

Retirees'

Volume Twenty-three, Issue Two
Spring, 2020

News

The 47th President's Reception for Retirees

The next President's Reception for members of the University of Manitoba Retirees Association (UMRA) is set for Saturday, April 18, 2020 at 2:00 pm in McLuhan Hall in UMSU on the Fort Garry campus.

The featured speakers again this spring will be selected winners of the University of Manitoba Three Minute Thesis (3MT*) competition. For those of you unfamiliar with the (3MT*), it's a series of competitions that challenge graduate students to consolidate their ideas and research discoveries so that they can be presented concisely to a non-specialist audience in three minutes or less.

It's exciting to watch and learn about what our innovative graduate students are researching. We are pleased to continue UMRA's

contribution towards the 2nd prize for this competition.

If you are planning on attending this spring's reception, you are asked to RSVP to Lynn Bohonos,

Learning and Organizational Development, by Friday, April 3, 2020. You may telephone Lynn at 204-474-9124, or send her an email at: lynn.bohonos@umanitoba.ca.



Last year's four 3MT speakers at the April UMRA president's reception.

United Way Results

In what was considered an "absolutely fantastic campaign" the 2019 United Way Campaign raised \$21.6 million. The University of Manitoba contributed a total of \$615,969.77 of which \$603,105.87 came from university employees, past and present. Of that total, UM retirees donated \$269,157.04. Dan Sitar, the retiree representative to this campaign, reports that retirees accounted for 44% of the University's total donations.

President's Message

Our Executive Committee meetings continue to deal with important issues related to retirees from the University. Highlights of these meetings are published on the UMRA website. Meetings of the Pension and Benefits Committee are ongoing with Central Administration regarding University Pension Plans and the Supplementary Health Benefits Plan changes instituted in 2018. There is nothing further to report at this time.

As a result of a Constitutional Amendment that UMRA passed at our 2019 Annual Meeting, there are now changes to the recognition of classes of membership in our Organization. These changes have implications for access to affinity programs provided through CURAC, our national organization. Please make yourself familiar with them. They are published on the UMRA website.

Our UMRA endowed Undergraduate Bursary Award was provided to a student in the Fall of 2019. The UMRA Postgraduate Scholarship in Aging Research received additional contributions in 2019, but it has not yet reached the value required to start granting an award to a deserving graduate student.

Those of you who use a Microsoft operating system on your computer are reminded that they no longer support Windows 7 as of the middle of January 2020. There are significant computer security implications as a result of the retirement of the Windows 7 operating system.

Finally, I would again encourage you to consider volunteering for positions in UMRA. We could use additional expertise to enhance its activities, e.g. maintenance of our website, communications to our colleagues, interactions with



Daniel Sitar, UMRA President

Central Administration, and stimulating new activities that would be of interest to retirees from the University. At this time, we require an additional volunteer for the operation and maintenance of our website. Previous experience in this area is not necessary, since appropriate training will be provided to the person who wishes to contribute to this important component of our communications activities.

From the Editor



Gene Walz

By the time this issue reaches your computer, the Canada Geese will have returned in some numbers. The rest of the feathered migrants will have started back from their non-winter haunts and will arrive over the next month or so. For birders like me and my friends this has been a winter of depleted numbers of birds. That reflects the patterns that many ornithologists have noticed for the past twenty years or so: the dramatic, in fact, the scandalous and scary loss of birds. The number is in the billions,

many billions. It makes me wonder whether birds will go the way of their storied ancestors, the dinosaurs. This extinction will not be natural, but man-made.

This has been a nearly silent winter when it comes to birds in Manitoba. I hope spring will be noisier with birdsong.

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

Retired? Not Entirely!

Women's Work in the Nineteenth Century *By Arlene Young*

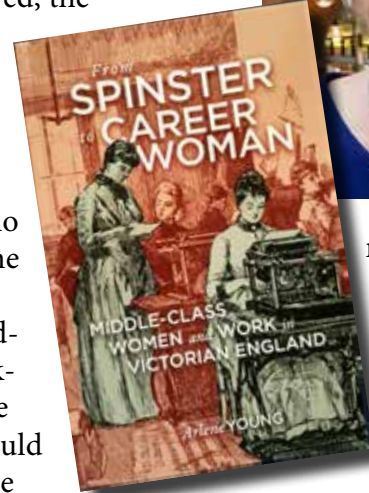
Retirement from my position in the Department of English, Theatre, Film & Media has meant freedom to continue research without the diversions of university teaching and service. Most importantly, it has allowed me to finish my long-term project on middle-class women and work in Victorian England, published last year by McGill-Queen's University Press as *From Spinster to Career Woman: Middle-Class Women and Work in Victorian England*. This study had its genesis in my previous book about the lower middle class, *Culture, Class, and Gender in the Victorian Novel*, in which one of my main foci was male office workers.

In my research for that book, I became intrigued by the radical difference between representations of women vs men as white-collar workers. Men were always perceived of as ineffectual, limited, both in terms of intellectual and physical attributes—Bob Cratchitt, Scrooge's self-effacing clerk in *A Christmas Carol*, is a classic example. Women in white-collar positions were perceived in vastly different terms. Rather than being diminished by clerical work, women were empowered. So I turned my attention to these women and spent many hours in dusty archives, uncovering their inspiring story. At first, I focused on office work, and became absorbed by the excitement generated by the introduction of the first transformative business machine, the typewriter, and along with it, the progressive women who became the first professional typists. I soon became aware, however, that while the

typewriter (as she was called in the Victorian period) was a celebrated figure in late-Victorian culture, as represented by articles and stories in which she figured, the hospital nurse was equally as significant in media discussions about women and work.

Now for anyone who is not steeped in arcane Victorian ideas and values, the idea of middle-class women working, especially as office workers or nurses, would seem too obvious to be of any real significance. In North America today, we think of the middle-class as encompassing most people and of middle-class women working as a matter of course. In Victorian Britain, however, the middle class was a small segment of the population, and its members ranged from very affluent to very, very wealthy. It was considered improper for women in this class to work for pay. They could do charitable work, but they were financially supported by their fathers and then by their husbands. What work meant to these women was financial independence and personal freedom. And that is why, when women were able to secure positions in offices, they did not, like their male counterparts, see such employment as narrow or oppressive. They saw it as liberating and empowering.

The two figures I focus on in this study—the hospital nurse and the typewriter—have special significance in the evolution of employment opportunities for



middle-class women in Victorian culture: the hospital nurse, because she represented the successful transformation of nursing from a

menial job into a profession, and the typewriter, because she encompassed the cachet of modernity. Discussions of these two figures in the media and in fiction were central to the radical adjustment of attitudes towards women and work over the course of the second half of the nineteenth century. *From Spinster to Career Woman* analyzes hundreds of sources, ranging from novels and short stories to articles from Victorian newspapers and periodicals from both the mainstream press and from the women's press in order to reconstruct the story of this transformation and of its effects on women's lives.

Not all of my retirement has been spent doing research and writing. I have also been active in another kind of teaching, in the form of public presentations and interviews. I have given three illustrated talks at Dalnavert Museum as part of its lecture series—one presentation on Victorian

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Taking Care of Yourself

DEMENTIA: What It Is and How to Deal with It *By Parveen Bawa*

(The following is reprinted from the Simon Fraser University Retirees' Newsletter, Volume XIV, Number I, with the gracious permission of author Parveen Bawa. Thanks also to the editor Maurice Gibbons.)

We humans take great pride in the wonderful things our brains have been able to achieve. The highly evolved outer layer of the brain, the cerebral cortex, is what makes the human brain exceptional; it has enabled us to have mental abilities which other animals do not have, such as writing poetry, navigating big ships, and designing buildings. However, the piecemeal way the cortex has evolved makes it more prone to diseases of higher functions, one of these being impaired cognition. In simple words we can think of cognition as intelligence; it includes perception and intuition of things around us; acquisition of knowledge and memory; and the capacity to reason and make judgments. Ageing is associated with decline in many aspects of cognition and may also be associated with dementia. The only deeper region of the brain involved in cognition is the hippocampus associated with memory and spatial navigation.

Dementia is a disease of the brain in which there is a disturbance of multiple higher cortical functions, including memory, thinking, orientation, comprehension, calculation, learning capacity, language and judgment. However, consciousness is not clouded. At advanced stages of dementia, the person can have some or all of the following symptoms: profound memory deficits, minimal verbal abilities, inability to ambulate

independently, inability to perform activities of daily living, as well as urinary and fecal incontinence.

Dementia can be reversible or progressive. Reversible dementias can be caused by factors such as vitamin B deficiency, hypothyroidism and depression. Irreversible or progressive dementias such as Alzheimer's Disease (AD), vascular dementia, and frontotemporal dementia result from damage to specific areas of the brain. Memory loss is most characteristic of Alzheimer's disease but not of the other progressive dementias. Hippocampi, the most important structures in the brain responsible for memory, are damaged in AD. On the other hand, in vascular dementia damage can occur in any region where there is a problem with blood supply to the brain. Depending on which part(s) of the brain have been affected, one could see symptoms which include visual problems, muscle weakness, stuttering speech, clumsiness, incontinence, etc., while intellectually the person may be least affected. In fronto-temporal dementia there is thinning of the cortical layer in the frontal and temporal lobes of the brain; these regions are essential for social and emotional control. In

early stages of this disease, memory is affected very little but the person may become reckless, inconsiderate and impulsive. The problem can be confused with a psychiatric problem, but the symptoms are really due to damage to the brain rather than problems with attitude. Recognizing signs of early dementia can be challenging because preclinical pathological changes can go on for years while one might just mistake them for ageing. Furthermore, a person might develop more than one type of neurological disorder at the same time, for example, Parkinsonism and mini strokes can make diagnosis difficult. More sensitive tests are being developed but we are not there yet.

RISK FACTORS: Ageing is the biggest risk factor for developing symptoms of dementia. The brain does not have reserves of energy, it depends on a constant supply of oxygen and glucose. In healthy young brains there is a blood-brain barrier that prevents viruses, toxins and other harmful substances from passing from the blood to brain tissue. But as the brain ages and structural changes occur in major blood vessels and capillaries, the barrier becomes a bit leaky; harmful substances can pass through and cause inflammation of the brain. A decrease in blood flow starves neurons, leads to build up of waste products which causes inflammation of the brain. Starved or dead neurons plus the inflammation leads to



progressive physical and functional degeneration of the brain.

There are risk factors which we can reduce by modifying our habits or getting treatment for problems such as -- depression, diabetes, midlife hypertension, midlife obesity, smoking, alcohol abuse, high cholesterol, coronary heart disease, renal dysfunction, low unsaturated fat intake and inflammation. When these factors are taken care of, the risk of dementia decreases. The use of some medications, both prescription (like Ativan, Valium, Zopiclone) and some over the counter drugs (sleeping aids), are considered modifiable risk factors, that one should decrease the use of these drugs.

PREVENTION: Many animals and humans do not develop age related cognitive decline. In the UK, recent studies have shown a decreased incidence of dementia likely due to improved life style and better public health measures. Studies on ageing have shown that loss of neurons in the brain up to the age of 80 is minimal; there is a loss in the number of synapses (connections in the brain) but that loss is reversible. The brain, at any age, is plastic, which means that it is capable of learning new things by generating new neurons, making new connections, and strengthening existing connections. The persistence of plasticity during ageing may prevent cognitive decline in older adults.

There are a few things that all of us can do to optimize the health of our brains. One of the most consistent findings about brain health is that aerobic exercise improves memory and executive function (decision making). Aerobic exer-

cise (such as cycling, hiking, and dancing which keeps your heart rate up continuously for approximately 30 minutes at least three times a week) leads to an increase in growth-hormone like chemical that helps to strengthen connections in the hippocampus, as well as generate new connections and new neurons thereby improving memory, learning and executive function.

Stress, a common problem in old age, releases stress hormones, which damage the hippocampi,

“Aerobic exercise improves memory and executive function (decision making).”

thus affecting memory. The negative effects of stress can be averted by physical exercise. Strengthening exercise is also essential to minimize muscle loss. Being immersed in virtual reality leads to general brain arousal. It requires a constant visual tracking in the three dimensional space which can improve memory. However, it has been shown that brain stimulation alone does not improve memory because it does not lead to generation of new neurons. But the combination of immersion in a 3-D virtual reality environment with exercise on a bike, produced cognitive benefits, which were more than with the bike alone.

Mindful body movement has been used to improve mental skills such as concentration and self-control. Studies have shown that Tai-Chi, meditation or just sitting still can improve attention, cognitive control, skill learning, and lessen mind wandering. Yoga, which involves both mental and physical activities, improves cogni-

tive ability. Loss of Spatial memory can be an early sign of dementia.

As we age, our capability for route learning and recall declines. Moving people to care homes worsens the problem. People who use maps and memorize their routes maintain their sense of direction better than people using GPS. In London it was shown that learning the layout of streets of London increased hippocampal volume of taxi drivers. We all know that diet plays a role in our mental and physical health. Beans, green leafy vegetables, nuts, berries, whole grains, fish, and poultry are all good while red meat, processed foods, pastries and other sweets should be avoided. Besides types of

foods, quantity of food is important as well. With age we need to minimize our caloric intake. Don't forget to avoid concussions and falls.

INTERVENTIONS: Once dementia (reversible or irreversible) is diagnosed several cognitive, physical, nutritional and drug interventions are used. It should be noted that at present none of the interventions can cure or even slow down progressive dementia, but some measures can improve every day function. Physical activity done alone or with other people has been demonstrated to improve cognitive function at all levels of dementia. Memory compensation is a strategy used by people when they perceive a decline in memory/cognition. The aim is to maintain a certain level of functioning despite the presence of cognitive decline. It involves taking notes, repeating information, placing things in known and obvious places, and doing a task in a different easier way.

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Some Notes on the Preparation of a Summer Garden

by Richard Staniforth

Gardeners are blessed with the joys of anticipation!

For hands-on gardeners there can be few experiences that exceed the joy of seeing sprouting vegetable seeds, or the appearance of buds of perennials in spring. (This is especially true if you germinate seeds in your basement over the winter.) Later still you will enjoy harvesting fresh vegetables for the table, or delight in the colours and diversity of garden flowers. Spring is surely a time for anticipation and expectation!

Here are a few ideas that my wife, Diana, and I have learned over the years -- usually the hard way!

Compost preparation:

- Save money! Expensive rotating composter drums and large government-subsidized, plastic composters are not necessary! Make a compost pile, or dig the kitchen vegetable waste directly into the soil.
- Tea bags are no longer made of compostable material and persist for many years in garden soil. The same is true of the little sticky labels on fresh fruit from the store.
- Be careful not to include wooden sticks in your compost – they take too long to rot down.

In the vegetable patch:

- Consider using raised beds especially for growing vegetables. They are easier to fork-over, weed and water than digging an entire patch for vegetables; besides, they may help to avoid those week-long aching backs each spring!
- Place grass clippings between the raised beds, around perennials



or between rows of plants to keep weeds under control.

- Before sowing, it's a good idea to mix small vegetable seeds with a handful of sand to ensure the seeds do not clump together when sown.
- Don't forget to thin out seedlings of vegetables so that they can develop with less competition from their siblings. Forgetting to thin carrot seedlings has been my nemesis!
- Apply fine netting over your cabbages and other brassicas to keep Cabbage butterflies at bay.
- Don't let weed populations build-up and produce seeds. Thousands of dormant weed seeds in your soil will give you headaches for years to come.
- Stake tomatoes and trim off the side branches to keep the fruit off of the ground. We have found that this works even for bush tomatoes.
- Grow excess vegetables – your neighbours will appreciate some as gifts, or freeze them for use in the coming winter.

In the flower patch:

- Check the heights of potential plants before planting so that the taller varieties are not at the front of the flower bed or vice versa.
- Hum, buzz and flap! Consider encouraging butterflies and humming birds. We have noticed that good butterfly plants include; Joe-pye weed, Zinnias,

- Purple cone-flower, Scabious, Milkweed, Bee balm, and Calendulas to name a few. Red flowers, like Salvias, are especially attractive for Hummingbirds.
- Check carefully when accepting rooted plants from friends. The rootstocks may contain unpopular beasts such as slugs or the seeds and rhizomes of weeds.
- Use slug boards. Slug infestations can be controlled by placing small boards flat down on moist soil. Slugs will gather beneath them and can be discarded.
- Not all wild flowers are friendly to your garden despite being attractive to look at. Some will decide that your garden is a good place to proliferate. From our experience, the following are a few rogue species: violets, most Milkweeds, Policeman's Helmet, Vetch, Clover, Dogbane.
- Don't trust commercial "Native wild flower" mixes unless they come from local specialty nurseries.
- Don't trust plant zones as indicated. These are often exaggerated in order to sell plants. Do some research before buying unfamiliar plants, or those with suspicious descriptions.

I hope that some of these suggestions may help bring even further joy to your gardening adventures.

Richard Staniforth is a retired professor of Botany at the University of Winnipeg

Campus News

In November the University of Manitoba announced that it had appointed Dr. Michael Benarroch as its 12th president and vice-chancellor. Raised in Winnipeg, Dr. Benarroch will take office on July 1, 2020, succeeding Dr. David T. Barnard, who departs after twelve years of distinguished service as president.

Dr. Benarroch is currently the provost and vice-president, academic at Ryerson University in Toronto, a role he has held since 2017. Prior to his time at Ryerson, he was dean at the I. H. Asper School of Business at the University of Manitoba; he was also the founding dean of the Faculty of Business and Economics at the University of Winnipeg.

Dr. Benarroch was born in Tangier, Morocco, his family immigrating to Winnipeg when he was three years old. He was among the first generation of his family to attend university and the first to earn a graduate degree. He holds a BA (Hons) from the University of

Winnipeg, an MA in economics from Western University, and a PhD in economics from Carleton University.

First Vice-President (Indigenous) Appointed

On Oct. 29, 2019, the Executive Committee, on behalf of the Board of Governors, approved the appointment of Dr. Catherine Cook to the inaugural position of Vice-President (Indigenous), for an interim period to June 30, 2022. Dr. Cook transitioned from her

responsibilities as the Vice-Dean (Indigenous) in the Rady Faculty of Health Sciences beginning on January 1, 2020

“Dr. Cook has been a strong contributor to the University of Manitoba both within her home faculty and across the university. Her insight has been widely sought-after by governments, boards and agencies, and she has excelled as a leader, an advisor and a collaborator,” said President David Barnard.



Dr. Michael Benarroch



Dr. Catherine Cook

Women's Work in the Nineteenth Century

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Christmas, one on middle-class Victorian women workers, and one on Victorian lady detectives. I was interviewed on CBC radio last spring about my presentation on women workers and again in December about Charles Dickens and Christmas. I am currently scheduled to give a presentation for Manitoba Opera in October on “penny dreadfuls,” the cheap and nasty nineteenth-century serial thrillers, to provide context for the November production of

Sweeney Todd: The Demon Barber of Fleet Street. This musical was based on the most famous of the penny dreadful series, *The String of Pearls: A Romance*, later subtitled *The Barber of Fleet Street: A Domestic Romance* when published in book form. For anyone who knows the story, “domestic romance” will seem comically inapt!

Of my various retirement projects, the one dearest to my heart is the volunteer work I do to support Sistema Winnipeg, a wonderful

music program that provides 130 underprivileged children with musical instruments and training in an after-school program that runs for three hours a day, five days a week. This program makes an enormous difference in the lives of these children and their families and makes me feel, more than anything else I do, that I am contributing to the future.

Arlene Young...

DEMENTIA: What It Is and How to Deal with It

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Right at the start of the diagnosis of dementia, the patient should be told that they can use other people as their external memory while their internal memory is declining. Cognitive training means specific mental exercises for specific parts of the brain, and is generally used in early stages of dementia, but these have not yet found to be very useful. Using email, Facebook or other social media communications are certainly helpful. There are newer transcranial brain stimulation techniques which use very small currents to stimulate the brain; these techniques have been shown to be quite safe with no side effects; but the machines used are not ready for home therapy yet. These techniques are totally different from the notorious Electroconvulsive Therapy (ECT), which uses strong, long duration currents to reset the circuits of the brain.

There are plenty of nutritional supplements people have used such as vitamins, omega-3 fatty acids, and other natural products. Ginkgo biloba extracts in high doses have been found to result in improved daily functional activities. Souvenaid, a medical nutritional drink, is a combination of vitamins, minerals and fatty acids, and it has been shown to improve everyday living and memory. However, none of these supplements prevent progression of dementia. Similarly, drugs available at present do not cure or decrease the pathology of the brain, but they can to some extent improve daily function. There are two types available at this time:

acetyl-cholin-esterase inhibitors (AChEi) used for mild to moderate Alzheimer's, and memantine has generally been used for moderate to severe AD or when a patient cannot take AChEi.

LIVING WITH DEMENTIA: At present, the anti-dementia drugs do not stop or repair the damage to the brain. They only improve the communication between the nerve cells which are still functional; however, the responses to these drugs are small. Therefore, patients and the support people have to learn to cope with the disease. When certain parts of the brain are damaged, the surviving connected regions frequently misinterpret the incoming information. It may appear that the patient is being manipulative, but the fact is that their reality has changed. Even when he/she is not able to express big and complex ideas, one should note that all their feelings are still there because the deeper emotional parts of the brain are

“Memory loss is most characteristic of Alzheimer’s disease but not of the other progressive dementias.”

mostly intact. They know whether they are being treated well or badly. They still have the capacity to feel happy or sad. It is important for people without dementia to ensure that the person with dementia feels safe, respected and loved. Before the state of advanced dementia (memory loss, difficulty with complex tasks, cannot dress/bathe, has vocabulary of limited number of words, cannot ambulate independently, cannot sit up in-

dependently, cannot hold up head independently, urine and bowel incontinence), make sure that everything is done according to the patient's wishes.

Eating problems are the most common problem. Smaller frequent meals, with altered texture and high energy supplements are recommended for weight gain, however, these do not prolong life. A patient enjoys hand feeding and it provides interaction with caregivers. Tube feeding may be substituted during palliative care, but generally is discouraged in advanced dementia. Infections are common; in cases where a simple infection is causing sudden marked change in behavior such as delirium and confusion, antibiotics can help treat the infection and bring the patient back to their previous baseline. However, in general, there is no proof that antibiotics help with the relief of symptoms in patients with advanced dementia. Palliative care is the best preference

for comfort. But if prolongation of life is the goal for some reason, then antibiotics may be considered.

Hospitalization:

In the last few months of life, when one is bound to have infections, extreme osteoporosis, and other problems, hospitalization rarely serves any purpose except it may prolong life. If prolonging life is not the goal, then hospitalization, tube feeding, anti-dementia drugs, and antibiotics are not useful; keeping the patient comfortable should be the primary goal. For this reason, everyone (caregivers and

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DEMENTIA: What It Is and How to Deal with It

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patients) should be well informed when they give their Advanced Directives. Support for family: Close family caregivers of dementia patients suffer more and longer than caregivers for most other diseases. They see a loved one lose physical and cognitive abilities. They have to take on responsibility of physical and financial care, and are under constant stress. Giving support to caregivers is absolutely essential.

It is very important that everyone writes a detailed living will so that if and when a patient cannot make decisions for themselves concerning drugs, hospitalization, aggressiveness of treatments, etc., then family, friends and healthcare people can act according to the wishes of the patient.

“Memory loss is most characteristic of Alzheimer’s disease but not of the other progressive dementias.”



Contact information for UMRA

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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



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.