

Retirees'

Volume Twenty-four, Issue Two
Spring, 2021

News

University of Manitoba — an Age-friendly University

by Michelle M. Porter

In 2016, the University of Manitoba (UM) became the first University in Canada to join the Age-friendly Global Network (led by Dublin City University of Ireland), and embraced the following ten principles of an Age-friendly University:

- To encourage the participation of older adults in all the core activities of the university, including educational and research programs.
- To promote personal and career development in the second half of life and to support those who wish to pursue second careers.
- To recognize the range of educational needs of older adults (from those who were early school-leavers through to those who wish to pursue Master's or PhD qualifications).
- To promote intergenerational learning to facilitate the reciprocal sharing of expertise between learners of all ages.
- To widen access to online educational opportunities for older adults to ensure a diversity of routes to participation.
- To ensure that the university's research agenda is informed by the

needs of an ageing society and to promote public discourse on how higher education can better respond to the varied interests and needs of older adults.

- To increase the understanding of students of the longevity dividend and the increasing complexity and richness that aging brings to our society.
- To enhance access for older adults to the university's range of health and wellness programs and its arts and cultural activities.
- To engage actively with the university's own retired community.
- To ensure regular dialogue with organizations representing the interests of the aging population.

Since 2016, the Centre on Aging has been chairing a University-wide Age-friendly University Committee with representatives from across the University, including the University of Manitoba Retirees Association. From this committee two working groups have been created to focus on Lifelong Learning, and Teaching and Learning for students in degree programs.



A new Age-friendly University Hub was launched that brings together all Age-friendly University information, and provides links to opportunities at UM for older adults such as information on free tuition for those 65 and older.

Another initiative was a citizen scientist project that identified priorities and made recommendations for improvements to physical accessibility, signage, and transportation (pedestrian crossings, bike lanes, and parking) on campus. Further, the broader community was invited to a half-day workshop, including campus tours to learn about services and activities on campus for older adults.

We invite you to engage in opportunities for older adults at the UM. Start by checking out the Age-friendly University Hub—

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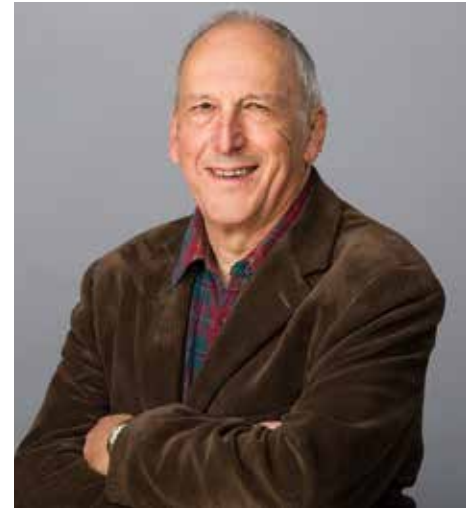
President's Message

Despite COVID, there are many reasons to be optimistic and happy about the activities of UMRA.

The Executive Committee continues to meet virtually to address issues of importance to University of Manitoba retirees. Due to the careful stewardship of its resources, UMRA was able to eliminate the membership fee for 2020-21. The UMRA-sponsored Undergraduate Bursary was again awarded to a deserving student last Fall. Thanks to individual retiree donors and an additional donation from UMRA, the Postgraduate Scholarship for Aging Research has finally reached sufficient value to be able to be awarded this year. UMRA continues to sponsor the second prize for the University's 3MT competition with the finals scheduled for April 21. University retirees have again demonstrated leadership in contributing to the United Way

of Winnipeg. Retiree donations in 2020 increased 13% over the amount donated during the 2019 campaign, with 44 donations at the Leadership Level and 9 donors at the Major Donor Level. Our retirees continue to maintain a highly visible profile within the University and the general population of the Province.

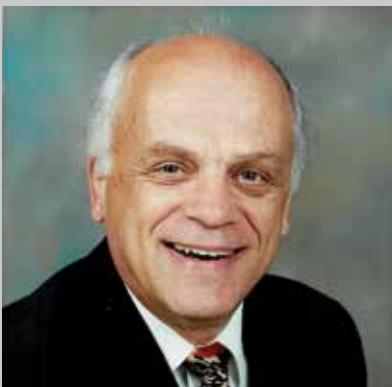
I am now a member of the Board of Directors of CURAC. UMRA members are encouraged to visit the CURAC website and examine alternative benefits packages to those you may already have. Once life returns to near "normal", you may want to take advantage of the health, travel and other insurance vehicles to which its members have access. More details, with respect to contact information, are provided elsewhere in this Newsletter.



Daniel Sitar, UMRA President

I close by wishing all retirees a healthy and increasingly open opportunity for social gathering and travel later this year. We can all hope that face-to-face meetings of retirees twice yearly will soon be reinstated. Looking forward to seeing all of you in person soon.

From the Editor



Gene Walz

Because the president's reception has again been cancelled, I've had to improvise on the front page. The rest of this newsletter is pretty straight-forward, except for the addition of a new and hopefully recurring "In Memoriam" column that lists those retirees who have recently died. As it takes a while to get the necessary information to include in the "In Memoriam" section of the UMRA website, this will better keep us all up-to-date on our UM friends and colleagues. Anyone who would like to use this

newsletter in future to pay special tribute to someone is invited to do so.

The first of what I hope are many articles on UMRA members' experiences during COVID in next fall's newsletter appears on page 3. And please submit your own accounts by next August.

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

Retired? Not Entirely! Helping during COVID-19

By Arlene Young

Two UM Retirees found useful work during the past many months of the COVID-19 pandemic. Douglas MacEwan (Radiology) and Judith Anderson (Biology) helped in vastly different ways, but the contributions of both were significant enough to merit coverage in the Winnipeg Free Press.

Dr. MacEwan raised over \$100,000 for four major arts groups hurt by the restrictions imposed because of COVID-19. Beginning in July and ending on Remembrance Day, Dr. MacEwan walked 96 kilometres around his Tuxedo neighborhood to raise money for the Manitoba Opera, the Royal Manitoba Theatre Centre, the Royal Winnipeg Ballet, and the Winnipeg Symphony Orchestra. A couple of years younger than England's more celebrated Tom Moore and using hiking sticks rather than a walker, he was often joined on his walks by friends and members of the artistic community. (For a fuller account and a photo, see "Retired Doc Goes Extra Mile," Winnipeg Free Press, 16 November 2020.)

Judy Anderson has volunteered at the Public Health COVID-19 Call Centre since last April. She's been one of a group of professionals and volunteers who phone people with COVID-19 or those who have been in contact with someone who tested positive. Working on Tuesdays and Thursdays, she is assigned people to call at random and asks them a series of questions about their symptoms (if any) and how they're isolating. According to Judy, about 90% of the people contacted appreciate the calls and questions.

The work is heartening, enlightening and sometimes touchingly sad. (You can get a sense of her reaction from the title of the Winnipeg Free Press article: "Like getting little hugs," 12 December 2020.) Mainly, the work has opened "a little door into understanding the impact of this pandemic."

In order to probe deeper into the behind-the-scenes work of these contact tracers, I asked Judy to answer some further questions. The interview, conducted by email, has been edited for length.

GW: Has anything changed since the Free Press article?

JA: A lot has changed. I no longer work full-day shifts, as there is a group of paid employees for the call centre. Now I only work two shifts per week (usually Tuesdays and Thursdays) from 8:30 am to 1:00 pm. And from a maximum of just over 100 calls per day for a few days at the peak of our "second wave," we each make about 45 calls to the list of active cases or active contacts.

GW: Are you still doing the same kind of work?

JA: We are now helping to close files (when isolation periods end). You may have noticed the large drop in the number of active cases since the late fall. That's because a whole lot of people were contacted for the final time, and their files were formally closed. They had been recovered for some time, but their files were still open as there were not enough people to com-



Douglas MacEwan

plete the data entry necessary to close the files formally. Without being formally closed, every one of those individuals was still being tallied as an "active case."

Any given case could have from zero to upwards of 50 contacts. Some people are contacts and go into isolation at home, being called every day for 14 days; others become repeat contacts, maybe due to repeated exposures at work. Some of these multiple files didn't get closed fully when the next file was opened. Now we're asked to help "tidy up" the backlog of the older files that were still in the system as active cases (long since recovered). It just shows the layers of work involved in a fulsome public health system.

GW: What are some of the toughest calls you had to make?

JA: It's not "only" individuals; it might be the parent/guardian or foster parent or caregiver (e.g., at a group home) who is the person on the other end of the phone line. Sometimes that person has care of six or more young children. And maybe one is a case, and the others are a contact at a particular date.

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Taking Care of Yourself

My Stroke during COVID-19 Quarantine: Part II

By Gene Walz

I made such remarkable progress at Riverview that I thought, once I was on my own, I'd be back to 100% in a matter of weeks – days even. (I guess that qualifies me as a cock-eyed optimist.) But what doctors and therapists kept telling me is that the last 5% is the hardest. They don't lie.

Despite my fanatical adherence to the targeted exercises, my recovery has been slow, very slow, microscopically slow. Progress is measured, like J. Alfred Prufrock's, "in coffee spoons." There are times when I fear that I've not just lost momentum but reversed. On those days I feel like Sisyphus, endlessly rolling a rock up a steep hill only to have it completely roll back down again. Best efforts unrewarded.

Within a few days of returning home, a physiotherapist (Jen) and an occupational therapist (Andrea) visit me to check on how well I've adapted to home-life; they assign me new, extra exercises. The toughest: threading tiny beads onto an upright toothpick and doing toe-rises on my afflicted left foot. For four months they return every ten days to chart my progress and assign new tasks. More than the exercises, I welcome their company.

I quickly develop a routine. Mornings: awake at first light, 30 minutes or so of exercises on my

back in bed, up to read the newspaper and check emails, etc., a leisurely breakfast, shower, shave and get dressed, out for a 45-minute stroll with my walker, relax for ten minutes, take my morning blood pressure, do my hand and arm exercises, and then prepare lunch.

In the afternoons I can read, write, do some research or some household chores – and nod off to dreamland during any of these activities. My dreams are unprecendently vivid and real. I don't think I'm asleep at all, and I'm able to do whatever I could do before my stroke – even hike up a mountain and wake up appropriately sweaty.

But if I'm awakened or interrupted by my phone or a sharp noise, my left arm and leg react wildly. And if I sneeze, stay six feet away! My stroke has caused my startle mechanism to become much stronger than my left side's ability to control things. Carrying a tray of food and drink when startled proves a disaster. During my first week at home, a plate full of peas, fried potatoes and pork chops plus a glass of water fly up in the air and crash in a broken mess on the floor. Bending down to clean it up and then getting upright take an immense effort.

Late every afternoon I take another walk outside, trying to build

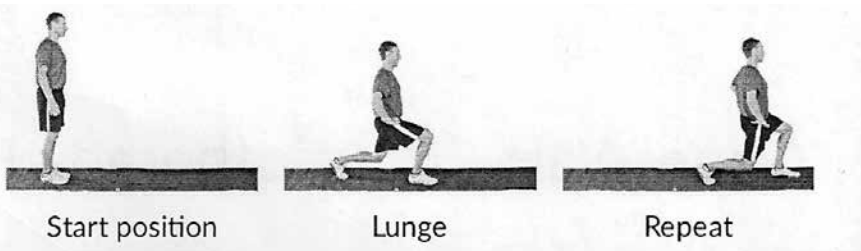


I don't need a driver's license to drive this vehicle.

up my strength and endurance by adding five or ten meters per day. Before my stroke, I was a very active, energetic guy, a fast walker. Now with the support of my walker (in case I get tired and need to sit on its seat) I'd barely win a turtle derby. I wear a ball cap to protect my bald pate from the summer sun, but also to hide my identity. It's embarrassing to be seen relying on a walker and going so slowly.

Unforeseen consequences: since I have to count the number of repetitions in each exercise regimen, I find myself unconsciously counting everything I do. Eighty-eight, eighty-nine, eighty-ten.... I catch myself counting each step in my daily walks. Or each breath as I'm trying to relax.

Cooking meals just for myself has always been a chore; COVID quarantining makes it feel worse. With no license, I have to rely on deliveries for food and essentials. That quickly gets complicated. On an app I order six apples; six bags of apples (almost 100) show up! Hobbling with a bad leg and wobbling kettles full of boiling water only add to the aggravation.



One of my daily leg exercises

After dinner I have one last set of exercises for my foot and leg. A basketball injury many years ago never healed properly, resulting in a shortened Achilles tendon which is hampering my recovery. It seems that for years I've had a barely noticeable "silly walk" – not as bad as John Cleese's but amusing to some. My left leg loops from back to front. Until I correct that, I'll have trouble walking normally. It's accentuated when I have to race to the phone. I hobble along like Terry Fox or Dennis Weaver in the old Gunsmoke

TV series. Two fast hops with my right leg and one with my left. Efficient but annoying.

Despite my daily regimen of two to two-and-a-half hours

of rigorous exercises, the hardest part of recuperating during the COVID epidemic is not the exercises but the isolation. As soon as I was diagnosed with a stroke, the hospital notified Manitoba Public Insurance, and my driver's license was suspended. By the time I left Riverview on May 27, I had rehabbed enough, according to my doctors, to be able to drive. They filled out and submit the requisite forms. According to the website, I should be notified in ten days. Nothing happens. So, I wait. And wait.

Finally, I phone MPI. Because of COVID, the backlog at MPI is six months long. So, I must rely on the kindness of mask-wearing friends and cabdrivers to get me anywhere beyond my current walking distance from my house. A get-up-and-go kind of guy, I find that I want to get in my car and drive more than I want to get better.

Being stuck inside for 22 of 24 hours with one day much like the next has given me a newfound

empathy for prisoners and other shut-ins. I used to play basketball against the prisoners at Stoney Mountain Jail; their life "of leisure" didn't seem so bad. How wrong I was. Confinement is excruciating! It's like living inside the coils of a giant boa constrictor.

No exit? Sartre was wrong. Hell isn't other people; it's not seeing any other people. It's not getting away to hear the birds and breathe the fresh air of natural places that provided the necessary soul-nourishment I've relied on throughout

“No exit? Sartre was wrong. Hell isn't other people; it's not seeing any other people.”

my life. It's a real-life version of the movie *Groundhog Day*, the repetitive routine exacerbated by the monotony and tedium of self-isolation.

After four months: my leg doesn't loop around much when I walk, and I don't hop like Terry Fox when I hurry. My therapists depart with final encouragements and best wishes. As my stroke was a DIY (Do-It-Yourself) Disease, my recovery has now become a DIY battle.

But by the end of the summer my over-work ethic makes the arthritis in my lower back and in my knees flare up. I'm in so much pain that I have to cut back – at the risk of not recovering fully, I'm afraid.

Everything I've read or been told indicates that the major recovery time for stroke victims is between three and six months. I've circled October 18 on my calendar as my finally-back-to-normal day. When it comes and goes, I'm so dispirited that I completely quit my exercise routines.

Eventually I get back to them – am I going insane? (“Insanity is repeating the same thing over and over again with the same results.”) Winter makes things tougher. My walker is useless in the ice and snow. So I buy some ski-poles and cleats for walking outside. And an exercise bike for those frigid, snowy days I can't get out. But things I should do often get the *mañana* treatment – tomorrow is good enough for me.

Fortunately, I have plenty of books to read and research on the internet to occupy my time. I refuse to read or watch any distressing “news” – especially on Donald Trump or COVID; I don't need another stroke! As a prof who devoted my career to watching and theorizing about movies, I used to go to at least one movie a week. Now I calm myself in the evenings by watching soporific tv: no Netflix, no CNN, no Hallmark schmaltz. Not even movies. Reruns and (I hate to admit it!) Forensic Files, HGTV, and (OMG) the Golf Channel. I watch for companionship, not content.

Every Christmas and New Years for the past ten years I've spent in Montreal and Switzerland visiting my daughters and grandsons. I miss them desperately. Putting up and decorating a Christmas tree is no consolation. COVID with its isolation and restricted travel is the ultimate Grinch. COVID stole Christmas – and the collective joy we all need.

By the end of February, I get news that I may qualify for a return of my license. And I may get vaccinated “soon.” I'm walking almost normally if not naturally; it still takes an effort, especially later in the day. Birds will soon arrive in their spring migration. As Emily Dickinson once said: hope is a thing with feathers. Life won't ever be the same, but I've always liked new challenges.

University of Manitoba: An Age-friendly University *continued from page 1*

<http://umanitoba.ca/centres/aging/agefriendly/>

For those interested in online learning, check out the Learning for Life series offered by Alumni Relations: <https://umanitoba.ca/community/alumni/virtual-learning-life-program>

All sessions are free; besides the

2021 series, you can easily link to previously aired sessions from the same site. For more online learning opportunities for older adults available through a collaboration of Extended Education at the UM and the Universities of Alberta and Regina click on: <https://umex->

[tended.ca/learning-opportunities-for-older-adults](https://umanitoba.ca/learning-opportunities-for-older-adults) -- and then follow the links.

Michelle M. Porter is a Professor in the Faculty of Kinesiology and Recreation and Director of the Centre on Aging.

Extended Health Benefit Insurance

UM Retirees Association members are entitled to all the benefits available through CURAC – the College and Universities Retiree Associations of Canada.

CURAC has identified the Retired Teachers of Ontario/ Les enseignantes et enseignants retraités de l'Ontario (RTO/ERO) Plan as one which might be of interest to members who are seeking to purchase new Extended Health Benefit insurance, transfer to a new plan, or add to their existing insurance. CURAC members who are currently in a group health benefits plan will be accepted as members of the RTO Plan with no medical questionnaire. Those with no current extended health benefits plan will need to complete

the questionnaire to be assessed for acceptance.

RTO's Plan administrator (Johnson Inc.) is ready to accept calls for information and/or for enrolment. As a first step, we urge interested individuals to carefully review the RTO extended health care plan and rates available on the RTO-/ERO insurance web page.

Please note, in particular:

- **Out-of-Province/Canada Travel** for an unlimited number of trips, of up to 93 days' duration each, for \$2,000,000 per person per trip. This benefit also includes Trip Cancellation and Trip Interruption/Delay for \$6,000 per person per trip.
- **Prescription Drugs** to a maximum of \$3,400 per calendar year per person.

- **Paramedical Practitioners** for 17 eligible practitioners. Physician authorization is not required.
- **Limited Vision Care** for prescription eyewear, laser eye surgery and corneal incision and eye examinations.
- Rates vary relative only to single, double, or family. They are not age-banded.

Apply online (<https://rtoero.ca/insurance/>) or to learn more about this extended health care Plan, call the Plan administrator (Johnson Inc.) at 1-877-406-9007. Identify yourself as a member of the CURAC group and of your local retiree association.

COVID-19 UM Student Technology Fund

Retirees are being encouraged to make a philanthropic gift to support the COVID-19 UM Student Technology Fund. This Fund provides students in need with \$500 to help cover the cost of a refurbished laptop, or to subsidize the purchase of a new computer that meets online learning needs.

The initiative, originally launched last year for students needing a computer for online classes, uncovered a need that reaches beyond the challenges presented by COVID-19. Our university continues to hear from more students, and it's now clear that this is a pervasive issue that transcends the pandemic. Access to a personal computer is necessary to succeed academically even after in-person classes resume.

Co-chairs of this year's Retirees campaign, Shelley Sweeney (Libraries) and Peri Venkatesh (Nursing) encourage UM Retirees to donate \$75.00 to the fund, which has already supported over 600 students. The university assures members that 100% of the donation goes to the fund.

Donations are accepted all year. Individuals can donate by credit card: <https://give.umanitoba.ca/fsr> or by cheque to: COVID-19 UM Student Technology Fund, 200-137 Innovation Drive, Winnipeg, MB R3T 2N2.

Then two days later, for instance, that same household will be on the same call list, now with three more cases – after testing positive on different days, which means their isolation end-dates are different. It also means that the “date of the last known close contact” for the people who are still contacts, gets extended. So, for example, a week later there are five people who have tested positive – with different end-dates. And so on.

GW: Self-isolation can last a long time for some. It can get complicated.

JA: Yes, quite complicated! Consider that the phone calls are sometimes made through an interpreter. (There are people in the province who speak ONLY Russian, Somali, Hindi, Punjabi, Tigrinya, German, French, Arabic, Tagalog, Spanish, Persian, etc.) One of the more recent calls through an interpreter was made to a family that had one person who could drive and that person was the “case” and was isolating from the rest (who were still contacts). One other family member, however, had started to display fairly serious symptoms and needed to be tested but was not mobile or verbal. And all this is not in English; so, I needed to help the family connect with either a mobile testing unit (they do exist for special circumstances) or find transportation for that young person who had started to have symptoms and was (appropriately) scared. The interpreter was having

trouble translating enough of the detailed responses to me before the client provided even more information. That call took about half an hour and required a good deal of patience and also careful notetaking so that I could input responses accurately later.

GW: I suppose phoning people can be emotionally draining at times.

JA: Another story: I’ve called to speak to an elderly person in their 80s. I’m told that the person went to hospital sometime in the night and is very sick with COVID and being ventilated in ICU. The person I spoke to, the spouse, is so worried as they had been isolated from one another in their home for a week, but had been listening to their spouse get more and more ill. And finally they’d had to call the ambulance and couldn’t even hug the spouse good-bye. That’s happened more than once, and, unfortunately sometimes, that person in hospital doesn’t survive. Sometimes the call is made right after they’ve had the bad news that their loved one has died. That’s a shock to a volunteer as well as an obvious tragedy for the individual on the phone. It kinda makes your heart sink into the floor and takes your breath away – especially when it’s someone about my age who was following all the public health rules about distancing, isolating, handwashing, masking and limiting close contacts. And now that spouse can’t even have the com-



Judy Anderson

fort of hugs from family members at a funeral service for the one who died. They are distraught and so are you, to the extent that you find yourself apologizing for calling them at all. And yes, I send them a hug through the phone. And yes I worry about whether this might happen to me and my own spouse.

GW: What have you gleaned from this contact-tracing experience?

JA: I, myself, am not a fatalistic or religious person – though I have faith that most people try their best and are good people. But life is so, so very precious. I’m glad I knew this before COVID, but it’s so much more emphasized when you realize that it could end for a loved one, just out of contacting another friend or family member or a stranger. I suppose it’s shown me (again) that we’re all connected -- that need for connectivity with life itself is what makes us who we are. So, stay healthy everyone, and look after yourself too, even while caring for others.

In Memoriam

In Memoriam is a new column in this newsletter, included to keep UMRA members and other interested individuals informed of the recent passing of retired employees of the University of Manitoba. It's also available on our UMRA website – where there is a link to obituaries. Tributes to and information regarding deceased retired employees not listed is welcome. Please e-mail to UMRA at retirees@umanitoba.ca

Here is a list of UMRA members who have passed away in the last six months. To view the obituary, please go to the In Memoriam & All Obituaries pages on our website. (It sometimes takes a while to add information – employment times at UM and obituaries – to the website.)

Shirley Diane Benoit: Education. (1980-2019) *November 12 2020.*
 Dr. Rita Marie Germaine Bienvenue: Sociology (1971–1997) *October 1, 2020.*
 Dr. Caspar Booy: Engineering (1966–1996) *December 22, 2020.*
 Dr. Sheldon Morley Claman: Dentistry *December 19, 2020.*
 Laraine Elizabeth May Coll: Nursing (1990-2003) *January 5, 2021.*
 Dr. Leo Driedger: Sociology (1966-1998) *December 28, 2020.*
 Dean Roland Gerard Grandpre: Management (1981–1992) *January 2, 2021.*
 Gerald Patrick Grimes: Printing Services (1969–1993) *November 7, 2020.*
 Dr. Roger Isham Hall: Business. (1971-1997) *November 28, 2020.*
 Katalin Homola: Physical Plant (2003-2016) *January 16, 2021.*
 Dr. Denis Henry Hosking: Medicine (1983-2015) *January 2, 2021.*
 Dianne Jackman: Interior Design (1965-1997) *November 25, 2020.*
 Dr. John Roger Jeffery: Medicine (1975–2005). *October 16, 2020.*
 Dr. Ian Kerr: History, (1975–1999). *December 3, 2020.*
 Dr. Christopher Lawrence L. B. Lavelle: Dentistry. *December 12, 2020.*
 Vincent James Joseph Magnus: Campus Police () *December 28, 2020.*
 Joan Margaret Phillips: Architecture/Music/Fine Arts Library (1972–2000). *November 5, 2020.*
 Glen David Reid: Medicine (1969-1995) *December 4, 2020.*
 Dr. Rick Riewe: Biological Sciences (1973–2014) *November 25, 2020.*
 Dr. Gordon George Robinson: Botany (1968–2014). *December 26, 2020.*
 Frances E Rowlin: Human Resources (1974-1998) *December 14, 2020.*
 Dr. Douglas Ruth: Engineering (1983–2018). *January 11, 2021.*
 Ida May Selman: Student Records (1980–1996). *October 20, 2020.*
 Laurie Lynn Shymko: IST (1974-2014) *November 20, 2020.*
 Dr. Glenn William Swift: Engineering (1966–1996). *November 7, 2020.*
 Dr. Jesse Vorst: Economics/Labour Studies (1967–2007) *November 26, 2020.*
 Murray Ward: Libraries (1979-2008) *February 27, 2021.*
 Dr. Bolanle Abiola Ayeni Williams: Medicine. *December 11, 2020.*

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.”



Contact information for UMRA

The University of Manitoba Retirees
 c/o Learning & Organizational
 Development
 137 Education Building
 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

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.