

ADRP

Association of Dalhousie Retirees and Pensioners

Proud of the Impact We Made, the Legacy That Continues

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From the Editor

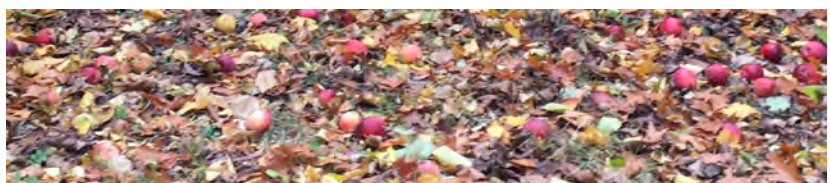
Autumn has already stripped away most of our beautifully coloured foliage and snowbirds are preparing to head south. To accommodate snowbirds who would like to attend the AGM the Board is considering holding the AGM in May rather than April.

Dalhousie continues to mark it's 200th anniversary with special events and guest speakers. Check your listserve or the Dalhousie website at <https://www.dal.ca/news/dal-200.html>. The Great Debate (Nov. 5) was a WOW experience for information and entertainment.

A significant shift in the history of Dalhousie was marked by the growth and development of the Dalhousie Faculty Association. In this issue, Tarun Ghose recounts his recollections of the DFA in its early days and acknowledges the dedication of those who moved it forward in the face of considerable opposition.

Our Health and Wellness section begins with his personal story of shingles, a truly ugly disease, by Peter Wallace. You'll know why he advocates the new vaccine.

Following that is the clear case for national pharmacare in Canada presented in the ADRP brief authored by Michael



The Editorial Board

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ADRP Board and All Member Meeting Dates and Times

Tuesday, Nov 20, 2018 2:00 to 4:00 PM

• Tuesday, Dec 18, 2018

2:00 to 6:00 PM

General Meeting and Reception *

• Tuesday, Jan 22, 2019 2:00 to 4:00 PM

• Tuesday, Feb 19, 2019 2:00 to 4:00 PM

• Tuesday, Mar 19, 2019 2:00 to 4:00 PM

• Tuesday, Apr 23, 2019

2:00 to 6:00 PM

AGM and Reception * May Modify

• Tuesday, May 21, 2019 2:00 to 4:00 PM

• Break for Summer

Newsletter Submission and Distribution Dates

Submission Deadline **Distribution Date**

Monday, Nov 5, 2018

Monday, Nov 19, 2018

Monday, Jan 28, 2019

Tuesday, Feb 11, 2019

Monday, Mar 25, 2019

Monday, Apr 8, 2019

2019 CURAC Conference at Guelph

• MAY 22-24, 2019

• 2019 CURAC Conference at Guelph

University of Guelph

Theme: *IMPROVE LIFE*

Bradfield. The realities of the pharmaceutical companies' research and development are not as they would have us believe.

On the maintenance of wellness, Grace Paterson's personal article promotes the benefits of playing bridge, especially in retirement. We challenge you, the members, to send us your activities since retiring. We won't use your names unless you want us to do so.

Please consider sharing your stories and photos about travel, hobbies, or unique experiences. You can submit them, or any comments on any newsletter topic or issue, directly to j.clovis@dal.ca or through the office email adrp@dal.ca.

Editorial Policy: The ADRP intends to publish the newsletter every three months. We hope the newsletter will serve the following purposes: To provide pertinent information; to provide a forum for the free exchange of views on issues relevant to our membership; and to serve as a documentary record of matters relating to the ADRP. The Editorial Board, under the ultimate direction of the ADRP Board, takes responsibility for the contents of the newsletter. Signed contributions will take the form of short articles and letters to the editor; these will normally represent the opinions of the author, and need not represent the views of the ADRP. Anonymous material will not be considered for publication. The Editorial Board retains the right to edit or reject contributed material and to elicit similar and opposing views surrounding any issue raised.

ADRP General Meeting and Reception

Tuesday December 18, 2018

Meeting: 1:30-3:30 pm, University Hall, MacDonald Building

Reception:

4:00-6:00 pm, University Club,

Park and Pay is available at the east end of Wickwire Field.

Membership fees for 2018 (or 2017 if in arrears) may be paid at the meeting (if not already paying through the much easier method of monthly pension deduction).

NOTE: Membership dues are not income tax deductible as the ADRP is neither a registered charity nor an employee union.

MEMBERS OF THE ADRP BOARD 2017 - 2018

OFFICERS			
OFFICE	NAME	EMAIL	PAST POSITION
President	Phil O'Hara	w.philip.ohara@gmail.com	Manager, eLearning, LITS
Immediate Past-President	Randy Barkhouse	randy.barkhouse@dal.ca	Director, Academic Computing Services
1st Vice President	Heather Schellinck	heathers@dal.ca	Prof., Psychology and Neuroscience
2nd Vice President	Richard Apostle	richard.apostle@dal.ca	Professor, Soc. & Soc.Anthropology
3rd Vice President	Paul Huber	huber@dal.ca	Professor, Economics
Secretary	John Barry		Technologist, Television Services, LSC
Treasurer	Grace Paterson	grace.paterson@dal.ca	Professor, Medical Informatics
ADRP Members-at-Large			
	Glenda Butt	gmb89@eastlink.ca	Professor, Dental Hygiene
	Oriel MacLennan	oriel.maclennan@dal.ca	Librarian, Killam
	David Mercer	d.mercer@dal.ca	Technician, Dentistry
	David Tindall	david.tindall@dal.ca	Professor, Physics
COMMITTEES			
Benefits	Peter Wallace	peter.wallace@dal.ca	Senior Instructor, Earth Sciences
Communication	Joanne Clovis	j.clovis@dal.ca	Professor, Dental Hygiene
Membership	Heather Schellinck	heathers@dal.ca	Prof., Psychology and Neuroscience
Pension Advisory	Randy Barkhouse	randy.barkhouse@dal.ca	Director, Academic Computing Services

Minutes of April 25, 2018 AGM

Phil O'Hara, Secretary

1:30 - 3:30 pm on Wednesday, April 25, 2018 - Rowe 1016

1. Call to Order and Adoption of the Agenda (Barkhouse)
Randy started the meeting with a quote from Jacob Gould Schurman in the Dalhousie Gazette of 1919 which spoke of the need for more government money. Clearly things haven't changed much in Dalhousie's second century.
2. Recognition of deceased members (Barkhouse) - Jane Breckenridge (Biology), and G. Clint Milligan (Geology - now Earth Sciences)
3. Minutes of the General Meeting of December 12, 2017 (O'Hara)
 - a. Moved for Approval by Phil O'Hara seconded by John Barry.
 - b. Matters arising - question regarding clarification of membership numbers. Explanation provided by Colin Stuttard.
 - c. Approved
4. President's Report (Barkhouse)
 - a. Expressing of thanks to retiring board member Colin Stuttard after 12 years of service.
 - b. Update on ADRP Bursary Fund - the next report will run in June so the exact amount is not known but it is in excess of \$35,000. This is proving most successful given the original target was \$25,000. The growth is a result of individual contributions along with the ADRP contribution. As a bursary, we only know the first recipient was a mature Nursing student. The bursary is setup for 2nd year and above. The bursary will grow 4.1% in upcoming year.
 - c. For the second time, Dalhousie is hosting the national CURAC conference May 23 -25.
 - d. Several ADRP members served as greeters at the 200 Celebration launch in February.
 - e. There is a Retirees reception on May 23rd to which all are invited.
5. Treasurer's Report (Paterson)
 - a. Financial Statement for 2017 - Grace reported that the budget and actual are quite close. At the end of the year, we posted a surplus to add to our cumulative surplus.

- b. Proposed budget for 2018 - similar to that of 2017 with the notable addition of revenue from newsletter advertising. That income is going directly to the Bursary fund.
 - c. There was a question about the CURAC Conference income. Grace reported that we split the surplus with the national body. Grace reported that we anticipate a very positive outcome due to higher-than-expected registrations.
 - d. Grace reported on the Balance sheets and described the allocation of the funds to investments and other accounts. There was a question about the purpose of the contingency fund. Grace responded with an example where we may need in future engage the services of a lawyer.
 - e. Motion for adoption by Grace, seconded by Toni Laidlaw, approved.
6. Appointment of Auditor - Gail Power has indicated a willingness to take on this role. Gail has prior experience having taken care of the 2017 audit.
7. Reports from Standing Committees (discussion of these reports is greatly encouraged):
 - a. Benefits Committee (Wallace) - Peter reported that the 2 most relevant items are extended health and travel. In particular he stressed the importance of having travel forms with you when outside the province as plans general require documentation within 48 hours of the time of the claim. He also made a point of ensuring your travel partner knows where to locate the forms in case you are unable to do so. Peter pointed out that there was a slight decrease in rates of about \$2.00 per month. Finally Peter pointed out that we can take recommendations to our insurer for consideration annually. For example, the plan has been enhanced to cover feet so we can bring items of interest to our members to the insurer. John Berry asked what was under consideration. Peter responded with Compression bandages and clothing. There were comments about problems with our travel insurance when in Russia recently such that the policy numbers were not recognized. There were a number of cited concerns over the way the plan is communicated to members. It was discussed we should seek a copy of the current contract from Susan Whitman as there appears to be confusion over the current coverage.
 - b. Communications Committee
 - i. Website (Barkhouse) - Randy reported he continues to make updates and hopes to pass this along to a new webmaster in the near future.

- ii. Newsletter (Clovis) - Joanne shared that she is looking at some adjustments to the layout of the newsletter. She also emphasized the need for submissions from members (personal stories and photos) to result in a more engaging publication. She also mentioned she is looking for a co-editor.
 - c. Membership Committee (Stuttard) - The current number of members in good standing is around 562 - by cash or cheque is about 20 with about 9 outstanding and the rest by payroll deduction. In the past year, 11 members have died and we welcomed 79 new members. Colin closed by wishing Heather Schellinck success as she carries forward.
 - d. Pension Advisory Committee (Barkhouse) - Randy reported that the outlook for automatic indexation and catch-up index is uncertain. The current actuarial report is being done as of March 31st but results are not expected until early fall. It is unlikely there will be much change in the surplus but based on a recent meeting, it sounds like the current chair of trustees will want to see a surplus of about 5 times they will current before considering catch-up indexation. The automatic will remain unknown until the assets return is known on June 30th and then the 3-year average is used for the calculation for application in January 2019. Due to the current volatility of the markets, the future is uncertain at this time.
8. Nominating Committee Report (Apostle), and Election of Board members for 2016-2017 - Richard thanked Toni Laidlaw for assistance presented the final slate of nominees and ask 3 times for additional nominations. Hearing none, he asked for adoption ... approved.
9. Representatives' Reports
- a. SCANS (Seniors' College Association of Nova Scotia) (Schellinck) - Heather reported there are currently 720 members with 75% attending classes this term. She pointed out that those who instruct get a free membership. Heather thanks Colin for all his contributions over the years and mentioned SCANS has a permanent home in the Maritime Conservatory. She closed by a new registration system was implemented and after some implementation pains, it is now operating well. The next public lecture is May 14th.
 - b. CURAC (College and University Retirees Associations of Canada) (Barkhouse) - Randy reported ADRP partnered with SMU are hosting the

annual conference in May. We are excited by our slate of speakers and look forward to a superior event.

10. Any Other Business

- a. Our member Mary Brooks has just been as the first woman to ever receive the most distinguished international prize in her field: the Onassis Prize in Shipping.
- b. David Tindle asked all in attendance to recognize and thank Randy Barkhouse for his ongoing leadership of ADRP. Randy responded by recognizing the assistance from his wife Nancy who supplies the cookies.
- c. There was a question about afternoon parking permits. Randy mentioned they are no longer available since the implementation of pay and display.
- d. Reminder, Retirees Reception, May 23, 2pm, Location TBA.

Adjournment

Draft Agenda

ADRP GENERAL MEETING

2:00-3:30 pm on Tuesday, December 18, 2018 University Hall, MacDonald Building

1. Call to Order and Adoption of the Agenda.
2. Remembrance of deceased members.
3. Minutes of the Annual General Meeting of April 2018.
 - a. Approval:
 - b. Matters arising:
4. President's Report. (O'Hara)
5. Treasurer's Report. (Paterson)
6. Committee Reports
 - a. Benefits Committee. (Wallace)
 - b. Communications Committee.
 - i. Website. (Barkhouse)
 - ii. Newsletter. (Clovis)
 - c. Membership Committee. (Shellinck)
 - d. Pension Advisory Committee. (Barkhouse)

7. Other Reports
 - a. SCANS (Seniors' College Association of Nova Scotia) (Heather Schellinck)
 - b. CURAC (College and University Retirees Associations of Canada) (Barkhouse)
8. Any Other Business
9. Adjournment (Reception in University Club Pub)

President's Report

Phil O'Hara

Last weekend we turned back our clocks and settled in for shorter days, colder nights, and our annual move to indoors living. With the recent rain and wind, the beautiful fall colours becomes a job of raking leaves, storing the lawn furniture, and preparing the winter months around the corner.

Personally, I enjoy living in a place which has multiple and varied seasons. But I recognize that many retirees do not share my opinion. Many head south or to other locations with warmer climates. I wish you all the best and look forward to welcoming you home in a few months.

The reason I use this platform to write about the upcoming winter season is a follow-up to our Board meeting last week (October 22nd). We had a long discussion about “social isolation” facing many retirees and we suspect members of ADRP.

We didn't arrive at any action as yet. We do know that ADRP members who regularly take SCANS courses value the chance to interact with old and new friends. So that model works for many but what other models may be of value?

There is consensus on our Board that we are in a position to host events and launch initiatives to provide opportunities to address “social isolation”. We are interested in hearing any and all thoughts you may wish to share.

To that end, I invite you to pass along your thoughts to adrp@dal.ca or if you prefer contact me directly via email at w.philip.ohara@gmail.com or phone at (902) 497-6056.

Other topics you'll hear more about in the upcoming months are:

- Improved medical coverage with the goal to include the Shingles Vaccine.
- A first-aid course in the new year for those wishing to sharpen their skills.
- The status of the pension plan and what you can expect in the new year.

Treasurer's Report

Grace Paterson

Financial Update

Bank Accounts:

The balance in the CUA chequing account is \$5,124.19.

The balance in the CUA savings account is \$81.33.

Investment Report:

A 30-month GIC for \$19,500.00 was purchased from CUA in July 2018. The other two CUA GICs matured in August and were re-invested as 18-month GICs valued at \$10,202.85 and \$11,326.16.

Membership Dues:

The membership dues year-to-date total \$8,849.86 from monthly dues plus \$560.00 in annual membership dues. The October deposit for monthly dues was \$927.94.

Dalhousie Account:

The balance in the Dalhousie account is \$2673.85.

CURAC 2018 Conference:

The balance in the CURAC 2018 account is \$6251.81. Of this amount, \$1305.77 is for CURAC Conference expenses that were paid from the ADRP accounts. The remaining \$4946.04 is available for disbursement as decided at the December 18, 2018 Annual General Meeting.

Dalhousie ADRP Bursary Fund

A donation of \$2,000.00 was made to the ADRP Bursary Fund

Benefits Committee Report

Peter Wallace, Chair

This report is a recap of what retired Dalhousie employees are entitled to when covered by Extended Health Benefits and Non-Medical Benefits. The ADRP board always get queries about benefits including travel insurance and so I thought it best to put all benefits together in a short summary so that you can see what is included for comparison with other plans. Rest assured that we do not take our medical benefits for granted and the ADRP Board is always looking for the best package for our membership and to that end we look at medical packages offered by other retiree organizations. Additionally, many of our members are not part of the Dalhousie plans so with this information we can make recommendations to them on where to turn for health and travel benefits.

Medical Benefits offered by Dalhousie University to retirees

Dalhousie retirees over age 65 pay \$44.20 per month (\$530.40 p.a.) for a single Extended Health and Travel Benefits Plan and so the question is what do we get for this? For newly retired persons the feeling may be not much but with age the need for more care increases. Ultimately the cost of a good healthy life may increase with age and that is when an Extended Health Benefits Plan makes sense. The benefits listed here are the most common claimed. If you want more information visit the Dalhousie Benefits web site or better yet the Medavie Blue Cross web site or phone them. The numbers to phone for travel insurance inquiries are also given at the end.

- Ambulance – initial \$25 plus 80% of remainder in any one year
- Private Duty Nursing (non nursing home) – 80% of up to \$10,000, 50% of next \$10,000 to a maximum of \$13,000
- Diabetic equipment; supplies – 80% of \$700 in 5 years; 100%
- Vision - \$100 per 2 years
- Hearing aids - \$200 in 7 years
- Orthopedics - \$160 per year
- Health care practitioners - \$500 per year
- Accidental Dental – 100%
- Travel Insurance – Emergency Medical \$1,000,000; Emergency dental \$2,000; Repatriation \$15,000; Vehicle return \$500; Hotel convalescence \$1,000; Referral services outside Canada \$500,000; deductible 0%; for a duration of 180 days for any one trip provided the member is covered by a provincial health insurance plan. There is no increase in premiums with increase in age and in order to be covered by travel insurance the retiree must be part of the Extended Health Benefit Plan.

What is not covered:

Semi-private or private hospital room, dental, for over 65s, prescription drugs, massage, cosmetic surgery for non-health reasons, and services normally supplied by government health plans.

Non-Medical Benefits offered by Dalhousie University to retirees

These benefits are given to all Dalhousie retirees, not just ADRP members, and there are no additional fees involved. However, for some benefits such as intellectual privileges for research by retired faculty may involve some negotiations at the departmental or faculty level.

- Library privileges; for retired DFA members this is covered under clause 24.07 of the DFA-Board Collective Agreement; for other retirees some negotiation with the Head Librarian may be necessary
- IT support and free e-mail
- Reduction for admission to music, art, theatre and sports events, if applicable, is the same as for employees
- If worked 5 years at Dalhousie can get full or partial tuition waivers for courses; you may need to do some negotiations here but Dalhousie does support life-long learning
- Dalplex fees are 50% of community rate and ADRP gets many queries on this benefit. It is part of the DFA-Board Collective agreement, clause 32.14, where it explicitly states “50% of the fee charged to the general community” but this sometimes seem to escape notice of some Dalplex employees. If you find you are paying too much remind them of this clause.

The ADRP Benefits Committee members are:

Randy Barkhouse, John Barry, Michael Bradfield, David Tindall, Peter Wallace (Chair), Philip Welch, Christine Matheson-Studley, and Phil O’Hara

The ADRP nominees to the Retiree Board Advisory Committee (RBAC) are:

Peter Wallace (Chair), Christine Matheson-Studley (under 65), David Tindall, and Randy Barkhouse

Dalhousie University Benefits Web Site: <https://www.dal.ca/dept/hr/Retirees.html>

Medavie Blue Cross: <http://web.medavie.bluecross.ca/en/index>

Travel Insurance: The policy is underwritten by SSQ Insurance Group (<https://ssq.ca/en/group-insurance>) but is administered by AXA Assistance Canada.

For questions call

1-866-783-9473 AXA in Canada and USA (free call) or

1-514-285-8195 outside Canada or USA (collect call). SSQ Travel Insurance is part of a wider collective of university insurances so when calling you need to give our ID# (**427E**) and Policy # (**1FF55**).

Webmaster Report

Randy Barkhouse, Chair

The ADRP web page provides an information source for members to check on upcoming events as well as an archive of past announcements and newsletters. In the near future ADRP President Phil O'Hara will take on the webmaster role. Watch for evidence of this early in 2019.

ADRP
 Association of Dalhousie Retirees and Pensioners
Proud of the Impact We Made, the Legacy That Continues

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Important Messages/Announcements Relating to Current Events

NEW! [DFA 40th Anniversary Reception](#) - posted November 2018

[CURAC Newsletter Reports on Annual Conference](#) - posted August 2018

[ADRP Newsletter Special Issue- CURAC Conference Reports DalNews on 2018 CURAC Conference](#) Dear former DFA member, You and a guest are invited to join us on Tuesday, November 20, from 6-8 pm for a reception to celebrate DFA's 40th anniversary. The evening event, held at the Life Sciences Research Institute, 1344 Summer St., will see the launch of our commemorative booklet "40 Years of Activism: Working Toward a Better Dalhousie". DFA President Dave Westwood will interview a panel of past DFA Presidents who will share their memories and thoughts on the DFA. Come socialize with your colleagues, past and present, and celebrate this special occasion with the DFA. Please RSVP to Catherine.Wall@dal.ca by November 14 - remember to let us know if you are bringing a guest. We hope to see you there!
 DFA 40th Anniversary Committee

[Geology and Society - SCANS at the CURAC Conference](#)
 Economical Select [Home and Auto Insurance](#) and [Pet Insurance](#)
[CURAC 2017 Post Conference Newsletter](#) - posted July 2017

[Health and Travel Benefits Update](#) - posted January 2018

[Travel Planning?](#) - posted July 2017 - -

[Dal Human Resources Retirees Site](#) - posted June 2017

Pension Report

Randy Barkhouse, Chair

The core of the Pension Advisory Committee (PAC) meeting on October 25 was presentation of the actuarial valuation to March 31, 2018 by Jeff Turnbull of Eckler Ltd. The other major item was the report on asset performance to June 30. Of interest to ADRP members is the state of the Retirees Trust Fund (RTF) on that date as the award of any catch-up indexation requires first of all a going concern surplus in the RTF. The RTF trustees may then, at their discretion, use up to one-half of that surplus to award catch-up indexation. As of June 30, 2018 Dal pensioners have a deficit in indexation of up to 10%, depending on how long they have been retired.

The valuations results indicate the RTF had a surplus of \$26.266 million against liabilities of \$577.884 million. The cost of next January's automatic indexation of 1.27% will reduce the surplus by about \$6.5 million. The remaining surplus would be less than 4% of liabilities. Furthermore the recent October decline in asset returns has wiped out all the gain since March 31, making it certain no catch-up indexation will be awarded.

The Pension Trust Fund (PTF) had a deficit of \$44.816 million against liabilities of \$750.153 million, making the deficit for the combined funds \$19.550 million. On a going concern basis the Plan was 98.5% funded.

The attached table shows the PTF and RTF returns for various periods up to Sept 30. The next quarterly report to December 31 will reveal whether the subsequent market decline in October was recovered or deepened. The 3-year net return to June 30 in the RTF of 6.33%, which exceeds the automatic indexation threshold of 5.05%, is the basis for the 1.27% increase of eligible Dalhousie pensions next January 1. The CPI increase of 2.45% means Dal pensions fell behind another 1.18% (2.45-1.27) during the year to June 30, 2018.

A further data item from the valuation, plus retirements since that date, is that the count of Dalhousie pensioners is now over 1270, a substantial increase in the past year.

The next actuarial valuation must be done no later than as of March 31, 2019.

A major regulatory change is anticipated in the next few years requiring NS-regulated defined benefit pension plans to be funded to 110-120% of their going concern liabilities in order to counter future volatility in asset values. This would require a substantial increase in contributions or asset returns to achieve in the Dalhousie Plan. Coupled with increased Canada Pension Plan contributions to be phased in from 2019 to 2026, the increased pension cost for Dalhousie would be disruptive to the operating budget. Further discussions will be held in the next several months with Dalhousie administration on how to possibly deal with these challenges.

On Nov 21 the Atlantic Chapter of the Canadian Pensions and Benefits Institute will present the 2018 report of the superintendents of Pensions from NS, NB, and NF&Labrador. Attendees will have the opportunity to ask questions as to the direction the Provinces may be considering and

**Dalhousie Pension Trust Fund
Dalhousie Retirees' Trust Fund**

Interim performance – July 1, 2017 to June 30, 2018

Fund	April 1, 2018 to June 30, 2018	July 1, 2017 to June 30, 2018	1 Year Net Return	3 Year Net Return
PTF	3.94%	9.45%	8.83%	7.37%
RTF	3.85%	8.19%	7.64%	6.33%
Consolidated Pension	3.91%	8.89%		
TSX	6.77%	10.41%		
S&P 500 - \$CAD	5.49%	15.84%		
S&P 500 - \$US	3.43%	14.36%		
EAFE - \$CAD	0.73%	8.21%		
EAFE – local currency	3.47%	6.14%		
TMX Bond Universe	0.51%	0.75%		
CPI	0.53%	2.45%		

Market Value (millions)	PTF	RTF	Consolidated
June 30, 2017	\$716.6.0	\$544.9	\$1,261.5
March 31, 2018	\$711.6	\$596.8	\$1,308.4
June 30, 2018	\$739.6	\$614.0	\$1,353.6
September 30, 2018	\$728.0	\$636.3	\$1,364.3

	July 1, 2018 – September 30, 2018 Return
PTF	1.06%
RTF	0.97%
Plan	1.02%

to address the concerns affecting Pension Plans. Dal HR is covering the cost of PAC members to attend what may be a very helpful session on future provincial regulation of pension plans.

SCANS Report,

Heather Schellinck, SCANS Curriculum Committee Chair

The Seniors' College of Nova Scotia (SCANS) is just completing a very successful term with twenty-two courses on offer. Interest was so great that, in some instances, we were unable to accommodate all of the members in their preferred course selections. We continue to search for larger venues in HRM to overcome this problem. We would certainly appreciate hearing from you if you know of any locations with ample parking, and close to a bus stop, that might be suitable for bigger classes.

Those of you who are newly retired and looking for a “gentle” volunteer opportunity, could check out our volunteer page on our [website](#). By navigating through it, you will find out who the incumbents are in each position, where there are vacancies, and what the responsibilities are in each position. You will also see a “Click Here to Volunteer Now” form that you can complete and submit.

In mid-December, information on winter term courses will be available at www.thescans.org. Registration will begin in early January for courses that start in February. Finally, just to remind you, SCANS is continuing to offer gift certificates for a year's membership. Such a present could be appreciated by someone on your holiday gift list. Please contact the office by phone (902-444-7588) or e-mail (SCANSinfo@gmail.com) if you are interested in such a purchase.

CURAC Report

Randy Barkhouse

The CURAC board and committees continue active year round on behalf of member associations and those associations' individual members.

The most visible activity may be that of the Benefits committee which in recent years has negotiated benefits through several sponsors. These include travel opportunities with Collette Travel, home and auto insurance through the Economical group, extended health and travel insurance through the Retired Teachers of Ontario, and pet insurance through PetSecure. Details of each of these offerings is available through the Member Benefits link on the CURAC web site at <https://www.curac.ca>.

Another CURAC committee of interest is the Health Care Policy committee. ADRP's treasurer, Grace Paterson, with her background in health informatics is a key member. This group has produced several papers on topics of current interest with some used in lobbying efforts with federal and provincial ministers. Topics of papers produced in the last two years include “Age Friendly Communities”, “Mental Health of Seniors”, and “Opioids – Are Seniors at Risk”. The committee is currently developing a paper on social isolation among seniors, expected to be

published early in 2019. These papers are posted online at <https://www.curac.ca/committees/health-policy-committee/>

Another active committee is the Conference Committee which provides guidelines and liaison for the hosts of the annual conference. In 2018 that conference was hosted by ADRP at Dalhousie. The 2019 conference will be hosted by the University of Guelph Retirees Association, that for 2020 will be hosted at UBC, and for 2021 at McGill.

One of CURAC's longtime supporters and regular attendees at the annual conference was Jack Boan from the University of Regina. Those from ADRP who attended past conferences will no doubt have noticed Jack, a tall, lean, friendly Saskatchewan native with a booming voice that ensured he was heard. Jack last attended a few years back at age 97. He recently died at age 100+. From his obituary

"...Jack was born in a farm house near Roseville, SK. Jack's early years are described in his autobiography "Spaces to Fill and a Century To Do It" (Benchmark Press 2017). Having survived the Great Depression, he served in the RCAF from 1940-1945 attaining the rank of Sergeant and training wireless operators in Morse Code. Upon discharge he was awarded the Canadian Volunteer Services Medal. Following his military service, he attended the University of Saskatchewan graduating with a Bachelor of Arts with Honours in 1949. While attending university in Saskatoon, he met Jean (nee Campbell) and they were married on December 21, 1949. He received a full scholarship to attend Ohio State University and graduated in 1953 with a PhD in Agricultural Economics. Upon his return to Canada, Jack worked for the Prairie Farm Rehabilitation Administration (PFRA), the Defence Research Board, and the Department of Northern Affairs and Natural Resources in Ottawa. One of his major contributions to the Canadian community was his involvement in the Royal Commission on Health Services (Hall Commission) in 1962-64, which recommended the implementation of Medicare for all Canadians. His interest in health care economics forged a new network of health economists across the country that became known as the Canadian Health Economics Research Association (CHERA). This organization became the Canadian Association for Health Services and Policy Research (CAHSPR) and he continued to attend the annual conference until 2015. In 1962, he returned to his roots from Ottawa and joined the fledgling University of Regina with an office at the College Avenue campus. When the new campus opened in 1964, he led the pursuit of teaching, academic freedom and community based learning. For over 60 years, as Professor of Economics and Professor Emeritus, he taught and influenced thousands of students. He taught his last class when he was 80 years old...."

His full obituary for this academic life well lived is online at

<http://vi.theglobeandmail.com/servlet/story/Deaths.20181103.93407940/BDAStory/BDA/deaths>

The Dalhousie Faculty Association Before Unionization (hereafter referred to as DFA)

By Tarun Ghose

According to Professor B.P. Waite in his book "The Lives of Dalhousie University " (vol.2, p.380) President Hicks told Dr. Tarun Ghose of Pathology , the then president of DFA (1975-1976) that "Dalhousie has been fortunate in my time in generally having very good relations with its Faculty Association." This was an over simplification of the past and not prescient of the future.

Let us briefly examine the relationship between the DFA and the Dalhousie administration. The DFA was founded in the 1950's by faculty members tired of chronic low salaries and the authoritarian ways of the administration led by President Alexander E. Kerr (1945-1963). The establishment of the DFA was part of the wind of change blowing through Canadian universities during this time. At Dalhousie there was an ongoing struggle as to what portion of raised funds, if any, should be applied towards faculty salaries and benefits instead of being spent entirely on bricks and mortar.

Several DFA presidents preceding me (including K.T. Leffek, R.L.Comeau, D.Braybrooke and P.Huber) had succeeded in obtaining important concessions from the administration. One such concession was membership for the DFA president to sit in on meetings of the Dalhousie Senate and Board of Governors as observer. I became president of DFA by moving up through the ranks i.e. member at large, treasurer, vice-president and finally president. Hence, I participated in many meetings and negotiations. But the long lapse of time might have affected my recollections. As far as I remember Professor Hugh King preceded me and Professor Roland Pucetti followed me as DFA president.

During my time as president the administration appeared to be inflexible and wary of granting concessions. On the other hand the faculty was demoralized and suspicious of the intentions of the administration. The fear of being served with the dreaded "pink slip" at the slightest provocation was so deep that many faculty members were unwilling to accompany me to meetings with the administration. Negotiations were mostly confrontational and unproductive. To resolve this impasse I tried to be courteous but without yielding too much on the substance. To be courteous was not always easy. For example, during my first attendance of the Board of Governors meeting the secretary omitted to give me the agenda and minutes. I ignored this conspicuous slight. For the next meeting I brought a tape recorder and placed it in the middle of the table. "What is this?" thundered President Hicks. I replied "I appreciate your trust in my memory Sir, but like the rest of you here, I cannot remember the minutes of the previous meeting ". Did I notice a brief smile? Anyhow, from then on the agenda and minutes were given to me on time.

A real handicap for DFA was its small membership (approximately 20% of the eligible faculty) and hence, lack of funds. I attempted to recruit new members with some success, one of them

being Professor Philip Welch. This augmented DFA's coffers but as soon as word went out CAUT (The Canadian Association of University Teachers) took away most of the newly found wealth to pay for overdue CAUT membership fees.

Some important concessions from the administration negotiated during my presidency include the following:

1. The acceptance by the administration that DFA was, de facto, the sole representative of the Dalhousie faculty in all negotiations and bargaining.

This was later incorporated in the first contract signed between the university administration and the Dalhousie Faculty Union in November 1978.

2. Fixing the floor and ceiling of salaries of all academic ranks.
There was also an immediate 8% increase in salaries of all ranks.
3. Definition of causes for termination of service.

This was timely in the context of the non renewal of contract and dismissal of several activist professors in the Departments of Mathematics and Sociology as well as the closure of the Department of Education.

4. Increasing sabbatical salary from 50% of regular salary (previously negotiated by Professor Leffek) to 75% of regular salary. This was negotiated by Professor Om Kamra, as Chair of a sub committee.
5. Establishment of a designated DFA office.

before my presidency DFA did not have a designated office or meeting place. On request President Hicks provided a designated office with a telephone line for the DFA in the basement of the old Law School building (now the Pub area of the Faculty Club).

6. Help to establish the Dalhousie Faculty Club.

In 1975 Professor R. Comeau asked me whether the DFA would be interested in helping to found a Faculty Club. Later I learned that this inquiry came from President Hicks himself. (Professor Comeau was related to President Hicks by marriage.) This club would promote collegiality and a glass of wine would hopefully drown many differences. An ad hoc committee was struck comprising of Professor Comeau (Chair), Professor Usman (Classics) and myself as president of DFA. Each member contributed \$100 to meet initial expenses.

Later the ad hoc committee was replaced by an executive committee for the newly established Dalhousie Faculty Club. This ended any formal relationship between DFA and the Dalhousie Faculty Club.

The "glass of wine" created a problem. President Hicks had to obtain permission from "down town" (the provincial government of Nova Scotia) to serve liquor in the Club.

A general meeting of the Faculty was called to hear a lecture from the Minister of Education on the perils of alcohol and the danger of tipsy professors tripping all over the campus.

President Hicks smoothed the ruffled feathers masterfully. Help also came from a newspaper report stating that a provincial minister was found driving on the wrong side of a one way street while inebriated.

The final push towards unionization came with a change in senior administration. Towards the end of President Hicks's term he began to refer DFA matters to Vice-president Professor Andrew MacKay. In contrast to President Hicks's quick decision-making Professor MacKay's pace was glacial. He offered many cups of tea prepared by himself but few decisions. When I complained about the lack of progress in our negotiations he became brusque stating that if I thought that unionization would expedite matters, I was quite wrong. He would fight it every inch of the way even in the courts of law.

DFA had no alternative but to accept the challenge. After an extensive campaign to increase DFA membership and various skirmishes at the Labour Relations Board, Professor Philip Welch finally achieved unionization in 1978.

My active participation in DFA came to an end with the completion of my term as president. However, after retirement from Dalhousie I became actively involved in founding ADRP along with several other colleagues.

The office holders of DFA had no union protection. Their courage and dedication should be appreciated.

Health and Wellbeing

Shingles

A personal report by Peter Wallace on why you should get the shingles vaccine

Almost everyone knows of the disease called Shingles, either through personal experience or by knowing someone who has it. But many of us do not take a close look at how we might get the disease, how it might affect us, or how to prevent getting it, and so we tend to put it out of our minds to deal with later. Speaking from experience that could be a miss-calculation.

In May 2018 I got a rash on my right side, a place where I usually get a rash every Spring from pulling weeds such as stinging nettle. After a week the rash got worse instead of better by extending from my stomach right around to my back and by 2 weeks I was in pain. A quick diagnosis: I had shingles. A couple of weeks later the pain intensity had increased and spread around to my upper legs and arms. I had trouble using my muscles because of the pain; using them doing common things like getting out of bed, walking, using stairs, getting into and out of the car. Shirts caused pain, jolts caused pain, laughing caused pain! I had never experienced anything like it before and it was 24 hours a day; I ended up at the doctor's office twice getting medication for pain management. This continued for 3 months until mid August when I could finally say the rash and maybe the shingles had abated but a new affliction emerged. My leg, arms and shoulders muscles were still in pain when I used them. Two more doctor visits and some blood work resulted in my being diagnosed with an auto-immune disease called *polymyalgia rheumatica* and I am now on steroid medication to fix that. Blood tests (November 2018) show I still have the disease and will probably have to keep on the steroid regime for another 3 months to a year.

I am a 66 year old healthy person and physically active. I cycle and kayak in the summer, cross-country ski and play hockey in the winter and do weekly hikes; I have never had a major illness in my life. This summer I essentially did nothing on account of the pain and my wife said I looked and acted like a person decades older than my chronological age. I was pretty mad at getting shingles and not being able to be my usual active self. And to cap it off the medication I am now taking (steroids) have "mild" side effects that affect me in adverse ways but it is better than the pain. Why am I telling you this?

Shingles is a common disease for those over 50. It originates from the reactivation of the chicken pox virus which we most likely all got as a child. Shingles and the most common complications post disease (called *postherpetic neuralgia* or PHN) are painful to such a degree that many cannot work for weeks or months. In the USA and I assume in Canada, 1 in 3 adults over the age of 50 will get shingles in their lifetime and 1 in 5 of those who do get it will get some form of PHN. Getting shingles once does not preclude a person getting it again. This is a lot of people with shingles and a lot of down time. As one ages the odds of getting shingles increase along with more complications. Some, like me, have their healthy immune system kick in to overdrive such that other diseases are initiated. If shingles is on the face it may affect optic nerves. If your immune system is weak, heart attacks, strokes, and in the rare case death may occur. It's nasty!

It turns out that there is now a vaccine for shingles called *Shingrix* and it is 90% effective at preventing shingles as well as mitigating the effects of PHN. It's a 2-shot needle that has to be taken 2 to 6 months apart and is effective for 4 years but many pharmacists and doctors think it may be effective for a lifetime. (*Shingrix*, a non-live vaccine, was approved in Canada for sale only in October 2017; *Zostavax*, a single shot live vaccine was developed in 2006 was found to be only

51% effective and is no longer recommended.) The down side is that *Shingrix* costs anywhere between \$240 and \$300 for the 2 doses and depending on who gives you the needles from \$20 to \$50 to administer. MSI, Pharmacare, and Dalhousie Extended Health Benefits do not cover the costs but regular Dalhousie employees can use their Health Spending Account to pay if they so choose.

ADPR representatives are set to discuss having *Shingrix* as part of our Extended Health Plan at the upcoming Benefits Advisory Committee meeting in the New Year recognizing this will increase our premiums starting in April if adopted. Meanwhile I recommend you read up on Shingles and after reading, if you cannot wait for our report and potential coverage in the health plan, go get the vaccine. The disease and pain is not worth the wait.

A Brief on National Pharmacare Presented to the Advisory Council on the Implementation of National Pharmacare Community Dialogue

By Michael Bradfield and the Association of Dalhousie Retirees and Pensioners

Basic Principles

Three fundamental tenets of health care are comprehensiveness, universality, and accessibility. While the latter two principles are often thought of geographically (quality health care must be available to everyone in Canada, regardless of region), they must also apply to class, gender, or other ways we distinguish among ourselves.

The pharmaceutical market violates all three principles for a product essential to the treatment or cure of diseases and ailments. Many Canadians - roughly 20 percent (Flood et al., 2018) - are not covered by drug plans and still others cannot afford the pharmaceuticals necessary for their effective health care.

The lack of affordability arises, in part, because Canada does not have a federal pharmacare program nor do employers necessarily provide adequate insurance. Many Canadians do not even have jobs. Private programs are expensive and restrictive in coverage, and coverage varies from contract to contract. Provincial government plans are usually limited to specific subgroups, such as seniors. We have a fractured system of paying for prescriptions through more than 100 public and 100,000 private insurance plans (Grant, 2018). We clearly need a federal pharmacare program.

More than insurance coverage

But there is another important restriction on affordability - the nature of the pharmaceutical industry. As a private, for-profit industry, firms have individual monopolies on specific patented drugs. We see examples (Drash, 2018) of drugs whose prices were increased 100 fold or more by managements maximizing their profitability. Some firms admit they charge "what the market

will bear” and this committee has, no doubt, data on the disparity in drug costs between Canada and other countries.

High drug prices are totally predictable to economists. As patent-holding monopolists, drug firms maximize profit by driving up prices and restricting output, behaviour that leads to excessive profits and to less quantity demanded. The firms also control the direction and dissemination of research, and practise unethical promotion of patented drugs. Thus, people’s health is harmed for several reasons.

Drug makers capitalize on our policy-making failures for prescription drugs. They know that prescription drugs are covered by medicare when taken in a hospital, but not necessarily when taken outside of a hospital, so they fund clinics inside hospitals as a work-around to Canada’s ridiculous rules (Picard, 2018).

Research

The drug companies rationalize their high prices by claiming they are necessary to cover their research costs, but this is a fig leaf. Often a firm’s research costs are largely covered by grants and subsidies from governments.

To the extent the firm actually pays for the research, these are 'sunk costs' when the drug comes to market. They are therefore irrelevant to pricing current output.

Pharmaceutical companies hide behind “research and development” costs. Development does not refer to the fine-tuning of drugs but to the development of the market, i.e., to promotion such as: 1. advertising directly to the ultimate consumer (to get them to demand a particular drug they have seen advertised); 2. providing a variety of perks to physicians, such as junkets to exotic locales to hear about the wonders of the company’s drugs; and 3. promotional materials lauding research results, materials which may mislead as to the nature of the research and the implications of the (often inadequate) data.

Prices should be determined by production, legitimate promotion, and distribution costs, not by “research and development” expenses. Monopoly prices restrict accessibility for large numbers of people.

Moreover, the research of the companies is problematic. Pharmaceutical companies make their profits selling drugs to treat a disease or ailment. Developing a drug to cure a disease reduces their market and profits. Moreover, the companies have little incentive to develop drugs to prevent a disease or ailment unless public angst can be whipped up to demand protection, often for conditions of which few people were even aware and perhaps even fewer people would be susceptible.

Drug companies undertake research or support “independent” research that is expected to be profitable. But they can also use their funding capacity to control the dissemination of research,

by imposing contracts limiting the researcher's ability to publish results if the researchers are critical of the efficacy or safety of the drugs studied. In addition, companies may limit the journals that will publish critical research results.

Pharmaceuticals are unaffordable because of their high prices and the inaccessibility of private insurance. We need a government pharmacare program to deal with both issues.

The Cost of a Federal Pharmacare Program

A federal pharmacare program must mean more than a single insurer – it must include a single negotiator/purchaser of pharmaceuticals. Small provinces, in particular, have little leverage and are therefore likely paying higher prices. A single national purchaser would reduce prices across the country and lower the administration expenses of drug procurement to the provinces and territories (CCPA, 2018).

Another important saving will be in health costs. Access to the proper medicines will mean the avoidance of acute and chronic care costs for those currently unable to afford their prescriptions, and who subsequently require hospitalization, not only at a high cost, but also occupying a bed and increasing wait times for those with other acute care needs.

There will also be real savings in reduced accounting, legal, and administrative costs relative to the current patchwork of private plans with insurers intent on maximizing profits rather than covering costs.

Cost Estimates

Opponents of pharmacare cite the cost to government of an adequate program. This position may overstate the cost for several reasons. For instance, the calculations may not include the potential savings of a single purchaser and administrator.

The cost to the Federal government of a national program has offsetting factors. As a primary goal is to increase access, the number of users of any particular drug will increase – more units will be needed, but at a lower average cost. However, the cost to existing pharmaceutical purchasers will go to zero (i.e., costs are paid by pharmacare plan), saving individual Canadians money from direct payment costs and by reduced insurance premiums. Therefore the total costs to Canadians will be substantially less than the cost of the program to the federal government. This will provide another offset to the federal cost estimates, as the federal pharmacare plan would obviate the need for private plans and expenditure which generate tax credits currently. In addition, hospitalization and costs elsewhere in the health care system will be reduced, as people's conditions will be dealt with by their new access to pharmaceuticals.

Financing Pharmacare

This raises the issue of how a federal program should be financed. The vast majority of people who have pharmaceutical insurance are people with relatively stable, high-paying jobs. They (and their employers) will benefit from no longer requiring a drug plan with its high premiums. They

will thus save their premium payments (net of the tax credits generated by their premium and co-payment costs).

Canadians like to believe that we have a progressive tax system, i.e., that those with higher incomes pay a larger percentage of those incomes as taxes. While the income tax is progressive, the reliance on regressive taxes, such as sales or property taxes, means that the Canadian tax system is only slightly progressive for the range of incomes of most people and regressive at the top end as highest income recipients are able to take advantage of tax credits and loopholes and therefore pay a lower rate of taxes than low income Canadians (Lee, 2007).

Because the Canadian tax system is not progressive at the upper end and the primary financial beneficiaries of eradicating private insurance premiums will be the upper half of the income structure, the federal pharmacare program should be financed through an increase in the tax rate on the upper brackets and by removing the tax credits and loopholes that allow the wealthiest Canadians to avoid taxes.

Health Information Perspective

A national pharmacare program must also improve patient care and safety through better patient monitoring and surveillance. Currently, patient prescriptions are stored in provincial drug information systems that were implemented and designed for use by pharmacists. They are an example of the way that health information is kept in silos. Information is foundational to health care and treatment, yet a single or unified health record does not exist. Not only is there is a need to reframe the discourse on how prescription information is used, transferred and managed, but we also need to capture how the patient responds to the medication for post-market surveillance of the safety and efficacy of prescription drugs.

Conclusion

Clearly a robust health care system must be a national system and is affordable. Other countries less wealthy than Canada have shown the way. We have the financial capacity – what is currently lacking is the political will.

References

CCPA, 2018. 2018 Alternative Federal Budget - Getting There. <https://www.policyalternatives.ca/afb2018>

Drash, Wayne, 2018. Report: Pharma exec says he had 'moral requirement' to raise drug price 400%, CNN., 18.09. <https://www.cnn.com/2018/09/11/health/drug-price-hike-moral-requirement-bn/index.html>

Grant, Kelly, 2018. Ontario to examine drug firms' payments to doctors. The Globe and Mail, October 23.

Flood, Colleen M., Bryan Thomas, Asad Ali Moten, and Patrick Fafard 2018. "Universal Pharmacare and Federalism", *Policy Options for Canada*. [Instituteforpublicpolicy.ca](http://www.instituteforpublicpolicy.ca).

Lee, Marc, 2007. *Eroding Tax Fairness: Tax Incidence in Canada, 1990 to 2005*. Canadian Centre for Policy Alternatives. www.policyalternatives.ca/publications/reports/eroding-tax-fairness

Picard, André, 2018. Hating Big Pharma won't get us better drug prices. *The Globe and Mail*, October 23.

Tap into Your Fountain of Health by Playing Bridge

by Grace Paterson

Nova Scotia's Fountain of Health initiative focuses on optimal aging behaviours such as positive thinking, brain challenge, social activity, physical activity and mental health. Their website is <https://fountainofhealth.ca/>.

Playing bridge is an excellent way to tap into your fountain of health. The power of positive thinking is crucial in any form of bridge. We need to remind ourselves that no one is perfect. Samuel Beckett's words are useful for bridge players: "Ever tried. Ever failed. No matter. Try again. Fail again. Fail better."

You can challenge your brain to learn something new. Your entry into the bridge-playing world is as easy as visiting your local library. There are weekly Monday morning bridge games at both the Woodlawn and the Keshen Goodman Public Libraries. No partner is needed. Northwood offers beginner bridge lessons for a nominal sum, and these will get you started. Playing bridge requires that you use your brain in many ways: calculating points in your hand and planning bids and responses; paying attention to what is played by your partner and your opponents; remembering how many trumps have been played, etc. All of this brain activity exercises your neurons in the same way that walking and lifting weights exercise your muscles.

The social activity of playing bridge is differentiated by the scoring method. Rubber bridge is the simplest form for four players, and the form used for card parties, such as those played by the Dalhousie Mixed Bridge group. Duplicate bridge is called duplicate because the same bridge deal is played at each table and the scoring is based on relative performance. Duplicate bridge is a sport, and sports have rules. These rules ensure that the game is fair to everyone. Former ADRP Board Member, Pat Farmer, introduced many of us to duplicate bridge through friendly games at Bethany United Church on Thursday evenings or St. Andrew's Community Centre games on Sunday afternoons.

Many bridge players walk to the Bridge Studio on Mumford Road or Halifax Bridge World on Bayers Road, thus combining physical activity with social activity. These clubs are most welcoming. They will find you a partner for a game of duplicate bridge, support lifelong learning

through weekly bridge quizzes and lessons, and enhance your social activity through bridge cruises and group travel to tournaments.

Stories abound about the role of bridge as something that gives one a sense of purpose. On a recent visit to Northwood, Ingrid's mom spoke about playing in the same bridge foursome for 60 years. The grief associated with the loss of a spouse, family member or friend may be somewhat mitigated by the bridge playing community. It's a support network that helps ensure wellness as we age..

What Have You Been Doing Since Retiring? A Challenge

by Marilyn Klein

As Dal retirees, we are often asked what we have been doing since retiring. In a recent report on Social Isolation of Seniors <<https://www.canada.ca/en/national-seniors-council/programs/publications-reports/2014/social-isolation-seniors/page05.html>>, it is emphasized that seniors benefit from volunteering and participating in their communities due to a sense of satisfaction and efficacy, and communities benefit from the services and social capital seniors are providing. Some of us have finally found the time to travel, reengage in old activities and hobbies, or try new challenges.

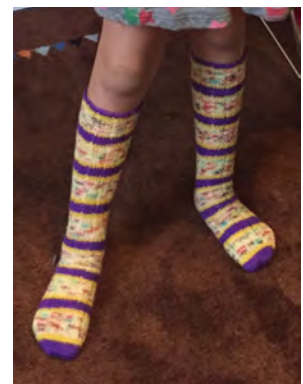
Our ADRP board members kick off this challenge with some of their submissions:

Playing bridge, volunteering with Big Brothers, knitting socks, learning to fly a drone, ice skating, cycling, social dancing, more travel. We already know that one ADRP member has taken up tennis in an international forum.

And many others help many others with their errands - everything from grocery shopping to taking folks to medical appointments. How did we manage all of this before we retired?

What are others doing? What have **you** been doing? Are you involved in any volunteer opportunities that are in need of additional warm bodies?

Please submit your ideas, along with any photos, to j.clovis@dal.ca.



*Marilyn Klein:
Bertie Bots Every Flavour Beans
Socks for my granddaughter.*

Notices & Opportunities

Anyone for CPR?



When is the last time you took a first aid course?
Can you treat a minor household injury? Are you able to deal with a life-threatening accident?

A fellow ADRP member, Elizabeth Craig, suggested ADRP consider hosting a course. The Board has decided we should proceed with determining your interest. Here are a few details:

- The Board can host a 1-day first-aid refresher.
- The cost for individuals to take part is \$40 each. That fee covers the cost of the instructor and materials.
- The Board can cover the cost of a location and a refreshment break.
- A date hasn't been selected but possibly mid-January.
- The maximum number of participants for the course is 10.

If this is of interest to you, please send a note to w.philip.ohara@gmail.com or call him at (902) 497-6056. What is needed:

- Your name and contact information.
- Your suggestion about the best weekday for a course.

Travel Planning?

CURAC has a successful partnership with Collette Travel. Members planning future travel may wish to check out more than 160 tours available to them at the following website: <http://www.gocollette.com/en-ca/landing-pages/2015/partner/curac>

CURAC members enjoy savings on bookings, benefit from professionally planned itineraries and the services of a Tour Manager, and enjoy other perks on certain tours, e.g., round-trip home to airport sedan service.

Inquiries about tours, or bookings, can be made by calling 800.468.5955, and bookings can also be made through your local Travel Agent. **Be sure to mention your membership in a CURAC association for additional savings!** Savings amount varies by tour and is valid on new bookings only. If you provide the name of your CURAC member association, you will be eligible for discounts. For each CURAC/ARUCC booking, Collette returns a fraction to CURAC/ARUCC, and that commission is shared with the retiree association of which the traveler is a member.



Association of Dalhousie Retirees and Pensioners



Room 2831 Life Sciences Centre
Dalhousie University
PO BOX 15000
Halifax, Nova Scotia
B3H 4R2
Telephone: (902) 494-7174
E-Mail: adrp@dal.ca

Membership Application for Payment by Cheque or Monthly Pension Deduction

Employee Number (from your pension stub): B _____

Name _____

Address _____

Postal Code _____

Phone Number: _____

E-mail: _____

Date of Retirement: _____

Dalhousie Department: _____

I enclose a \$20 cheque / request that ADRP monthly dues (\$1.66) be deducted from my Dalhousie University pension starting (month and year) _____, and continuing until I inform you otherwise in writing.


(Signature)

Please return this form to:

Payroll Office

Room 152, Henry Hicks Academic Administration Building
Dalhousie University
PO BOX 15000
Halifax, N.S. B3H 4R2

The information you provide to us will be used for our records and to allow us to contact you or distribute to you information. Information that identifies you will not be shared with any other organization.



The Legacy Effect Judy Dunn

“Dalhousie was our family, and it still is. Our hearts remain there. I feel very fortunate to be creating a legacy that will help the university give people that unique Dalhousie experience for years to come.”

Read Judy's story at dal.ca/donors/dunn

We Can Help

If you're thinking of including Dal in your estate plans, we can help you match your gift to your wishes.

Explore the possibilities at dal.ca/plannedgiving

Or get in touch, we're here to answer your questions.

Siobhan Doherty 902-494-6853

siobhan.doherty@dal.ca





Yes **I want to support the** Dalhousie Retirees and Pensioners Bursary!

Name: _____

Address: _____

City: _____

Province/State: _____ Postal /Zip Code: _____

This is my preferred address

GIFT AMOUNT: **I want to support** the Dalhousie Retirees and Pensioners Bursary **by:**

A one-time gift of \$100 \$50 Other \$

A monthly gift of \$15 \$10 Other \$

I may alter this agreement by contacting the Office of External Relations

METHOD OF PAYMENT: Please select one:

Please process my credit card: Visa MasterCard AMEX

Card #: _____ Expiry: _____

Signature: _____

I've enclosed a cheque made payable to Dalhousie University to process my one-time gift.

I've enclosed a void Canadian cheque to process my pre-authorized monthly gifts.

Mail contributions to:
ADRP Bursary Fund
Office of External Relations
Dalhousie University
Box 15000 Halifax, NS B3H 4R2

OR to make your gift online,

visit giving.dal.ca and specify Dalhousie Retirees and Pensioners Bursary

TAX RECEIPTS: Dalhousie will issue a tax receipt for your income tax purposes. Monthly Donors will receive one yearly receipt summarizing giving over the year.

Association of Dalhousie Retirees and Pensioners (ADRP)

Membership

Open to all Retirees from the University staff, Non-Academic and Academic. Associate membership is available to those within 5 years of retirement.

Mission

To facilitate and promote the dissemination of information of interest to Dalhousie Retirees;
and

To enhance and promote the sense of continuing membership in the Dalhousie Retirees' family.

Formal Objectives

To represent the interests of retirees from Dalhousie University, their spouses and beneficiaries;

To further the understanding of the retirement pension and benefits;

To cooperate with other groups that have similar objectives; and

To provide a conduit for information between the University and retirees.

Informal Objectives

To promote social interaction among its members;

To investigate and negotiate group benefits that a significant number of members may desire;

To provide information to its members about general and specific retirement issues; and

To pursue other issues as the membership directs.

For Further Information

Visit us at our Web Site: <http://adrp.dal.ca> or phone us at (902) 494-7174. Our Email is adrp@dal.ca. Our unstaffed office is on the lower floor of the Life Sciences Centre, Room 2831.