

Retirees'

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News

A Message from New UM President Michael Benarroch

Manitobans have a deep warmth to them unlike any other. I was reminded of this as I returned to Winnipeg, the city I grew up in after emigrating from Morocco, and began my role this July as the University of Manitoba's 12th president and vice-chancellor.

The welcome I've received despite our current climate of social isolation has been affable, genuine and above all encouraging. Ours truly is a supportive university community.

I know from my years as Dean of the Asper School of Business that UMRA holds a significant position here. Your ongoing contributions have sparked change and empowered others. As retirees, you have a unique perspective and valuable insight which I look forward to learning from. We are all on a new journey together and I welcome the opportunity to hear from each one of you about your hopes for UM's future.

Recently, I shared my values with the university community in a video message, and I've included an excerpt here, so that we might get to know each other better.

It's fantastic to be back home. Manitoba, Winnipeg, the University of Manitoba. All mean "home" to me. I'm honoured to be here and to have the opportunity to lead our world-class university into this new decade.

Of course there are challenges, bigger than we could have imagined just six months ago, but together we have the potential, as this province's knowledge and innovation engine, to rise to the occasion and shine as an inspiration to all. We can be the northern lights of the world.

By tapping into our collective spirit of innovation and creativity, we will prepare our students and our communities – in this province and around the globe – for whatever changes are necessary as we build the best world we can.

I began by mentioning how wonderful it is for me to be back home. That's because I feel a sense of belonging here, supported in the pursuit of dreams and aspirations, proud. Think about that a moment. More than anything else, I want to convey to you today that I am unequivocally commit-



ted to ensuring everyone, with no exceptions, feels at home at the University of Manitoba.

We will confront racism and discrimination in all its forms, standing in solidarity with Indigenous, Black, LGBTTTQ, and all marginalized communities. We will elevate all that we do by responding meaningfully to the Truth and Reconciliation Commission's 94 Calls to Action. So that no matter who you are, you are able to work and learn in a safe and supportive environment.

I am here to engage with all of you and to listen to what you have to say. To hear all your voices: students, faculty, staff, alumni and community members. I can't wait to begin.

You've shown remarkable flex-

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UMRA President's Message

Sitting in my office on the Bannatyne Campus, I am contemplating what should be included in this communication. As I review last year's communication, it is clear to me that this eventful year will stand out from most others, unfortunately not for our usual expectations of opportunities to travel widely and to enjoy the wonderful summers with our family and friends. As Manitobans, we are fortunate to have an administrative health care system that has minimized the impact of COVID-19 on the health of older individuals compared to other provinces. Admittedly, access to health care due to other causes of illness has been impaired. Other columns in this Newsletter are relevant to this issue. In spite of the fact that the Executive Committee of UMRA has not been able to meet face to face since February 2020, we continue to work on your behalf to advocate for improved opportunities for University of Manitoba retirees.

Although there will not be a face-to-face retirees reception in 2020, UMRA has continued to meet with Central Administration for discussions on pensions and benefits. At the moment, there is nothing further to report, other than the fact that these meetings now occur virtually, and have not been cancelled due to COVID-19-related issues. The University has a new President, and he has provided an introductory message for this Newsletter. UMRA looks forward to working with him to maintain and improve the communications between us. UMRA continues to maintain the visibility of retirees in the University by its sponsorship of the second prize for the 3-MT competition and our undergraduate bursary award that continue to be awarded to deserving students.

I continue to be the UMRA representative to CURAC, and we will meet virtually in September. As a member of their Health Policy Committee, I have been able to contribute to the development of



Daniel Sitar, UMRA President

policy documents relevant to retirees of post-secondary institutions. These documents are posted on the CURAC website, and you are encouraged to access them. Since the CURAC Annual Meeting has been delayed from its usual occurrence in May, there is nothing further to report concerning their proposed activities for the coming year.

I close by wishing all retirees of the University good health and the hope that by next year we will again be able to meet face-to-face at social and UMRA events to reminisce about our life experiences and the impact of COVID-19.

From the Editor



Gene Walz

I won't say much here; you'll see why later in this issue. The reason for the usual front page is gone – there'll be no president's reception again this fall. But the new UM President, Michael Benarroch has filled that page admirably. If you're looking for something local to read during your quarantining and your taste is good mystery or crime novels, see if the interview with George

Amabile about his new book *Operation Stealth Seed* tempts you. And instead of the usual professional medical report, I've included an account (Part I) of my own recent succumbing to a health problem.

*Gene Walz
Senior Scholar,
Department of English, Theatre, Film,
and Media*

Retired? Not Entirely!

Writing a Crime Novel *An Interview with George Amabile*

Last fall (2019) Signature Editions published *Operation Stealth Seed*, a crime novel by retired UM English professor George Amabile. It was the winner of the Michael Van Rooy Award for Genre Fiction at the 2020 Manitoba Book Awards. It's the story of a New York cop, an Iraq and Afghanistan vet battling PTSD and nefarious Homeland Security operatives, as he tries to solve what turns out to be an international criminal organization.

George Amabile has eleven previous books on his resume and has had his work published in over a hundred national and international venues, including *The New Yorker*, *Poetry* (Chicago), *American Poetry Review*, *Botteghe Oscure*, *The Globe and Mail*, *The Penguin Book of Canadian Verse*, *Saturday Night*, *Poetry Australia*, *Sur* (Buenos Aires), *Poetry Canada Review*, and *Canadian Literature*. He has won awards in the CAA National Prize, the CBC Literary Competition, the Petra Kenney International Competition and the MAC national poetry contest, and the National Magazine Awards. His most recent publications are a long poem, *Dancing, with Mirrors* (Porcupine's Quill, 2011) and *Small Change* (Fiction, Libros Libertad, 2011) both of which won Bressani Awards and *Martial Music* (Poetry, Signature Editions, 2016).

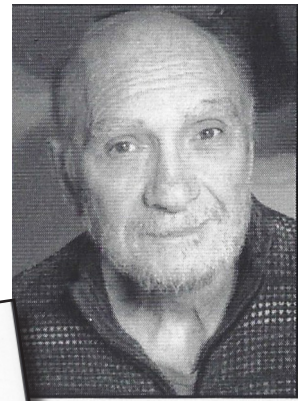
George Amabile joined the English Department in 1963 and retired as Full Professor in 1998.

The following interview was conducted via the internet. George was stranded in Belize because of covid-19 restrictions on travel. To complicate matters, he got infect-

ed with three strains of salmonella while there. When they got that under control, Clostridium Difficile attacked, and he spent a week in a hospital bed in Belize City hooked up to an IV. He's now fully recovered and living back in Winnipeg.

Gene Walz: What made you decide to tackle a novel – and a crime thriller at that – after such a distinguished career as an award-winning poet? What was the trigger or spark that pushed you in this direction?

George Amabile: Don't know. To see if I could? It was more of a whim than a trigger and took thirty years. It began as a collaboration with a friend who is not a writer but who had "ideas" for a popular novel. This morphed into a police procedural, his preference, but I wanted something with a much larger frame and added the Agro-Corp scam but in a much sketchier and less detailed version. I finished a draft and sent out the usual queries with synopses and outlines to several hundred agents. They declined and there the project stalled. My friend agreed to drop out and let me do what I wanted with the manuscript, and a few years later, I booked into a downtown hotel for three weeks and wrote a whole new and improved version. *A Time of Locusts* became *The Tricicum Project*. I had consulted with a colleague in Agriculture and clarified the science behind the *Operation Stealth Seed* and eventually found an



agent in New York who wrote that if I'd sent him the book a few years earlier, he could have sold it in a flash. But the economy had tanked and publishers were only looking at books by their own

authors with established platforms. He was the one who suggested the PTSD element, which seemed right, so I did the research and wrote it in, but he never got an offer, quit being an agent and became an online publisher whose bid to publish my book I declined. Over the years, I connected with another agent who was very helpful and worked with me on yet another revision, which did not find a publisher in the US or UK. These transformations took more than thirty years with long periods of abandonment and disinterest. The main reason I kept coming back to it was that I always liked what is now the opening chapter with Commander McLaren deep in the sea, and I thought the rest of the book could be fixed.

GW: How does your most recent book of poetry, *Martial Music* (2016), connect with the themes and issues of *Operation Stealth Seed*?

GA: The overlap is in the aspects of both books that deal, more or less directly, with war and PTSD.

A Message from New UM President

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ibility. Thank you. You've made a tremendous difference. As a province, Manitoba has shown strength and resolve. You – we – have a right to feel proud.

Thank you for your dedicated service to this university. I know that all of you have demonstrated deep commitment to the University of Manitoba, especially through recent challenges.

At this time, I want to take the opportunity to congratulate my predecessor, Dr. David T. Barnard, who served with such distinction as our 11th President and Vice-Chancellor.

In the coming weeks and months I will be seeking our community's direct input, so that we can work together to help ensure we deliver on our mission.

I look forward to hearing your ideas, your observations, your expectations. As we navigate uncertainty, we will remain focused on providing an outstanding student experience, supporting research and creative endeavours that improve lives and extend knowledge, and engaging with the community in mutually beneficial ways. We will continue to edge resolutely, forward and upward – always uniquely strengthened and enriched by Indigenous knowledge and perspectives.

This is home. Our home. Megwetch. Thank you.

Together we will achieve our dreams – and help build a world where the same is possible for all.

GW: You've said that *Martial Music* stretched you "out of your comfort zone." I imagine *Operation Stealth Seed* did the same thing. Is this a post-retirement thing? Have you had an existential crisis? Have you quit being a poet?

GA: No I was still teaching when I started OSS and, though I've had an almost continuous existential crisis since I reached the age of reason, I'm still writing poems and have just completed a new book, *Seeing Things*, which is one copy edit away from being sent to publishers.

GW: Your main character, Nicola Cortese, is a veteran of three tours in Iraq and Afghanistan. I read that you changed that from a Viet Nam vet. How difficult was that? What kind of research did you have to do?

GA: I was already working on *Martial Music* which has two long poems based on the conflicts in Vietnam, Afghanistan and Iraq. I just dug deeper, read more books by veterans of the Middle East wars and focused on how these new

materials worked into the book I already had. It was much easier than adding the PTSD theme, but it took a significant amount of time because all of the new details had to be fitted and timed.

GW: Nicola fits into categories familiar from American crime stories – an action hero and a rogue cop. Not quite Rambo or Dirty Harry but not far off. Is that a fair appraisal?

GA: To some extent, yes. But he has a psychological disability which is entirely antithetical to the full metal jacket machismo of Harry and Rambo.

GW: Yes, what most distinguishes your main character from other fictional cops is that he has PTSD – Post-traumatic Stress Disorder. The places where Nicola suffers from wartime flashbacks are some of the most vivid and haunting parts in your book. How did you come to write these?

GA: I did a great deal of research, read many books by psychiatrists and psychotherapists, including case histories of

BARRACUDA

(From George Amabile's forthcoming book: *Seeing Things*)

A pale green shape, idling
in the pale green tide,
so indistinct I'm not sure it's there
until I look deeper and find its long, spare
shadow printing the rippled sand of the sea floor.

So darkness confirms reality, restores
this barely visible, shimmering thing
to the world in which it strikes like a knife without warning,

a world where nature crawled up out of the seaweed
and climbed a double helix till it hatched
fairness and compassion matched
with deception, arrogance, violence, greed.

Veterans who served two and three terms because of the Stop Loss policy which kept sending them back to the battlefield. One of the poems in *Martial Music* is a re-working of voices from actual PTSD case histories of Vietnam vets.

GW: Your publisher has suggested an illustrious cast for *Operation Stealth Seed* were it to be made into a movie: Robert Downey, Jr. as Nicola as well as Lucy Liu, Chris Hemsworth and Kevin Spacey. Did you help with this? Do you think of movie stars in crafting your characters?

GA: No, it took me completely by surprise. And I don't think of movie stars when imagining fictional characters. I think it gets in the way of allowing them their full and authentic fictional reality as the story unfolds and their personalities become more complex.

GW: Someone once said that crime stories are ¼ plot, ¼ character, and ½ what the author knows. You seem to know a lot about the current US government's illegal, in fact, its lethal and undemocratic shenanigans. Homeland Security takes a particular hit. What kind of research went into getting this info, and how much of this is factual?

GA: As far as I know, it is all factual. My sources were mostly news reports and articles in magazines. The powers granted to the White House, Intelligence agencies and the DHS are clearly spelled out in both Patriot Acts and the National Defense Authorization Act. The NDAA of 2012 contains several controversial sections, the chief being §§ 1021–1022, which affirm provisions authorizing the indefinite military detention of civilians, including U.S. citizens, without habeas corpus or

due process, contained in the Authorization for Use of Military Force (AUMF), Pub. L. 107–40. [8]

GW: Much of the action of the novel takes place in New York City, its dark streets, its bars, and its dodgy buildings. You clearly know the place well. Is this from the vivid memories of your wasted youth? Or did you have to go back there, notebook in hand? Or did you just use Google Maps?

GA: All of the above. I lived in New York for a whole summer in the sixties, and wasted much youth. I stayed with a college room-mate one year when my partner Annette ran the New York Marathon, and was able to refresh vivid images of Central Park. Google Earth was really helpful in staging the ambush firefight in the industrial wasteland around the Hutchinson river.

GW: Nicola drinks Glenfiddich Scotch; another character recommends Balvenie Scotch, and later Macallan Scotch – 21-year old single malt. I guess you know and like your Scotch Whisky. Anything else to recommend?

GA: I still like the Balvenie 12 year old.

GW: Do you read a lot of crime fiction? Who might have influenced you? Are there any crime novels or novelists that you can recommend?

GA: I'm not sure about influence, but I've read most of the classics, Hammett, Chandler, Elmore Leonard. Also, police procedurals like *The Onion Field* (Joseph Wambaugh) and crime/detective novels by writers as different as Robert Parker, Michael Connelly and Lee Child. I think all of these writers are worth a look. Also P. D. James for mystery.

GW: What did you learn writing *Operation Stealth Seed*?

GA: I learned many things, how disorganized and uncontrolled war can be; that PTSD is a normal response to abnormally violent experience, almost inevitable after 180 days of combat; and that I had a number of PTS symptoms off and on ever since I witnessed my brother's death when his bike was hit by a truck when I was 16.

GW: What was the hardest thing writing it? What was the most fun?

GA: The hardest thing was translating the psychiatric complexity and neuroscience of PTSD into a rendering that was accessible without being oversimplified, and complete without trying the reader's patience. The same difficulties presented themselves with the science that underlies the *Stealth Seed* plot. The most fun was writing the scenes between Nicola and his teen age daughter, Terry.

GW: Any advice to give to people who might want to try their hand at writing a crime novel?

GA: Think of it as a hobby. Consult a book on technique like *Scene and Structure* by Jack M. Bickham, and when you get bored, only give up for a few years at a time. ■

Taking Care of Yourself

My Stroke during Covid-19 Quarantine: Part I

By Gene Walz

I awake in the pitch dark. Oh, man! I have to pee. I've rarely ever had to get up to pee in the middle of the night. Must be I've officially become a Senior Citizen, an old codger with a weak bladder.

As I swing my legs over the side of the bed, I glance at the clock. 3:45 am. Saturday morning, April 18. Aaargh!

I can feel my feet touch the carpet. But, as I lift my butt to climb out of bed, whammo! I crumple to the floor. Unable to get up, I crawl to the toilet using only my right leg and arm. Pulling myself up with the aid of the tub, I somehow, after great effort, manage to get on the toilet and relieve myself.

Sitting there, I realize that I must have had a stroke. Better phone 911. I crawl out of my bathroom and around my double bed to get to the phone – with only one usable arm and leg -- in the dark. It wasn't easy! Rug-burn made me feel every inch.

Somehow between 3:54 when I phone and 4:05 when a fire truck arrives, I manage to get completely dressed. And unlock my side door. I have no memory of how I did this. When the first fireman enters, I'm sitting calmly in a chair by the door. "You the guy with a stroke?" Yes.

The firefighters and paramedics are all masked, shielded and gloved against the covid virus. They seem to take far too long asking me questions and typing info into their laptop computer. It's worrisome. Shouldn't they be rushing? Then they hoist me onto a gurney and shove me into the back of an ambulance.

Winnipeg ambulances have suspensions similar to Red River ox-carts. You never realize how bad the city streets are (Waverley, Bishop Grandin, and Pembina) until you're jounced around in the back of an ambulance. Adding to my discomfort is this thought: I hope Victoria Hospital isn't a covid-deathtrap. I don't want to enter on a gurney and exit in a body bag!

My admission to the Vic is a blur. I must have slept for hours; when I awake, I'm in bed in a double room on the fifth floor. I'm wearing one of those hospital "gowns" with the full backside ventilation, and my clothes, plus whatever modesty and pride I had, are in a green plastic bag by the side of the bed. My immediate worry: has the stroke affected my memory. I try consciously to remember things: did I have any forewarnings of the stroke in the days before? EFAS – Eyes, Face, Arm, Speech. I recall stumbling over a log hiking along a river path in the late afternoon. Later that evening my left arm shook a bit as I was driving. Not the classic warnings. My memory seems okay.

Lying motionless on my back around noon and listening to the animated chatter of the nurses and aides (mostly in Tagalog), I feel strangely normal. I'm in no pain, and my body does not feel weird at all. It's only when I try to move that I realize that something is wrong. I can move my right arm and leg, but not my left side. So, I can't sit up or even roll over. I'm stuck. And the urges of nature are becoming insistent. I'm hungry, and I have to pee. Again.

I press the button at the end of a long cord to summon some assistance. An aide shows up and recruits another one to help. They swing my legs over the side of the bed, lift me into a wheel chair and push me to the toilet. There they pull me up by my underarms, turn me around and plop me on the high-rise toilet. Mercifully, they leave.

When I'm done, I force myself to stand up on my own, turn around, and sit down in the wheelchair, using only my right arm and leg and steel-willed stubbornness. I refuse to be a one-sided person. The aides congratulate me when they return. They hoist me into bed just as lunch arrives.

Ever try to open a small pepper or sugar packet (like they dispense at McDonald's) with only one usable hand? Impossible! Or pry the lid off a plastic cup of pudding? How about cutting a pork chop with a dull knife and one hand? Although the bed has been electrically cranked up so that I'm in a sitting position, I keep having to grab the bed-rail with my right hand to keep from toppling over to my left. Lunch takes a huge effort. That's when I fully realize just how incapacitated my stroke has rendered me. I remember the old joke: I'm all right now.

Luckily, I sleep through most of the rest of the day. Except for a couple of rude awakenings by nurses intent on administering pills and taking my blood pressure. BP is good, then not so good at all, then sort of okay. No explanation for the variances. They do say, though, that stroke victims need a lot of sleep.

It's a good thing I sleep through most of the day – and the next one too. My unfortunate roommate needs attention five or six times a night. Lights brighten, machines whir, attendants converse loudly enough to let everyone on the floor know what they're doing.

Then they apologize to me and leave. Like Dracula, I sleep during the day on my back, my hands crossed on my chest. That's all I can do.

After a sponge bath early on my third day, I'm still feeling very grubby. I need a shave badly. So, I'm given a crude Bic disposable, and I immediately carve out two huge chunks of skin above my upper lip. Because I'm on serious blood thinners, I bleed like Dan Ackroyd spoofing a cleaver-wielding Julia Child on SNL. Gouts of blood pulse down my chin and onto my "gown." A large gauze pad is quadruple-folded

and taped across my entire upper lip. It doesn't stanch the blood at all, just fills up with it. I look like an old, scruffy-faced wino with a thick, blood-red mustache. A more experienced nurse (from Nigeria) finally stops the bleeding by stretching tape across the gauze

"...someone called my daughter in Montreal and informed her that I had "a very nice stroke."

from ear to ear and anchoring that tape with ones that reach from forehead to chin.

That's how I meet my first physiotherapist. She's pleasant, but she wants me to try to walk. I'm swung out of bed and introduced to a walker with two front wheels and two rear sledges. I can barely grip the handle with my left hand and my left leg drags. But I'm idiotically determined, and I manage to force myself out of the room

and halfway across the corridor. And back. The therapist hints that with more progress I might be a candidate for the Stroke Rehab Centre rather than the Geriatric Rehab Ward downstairs. Awake often again that night, I try to force my left arm and leg to work.

Lift that leg! Clench that fist!

The next day I struggle to "walk" twice as far. I feel like I'm auditioning. Later that day I pretend to stand un-propped at my window and wave to my girlfriend Lucy across the street in the Tim Hortons parking lot. Oh, how I wish I could have a Boston Cream donut to celebrate. I've been accepted at Riverview Stroke Rehab Centre!

Late Wednesday afternoon I'm bundled into my winter coat over my "gown," and I sit bare-assed in a cold, leather-seated wheel chair in the back of an unheated transit-van heading for Riverview. I'm happy as a puppy with an old shoe. I'll get my

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Prescription Drug Benefits for UM Retirees *By Dan Sitar*

After more than 30 years as a University staff member, I discovered that I had never been registered with the Provincial Pharmacare Drug Benefits Program. I had assumed, incorrectly, that my reregistration for Manitoba Health Benefits, when I moved back to Winnipeg, included this document. My community Pharmacist informed me that Canada Life had discovered this omission and gave notice that I was to register for Pharmacare Benefits. This omission apparently can affect your insurance coverage for prescription drugs under the Supplementary Health Insurance Group Policy with the University

of Manitoba. A copy of the registration letter sent by Manitoba Health, Seniors and Active Living needs to be provided to Canada Life.

Firstly, you need to check with Manitoba Health as to whether or not you are already registered for Pharmacare. If you are not registered, then you need to complete the form "Pharmacare Application and Consent Authorization. pdf" available from the Manitoba Government website. Due to the COVID-19 pandemic, you must supply this completed form electronically to Manitoba Health, Healthy Living and Seniors or send it by Canada Post (Carlton Street office). My Pharmacist said to

choose Option A on the application form – a one-time registration. I did this by email and included the scanned document as an attachment. My family's application was acknowledged by return email. About ten days later, I received by Canada Post the Registration document with my Pharmacare deductible amount listed. The last step: provide a copy of this document to Canada Life. I provided this information by phone using their 1-800 number.

Hopefully, most or all of you are already registered for Pharmacare and will not have to endure this process.

own room, specialized attention, and pajamas instead of a gown.

I was told early on that the most important lesson for a stroke patient is: to be patient. And to accept small, even microscopic improvements. My five days of self-conceived exercises to touch my left thumb to my four left fingers pays off when I'm clumsily able to tie the chord of my pajama bottoms. The next day, as three aides cheer and clap, I button my shirt with my two hands. Two tiny but immense victories.

My first two days at Riverview are filled with assessment tests: memory, cognition, speech, strength, balance, coordination, endurance, etc. Afterwards, someone called my daughter in Montreal and informed her that I had "a very nice stroke." I tell her there is no such thing.

Seeing and hearing about other Riverview stroke patients, I soon realize how "nice" my stroke is. It didn't happen on my dominant side as it did for some people. Nor did it completely wipe out my memory as it did for a woman – otherwise perfectly physically able. Nor my reasoning; a couple of guys can't add simple numbers. Nor my speech – as it did for five fellow patients, including two people in their early thirties. One man, I was told, lost his first language, French, but not his second, English. I didn't realize that strokes could manifest in so many ways. I am lucky. Only my left side is, as they say, non-operational.



Kit foxes in Riverview's exercise area -- closed to patients due to covid.

Assessments are thorough and exhausting, but the exercises assigned are tougher. My first weekend is filled with "homework": six physical exercises each to strengthen and stabilize my unresponsive left leg and arm. The hardest: lying on my back, lifting my left leg to

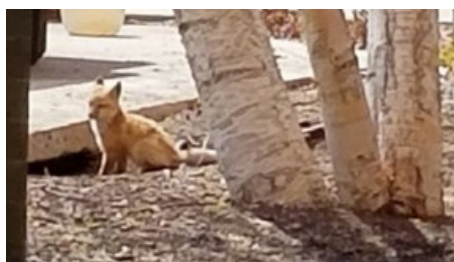


My corner room on the 4th floor from a "visitor" on the ground.

45 degrees, straight, and then pulling it toward my chest. Ten times. It's 30 to 35 pounds of dead weight and at first almost impossible to do even once. As are the five other exercises for my leg. Twice-a-day walking drills (with two attendants to keep me from toppling over) to convince my wonky leg and draggy foot to relearn the basics of walking are no easier.

Sleep comes quickly. Unless I get electric spasms down my left leg or jerks in my left foot. Nerves getting new signals, I'm told. Usually a five-hour per night sleeper, I double that in recovery, and doze off periodically during the day on weekends when there's a skeleton crew working – no therapists to roust me out of bed for exercises.

My second weekend at Riverview begins ominously. I get a shot of Delta Parin every morn-



ing to thin my blood and prevent blood clots in my mostly-unused legs. My Friday shot produces a small, purple-yellow hematoma or bruise (bleeding under the skin). When I'm given my weekly shower that night, I notice that it's the size of

a softball. By Saturday morning the hematoma is as large as a loaf of Italian bread and stretches from my navel to the middle of my back. "Biggest I've ever seen," says one veteran nurse. I feel faint.

The next morning, they move my shot to my right side. But that needle hole won't clot at all. By noon I have a huge gauze pad and half a roll of tape to try to stanch the bleed. The nurses rip the tape off my hairy stomach (yeow!) seven times before they're satisfied that the bleeding has stopped. They decide to cancel the shots – with only one weekend doctor around for the entire wing. All I can think of are the horror stories about people entering a hospital with a simple hang-nail and being dragged out on a slab. To me no blood clot medicine equals blood clots in my legs. I pray a lot over the weekend, not from any deep religious conviction but because there seems to be no other real option.

On Monday my therapists return, perky and encouraging. Reesa challenges me with intriguing logic puzzles. Annaka, my occupational therapist, gets me to do toddler

stuff for my wobbly arm and balky hand – like extracting tiny square pegs, turning them over in my left fingers and putting them back into square holes. It’s a struggle, and I exhaust myself by holding my breath with each peg-try. Krista, my physiotherapist, has me fitted for a carbon-fiber ankle brace to help my draggy foot and gets me to try to step up and down stairs or balance on one leg. Barely possible! The blocked pathways from my brain to my left side have to be replaced by new channels, and they aren’t developing quickly.

But I work hard that entire week, devising my own exercises to add to the ones assigned. By my third weekend I can get out of bed and into a wheelchair, give myself sponge baths every morning, and dress myself. This morning routine takes an agonizing hour or more, but I feel a great sense of accomplishment. I’m even able to limp-walk with my walker but without attendants. I’m free!

Over the weekend I take six walks a day. It’s a chance to say hello to the 30 or so other patients

in the ward – or at least the gregarious ones well enough to sit in their wheelchairs in their doorways. With strict quarantine in effect (no visitors allowed at all, no common meals or even small groups, all employees wear masks and face-shields), walking the halls is the only real “socializing” that can happen. It’s not much, but it’s better than being isolated by yourself at home.

On Monday morning I wake up sore: arthritis in my shoulders and knees is screaming at me. I overdid it on the weekend. But there’s no rest for the painfully weary. Morning exercises involve getting in and out of a tub and pretend showering. Plus: kitchen work – opening cans, bottles, and cereal boxes. Handling pots and retrieving dishes from high cupboards. Practice for going home.

At 3:00 pm Shaylyn, a substitute therapist, guides me to the railing that lines the corridor and runs me through a series of new exercises. Heel-to-toe walking, knee bends, shuffling left foot over right – all while hanging onto the railing.

Last of all, she insists that I walk on my own. No walker, no cane, no railing for support. Staring nervously at my feet, I take nine small, teetery, tentative steps without touching the railing. Then there’s a gap for doors: no railing for moral support. Shaylyn urges me on. I take eight more cautious steps. Then nine more. Wow! I turn and get all the way back – not looking down. About 50 steps in total. I feel like yelling like Dr. Strangelove at the end of that great movie. I CAN WALK! I’m so emotional I almost break down and weep right there.

Doctors make the rounds once a week. A young Pakistani-Canadian intern visits on Friday at my request. I finally find out exactly what kind of stroke I’ve had: a clot in the right internal capsule, deep inside my brain. So deep that at first they couldn’t find it. My skull’s too thick or my brain’s too dense, I jokingly ask. He smiles wanly. I’m impressed by his knowledge and manner.

But on Saturday morning I quickly change my opinion. In my ration of three pills (baby aspirin, beta blocker, and blood thinner) is an unexpected fourth. The intern never mentioned it was coming. I check possible reactions (some dire), refuse to take the pill, and call for the only doctor onsite. It takes him two hours to get to me. Had I had an adverse reaction, his arrival might have been too late. So, I’m furious. He explains that the pill is to control my widely varying blood pressure readings. I mention the irony: by springing it on me unannounced, it’s having the exact opposite effect! My BP must be off the charts!

Early Tuesday morning, the now contrite intern stops in to apologize -- thankfully preventing me from
concluded on page 10

DEDUCTION PUZZLE

Using the clues below, decide what each person drinks, what each person wears, and how many cats and dogs each person owns.

- 1) The person in the suit has no dogs.
- 2) Jean does not drink Shiraz.
- 3) The person who drinks Cabernet wears jeans.
- 4) Justin wears jeans.
- 5) The person with three dogs wears shorts.
- 6) The person in the slacks drinks Shiraz.
- 7) Jean and Kim have no cats.
- 8) Brian has two animals.
- 9) The person with seven animals does not drink Chardonnay.
- 10) The person who drinks Pinot Noir has two cats.
- 11) Jean’s three dogs fight with Justin’s five dogs.
- 12) Kim and Stephen have no dogs.
- 13) Brian wears a sports coat.
- 14) Stephen and Justin have two cats.
- 15) The person who drinks Champagne has one dog and one cat.

My Stroke during Covid-19 Quarantine *continued from page 9*

delivering a tirade about doctors not being un-consulting dictators anymore.

The remainder of the week is a downer. I seem to have hit the wall. Hand exercises are truly frustrating; deduction puzzles seem merely repetitive and meaningless. Even the relentlessly cheery assistant physio, Emily, can't really keep me from privately feeling somewhat sorry for myself. I'm not progressing as fast as I want to.

My final week at Riverview features more specialized exercises and a battery of final assessment tests. My scores are encouraging. They confirm that I've made some dramatic improvements in five weeks. The therapists also help me to arrange for a railing to be installed on the steps to my front door as well as grab bars by my

back door, and a chair in my tub. They also order a new walker for me to use at home. My emotions seesaw up and down. Up: looking forward to getting out of my jail-like room with its direct view of a six-story brick wall. Down: I'll miss the constant attention, encouragement, and cheerfulness of the staff.

May 27. All my clothes, books, etc. are stuffed into two garbage bags, and I wheel myself to the main entrance. Covid restrictions prevent the usual send-off. No group hugs, handshakes, pats on the back, cheers. It's like everybody evaporates from my life. Poof! It's a warm, sunny day, and I'm outside for only the third time in five weeks. Thrilling and scary. ■



Contact information for UMRA

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The University of Manitoba,
Winnipeg, Manitoba R3T 2N2
Phone: (204)474-7175
E-mail: retirees@umanitoba.ca
Website:

<http://umanitoba.ca/outreach/retirees>

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



In Memoriam

You may not be aware of the In Memoriam section of UMRA's website. It provides information about deceased retirees (including links to obituaries).

University of Manitoba - Outreach - Retirees - Corner - In Memoriam

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.

Important Retiree Reminders

For info on Supplementary health for surviving spouses, reset dates for annual coverage limits, and the lifetime limit in the supplementary health plane: Go to the UMRA website and look for the tab "MEMBERSHIP" and then click on "IMPORTANT REMINDERS."