insurance) offers travel insurance and trip cancellation insurance. Please be advised that due to the evolving novel Coronavirus (Covid-19) pandemic, the purchase of new Medoc Travel Insurance policies is not available at this time. If you are a current MEDOC Travel Insurance customer, visit Johnson's dedicated coronavirus page www.johnson.ca/coronavirus for information regarding your coverage and regular updates.

In normal times the insurance may be purchased at curac.johnson.ca/travel-insurance-medoc. You may also call **1-866-606-3362** Identify yourself as a member of the College and University Retirees' Associations of Canada, and quote group number **087**, unit **11**. An annual plan covers unlimited trips and travel disruption and cancellation.

Travel insurance is also available from **Securiglobe**, a broker who endeavours to match individual clients with an insurance that best suits their needs. Contact them at www.securiglobe.com, or phone **1-888-211-4444**

RTO does not offer stand-alone travel insurance. However, their full extended health-care package includes travel and trip cancellation insurance.

Travel Planning

Collette Travel

Members planning future travel may wish to check out the broad range of tours available from Collette Travel. Go to: www.gocollette.com/en-ca/landing-pages/2015/partner/curac Mention your membership in WLURA, a CURAC association, for additional savings.

Trip Merchant

Trip Merchant has negotiated special membership savings directly with travel suppliers, some as much as a 30 percent savings on travel experiences. Go to: curac.tripmerchant.ca. Once you click on it, you will have to enter the CURAC password: CURACTM18

Pandemic Blues

Glad I take pills every morning – the dosette lets me know what day it is.

Nutrition note: Discovered that tomato juice, four times a day, prevents and cures isolation anxiety. (Just don't forget the ice, vodka, and celery stalk.)

Medications and Older Persons

We received this from the College and University Retiree Associations of Canada (CURAC) in January 2020.

The Issue

This Bulletin has been prepared for the benefit of CURAC members who are using prescribed medications. It encourages proactive medication management to help keep seniors healthy by using a preventative approach. We describe risk factors and current practices designed to avoid inappropriate prescription practices. While changing prescribing practices to reduce the use of potentially inappropriate medications is a complex health system problem, public awareness is key. This will be the case especially if national pharmacare comes to Canada. National pharmacare is expected to improve the health status of all persons and particularly the older cohort of our society, but not if they receive drugs they don't need. We also note that nonpharmacological strategies for controlling health challenges that are often treated with medication are underutilized, i.e., exercise, nutrition, counselling.

The Problem

Medication safety should be a health priority for seniors. A risky medication is a drug that may do more harm than good by causing harmful effects, including falls, fractures, memory problems, hospitalizations, kidney failure and mortality. There is reason to believe greater caution in the use of medications should be exercised.

The risky medications are identified in Beers criteria for potentially inappropriate medication use in older adults. The medications listed tend to cause side effects in seniors due to the physiologic changes of aging. It was estimated that drugs defined as potentially inappropriate for use by seniors were used to the extent they cost \$419 million (or \$75 per Canadian senior) in 2013, and nearly half of seniors had at least one claim for a drug on the Beers list in 2016.

Additionally, when people take many medications it is highly unlikely that appropriately controlled trials have been done to examine whether people are better or worse off if a new drug is added to an existing set of medications. Polypharmacy is the use of multiple medications at the same time by one person. There are appropriate medication choices for the elderly patient with multiple chronic diseases. However, polypharmacy can be a potential problem if the medications (and over-the-counter remedies, alcohol, vitamins, herbs and other food supplements) interact to increase, decrease or cancel the positive or negative effects of different drugs. Research shows that ad-

verse effects from medications occur in 58% of people using five medications.

Medications and Our Aging Bodies

The number of normally functioning cells in our organs decreases markedly as the body ages and chronic diseases impair organ function. Medications are absorbed, distributed throughout the body via the bloodstream, broken down in the liver, kidneys and other organs, and excreted primarily through the urine and feces. As we grow older, the dose of drugs should be reduced generally.

As we age, our body changes.

- ◆ The brain becomes more sensitive to drug effects. The effects of medications on the brain may also last longer.
- ◆ Some medications stay longer in our body because we have less muscle and more body fat. These changes may alter how drugs are distributed within the body.
- ◆ The liver becomes less efficient at eliminating some medications, as liver size decreases as we grow older. This may lead to increased interactions when taking multiple medications.
- ◆ The kidneys may remove medications from the body less efficiently, causing greater accumulation with chronic drug therapy.
- ◆ There are both sex changes and body composition changes that may affect where drugs are located in the body after a dose.

When types of medication are potentially inappropriate for older persons, alternative pharmacological or non-pharmacological therapies should be sought. When too many medications are taken, deprescribing is an underutilized solution. Deprescribing is a planned and supervised process of either dose reduction or stopping the use of drugs that have a high risk-to-benefit ratio; they are not sufficiently beneficial when compared to the risk of causing harm. Deprescribing is most effective when healthcare providers reinforce the message during repeated visits.

The goals of the Canadian Deprescribing Network are to:

- ◆ eliminate the use of risky medications for Canadian seniors
- ◆ ensure access to safer drug and non-drug therapies

The Canadian Deprescribing Network provides pamphlets, articles and other resources for the public on their website, <https://www.deprescribingnetwork.ca/patients-and-public>. For the D-PRESCRIBE trial in Quebec, pharmacists sent an educational brochure to the patient and a pharmaceutical opinion to the physician and this resulted in a greater discontinuation of inappropriate prescriptions compared to usual care.

Drug Routines and Capabilities

Drug routines and capabilities are key elements in safe and effective use of prescription or over the counter medications at any age but particularly as we age.

- ◆ Organizational capabilities are needed to safely sustain daily or weekly dosage levels. Blister packs prepared by your pharmacist or dosettes prepared at home can help.
- ◆ Cognitive capabilities are needed to ensure that medications are taken on time. A partner or helper can prompt you to take medications at the right time and in the desired sequence.
- ◆ Mental capabilities are needed to choose non-prescription products that will not be harmful.
- ◆ Physical capabilities are needed to open and store pill containers and retrieve pills when needed.

A medication policy can alert funders of support services to include funds for professional services to enable older adults to set up daily routines and safety plans associated with medication management.

Success Stories

SaferMedsNL brought together patient advocates, community organizations, healthcare professionals and academic researchers, to improve medication use through deprescribing potentially harmful or unnecessary medications. As a province, Newfoundland and Labrador has a high rate of misusing potentially harmful medications, including antibiotics, sleeping pills, painkillers and medications used for heartburn and reflux.

SaferMedsNL personnel tour the province and engage in conversations with people in the communities to raise awareness and to empower people to ask their health-care provider if the medication they are using, or that of a loved one, is still needed.

In its analysis of safe and inappropriate medication practices, the SaferMedsNL initiative focused on proton pump inhibitors in year 1, benzodiazepines in year 2 and opioids in year 3. Proton pump inhibitors, such as those used for heartburn, are commonly indicated for short-term use. Patients using benzodiazepines are at risk of daytime drowsiness, confusion, memory loss, depression, falls and fractures, and motor vehicle accidents, therefore seniors' use of these medications should be limited.

Challenges

Pharmacare is a system of health insurance coverage that provides people with access to necessary prescription drugs. Deprescribing superfluous drugs and avoiding unnecessary polypharmacy in the elderly are two issues that need to be addressed before benefits of a national pharmacare program would be realized.

Informed literate patients and their families could participate in drug therapy decisions if they know the questions to ask and how to find answers. Prescription drug

information is usually embedded in the prescribers' Electronic Medical Record system, but these systems have a limited potential to identify clinically significant drug-drug interactions and considerable probability for triggering spurious alerts. Many Canadians do not have a family doctor so there may not be anyone who can advise and monitor their health over time.

Non-adherence to doctor's prescription recommendations is also a serious problem that should be monitored, with patients, their families, doctors and pharmacists working to ensure adherence.

Concluding Message

The greatest danger in inappropriate use of drugs, especially those that impair brain function, is the premature loss of independence, with reduction in ability to perform activities of daily living and the risk of institutionalization. The Beers criteria provide a generally effective strategy for reducing adverse drug events in the older patient population.

* * *

This document was prepared by Grace Paterson, Chair, Health Care Policy Committee, CURAC-ARUCC grace.pater-son@dal.ca, and committee members Linda Kealey, UNB; Ken Craig, UBC; Don Dennie, Laurentian University; Michel Tousignant, UQAM; Daniel Sitar, University of Manitoba; Donna Meagher-Stewart, Dalhousie; Thomas Wilson, University of Saskatchewan.

In Memoriam

- ◆ George Urbaniak, History, May 28, 2018
- ◆ Gordon Greene, Music, September 25, 2018
- ◆ Reg Haney, Business, November 6, 2018
- ◆ Victor Martens, Music, November 25, 2018
- ◆ Michael Sibalis, History, April 9, 2019
- ◆ Frank Turner, Social Work, April 27, 2019
- ◆ Ruth Matthies, Switchboard operator, May 9, 2019
- ◆ Paul-Eugène Dion (husband of Michèle Daviau), August 3, 2019
- ◆ Arnold Frenzel, Economics, October 16, 2019
- ◆ Shirley Craig (wife of Ron Craig, Business), November 22, 2019
- ◆ Barry Kay, Political Science, December 13, 2019
- ◆ Julia Hendry, Library, April 3, 2020
- ◆ Bruce Stratton Young, Geography, May 14, 2020
- ◆ Audrey Leeman, Social Work, May 30, 2020

Upcoming Gatherings

For our Friday presentations we gather in the lower floor lounge of the 202 Regina Street building. Coffee at 1:30

p.m., presentation at 2 p.m. Family and friends welcome. Use your parking permit to park in any staff and faculty (gold) or student (white) lot.

We were to have a presentation by Lucy Marskell, family member of the Vincenzo's dynasty, on the beginning and evolution of Vincenzo's. Hopefully, we will have this presentation in May 2021; more information below.

Since the meetings to propose candidates for executive positions (the April executive meeting, and the May Annual General Meeting) had to be cancelled, the association president proposed that the incumbents stay in harness for another year, and all have agreed. We hope this is acceptable to the membership.

Tentative fall schedule

If gatherings are permitted in the fall and it is prudent to gather, the following are planned, subject to cancellation:

Friday, September 25 Pensions and Benefits

We'll get the latest information from representatives of WLU Human Resources.

Friday, October 30 Pub Night

Friday, November 27 Blackberry Town

Retired Record business reporter Chuck Howitt will talk about his new book BlackBerry Town, which tells the story of the rise and fall of BlackBerry, the impact of the compa-

ny on Waterloo Region, and the blossoming of the Waterloo tech sector. Chuck was originally scheduled to join us this April.

January to April 2021 To be arranged

May 2021 Gathering

Deferred from May 2020, we will have a presentation by Lucy Marskell, family member of the Vincenzo's dynasty. Lucy will tell the story of her parents' arrival in Canada from Italy, their calculated risk of opening an imported food store (well, mostly tomatoes and olive oil at the beginning) in a small house on Bridgeport Road, and its evolution into the Vincenzo's where we all love to shop. And yes, there will be food! An event to look forward to: Friday, May 28, 2021.

And Again More Pandemic Blues

- ◆ Here's my pitch for a movie plot: "A space station has a huge supply of consumables but a faulty radio. It lands after two years in orbit. The astronauts find no human life, just headlines about supposedly cured patients spreading a mutating virus that drifts on the wind." No, forget it – too formulaic and farfetched.
- ◆ Want to make the kids read more? Switch TV programs to subtitle mode.
- ◆ Overheard in a grocery-store washroom: "Excuse me in the stall – is there any toilet paper in there? No? Then can you give me two fives for a ten?"

WLURA Executive 2019–2020

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