

Retirees'

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News

The 43rd President's Reception for Retirees

The next President's Reception for members of the University of Manitoba Retiree Association (UMRA) is set for **Saturday, April 14, at 2:00 pm** in Pembina Hall in the Mary Speechly Building on the Fort Garry campus. **Please note the change in venue!**

President David Barnard will be in attendance. He will talk about recent developments and priorities of the university.

3MT© x 3

The featured speakers at this spring's reception will once again be several graduate students who gave outstanding presentations at the Three Minute Thesis competition. Retirees who attended the 39th and 41st President's Receptions will likely remember the presentations of those students. They were so enthusiastically welcomed by retirees in attendance that the UMRA executive decided to repeat the program a third time.

For those who missed the previous 3MT© presentations, the Three Minute Thesis (3MT©) is a research communication competition developed by the University of Queensland in Australia in 2008. The objective of the 3MT© is to compress months, even years, of graduate research into an attractive three-minute presentation. The first 3MT© competition attracted 160 students. Participation in the



President Barnard with Rachel Nickel -- 2017 3MT© winner

3MT© concept initially grew in universities in and near Australia. By 2011 the first 3MT© competitions were held in Canada, the United States and the United Kingdom.

The 2018 competition began in early February when 35 graduate students participated in one of three elimination rounds. Thirteen participants were chosen to advance to the final competition held on March 21, 2018 in St. John's College.

3MT© competitions challenge students to consolidate their ideas and research discoveries so that they can be presented concisely

to a knowledgeable but non-specialist audience – which is exactly the kind of audience that attends the President's Reception.

If you are planning on attending this spring's reception, you are asked to RSVP to Lynn Bohonos, Learning and Organizational Development, by Monday, April 2, 2018. You may telephone Lynn at 204-474-9124, or send her an email at: lynn.bohonos@umanitoba.ca.

President's Message

I joined UMRA in 2009 upon retirement from academic appointments in what is now the Rady Faculty of Health Sciences. Initially I served as a member at large on the Executive Committee, followed by four years as Vice-President. I was elected the new President



Daniel Sitar, UMRA President

at the October AGM and plan to serve a single two-year term. One of my goals will be to work to encourage other retirees to become active in governance of the Association and progress to leadership positions. It is important to me that new visions continue to be brought to our Association, so that our influence and mentorship increase as the University moves forward into the twenty-first century.

My background was in Pharmacy; I completed my undergraduate training in 1966 and maintained my clinical practice license until the end of 2009. I continued my research with an MSc in Pharmacy and a PhD in Pharmacology, both from the University of Manitoba and completed in 1972. After academic appointments at the University of Minnesota and McGill University, I was recruited back to the University of Manitoba by the Faculty of Medicine in 1978, where I contributed to the establishment and development of the first Geriatric Clinical Pharmacology Unit in Canada. From 1999 until the end of 2008 I served as Head of the

Department of Pharmacology and Therapeutics. I was the first Canadian to serve as Editor in Chief of the Journal of Clinical Pharmacology, the official journal of the American College of Clinical Pharmacology. Post retirement, I was appointed Professor Emeritus and continue to participate in the development of a new test for cancer that I patented and donated to the University of Manitoba.

As president, I am pleased to announce that the UMRA Bursary Endowment Fund reached critical mass at the end of 2017 and was awarded for the first time. As well, our newly established Graduate Studies Endowment Scholarship Fund received initial donations by the end of 2017. We eagerly anticipate its growth to a value that will allow our Association to be increasingly recognized for its support of the mission of the University. With respect to external activities, our contribution to the United Way of Winnipeg campaign for 2017 increased from our 2016 donations, and represents 40% of funds contributed by the University of Manitoba campaign. As the University representative for the retirees' component of this charitable campaign, I wish to thank you for your continuing generosity in support of important charitable activities that contribute to the improvement of the quality of life of Winnipeg citizens.

I look forward to seeing many of you at our Spring Retirees Reception in April, where winners of the three-minute thesis competition will present their findings as they did at last year's event. Our Association sponsors the second prize Award in this competition.

Daniel Sitar, UMRA President

From the Editor

I look everywhere for articles that might be of interest to UMRA members. For this issue I searched both far and wide and near and narrow.

For the "Retired, Not Entirely" page I looked nearby and called on a long-time buddy of mine, Ian Kerr. Ian and I were once upon a time a "dynamic and high scoring" two fifths of a championship basketball team called The Interdisciplinarians. In our championship year in the Manitoba Amateur Basketball Association, we defeated the Brian Pallister led Portage team in the semi-final game on the way to our title. Perhaps in retaliation Pallister moved into a giant mansion on Wellington Crescent directly across the river from the Kerrs' more modest digs.

Ian has spent his time away from basketball researching the labour and transportation history of colonial India. His article focuses on a notorious stretch of railroad tracks east of Mumbai, India. Thanks to our



Gene Walz

going digital, it can be nicely illustrated.

In my wider search, I've borrowed an article from the newsletter of the Retirees' Association of Simon Fraser University. In what I hope will be a continuing column on medical issues for UMRA

members, I've instituted a new column entitled: "Taking Care of Your Health". The article is by Parveen Bawa, retired professor from the Department of Biomedical Physiology and Kinesiology. I hope it encourages retired members of our UM medical school to send me similar articles on such issues as strokes, depression, etc.

Gene Walz,
Senior Scholar
Department of English, Theatre, Film, and Media
(Retired, obviously, but not entirely)

Retired? Not Entirely!

The Greatest Achievement of Mid-19th Century Railway Engineering

by Ian J. Kerr

In March 2014, fifteen years after my early retirement, I saw for the first time the magnificent vista displayed in Western India some 80 kms from Mumbai looking down from the crest of the Bhore Ghat near Khandalla. The busy railway line from Mumbai to Pune crawls up and through that rugged terrain (and gingerly downwards) with supplemental pushing engines (“bankers”) needed at the rear on the ascent for extra power and to guard against a coupling failure that could otherwise see some carriages hurtling catastrophically backwards and downwards). This was a line I had travelled years previously at night. Thus the 2014 overview was revealing despite the fact that the Incline’s history had been an intermittent subject of my research for some twenty years – but always kept on the back burner by other projects.

The fifteen mile Bhore Ghat Incline was built 1856-1863 as a section of the Great Indian Peninsula Railway (GIPR—construction underway late 1850; first section opened April 1853) to link Bombay (Mumbai) and its great port to other parts of India across the precipitous Western Ghats in a north-east direction (at the Thal Ghat) and a

south-east direction, the Bhore line. Arguably, the Bhore Incline represented the greatest achievement of mid-19th century railway engineering in the world. Contemporaries thought only the great Semmering line in the Austrian Alps (also in use today) to be comparable.

The completed incline had a 1 in 37 gradient in its steepest area, and a reversing section to surmount the most difficult stretch. 25 tunnels, eight arched masonry viaducts, the cutting of 54 million cubic feet of hard rock, and the embanking of 67.5 million cubic feet of material at a cost of some £1,100,000 (over £70,000 per mile compared to the average cost in India at that time of £18,000 per mile) were needed. In the photo of Bhore Ghat you can just see viaducts and a tunnel entrance upper left, roughly two thirds of the way up the great ravine. Some embankments were over sixty feet high with slopes exceeding three hundred feet. Most of the earth working was done with hand tools and the earth usually carried by women using head baskets.

Men, women and children (earth workers often sought employment as family units) toiled away in large numbers. The construction work force numbered some 10,000 in 1856, surpassed 20,000 in early 1857, and peaked at 42,000 in January 1861. Average daily employment over the



Bhore Ghat near Khandalla

construction seasons was roughly 25,000, and the total number of deaths likely exceeded 25,000, although detailed records of mortality among the Indian workers were not kept. During the construction season the area was hot and dry and the workers frequently ravaged by cholera, malaria and other diseases. Accidents killed others. It was a Hobbesian life: “nasty, brutish, and short”.

How does one best understand this remarkable feat of civil engineering? As a triumph of the technical skills, determination and technology deployed by the engineers? In part, yes. But the 1863 account of the construction written by Robert Graham (1823 – 1917), the then chief of the GIPR, stated that the novelty of the construction in such an “inhospitable district” was not so much in the works themselves but rather in “the organization and adaptation of native labour to works of such magnitude”.

Graham claimed success for the British engineers on the Bhore...



Earth workers

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Taking Care of Yourself

The following is reprinted from the Simon Fraser University Retirees' Newsletter, Vol XIV Number III, with the gracious permission of the author Parveen Bawa. Thanks also to the editor Maurice Gibbons and the layout editor Walter Piovesan.

Polypharmacy

by Parveen Bawa

Definition:

'Polypharmacy' refers to the unnecessary use of multiple medications, at the same time, to treat several coexisting medical conditions. 'Medications' don't only refer to prescribed pills, but also include herbal remedies, vitamins and over the counter (OTC) tablets (e.g. Tylenol/Advil/Gravol). Polypharmacy is typically used to describe situations where patients are taking five medications or more - this is very common among elderly patients. Older adults use 30-40% of the prescription drugs, and 40% of the over the counter (OTC) medicines prescribed or purchased in the US. Further, approximately 50% of seniors (>85 years) in Canada take at least one prescription medicine that is not necessary; a few are taking up to 25 different medicines concurrently, with 60 separate doses daily!

Consequences of polypharmacy:

Polypharmacy is risky in any age demographic, but the consequences of taking too many medications can be particularly high in the elderly population. There are many physiological changes that seniors experience that make taking multiple drugs more risky. These changes include: an increase in body fat, increasing the chance that drugs may get trapped in fat cells and remain in the body for longer periods of time; a decrease in body fluids, which increases the concentration of certain medications; a slowing down of the gastro-intestinal system, resulting in longer time for absorption of drugs; as well as a natural decline in liver and kidney function, which changes the rates at which various drugs are metabolized and excreted. Finally, decreases in memory, vision, hearing and dexterity can make opening bottles and reading instructions more difficult - medication errors can easily occur.



Reasons for polypharmacy:

Polypharmacy can occur because of inherent patient factors - for example when a patient with multiple medical conditions is prescribed multiple necessary drugs; or, it can arise secondary to systemic issues - as is seen when a patient is under the care of several specialists. If a patient is getting different medications from a cardiologist, urologist, dermatologist and nephrologist, he or she may be on multiple medications that interact without even knowing it. Further, with knowledge acquired from the internet, people are self medicating and mixing Allopathic, Homeopathic, Ayurvedic, Chinese and other herbal medicines at home. Some of these alternative medications are safe when taken on their own, but can have serious consequences when added to a cocktail of other drugs. Finally, certain physician factors can make polypharmacy more likely. Unfortunately, some doctors may not clearly document why a particular medication is started. This lack of documentation makes it difficult for a new physician to safely discontinue previously prescribed medications. Further, some physicians may be hesitant to discontinue older medications as they prefer not to 'rock the boat' and risk potential withdrawal. These physician factors can inadvertently lead to the prescription of one too many medications on top of the others.

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Prevention:

Polypharmacy is very serious; in order to avoid dangerous drug interactions, your family doctor or an internist needs to coordinate all prescribed and purchased medications - this includes OTC pills, vitamins, herbal remedies as well as externally applied creams. Beyond that, it is important to learn as much as possible about the drugs you are prescribed, and be clear about their uses, side effects, and interactions when talking to your physician/nurse/pharmacist. Make sure you are aware of which foods may interact with any of the drugs you are on; and if possible, use just one pharmacy for all your prescription and OTC drug needs. Before starting a new medication, make sure it is not for the treatment of a side effect of another drug. Finally it is important to put a strategy in place so that you will remember to take all medications correctly. Certain side effects or interactions can occur simply because you've taken your medication at the wrong time or with the wrong meal.

Practical Suggestions:

Make a Table of medications, both prescribed and OTC. Take a copy with you when you visit any physician for any physical or mental problem. Know your drug and food tolerance; you might have a rare reaction to a drug, which others don't. When a medicine is prescribed, write down the reason for prescription, the date, dose, and side effects that may be associated with its use. This information should be easily accessible to you or anyone else who is giving you medication. Get a review of your drug intake regularly. Most pharmacies ... will offer free drug interaction checks and free drug education. And finally, if in doubt, don't hesitate to talk to your pharmacist or doctor about any questions or concerns you have.

If you would like to further educate yourself, some information on drugs and their interactions can be found at the following web sites:

<http://www.webmd.com/drugs/2/index>

<https://www.fda.gov/drugs/resourcesforyou/ucm163354.htm>

<https://www.verywell.com/drug-safety-for-seniors-3859688>



Parveen Bawa, MSc (Physics University of Alberta), PhD (Biophysics Univ of Alberta) is a Neuroscientist. She started working at Simon Fraser University in 1978 and retired from the Department of Biomedical Physiology and Kinesiology in 2009.

Important Retiree Reminders -- New on the UMRA webpage

A new clickable entry on the UMRA website will link you to a page of important retiree reminders.

The first three reminders of this new feature deal with supplementary health for surviving spouses, reset dates for annual coverage limits, and the lifetime limit in the supplementary health plan.

Go to the [UMRA website](#), and look for the tab "MEMBERSHIP" and then click on "Important Reminders."

Retired? Not Entirely!

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...Ghat precisely in the realm that led the famous George Stephenson to state: "I can engineer matter very well, but my great difficulty is in engineering men." Construction --indeed production generally--is always about social relationships.

Thus, the central story about the building of the Bhor Incline lies in the assembly, coordinated use and working conditions of large numbers of Indian workers, and in the resistances they mounted against their appalling conditions and the sometimes brutality, or more often indifference, of those who directed their labour. It is a story I have nibbled at in short pieces. I hope it will be a book one of these days - though I'd better hurry since, like all of us retirees, I'm mortal.

Ian J. Kerr is one of the six historians that retired simultaneously in 1998-1999 when a previous early-retirement incentive was set to expire. Now a Senior Scholar, History, he has published a number of books and articles dealing, primarily, with the labour and transportation history of colonial India, including the book Building the Railways of the Raj 1850-1900, for Oxford University Press.



Contact information for UMRA

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Phone: (204)474-7175
E-mail: retirees@umanitoba.ca

Website:

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Email contact to Retirees

UMRA is using e-mail to send reminders and notices of events of interest to retirees. To receive these, retirees should forward their e-mail address to:

retirees@umanitoba.ca

Do you have a new email address?

If you are one of the retirees who has registered for the university's ".umr" email address, please send your new email address to: retirees@umanitoba.ca

If you have changed internet providers and/or you prefer to use another email address, this request for an update of your email address applies to you as well.

This will ensure that you will continue to get regular retiree updates and other missives, including *Retirees News*, the twice-yearly UMRA newsletter.

Computer help still available

Retired university staff members who are also members of UMRA are eligible to use the computer support service provided by three graduate students in the department of computer science. The assistance available covers both hardware and software problems.

The computer service is not "instant" in that it may take a day or two or three for your call for help to be fully processed, partly

because the graduate students are not able to drop everything and partly because incoming telephone and email message are monitored by UMRA executives from their homes.

Computer support is a "fee-for-service" arrangement and you should discuss this at the outset, either as an estimate of time or as a project cost. The service can be provided in your home where desktop equipment is involved, or in the case of laptops on

campus or some other convenient location.

This computer support service is only available to UMRA members with paid memberships; that is, holders of the life membership or those who are paying the annual membership fee.

Call the UMRA telephone number, 204 474 -7175, or send an email to: retirees@umanitoba.ca