

**ASSOCIATION OF DALHOUSIE RETIREES AND PENSIONERS**  
**THE NEWSLETTER**  
**VOLUME 4 NUMBER 4 ♦ NOVEMBER 2005**

Welcome to the fourth 2005 issue of our ADRP Newsletter. ♦ We are getting this to you before the ADRP holds an important meeting and a special holiday social gathering.

We strongly hope that many ADRP members can join us at the Annual Meeting at 2:30 PM, Thursday, December 15<sup>th</sup>, in the Lord Dalhousie Room in the Henry Hicks Building. ♦ The Agenda for that meeting is enclosed herein, just before the minutes of the Annual General Meeting last April 28<sup>th</sup>.

Following the meeting, we hope you can join us for a holiday social event to be held in the Pub of the University Club. ♦ Please see the attached Agenda for details.

**Performance of Pensions: the Retirees Trust Fund**  
**Paul B. Huber, 1<sup>st</sup> Vice-President**

♦♦♦♦♦♦♦♦♦♦ According to the official financial statements of the Retirees Trust Fund (RTF), the market value of its net assets increased between 30 June 2004 and 30 June 2005, by \$18.4 million to \$191 million. ♦ Almost half this increase came from additional retirees joining the RTF; most of the remainder arose from good investment results. ♦ The RTF earned during the last fiscal year 12.36% after expenses; the Pension Trust Fund (PTF) for active employees earned 12.77%. ♦ A year ago, the level of earnings was nearly 17% in the RTF and 15% in the PTF. ♦ These are excellent results. ♦ The investment performance of ♦your♦ fund continues to be above average for Canadian pension funds. Incidentally, the actuary ♦smooths♦ asset values when he values the Pension Plan: his estimate of the increase in the actuarial value of RTF assets over the last fiscal year is only \$14.2 million, and his ♦smoothing reserve♦ for the RTF alone now amounts to \$10.8 million.

♦♦♦♦♦♦♦♦♦♦ The one year return of the RTF does not determine whether indexation is warranted. ♦ It is the three year average return that normally drives indexation. ♦ Last year that three year average was only 5.8% because returns in the two preceding fiscal years were poor. ♦ To provide any indexation, the three year average earnings of the RTF must normally exceed 5.05%, but in the ♦abnormal♦ situation a year ago, no indexation resulted because a special Pension Plan rule requires making good any shortfall in three year average earnings before indexation can again take place. ♦ In the current year, the three year average return was not only sufficient to do this, but high enough to make possible indexation of 1.058% to all those who retired in 2003 or earlier. ♦ This increment should appear in your January pension payment.

♦♦♦♦♦♦♦♦♦♦ This is good news. ♦ The further good news is that the prospects for full indexation in January 2007 for the inflation in the current fiscal year appear good.

♦♦♦♦♦♦♦♦♦♦ The bad news is that inflation over the twelve months ending 30 June 2005 was 1.679%, so a further 0.621% of potential indexation has gone ♦missing♦. ♦ The cumulative indexation arrears over the period since January, 2002 for those with potential entitlement now amounts to nearly 6.8%. ♦ Although the RTF trustees are permitted, in their discretion, to decide to use some of a surplus to catch up missing indexation, they have felt themselves unable even to consider this because a year ago, Bryan Mason sprung a legal opinion on them that reinterpreted the meaning of ♦surplus♦ as applying to the Pension Plan as a whole, not simply the surplus of the RTF. ♦ On your behalf, I have taken preliminary steps to challenge this new and rather strained interpretation. ♦ At the present time, about three times as much RTF surplus exists as needed to make good the entire indexation shortfall, but the Pension Plan remains overall in substantial deficit.

**The Actuarial Valuation**

♦♦♦♦♦♦♦♦♦♦ An actuarial valuation is the professional responsibility of an actuary, who must make two separate calculations. ♦ The first scenario is based on the premise that the pension plan will continue in operation; the actuary seeks to ensure that pension assets suffice to meet the obligations (pension liabilities) that will arise on an on-going basis through time. ♦ Included among the many data and financial assumptions that are built into this ♦going concern♦ valuation is frequently a ♦smoothing♦ of the market values of pension plan assets to ♦actuarial values♦ in order to reduce fluctuations and hence lower the variations in employer contribution rates.

Prior to 2002, Dalhousie never had to concern itself with the second solvency calculation, which has the same goal but is based on the scenario that the plan would be wound up on the valuation date. It employs a different set of detailed assumptions, many of which are mandated by the Pension Benefits Act of the Province. Under each of these scenarios, the actuary prepares two actuarial balance sheets comprising assets and liabilities, one for the PTF and one for the RTF. The actuarial liabilities are developed using the salaries and employment history of active plan members and the pension entitlements of retired members, the ages and sex of plan members and the provisions of the Plan. The assumptions, data and analysis built into an actuarial valuation can only be fully understood through detailed review and in the context of past valuations.

A triennial actuarial valuation, as of 30 June 2005, has been drafted but not yet finalized. In it, the actuary proposed to smooth away the high returns of the past two years in the Dalhousie Pension Plan. This is the major reason why the actuarial deficit of the Plan overall (RTF and PTF together) appears to have worsened since the 2002 actuarial valuation. Essentially, the actuary's smoothing calculations generate a \$72 million adverse swing in the overall smoothing reserve from negative \$41 million to positive \$31 million. This obviously has negative implications for the University's operating budget and negative implications for catch-up indexation. Some possibility of change to the 2005 valuation still exists so these preliminary results may yet be modified. If not, a new valuation as of 30 June 2006 may be conducted and result in a substantially improved actuarial situation.

#### **News from Bill Charles, Member at Large**

Environment Minister, Kerry Morash, announced on Monday, September 20, 2005, the appointment of a three member panel to review the Sydney Tar Ponds Agency's proposal to clean up the ponds and coke oven sites. One of the panel members is a member of the ADRP Executive, Professor Emeritus Bill Charles, a former Dean of the Dalhousie Law School.

The independent panel, chosen by both the federal and provincial governments, will conduct public hearings in Sydney and could submit its report to the Federal and Provincial Ministers of the Environment as early as the end of June 2006.

#### **CPR for ADRP Members**

##### **Philip Welch, Chair, Benefits Committee**

Some cardio-pulmonary resuscitation training sessions have been arranged for ADRP members. These will be given by Ms. Joanne Hall, RN, certified CPR instructor, at the IWK Health Centre (room to be arranged). The dates are as follows:

January 7<sup>th</sup>, 10 a.m.

January 21<sup>st</sup>, 10 a.m.

January 22<sup>nd</sup>, 2 p.m. (if sufficient interest is shown)

Each session will be approximately 2 hours and will be limited to 8 participants. The cost is \$7.00 per person. Names and payment will be collected at the time of the ADRP Annual Meeting December 15<sup>th</sup>.

#### **Early Signs of Stroke and Heart Attack Talk Given November 17, 2005 to ADRP Members Hermann Wolf, Secretary**

On Thursday, November 17, 2005, ADRP sponsored a presentation on Early Signs of Stroke and Heart Attack, by Drs. Stephen Phillips and Iqbal Bata, Medical Directors of the QEII Stroke and Coronary Care Units respectively. The session was attended by 30 people.

Dr. Phillips told us that a beginning stroke is marked by a sudden onset of vision problems, or difficulties with speech, or one-sided paralysis. In such a case, it is important to seek immediate medical attention in a qualified hospital, even when the symptoms disappear after some time, such as in a mini-stroke or TIA. The hospital will then use a CT scan to determine if the stroke is a bleeding (ruptured blood vessel in the brain) or a blocking one (blood flow is interrupted by a blood clot). In the latter case, the clot-busting drug r-TPA can be administered, if it is given within three hours of the onset of symptoms. Such treatment can dramatically improve survival and rehabilitation. Unfortunately, r-TPA has to be administered by a neurologist and, at the moment, the QEII is the only place in the province where such treatment is available. Even within

HRM, valuable time is often lost by the ambulance policy to deliver the patient to the nearest hospital, such as Cobequid or Dartmouth General, even if the paramedics have identified a likely stroke.

After a stroke has occurred, rehabilitation is most successful if it is coordinated on a designated stroke ward by a multi-disciplinary team that includes physiotherapists and occupational therapists. ♦ Such a ward existed at the QEII until a few years ago, but was closed by administration. Stroke care in Nova Scotia could be improved by re-opening the designated stroke unit and by more hospitals having CT scanners with a 24/7 service to interpret them.

Dr. Bata told us that a heart attack is caused by a blockage of the blood vessels of the heart. ♦ The early signs are often not labeled as pain, but as discomfort or indigestion. ♦ They may appear in the arm, jaw or shoulder and can include sweating and shortness of breath. ♦ Blood flow can be restored and long-term heart damage minimized by early administration of r-TPA (within four hours), unless such treatment is contraindicated by a recent surgery, stroke, or history of gastric bleeding. ♦ The earlier the drug is given, the more effective the treatment. ♦ Only a regular electrocardiogram (ECG) is required to assess whether the presenting symptoms are likely to result from a heart attack. ♦ As part of a clinical trial, all ambulances in HRM had been equipped to record an ECG and transmit it to a cardiologist for interpretation. ♦ Under the direction of the cardiologist, paramedics were permitted to deliver r-TPA therapy while the patient was still in transport, saving valuable time. ♦ However, this trial is now completed and negotiations are ongoing regarding this type of treatment.

### Take Home Message

- Early signs of stroke and heart attack require immediate medical attention.
- Stroke often impairs swallowing; hence nothing should be administered by mouth to a suspected stroke sufferer, even a vehement one.
- Risk of stroke or heart attack can be reduced by controlling blood pressure, cholesterol and blood sugar.
- Not smoking and a daily 81 mg aspirin lowers stroke and heart attack risk.

We all expect a busy political season, both Federal and Provincial, to be upon us soon. ♦ Now may be the time to contact your political representatives on the matter of needed improvement in health facilities.

Dr. Philip Welch would like to add the following.

An unexpected fall may be due to a stroke. ♦ To check this possibility, a bystander can usefully ask three simple questions.

- Ask the individual to **SMILE**
- Ask him/her to **RAISE BOTH ARMS**
- Ask him/her to **SAY A SIMPLE SENTENCE**

If he/she has difficulty with any of these tasks, consider calling for an ambulance or other medical help, even if the individual's difficulties subside in 15 minutes or so. (Based on a presentation to the American Stroke Association Annual Meeting in February 2005).

### Information re Seniors ♦ Health Information Sessions

#### ♦ Let ♦s Talk About Staying Healthy ♦

♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ These sessions are back again this winter at the QEII Health Sciences Centre, Royal Bank Theatre at the Halifax Infirmary, from 1:30-3:00 pm. ♦ All sessions are on Mondays, with light refreshments provided. ♦ ♦ Bring a friend ♦ it ♦s free ♦. ♦ Call 473-8603 for further information.

♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ The following schedule is in place for 2006. ♦ ♦ ♦ February 27, Caregiving; March 27, Nutrition Tips and Myths; April 24, Skin Care; May 29, Exercise; June 26, New Technology for Hearing Loss.

♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ Many seniors attend these useful talks and ADRP members will be welcomed.

### Are You Missing Out on Benefits?

#### Om Kamra

You may be eligible to receive various benefits (retirement, disability, family, survivor) if you have paid into the social security of another country while working as a graduate student etc. in that country in the past, subject to a bilateral agreement between Canada and that country. ♦ Canada has negotiated such agreements with a number of countries worldwide. ♦ Information applicable to your situation may be obtained from the Department of Human Resources Development of the Government of Canada (Mr. Brian McMillan, 902-426-7690). ♦ Applications are verified by the Canadian authorities who then forward the details to the other country for payment of benefits. ♦ For example, a bilateral agreement between the USA and Canada, or UK and Canada, may entitle you to receive one or more of these benefits at full or partial rate, as applicable to you.

◆◆◆◆◆◆◆◆◆◆ This author recently started receiving a modest amount of monthly US Social Security payments, having paid into their Social Security System for two years in the late 50s as a graduate student.◆ It took almost two years for processing information by the Canadian and US authorities.◆ Don't wait too long to look at your own situation and apply for benefits you may be entitled to receive.

◆◆◆◆◆◆◆◆◆◆ Good luck and enjoy your retirement with extra cash in your pocket.

**IWK Honours Richard Goldbloom**

◆◆◆◆◆◆◆◆◆◆ On October 29<sup>th</sup>, the IWK Hospital unveiled the Dr. Richard B. Goldbloom Research and Clinical Care Pavilion, to honour his achievements.◆ Richard was the force that molded the IWK into one of Canada's leading children's research facilities.◆ They now do \$11 million annually in research.

◆◆◆◆◆◆◆◆◆◆ Richard came to the IWK in 1967, and since then has done huge and magnificent development of that hospital as Head of Pediatrics and other responsibilities.◆ The ADRP and many, many others congratulate Richard.

Thank you for reading your way through all the ◆News in this Letter◆.◆ We continue to try to pass on all that we can come up with that we hope will be useful to Dalhousie's Retirees and Pensioners.

◆◆◆◆◆◆◆◆◆◆ Please find enclosed the Agenda for the December 15<sup>th</sup> meeting and the minutes of the last general meeting held April 28, 2005.

◆◆◆◆◆◆◆◆◆◆ Have a very Merry Christmas and a Happy New Year!

Emerson Moffitt, Editor  
Jan Scott, Associate Editor