



CANADA 150



National Association
of Federal Retirees

Association nationale
des retraités fédéraux

FALL 2017
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SAGE

A Canadian family at Vimy
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Celebrating our volunteers
PAGE 30

SAGE IS THE VOICE OF FEDERAL RETIREES

TO YOUR VERY GOOD HEALTH!

The medicare myths
of an aging nation

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Medical marijuana
and you

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Vitamin supplements:
How much is too much?

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WHY JOIN FEDERAL RETIREES?

WE'VE GOT

180,000 REASONS

JEAN-GUY SOULIÈRE

On June 14, 15 and 16, the National Association of Federal Retirees held its Annual Members Meeting (AMM), over which I presided.

For those members who may not know much about Association governance, we are required by federal legislation that regulates organizations such as ours (the *Canada Not-for-profit Corporations Act*) to hold an annual meeting of members.

Since it would be impossible to convene a meeting of 180,000 members, each member is represented by the president of his or her Association branch. If a branch has 2,000 members, for example, then its president carries 2,000 votes when it comes time to vote on resolutions, or on the election of board members.

By all accounts, the 2017 AMM was very successful. All resolutions considered were dealt with and three new board members were elected, with one other being acclaimed and one being re-elected.

The main reason for the success of this year's AMM was the positive and respectful attitude of the delegates and a well-oiled staff organization. Make sure you check out the article on pages 30 and 31 of this issue of *Sage* about the 2017 Volunteer Awards Recognition Dinner, which took place at the AMM. These volunteers exemplify the strength of our Association and deserved their honours.

It was an eventful AMM. A more detailed report is being posted to our website, which I encourage you to visit.

It was indeed a challenge to chair such a meeting, but — given the atmosphere and the positive participation of delegates and observers — it was also fun. Here's a portion of my opening remarks at the AMM:

"In a few days, Canada will be celebrating its 150th birthday. For more than one-third of this time, our Association has been part of this history.

"During that time, Federal Retirees has made a difference.

"The Federal Superannuates National Association, now known as National Association of Federal Retirees, has made significant contributions to our country, contributions that we can all be proud of.

"Our major contributions are ongoing. They are benefits that we count on every day of every year:

- When we get our pension cheque every month, it is indexed — a continuing benefit which our organization was instrumental in getting.
- When we order our medication or receive medical treatment for certain conditions, we have a health care plan to assist us in covering the costs, a benefit that is being protected for pensioners by our organization.
- And when we visit a dentist, we have a dental plan that was established as a result of this Association.

"So when members ask you, 'What has the Association done for me lately?' — point to their pension payments and the benefits of their dental and health care plans. Each and every day, all federal pensioners enjoy benefits because of our Association.

"Federal Retirees continues to be a major player in influencing social and financial policy.

"Think of the expansion of the Canada Pension Plan, which our Association helped to drive.

"Think about Old Age Security, defended by a coalition of seniors that our organization established.

"Think about Bill C-27, a bill that would allow Crown agencies to abandon defined-benefit pensions — and which has not gone forward as yet.

"Think about the influence we have had with the Canadian Medical Association over federal-provincial health-care accords.

"Our positive, pro-active and non-partisan approach in dealing with these issues will ensure that this association keeps making an ongoing difference in the daily lives of our members."

So the next time you are talking with a prospective member about joining our Association, feel free to share these facts with them.

Better yet, when you've finished enjoying your copy of *Sage* magazine, why not pass it along to a prospective member to demonstrate just one of the many benefits of membership with Federal Retirees? ■



SAGE

SAGE IS THE VOICE OF FEDERAL RETIREES

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This edition of *Sage* magazine is dedicated to the memory of Louise Bergeron, advocacy and policy officer-health for the National Association of Federal Retirees since April 2, 2012, who was killed tragically in an automobile accident on August 16 while on vacation in Quebec. Our thoughts, prayers and sympathies are with Louise's family. She will be greatly missed.

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COVER PHOTO Alice Barre does the Edge Walk atop the CN Tower high above Toronto. Submitted photo



DEAR SAGE

Keep those letters and emails coming, folks. Our mailing address is:

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865 Shefford Road, Ottawa, ON, K1J 1H9

Or you can email us at
sage@federalretirees.ca

Letters have been edited for length.

Our recent piece about Canada's Centennial certainly seems to have struck a chord with members.

I read with interest your article "Our Favourite Year" (*Sage*, Summer 2017) about Canada's year-long centennial celebrations, which created such an aura of excitement and optimism, especially for young Canadians.

One immensely successful undertaking was the Centennial Commission's Youth Travel Exchange Program, which gave 12,000 young Canadians the opportunity to travel across country by train and stay with host families in another province or territory. Our group of 24 Nova Scotia high school students, with two teacher escorts, was hosted in the Prairie city of Humboldt, Saskatchewan. Wearing tartan tams representative of our home province, we sang our way across country, stopping in Ottawa for an extensive tour of Canada's capital city.

Now, 50 years later, I wonder how many other "centennial travellers" remember that amazing year as fondly as I do.

— Christine Holesworth, Lethbridge, Alberta

Beatrice Britneff's piece did omit the Canadian Forces Tattoo, which featured 17 bands and hundreds of military

performers. The show was mounted in Picton, Ontario, beginning in February 1967 and really was the 'Greatest Show on Earth'. The tattoo played for thousands of Canadians from Vancouver Island to Newfoundland. Today this major undertaking continues under the artistic direction of Col. Ian Fraser, who is credited with initiating this magnificent military spectacle with the Royal Nova Scotia International Tattoo in Halifax.

— Jack Kopstein, Chilliwack BC

Dear friends,

Thanks for publishing my story about the Centennial Flame. I hope people like it. It seems hard to believe it was half a century ago. Canada has changed so much in that time.

— Gordon Ball

(It was our pleasure, Gordon.)



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GREY NATION

We've been told our aging population is crippling the health system. It isn't true.

ANDRÉ PICARD



Earlier this year, Statistics Canada announced that, for the first time in this country's history, seniors outnumber children: Canada is now home to 5.8 million youth age 14 and under, 5.9 million people over the age of 65, and everyone else — 23.4 million people aged 15-64.

This milestone was long anticipated, but still managed to generate an outpouring of media stories about the "accelerated aging" of Canada and the profound implications

this could have for everything from the economy to social services. There were dire warnings about a "demographic cliff," the "dependency ratio," the "silver tsunami" and

the seeming inevitability of Baby Boomers making the publicly-funded health care system unaffordable and being a crushing burden for their children and grandchildren.

Dr. Paul Gully, 68, who retired in 2012 after a long career at Health Canada and the Public Health Agency of Canada, noticed the stories but didn't pay them much mind. He was busy cycling, spending time with his grandchildren and doing the occasional bit of

volunteer or contract work — for example, using his expertise in infectious disease response to help tackle the Ebola epidemic in Sierra Leone.

“All through my career, I tried to balance work, being fit, travel and family and, after I retired, this balance was still important, though the priorities changed,” Gully says.

After his retirement, Gully and his spouse, human rights lawyer Lois Leslie, settled in Vancouver and then cycled across Canada. Last year, they undertook an even more ambitious journey — an 18-month trek on two wheels across Europe and Asia that doubled as a fundraiser for the Parkinson Society of British Columbia. (The trip was cut short — or, more precisely, delayed — after Gully was hit by a car in Italy and suffered multiple fractures. He has made a full recovery.)

As a scientist, Gully knows how to read and interpret data. When he hears alarmist interpretations of census data and warnings that Boomers will bankrupt public health care, he likes to remind people that “those kind of comments need to be unpacked.”

What he means is that, while it is true that the population is aging, in itself that’s not a bad thing — in part because being old is not what it used to be. Like him, most Canadians over age 65 are healthy and fit, are continuing to contribute economically by volunteering and working — and are quite conscious of the impact they will have on the next generation.

“Everything we do — from downsizing where we live, to keeping fit, to setting aside money for when we will need a higher level of care — is about making sure we’re not going to be too much of a burden on our children and grandchildren,” Gully says.

In other words, aggregate, population-level statistics don’t tell the whole story, demographics are not destiny — and Boomers are not the solely self-interested souls they are often made out to be.

Canada’s post-war Baby Boom stretched from 1947 to 1965. After the boom, birth rates fell precipitously, fueled by dramatic

social changes such as secularization, the emancipation of women and the availability of birth control. In addition, thanks to medical advances and growing economic prosperity, life expectancy soared.

As a result, seniors’ share of Canada’s population has been growing steadily (and predictably) since 1971 — a change more akin to a slow rise in the water level of a lake than a sudden, violent tsunami.

Still, for all the talk of the ‘greying nation’, Canada has the smallest proportion of seniors of any G-7 country, in large part because we take in a lot of immigrants and refugees.

Nevertheless, Canada’s population of seniors — which stands at 5.8 million today — will grow to 10 million by 2031 (by which time all Boomers will be 65 or over) and then climb more slowly to 15 million by 2061. We’ve done little to prepare.

“The problem is not that the population is getting older. The problem is that we failed to plan for the aging of the population,” says Dr. Samir Sinha, director of geriatrics at Mount Sinai and University Health Network hospitals in Toronto.

In particular, he said, we didn’t properly anticipate the emergence of a “whole new phase of life called retirement.” Notions like a ‘retirement age’, and government support programs like Old Age Security, were formulated in the post-war years, when the average life expectancy was 67. To put it bluntly, the assumption was that very few people would receive pensions or health care after they retired — because most would die before qualifying.

Today, life expectancy in Canada is 82, but even that understates the modern reality of retirement.

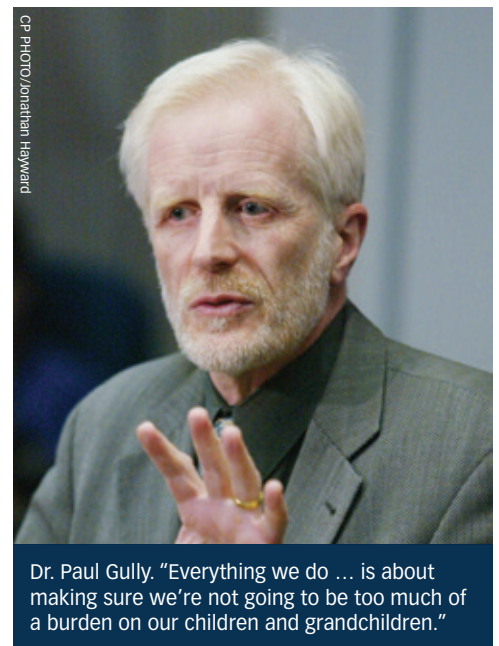
At age 65, a Canadian can expect to live, on average, 20 more years, 17 of those in good health. Someone who lives to 85 can expect to live another seven years on average — again, most of that time in good health. The fastest growing demographic group is centenarians. And all those numbers continue to creep up.

“There’s an ingrained notion that when you stop working you are old and about to die. And that’s simply not true,” Sinha says.

The reality is very different, according to data compiled by the Office of the Seniors Advocate in B.C.:

- 93 per cent of seniors over 65 live independently, including 74 per cent of ‘senior’ seniors (those over the age of 85);
- Four per cent of seniors live in residential care, including 15 per cent of ‘senior’ seniors;
- Four per cent of the 65+ set get subsidized homecare, including 13 per cent of ‘senior’ seniors;
- Six per cent of seniors have dementia; it’s 20 per cent for those 85 and older.

While it is true that the population is aging, in itself that’s not a bad thing — in part because being old is not what it used to be.



Dr. Paul Gully. “Everything we do ... is about making sure we’re not going to be too much of a burden on our children and grandchildren.”

These facts belie the many myths about aging in Canada, especially those related to health, says Sinha. He rhymes some of them off in rapid succession: Seniors are overrunning emergency rooms, they're clogging up hospital beds, they all have dementia, they're all in nursing homes or costing us a fortune in homecare.

Perhaps the most pervasive myth — one that has been repeated so often that it has come to be accepted as fact — is that the 'silver tsunami' is going to bankrupt medicare.

But that claim needs some unpacking, too.

There is no doubt that seniors are straining the health system. People over 65, who account for about 15 per cent of the population, account for about 45 per cent of health costs.

But treating the elderly is more expensive — for several good reasons. One is that, no matter how old we are when we die, a large share of our lifetime health spending happens at the end of our lives. That fewer people are dying young is a good thing. Few people die suddenly, though; the process of degenerative illness and death is costly, particularly for conditions like cancer and cardiovascular disease — which, between them, account for almost two-thirds of all deaths.

This is not to suggest there are not problems with Canada's health system. There are many. The most troubling and persistent problem is the delay in accessing care — much of it due to the fact that almost all hospitals operate at (or over) capacity. This, in turn, is largely due to an inability to discharge patients because of a lack of services in the community, like homecare and long-term care beds. Almost

7,500 hospital beds are occupied by these "alternate level of care" patients, many of them suffering from conditions like dementia.

But again, these problems are due to *structural* inefficiencies — not the growing number of seniors.

The belief that aging is the principal driver of increased health system spending is misplaced. A study by the Vancouver-based Urban Futures Institute found that health spending has increased about tenfold in the past 30 years. It said four main factors explain the increase: population growth (7 per cent of the increase), aging of the population (14 per cent), inflation (19 per cent) and increased system utilization (60 per cent).

In other words, increased utilization has about five times as much impact as aging. Spending on new drugs, new technologies, new hospitals, more doctors and nurses, new administrative structures — these are the factors that are driving the *real* tsunami.

And while great medical care is the norm in Canada (especially when you're in the right place at the right time), there is a significant amount of overtreatment and waste. Studies repeatedly show that about 30 per cent of care provides little or no benefit to patients, and can even cause harm.

Part of the reason the health system is so costly and inefficient is that it's not designed to meet the needs of seniors, especially those with chronic conditions, Sinha says.

"Yes, the elderly will bankrupt the system — but only if we continue to treat them with a system that was designed for 27-year-olds.



"Seniors are the No. 1 customer of the Canadian health system but we don't cater to them at all. It makes no sense."

Canada's medicare system was designed in the 1950s and early 1960s. At the time, health care consisted largely of treating traumatic injuries and acute illnesses like heart attacks — and, of course, delivering babies. The median age of the population was 27.

Today, the median age in Canada is 47. The birth rate is a fraction of what it used to be. And while we still provide acute care, two-thirds of all health spending is on chronic care.

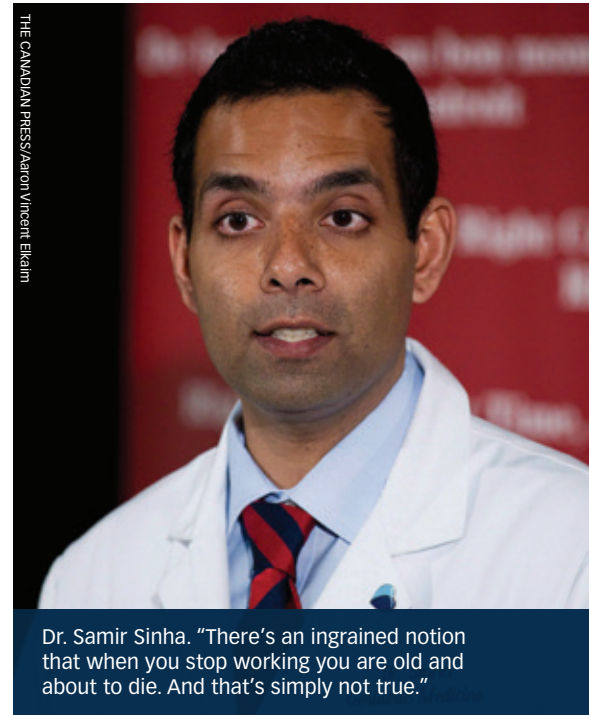
When Canada's public health care system was being designed, patients entered and exited the system quickly; they needed physician and hospital care, and that's what governments paid for.

Today, people enter the health system and stay there — often for decades, with intermittent care. Still, Canadian medicare only covers physician visits and hospital stays; it doesn't cover prescription drugs, rehabilitation, homecare, long-term care, dental, vision care or hearing care.

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"Everything we do — from downsizing where we live, to keeping fit, to setting aside money for when we will need a higher level of care — is about making sure we're not going to be too much of a burden on our children and grandchildren."

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THE CANADIAN PRESS/Aaron Vincent Ekahin

Dr. Samir Sinha. “There’s an ingrained notion that when you stop working you are old and about to die. And that’s simply not true.”

So, over the years, the gaps in medicare have been papered-over, often with makeshift programs. For example, most provinces cover prescription drugs for seniors, but the coverage can vary wildly between jurisdictions, and between medical conditions.

Another fundamental problem is that Canada’s health system is built around silos; problems tend to be tackled in isolation, reactively and in the teeth of a crisis — often with unintended consequences. When waits for hip surgery became unbearably long (and a political embarrassment), money was allocated — but wait times rose for other procedures. When people are discharged early to free up hospital beds, homecare services are overwhelmed. When homecare is not available, the burden falls on already-stressed family caregivers. And so on.

“All the problems we have in delivering care to seniors are solvable, but not in a piecemeal fashion,” says Adalsteinn Brown, interim dean at Dalla Lana School of Public Health and the Dalla Lana Chair of Public Health Policy at the University of Toronto.

“When issues arise we say things like, ‘We’re going to provide more homecare.’ That’s easy. What we need to say is, ‘We’re going to ensure all Canadians will be healthy and independent.’ That’s a lot harder.”

Brown says that Canada needs to take a lesson from Nordic countries, especially when it comes to providing care for seniors. In countries like Denmark and Sweden, there is a real emphasis on ensuring that people can remain in their communities — “aging in place.” That means not only providing medical care when people fall ill but investing in prevention, especially through social and economic determinants of health like housing and income.

The latest census data also revealed a marked increase in two- and three-generation households and in seniors living alone — and decreased demand for long-term care, which argues that seniors also want a community-based health model.

The hospital-centric system we have now is the antithesis of that model. Despite Canadians’ professed love for our public health care system, there is a growing recognition that the system is outdated and

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“The problem is not that the population is getting older. The problem is that we failed to plan for the aging of the population.”

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stagnating. Canada has the least ‘universal’ of the universal health care systems, along with an increasingly patchy social safety net.

In recent years, governments have focused on bolstering the Gross Domestic Product — in part through cutting taxes and, as a result, services.

That is having an impact not just on care for seniors, but on the wider economy, says Armine Yalnizyan, senior economist at the Canadian Centre for Policy Alternatives.

But if we want the best outcomes, we have to spend wisely, she says. When economists discuss the impact of an aging population, they often fret over the ‘dependency ratio’ — the number of dependents aged 0-14 added to those older than 64, compared

Perhaps the most pervasive myth — one that has been repeated so often that it has come to be accepted as fact — is that the ‘silver tsunami’ is going to bankrupt medicare.

to the population aged 15-64. It’s a crude measure of who is consuming government programs versus who is paying taxes.

Despite the alarming headlines, the dependency ratio was much higher in the 1960s than it is today — because there were a lot of babies and far fewer women in the workforce. Yet that generation spent

massively on public infrastructure and education — to improve the future prospects of Baby Boomers.

And that, says Yalnizyan, is the approach we need to take again — by investing in young people so they are healthy and have good jobs and are, by extension, able to support a growing population of seniors.

Aging Boomers are still net contributors to the economy, in part because a growing number are working past 65. That trend is expected to continue for another 10 to 15 years. Once that trend ends, the real economic impact of our aging society will hit home.

“Our public policies need to focus on maximizing health outcomes, not just the GDP — which, ironically, is one of the best ways to improve the GDP,” says Yalnizyan.

And doing that doesn’t require pitting one generation against the other.

“We can help and support juniors and seniors at the same time. We can,

economically, walk and chew gum at the same time,” Yalnizyan says.

That’s the philosophy embraced by Jean-Guy Soulière, president of the National Association of Federal Retirees. “It’s not an inter-generational war,” he says. “We all have a role to play to address this challenge.”

In other words, says Soulière, an aging population is not a catastrophe. It’s an opportunity.

“One thing is clear — whatever we do to improve the health system for seniors is going to benefit everyone. Because we all plan to get old.” ■

André Picard is a health reporter and columnist at *The Globe and Mail*, where he has been a staff writer since 1987. He is also the author of four bestselling books. His latest is *Matters of Life and Death: Public Health Issues in Canada*.

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MEDICAL MARIJUANA AND YOU

Medicinal cannabis use is spreading among older Canadians. But it isn't for everyone.

HOLLY LAKE

Vivian Campbell spent so many nights lying awake, convinced that her body was being devoured by bone cancer, they've all merged together into a blur of exhaustion.

"I had terrible pain in my knee, hip and shoulder — all up my right side," says the Victoria, B.C. woman. (Vivian Campbell is an alias; she asked Sage to withhold her real name.)

"I couldn't have blankets on my hip. My husband couldn't touch me. I hadn't been sleeping in years. I tossed and turned all night."

She knew she didn't have cancer; she'd been diagnosed with osteoarthritis already. But nothing her doctors prescribed for her worked.

Celebrex and Enbrel did little to ease her pain. Neither did physiotherapy or working out at a gym. She resorted to taking large amounts of pain relievers. That got her gastro-intestinal bleeding and three days in hospital while on vacation in Hawaii.

"I had such severe shoulder pain, I couldn't even lift my arm to hold my purse," says Campbell, a former policy

consultant and analyst with federal and provincial governments.

Her son, who used marijuana medicinally to deal with the side effects of colon cancer treatment, suggested she try a cannabis cream.

"I was absolutely terrified," says Campbell, 65. Back in 1999, her doctors had offered her marijuana to deal with the side effects of chemotherapy. At the time, smoking it was the only option. She refused. "I don't smoke and had never touched marijuana in my life."

Desperate, she gave the ointment a try.

"I put it on my shoulder and it worked on the first night. I didn't get high. It wasn't what I expected."

Campbell's son also had cannabis capsules. She asked her doctor about them; he suggested she give it a shot.

"I tried it and the first night I could not believe it. I slept perfectly with no pain."

Before long, Campbell had her own medical marijuana card. She now takes a 10 mg capsule at night and uses a cannabis-based 'pain bar' — much like a deodorant stick — that she rubs on her joints when she needs it.

"It has no smell, it's wonderful." Her quality of life has improved dramatically. "It's actually quite amazing."

Dr. Sanjay Acharya isn't amazed. "There is clearly something to this," he says of medicinal marijuana. An anesthesiologist at the chronic pain clinic at Queensway Carleton Hospital in Ottawa, he's been prescribing cannabis since October.

It was his patients' idea. Many of them suffer from severe back pain; most are seniors undergoing nerve blocks for chronic pain. For two years they've been telling Acharya about the relief they get from consuming marijuana in one form or another.

His practice is just a small part of a much larger trend in Canada: Between 2002 and 2012, the rate of cannabis use in people 65 and over more than doubled, from 5.6 to 13.1 per cent. Although the Canadian Community Health Survey doesn't capture why these seniors are using cannabis, it's fair to assume that rise is in some part driven by medicinal use.

"I decided it was time to get educated. I know my patients well. For them to come back and report there was an improvement ... that wasn't just in their heads," Acharya says.



.....

"If you look at the drugs and the side effects and risk profile, there's no contest. Marijuana is exceedingly unlikely in any shape or form to kill you, whereas opioids are linked to many deaths every year."

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He reviewed the scientific literature and attended lectures; before long, he was prescribing cannabis. Even after researching it, he was astonished by its effects on his patients. He cites the experience of an 87-year-old woman in his practice who had been living with chronic neck and back pain. Her pain was “unbearable,” says Acharya — so much so that she contacted him to ask about getting medical assistance in dying.

“I put her on a bit of medical marijuana and her pain was soon down to 6 on a scale of 10. There was a marked improvement in her symptoms.”

The woman now keeps a “big fat vaporizer” in her purse, he says — and is no longer looking for a doctor’s help to end her life.

“I’m now more surprised when (marijuana) doesn’t do something for somebody,” Acharya says, laughing. “We should all be on it.”

Cannabis isn’t for everyone, however.

Although many insist there is no risk involved in using marijuana medicinally, that’s just not so, says Jason Nickerson, a clinical investigator at the Bruyère Research Institute in Ottawa, which conducts research on the health needs of seniors.

“Everything in life comes with a risk and benefit. This is not a magic bullet.”

Because seniors cope with health issues younger cannabis users don’t face, using the drug can pose some unique problems for them. Although Acharya hasn’t seen any truly bad cases, he points to the risk of dangerous interactions with prescription medications. A senior taking a sedative, for example, may compound its effect by taking cannabis as well. That could lead to falls, cognitive problems and difficulty driving — especially for older users who have poor balance and compromised vision to start with.

“Some people shouldn’t have it — straight out,” Acharya says. “If you have a history of psychosis or schizophrenia, this is not for you. If you have unstable heart disease,

this is not for you. A history of substance addiction? You have to be very cautious.”

Marijuana releases dopamine in the brain, just as cocaine and opioids do — which means it *is* addictive.

Dr. Claude Cyr has been prescribing medicinal marijuana since 2002 and says most people tolerate it very well; the key, he says, is to start with a low dose. However, he adds, some patients who’ve been in pain for years take the maximum dose right out of the gate, which “has a tendency to cause some unwanted effects.”

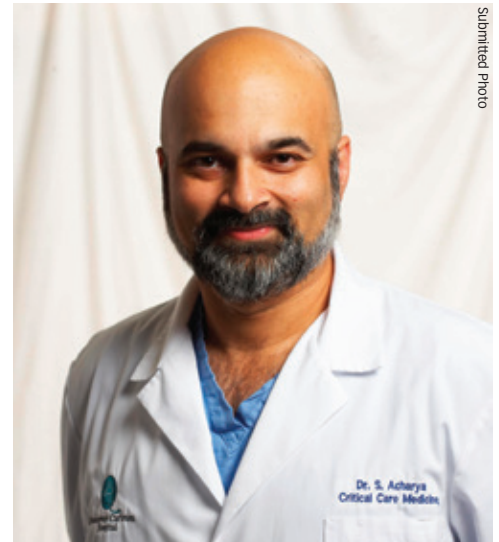
Unlike opioid drugs, however, marijuana can’t deliver a lethal overdose.

“The worst-case scenario is you’re going to have a very queasy, wired or anxiety-ridden 12 hours,” Cyr says. “We still don’t know if cannabis increases the chances of delirium or falls in older people. That’s the main concern of doctors when prescribing it for this population.”

A family physician with an interest in pain management, geriatrics and mental health, Cyr is also an associate researcher for the Quebec Cannabis Registry and the founder of Doctors for Responsible Access. He says not everyone responds in the same way to cannabis — so doctors have to learn a lot about how a patient lives before prescribing it.

“If I have a patient who is 85 and they have no responsibilities, they’re not driving, they’re in a retirement home and they’re just letting time go by, for me it’s a no-holds-barred approach,” he says. “To me, for all pain conditions, it’s the same. Even for mental health conditions such as insomnia and anxiety. But not (for) depression and bi-polar. That’s a big no-no for now.”

Five years ago, he says, if a senior walked into his office reporting chronic pain, anti-inflammatory drugs would have been his first line of treatment, despite their increased associated risk of stroke and



Submitted Photo

Dr. Sanjay Acharya. “I’m now more surprised when (marijuana) doesn’t do something for somebody.”

Between 2002 and 2012, the rate of cannabis use in people 65 and over more than doubled, from 5.6 to 13.1 per cent.

heart attack. Today, if an anti-inflammatory doesn’t work, cannabis is the next option in line for that patient, ahead of opioids.

Acharya goes further. “I can foresee a time in our lifetime where opioids will not be a recommended therapy for pain in the elderly.

“If you look at the drugs and the side effects and risk profile, there’s no contest. Marijuana is exceedingly unlikely in any shape or form to kill you, whereas opioids are linked to many deaths every year.”

Already in the United States, studies are showing that states that have introduced medical cannabis have seen the amount of opioids being prescribed drop significantly.

In Virden, Manitoba, severe shingles left Alice Barre with a burning sensation on the



Alice Barre skydiving. "I don't want to curl up in a corner somewhere and die."

Experts always advise consulting with a doctor before taking cannabis medicinally — but Cyr says not enough Canadian physicians are prescribing it. Many cite a lack of research as the reason.

right side of her face from her mouth to her ear for over a year. She couldn't wear make-up and could only tolerate water on her skin.

"It was terrible. I have never had so much pain in my life. I didn't sleep at all," she says. Normally fast-talking and full of life, she started to withdraw.

"You live with that all the time, it gets tiring."

After several traditional medications proved ineffective, her son — Louis Barre, who happens to be president of the cannabis policy consultancy Cannab Intel — suggested medicinal cannabis oil. She now uses it on her face in a lotion. She takes a cannabidiol (CBD) oil orally. The results so far have been entirely positive, she says, with no negative side effects.

"For me it's always been about whether she's getting enough pain control to not impair her daily living," says Louis. Alice's own doctor wouldn't give her a cannabis prescription, so Louis arranged for her to see a specialist in Toronto who would.

"Mom will never be fully pain-free, but she's been able to use this to live the kind of life she wants to live."

Experts always advise consulting with a doctor before taking cannabis medicinally — but Cyr says not enough Canadian physicians are prescribing it. Many cite a lack of research as the reason.

"There are very few studies in Canada that test out the experience of older adult users," says Nickerson. He's planning a

study of medical marijuana use among older people, while the Canadian AIDS Society is conducting a study of current medical marijuana research.

"We have a really poor understanding in a nuanced way of what cannabis use looks like in this population because we haven't really asked that question.

"That's why we have to be pragmatic about giving older adults advice to reduce the harm and not assume that just because people are older they've given up on using marijuana therapeutically."

Acharya says the anecdotal evidence offered by users — the evidence that made cannabis part of his practice — shouldn't be discounted.

"Our body of knowledge is growing as we go, with a lot of practitioners contributing to it. It's anecdotal but it's so widespread and consistent that it will approximate the weight of prospective research just with the volume.

"I won't say in any way that I'm a zealot (for) the cause, because I was extremely skeptical. My patients made me curious and now I'm 100 per cent convinced. It has objective, measurable benefits in most types of pain."

More and more doctors are following Acharya's lead. Dr. Dave Hepburn, a general practitioner based in Victoria who's been working to educate his fellow physicians about medicinal cannabis, says Alberta alone now has more than 500 doctors prescribing. He points to a recent report by the U.S.-based National Academy of Sciences, Engineering and Medicine that — while it lamented a lack of hard research on the subject — confirmed the drug's therapeutic effects on chronic pain, on the nausea that accompanies chemotherapy, and on some of the symptoms of multiple sclerosis.

"More and more are taking the time to learn about it and are listening to patients who have no interest in getting high, yet are getting help," says Hepburn.

"They're rewarded by grateful patients who appreciate their compassion and open-mindedness, making their practice more fulfilling."

Cyr wants to see more physician education so they can give their patients better cannabis advice. But the Canadian Medical Association continues to argue that medical marijuana is an unknown factor — that more research is needed before it should be accepted for widespread medical use.

That's unfortunate, Cyr says, because once marijuana is made legal for recreational use next year, a lot of Canadians with health complaints will be seeking help at dispensaries staffed by well-meaning — but medically untrained — marijuana enthusiasts.

And for many older users, there's still a stigma attached to marijuana. Louis says his mother still won't say the word 'cannabis' out loud.

"I won't say in any way that I'm a zealot (for) the cause, because I was extremely skeptical. My patients made me curious and now I'm 100 per cent convinced. It has objective, measurable benefits in most types of pain."

"She'll refer to it as 'that stuff you've given me,'" he says, laughing.

"I think that will change as we see more willing to talk about it. In my experience, seniors very quickly become open to cannabis."

Acharya agrees. He welcomes the legislative shift at the federal level because he sees it moving marijuana from the street to a place where more people see it as acceptable — a doctor's office.

"The elderly really aren't interested in anything illegal or shifty."

Since getting her pain under control, Alice has been busy knocking items off her bucket list with her grandchildren. She's done the CN Tower Edge Walk — circling the roof of the iconic tower's restaurant with nothing but a tether and 356 vertiginous metres of open space between her and the pavement. She's gone skydiving and plans to go ziplining soon.

"It makes me feel alive," she says. "At this stage in my life, I don't want to curl up in a corner somewhere and die. I want to keep going as long as my health holds." ■



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THE GREAT

VITAMIN

DEBATE

Do supplements work?
And how much is too much?

SHARON KIRKEY



Recently, a University of Alberta-led team set out to study the best evidence they could find to support 10 enthusiastic beliefs about vitamin D. Chief among them: the notion that supplementing diets with vitamin D reduces falls, fractures, rheumatoid arthritis, cancer and the risk of an early death — and that if a little D is good, more must be better.

Overall, they found vitamin D — which helps the body absorb calcium — offers some benefit in preventing fractures and falls, but not much; researchers calculated that out of a group of 45 to 67 people taking vitamin D and calcium every day for 10 years, only one would avoid a fracture as a result. They also found vitamin D may result in a small reduction in mortality risk, particularly in people aged 70 and older.

“No other effects,” they concluded, “are proven.”

The team came up empty when it looked for reliable science supporting the use of vitamin D supplements to prevent cancer, respiratory infections or rheumatoid arthritis, or to maintain mental well-being. However, they did find that mega-doses of D can lead to harmful outcomes — including a possible increased risk of early death.

Almost 16 million Canadians — nearly half the population — used at least one nutritional supplement in 2015, according to Statistics Canada. In the U.S., dietary supplements are a \$36 billion industry.

We have an almost religious belief in the power of vitamins and dietary supplements to make us well. Whether it's vitamin D, antioxidants or omega-3s, we've bought into the marketing that claims these pills and purified capsules offer risk-free insurance against a litany of diseases and premature death.

So, which is it? Are vitamins little miracles of preventative health care, or manipulative marketing in pill form?

They're both, says Catherine Price, a Philadelphia-based journalist and author of *Vitamina: How Vitamins Revolutionized the Way We Think About Food*.

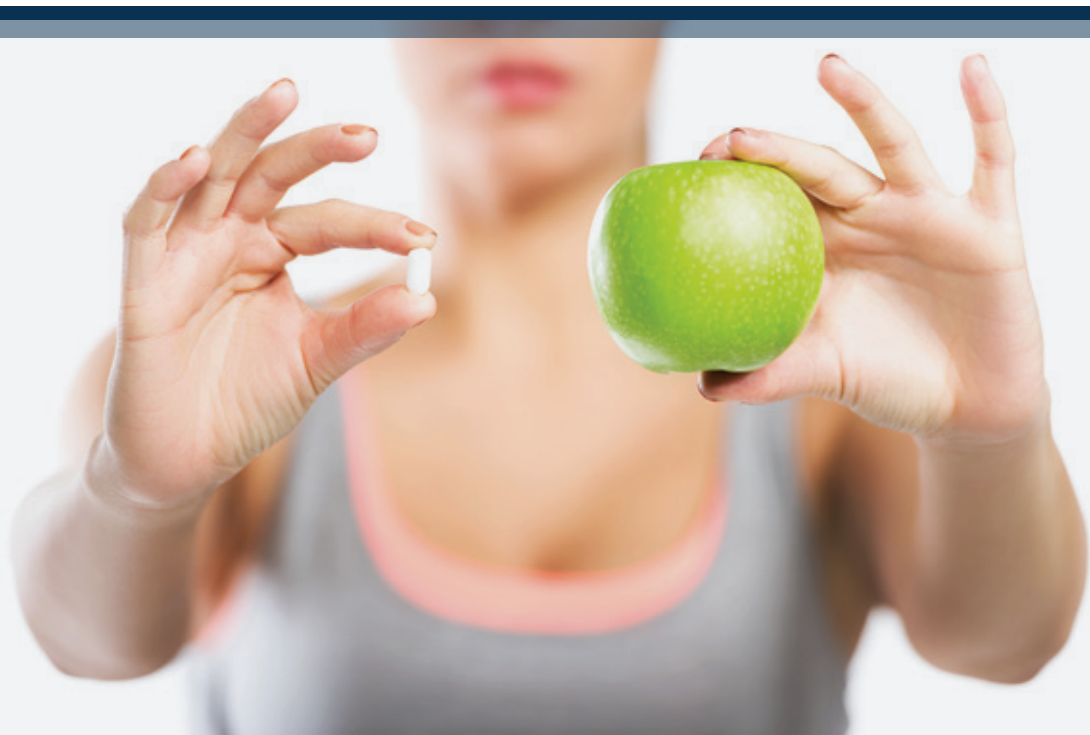
In cases of diseases caused by vitamin deficiency (think scurvy or rickets), the effect of vitamin supplements is truly miraculous, says Price. But there's a difference between the 13 vitamins we really do need in order to live and the much larger category of dietary supplements. People tend not to distinguish between the two — and swallow supplements with abandon.

“We take multiple different ones, in combination with whatever prescription drugs we might also be taking,” Price says. “We've bought into the idea that these products are simultaneously miraculous and entirely safe.”

Part of the allure of vitamin supplements is the idea of taking personal control of our health. For a lot of people, modern medicine can leave a lot to be desired. Many are skeptical of prescription drugs; supplements — which don't require a prescription — can be taken at will, without a doctor's input.

“Wrapped in with all of that is the desire for longevity ... to just feel good,” Price says.

But when it comes to potential health benefits beyond the prevention of vitamin



UBC's James McCormack. “I wish they worked. Who wouldn't?”

deficiency diseases, she says, “it gets tricky to determine which ones have good science behind them and which don’t.”

James McCormack, a professor in the faculty of pharmaceutical sciences at the University of British Columbia, is more blunt.

“What’s the best available evidence? Is there good evidence that taking these things helps or improves outcomes?” says McCormack, co-author of the U of Alberta-led study and an expert adviser with EvidenceNetwork.ca.

“There is very good evidence. People have studied this over and over and over again. And in otherwise healthy people, (vitamin supplementation) appears to do virtually nothing.”

According to Health Canada, a balanced diet can provide most people with the nutrients needed for good health. The federal agency says supplements are only recommended for specific circumstances — people aged 50 and older, for example, who benefit from taking vitamin D.

The U of Alberta study links a “moderate” daily dose of less than 800 IU of vitamin D per day (IU stands for ‘international unit’ and it’s a

measure that allows doctors to compare the potency of vitamin supplements), combined with roughly 500 mg of calcium daily, with a reduction in fractures. Osteoporosis Canada recommends that those over age 50 consume 800 to 2,000 IU daily of vitamin D. Health Canada says the maximum daily vitamin D dose for those age 50 and over is 4,000 IU — and strongly recommends that anyone thinking of taking vitamin and calcium supplements talk to a doctor first.

Only a few foods, such as cod liver oil and certain fatty fishes, naturally contain vitamin D. Our skin becomes less able to synthesize vitamin D from the sun as we age.

“B12 is another one that, as we get older, we may not be able to get sufficient food sources of,” says Stephanie Atkinson, a professor in the department of pediatrics at McMaster University who helped oversee the development of Canadian and U.S. dietary reference intakes.

B12 is needed for normal nerve function and the production of healthy red blood cells. Low levels of B12 can cause pernicious anemia, a blood disorder that causes fatigue and difficulty thinking and concentrating.

Older people produce less of the stomach acid needed for the absorption of B12 from foods, particularly if they’re also taking antacids, Atkinson says.

But unless you have a specific health problem requiring supplemental nutrients, “I don’t think there’s any evidence that an older person needs more vitamins,” Atkinson says.

Two things about supplements worry her. First, high doses can interact with prescription drugs. For example, vitamin K — promoted for bone health — can reduce the ability of blood-thinners like Warfarin (coumadin) to keep blood from clotting. Vitamins C and E can lower the effectiveness of certain kinds of cancer chemotherapy drugs.

There’s also the risk of overindulgence. Taking more than the recommended

Consuming a variety of fresh fruits and vegetables will do a far better job of meeting antioxidant requirements than anything coming in pill form.

maximum amount of supplements can lead to problems like hypercalcemia — abnormal levels of calcium in the blood from too much vitamin D. Excessive amounts of vitamin A have been linked to bone loss and hip fractures. Too much of a good thing can be a bad thing.

“I think people don’t understand that. They just take the supplements to be sure they are getting enough,” Atkinson says.

And the science doesn’t support the idea that vitamin supplements *are* a good thing for most of us. The sobering reality, McCormack argues, is that no clear or consistent evidence exists to suggest vitamin supplements benefit otherwise healthy people.

For example, three different studies published in the journal *Annals of Internal Medicine* in 2013 found that:

- taking a daily multivitamin for 12 years did not slow cognitive decline in male physicians aged 65 and older;
- high doses of multivitamins and minerals were not associated with a reduced risk of a second heart attack, stroke or hospitalization for angina in people aged 50 and older with a previous myocardial infarction;
- a review involving more than 400,000 community-dwelling people randomly assigned to multivitamin supplements, or single or paired vitamins, found no clear evidence of a beneficial effect on cardiovascular disease, cancer or death from any cause.



Submitted Photo

Catherine Price. “We’ve bought into the idea that these products are simultaneously miraculous and entirely safe.”



There's also the risk of overindulgence. Taking more than the recommended maximum amount of supplements can lead to problems like hypercalcemia — abnormal levels of calcium in the blood from too much vitamin D. Excessive amounts of vitamin A have been linked to bone loss and hip fractures. Too much of a good thing can be a bad thing.

Another investigation involving nearly 39,000 older women in the Iowa Women's Health Study found multivitamin use was associated with a 2.4 per cent *increased* absolute risk in mortality.

A 2012 report on antioxidants by the Cochrane Collaboration, the world leader in the field of systematic medical reviews, covered 78 randomized trials involving nearly 300,000 people. It found no evidence to support the use of antioxidant

supplements for prolonging life. People consuming antioxidant supplements were found to be slightly more likely (1.03 times as likely, to be specific) to die early as people not on such supplements. Beta-carotene, and possibly vitamin E and vitamin A, seemed to bump up mortality, but not vitamin C or selenium.

"It's not a definitive thing that they definitely increase mortality," McCormack says. "But they shouldn't even have a

hint of increasing mortality, because the whole point of taking them is to live healthier and longer.

"I don't have any skin in this game. I wish they worked. Who wouldn't?"

Except in mega-doses, vitamins are reasonably well tolerated by the human body, McCormack says. While the body stores fat-soluble vitamins, once our tissues are saturated with water-soluble vitamins, the rest is excreted in urine.

The biggest side effect of our enthusiasm for supplements is cost, McCormack says. He also fears they give people a false sense of security. "It's a two-edged sword," he says. "They might think, 'I guess I don't need to eat properly anymore, because I'm taking these vitamins.'

"The best way to get your nutrients is through foods."

And far too many of us are failing to do that. According to Statistics Canada, in 2008 only half (50.1 per cent) of Canadian females and 37 per cent of males reported eating fruits and vegetables at least five times daily. While consumption was somewhat higher for those 65 and older, around half still fell short of the five-serving mark. (Canada's Food Guide, now under revision with an updated guide set for release in 2018, recommends seven servings of fruit and vegetables a day for adults aged 51 and older.)

Retired people living on fixed incomes may be more prone to living on nutrient-poor diets, says Dr. Mark Tarnopolsky, an expert in neuromuscular diseases at McMaster University in Hamilton. With less money to spend on food, their total caloric intake can go down while they consume a less diverse range of natural nutrients from their foods.

"There are the classic tea-and-toasters, where people are just having essentially tea and white bread with not much on it," Tarnopolsky says. "Those are the people at really high risk for nutritional insufficiency" — the ones who actually

may benefit from a balanced multivitamin that meets Canadian and U.S. recommended dietary intakes.

Exercise matters, too. For older adults, resistance and endurance exercise boosts the activity of mitochondria, the powerhouses inside our cells that turn food into energy.

When mitochondria are dysfunctional, the tissues relying on that energy become dysfunctional in turn. In older adults, that can mean a loss of muscle mass, cognitive impairment, wrinkling and skin aging.

Tarnopolsky also recommends a balanced diet with adequate protein from foods such as egg whites, milk, fish and lean meats. Consuming a variety of fresh fruits and vegetables, he says, will do a far better job of meeting antioxidant requirements than anything coming in pill form.

"It's the purified capsules that really haven't shown to be beneficial," he says, "probably

.....
 "The best way to get your nutrients is through foods."

because there are multiple nutrients present in food, and recapitulating exactly which ones might be the best is kind of a false hope."

Dr. Leonard Piché, a nutritional scientist and professor emeritus at Western University, also endorses a "food first" approach. But for those who want to take a dietary supplement, he recommends going to credible sources.

"Go to the drugstore, look for a supplement that has a NPN number on it." The eight-digit NPN — Natural Product Number — means the product has been authorized for sale in Canada and is safe when used according to the label.

The University of Alberta review of vitamin D, published last year in the *Journal of General Internal Medicine* and led by Dr. Michael Allan, did find vitamin D, together with calcium, appeared to provide some benefit in fracture reduction. For many other conditions, "enthusiasm for a vitamin D panacea should be tempered," the study cautions, adding that most of the evidence is plagued by small, poor-quality trials.

While McCormack generally doesn't recommend supplements for the otherwise healthy, "if there's one that has at least some evidence for benefit — and likely no harm, unless used in mega-doses — you could go ahead and take some calcium and vitamin D.

"But choose the least expensive you can find. And don't get too neurotic about it." ■

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HALLOWED GROUND

A Canadian family visits the battlefields
of Europe — and comes back changed.

KIM COVERT

On the 100th anniversary of the battle of Vimy Ridge, Gary Oberg stood with his son and grandson on the monument raised to commemorate those lost in the war to end all wars. He felt amazed and awed, humbled and blessed.

In 2017, the sun shone brightly down on the 25,000 Canadians who'd made the pilgrimage to the green field in France where, 100 years earlier, more than 30,000 Canadians had fought in rain and sleet, thousands of them dying in the mud.

"It was mind-blowing," Gary Oberg says. "The internalization of what went on, when you're on hallowed ground, is so moving. It just gives you a sense of awe, knowing what these young men had to face and endure."

Gary, 71, lives in Lethbridge. A former Federal Retirees president, he retired from the RCMP in 1995. His son Kelly is a Calgary police officer who in his previous life as a soldier served in Valcartier, Que., and Winnipeg. Grandson Nicolas, 14, is a cadet with the Calgary Highlanders. Nicolas's cadet troop

was planning to attend the ceremony. Kelly called his father: "Dad, we gotta go."

Gary and his son share an interest in the First and Second World Wars; they had been saying for years that they should visit the battlefields of Europe but never found the time. When the 100th anniversary came up, they decided it was now or never.

Travelling as volunteers with the cadet corps, the Obergs flew to Amsterdam, then to Italy, where the group toured Monte Cassino, a Second World War battlefield south of Rome. In a cemetery there they saw the name E. H. Oberg of the Cape Breton Highlanders carved into a headstone. They checked him out on the Veterans Affairs website and discovered that he'd been from Lethbridge, but was no relation.

Kelly Oberg was particularly touched by what he saw at Monte Cassino. He had served for five and a half years as a Leopard tank crewman with the 12^e Regiment Blindé du Canada, which had been the Three Rivers Regiment during the Second World War. The cemetery at Monte Cassino was full of headstones bearing that regiment's name.

"I try to place myself in their shoes," Kelly later wrote in an account of his trip. "Asked to go to fight a war that could have been argued by any young Alberta boy at the time that it wasn't his to fight. But they went anyway, and they fought and they died. I thank these heroes for everything they have done for me, for my family and for my country."

After Rome they went to Paris, then took a bus to Albert in northern France — a key location in the First World War Battle of the Somme — and to Beaumont Hamel, where the Newfoundland Regiment was almost wiped out on July 1, 1916.

“Only 68 answered the (roll) call the next day out of more than 800,” says Gary. “And to look at the ground that they had to try and get to ... My god, those kids, just what had to have been going through their minds and what they were facing, and so many of them were going to die.”

Gary was struck by the sheer number of cemeteries in northern France — the “tremendous waste of humanity” they represent. He also was amazed at how the war’s murderous legacy still has a grip on the landscape of Western Europe — how France is still pockmarked by

fields cordoned off as unsafe to walk on because of unexploded ordnance still buried beneath them a century after the fighting ended.

The Vimy memorial, built on land given to Canada by the French, is breathtaking, says Gary. The memorial, unveiled in 1936, took 11 years to build. Its most striking features are twin 27-metre pylons, which rest on a base that sends them soaring 110 metres into the air. The names of more than 11,168 Canadian war dead with no known graves are engraved on the base.

“It’s immense,” he says — built on a scale meant to reflect the catastrophic imprint of war itself.

“(The war) wasn’t something that just took a few days. The anguish that people had to bear ... that seemed to be captured by it. It’s a very reverent place and everybody respected that. It’s what really helped put it into perspective, the respect that was shown by everybody to it all.”

Each Oberg attended the ceremony wearing the uniform of his service. Gary is used to having people ask to take his picture when he’s wearing the world-renowned red serge of the RCMP. At Vimy he traded a photo-op with security personnel for a chance to stand on the monument — something others were being discouraged from doing for security reasons.

“It makes the hair stand up on the back of your neck ... knowing that you’ve got onto something that represents respect for those that have fallen in the past, not only for the freedom of Europe but the freedom of all mankind, basically.

“If you don’t have that feeling within you when you’re there and you see such an incredible structure erected in the memory of those names that are all over that monument, then ... my goodness, you don’t have any sense of conscience at all.”

All three Obergs came back changed by the memories — especially Nicolas, who got a surprise field promotion to Master Corporal after the ceremony. Kelly Oberg wants to return, this time with his wife and all three of his sons — to make the story of Vimy part of the Oberg family story.

Gary Oberg wants to go back, too, after the crowds of tourists have thinned out and he can stand on the monument again, in silence.

“I’ve got to go back. I’ve got to go onto the monument and I’ve got to be able to sit down and be there and to take it all in without the disruption of thousands of people.

“It makes you think just how lucky we are to be in (this) country.” ■



Britain’s Charles, Prince of Wales, centre, Britain’s Prince William, Duke of Cambridge, right, and Britain’s Prince Harry visit the Canadian National Vimy Memorial Sunday, April 9, 2017.

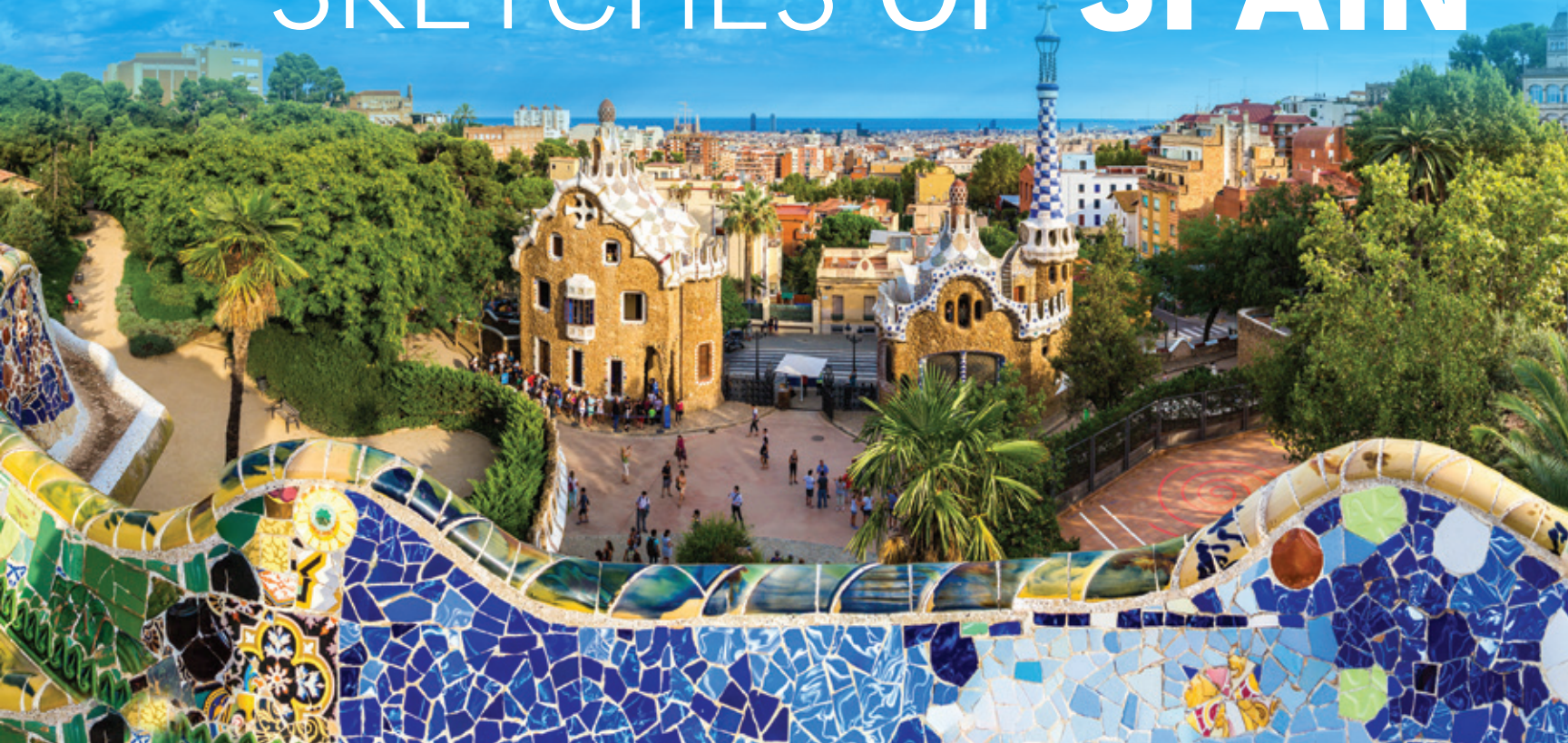


Gary Oberg (left) with son Kelly and grandson Nicholas at the Vimy memorial, about 10 kilometres north of Arras, France.



Replica biplanes perform a flypast during a ceremony marking the 100th anniversary of the Battle of Vimy Ridge at the WWI Canadian National Vimy Memorial on Sunday, April 9, 2017.

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From bustling Barcelona to traditional Seville, from famous vineyards to picturesque cathedrals, Spain offers everyone a captivating cultural experience.

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Let's start with a **'paella experience' in Valencia**. Embark on a boat ride to a local fisherman's house, journeying through the canals that surround the local rice plantations. Paella (the name derives from the old Latin word for 'pan') is the Valencia region's signature dish — typically a mixture of rice, spices and meat or seafood cooked over an open fire in a large, shallow pan. When you arrive at the home, known

as a "barraca," you'll watch a paella-making demonstration before you dig into an authentic paella lunch. Bring your appetite!

Journey through the charming countryside of northwestern Spain to **the city of León**, the ancient scene of the Reconquista wars during the Middle Ages. Here you will see one of Spain's most beautiful buildings, a breathtaking cathedral built in the 13th century. You'll also encounter the Basilica of San Isidoro and the adjoining Royal Pantheon, the resting place for the kings of León. This crypt has been described as the Sistine Chapel of Spanish Romanesque art.

Dive into the culture of Spain as you **explore Barcelona**, home of fine cuisine and renowned architecture. This seaside city still holds traces of ancient Roman works, from towering temples to the original city walls. For a more modern experience, take in the gorgeous, colour-filled 20th-century works of master

architect Antoni Gaudí: La Sagrada Familia, Park Güell, Casa Batlló and Casa Milà.

Become awe-inspired in **Bilbao**, where you can visit the stunning Guggenheim Museum. A masterpiece of 20th century architecture, this structure — designed by Canadian-American architect Frank Gehry — is covered in titanium panels and houses an outstanding private art collection.



Source: Shutterstock

Flamenco dancers at the Seville Fair.



Source: Shutterstock

Spanish tapas.

Immerse yourself in the life of the locals as you partake in a *txikiteo*, a bar crawl in the colourful Old Quarter. Sample the local cider and enjoy *pintxos*, the Basque equivalent of Spanish tapas.

Explore ancient **Seville**, a city whose origins date back to the year 712. As the birthplace of flamenco, Seville is the place to tap into the passionate currents of Spanish culture as you enjoy an authentic flamenco show featuring the area's top dancers and musicians. Follow in the footsteps of kings as you step into the Royal Alcázar, where you can wander through the palace and its majestic courtyards.

From modernist art to medieval architecture, Spain is home to some of the richest and oldest European cultural traditions. Immerse yourself in the lively cities one day, then journey through the beautiful countryside the next. No matter where you go in Spain, good times wait around every corner. ■

This article is courtesy of Collette, a National Preferred Partner.



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Fighting Alzheimer's ONE SMALL STEP AT A TIME

Alzheimer's. The very word conjures up fear. One of the most devastating forms of dementia — and the most common — Alzheimer's affects a person's ability to function and be independent, and places a huge caregiving burden on loved ones.

The Alzheimer Society of Canada estimates the number of Canadians living with Alzheimer's at 564,000 — just over half a million people. About 16,000 of these sufferers are under the age of 65. With 25,000 new cases of dementia being diagnosed every year, the Society expects the total to approach 1 million in just 15 years.

But there's hope. Groundbreaking research by 24 international experts, released by *The Lancet* medical journal on July 20, indicates that one in three cases of dementia can be prevented by taking small steps to better health: staying physically active, keeping the brain alert, eating healthily to prevent high blood pressure and diabetes, quitting smoking, reducing hearing loss, maintaining social contacts and seeking early treatment for depression.

These very steps are the ones HealthPartners advocates through the five pillars of its Small Steps Program: nutrition, hydration, physical activity, mental health and sleep.

Activities such as solving jigsaw puzzles, learning a foreign language, playing a new musical instrument — even changing your daily routine slightly by, for example, brushing your teeth with the other hand — all help to stimulate memory and logical functioning. So do things like seeing friends more often, having a positive outlook and adopting good nutrition, physical activity and sleep habits.

"Staying healthy physically by exercising, mentally by playing games and stimulating the mind, and socially by meeting friends and making new friends are all ways to prevent the onset of the disease," says Anne Villeneuve, director general of the Outaouais Alzheimer's Society.

These are the activities that help you build what researchers call a 'cognitive reserve', enabling the brain to continue functioning later in life.

Through its work with 16 of Canada's most respected health charities, including the Alzheimer Society of Canada, HealthPartners has collected knowledge and expertise to help Canadians take charge of their health. Current statistics show that 87 per cent of all Canadians will be affected by a chronic disease (such as Alzheimer's) or a major illness (such as diabetes) during their lifetimes.



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"If you have been affected by dementia, you don't need me to say another word about why beating the disease in all its forms would be one of humanity's greatest achievements."

— Barry Greenberg, *Scientific Advisor, Alzheimer Society Research Program*

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HealthPartners' goal is to help reduce the impact of chronic disease and poor mental health in Canada.

This new research confirms the work of Alzheimer Society-supported investigators and supports HealthPartners' message: that small steps to better health can have a huge impact on one's ability to ward off disease and live well. It also offers hope that what Dr. Doug Brown, director of research at the Alzheimer's Society in Great Britain, calls "the 21st-century's biggest killer" will one day be eradicated. ■

This article is courtesy of HealthPartners, Canada's health charity connection. www.healthpartners.ca

THE SCIENCE OF SOUND



You hear with your brain — not with your ears.

We need our ears to capture sounds, of course — but we only understand those sounds once they arrive in our brains. Hearing — especially hearing speech — is a cognitive process, not a mechanical one. Hearing is thinking.

Our ears deliver all sounds to our brains. They do not choose what to send; in fact, they never rest. Even when we're asleep, our ears are sending sound information to our brains.

Our brain does all the hard work. The brain filters out irrelevant sounds: other people talking in a restaurant, traffic sounds in the background. Without our awareness, our brains are constantly selecting what we hear and deciding how much attention to give to each sound.

But before any decisions can be made, our brains must first extract meaning from the mass of overlapping sounds that fill the air. By comparing the signals received by our ears, our brains locate the source of different sounds.

Once our brains have singled out a sound source, it compares these sounds to our memory. It can determine if the sound is something we have heard before, something we know already. When our brains hear something new, it adds the sound to our store of auditory memories — and in the meantime, the unknown sound alerts us to possible danger.

Once your brain has taken raw sound data from your ears and transformed it into

meaning, it can extract more information about your surroundings. From the length of time it takes a sound to echo, and the amount of echo it creates, our brains give us a feeling for how big a space is. We also infer the type of surfaces there are in a room from the way they change the sound, as it bounces off them on its way to our ears.

All of these calculations happen simultaneously, in the brain. Since it is the brain that transforms sounds into meaning, good hearing isn't simply a question of making sounds loud enough. Good hearing requires that we ensure the brain gets all the sound information it needs. It must not miss out on some frequencies, or some sounds from particular directions.

If your brain is not getting the right sounds to work with, it takes intense effort to extract meaning from the partial sound. Whenever there are missing sounds, the brain tries to fill the gap — an often difficult and exhausting process.

Instead of turning up the volume and overloading your brain, we need to support our brains by giving it the conditions it needs. To properly extract meaning, the brain needs access to the full soundscape, so it can naturally focus on the most relevant sound sources.

Modern hearing aids can provide this. With more powerful processors than ever before, they no longer need to narrow down the sound field when you are in noisy environments. And when a skilled hearing care expert fits hearing aids, they can compensate for the missing parts of the sound field, to restore the conditions in which your brain is designed to work. ■

*This article was provided by **HearingLife Canada**, a Preferred Partner of Federal Retirees. Book a free, no obligation hearing assessment today at one of its more than 200 clinics across Canada by calling 1-855-563-2413.*

TRAVEL INSURANCE

and pre-existing medical conditions

What is a pre-existing medical condition?

Generally, it's any medical condition or symptoms that appeared at any time prior to the effective date of your travel insurance coverage. These medical conditions or symptoms are described in the insurance policy.

How do I get insurance with a pre-existing medical condition?

Many people with existing medical conditions assume they are ineligible for travel insurance. Not true. In many cases you can get insurance for stable conditions — and even if you aren't eligible for coverage for a pre-existing medical condition, you can still be protected by a travel insurance policy.

Some pre-existing medical conditions, like asthma, may not be a big deal. For others you may need to provide a little more information to your insurer before it will issue a policy.

If you have a pre-existing medical condition, you can get a policy tailored to your needs. First, you'll be asked to fill out a medical questionnaire to help find a policy that fits your situation.

Many insurance companies will provide coverage if your condition is "stable." The definition and duration of the stability period can vary according to the insurer and the policy. Generally, though, to be considered stable your condition must meet some common conditions:

- No new diagnosis, treatment or prescribed medication;
- No change in treatment or medication, including the amount taken or frequency;

- No new symptoms, no increase in the severity or frequency of symptoms;
- No test results showing deterioration;
- No pending test results investigating the condition;
- No hospitalization or referrals to a specialist linked to your condition.

What does insuring a stable pre-existing medical condition cost?

There is a chance that the cost of your policy will increase. How much it increases depends on a number of factors, including the type and severity of the condition and your age.

What if my condition isn't stable?

If you can't get insurance for an existing condition because it's not stable, you can still be insured for other conditions that are. And you and your family can still benefit from coverage for other medical emergencies, as well as things like trip cancellations and lost baggage.

If you have travel insurance through your employer or a credit card, be sure to review the policy regarding pre-existing medical conditions before travelling.

Having a pre-existing medical condition doesn't mean you have to travel without coverage. You can purchase supplemental private coverage as long as your condition is stable — meaning you are not currently receiving emergency treatment and your medication has not changed within the time period set out by the insurer. Some companies may even cover a condition that is not stable, although at much higher rates.

Can I just not mention my pre-existing conditions?

No, that is not a good idea! Having a policy in hand doesn't necessarily mean you actually have coverage. If you purchase a travel insurance policy without disclosing a pre-existing medical condition, the policy will be considered invalid — and any medical claims you make against that policy will be denied.

Even coverage for trip cancellation will be denied if it's related to your undisclosed condition.

Speak to an insurance expert or your insurance company about your options with a pre-existing condition. In many cases, you can still get insurance. In all situations, you can still get insurance for other risks. Just be sure to disclose your condition — so you don't put your eligibility for other coverage at risk. ■

This article was provided by Johnson Inc.



HERE'S TO YOU,

VOLUNTEERS!

Congratulations to the winners and nominees for our 2017 Volunteer Recognition Awards.

Dedicated volunteers are the lifeblood of our Association. More than 800 volunteers work at the branch, regional and national levels, each driven by the desire to make a difference. We would not be the Association we are without them.

Our volunteers took centre stage at the National Association of Federal Retirees 2017 Volunteer Recognition Awards Ceremony in Ottawa back in June. This was a special opportunity for Association volunteers, partners, friends and staff to come together to celebrate individual volunteers and the work done by our branches on behalf of the Association and our members.

The theme for this very special soirée was a poignant tribute to Vimy Ridge and Canada's 150th birthday. Our thanks to Deborah Davis and the Canadian Musical Odyssey Ensemble for helping us do that with their lively entertainment.

Individual awards

Pat Jarrett, former president of Winnipeg and District Branch, was awarded the Claude Edwards Leadership Award. Jarrett has been described as a "natural leader," a "go-to" person who can be counted on to provide thoughtful, thorough and insightful feedback.

Some highlights of her contributions:

- With Pat's leadership, her branch was one of the first to complete the branch by-laws and have them approved.
- She implemented a mentorship and succession program at her branch to ensure that key positions always had a backup.
- She revised the format of the annual regional conference to include a learning component to support the development of board members for the whole region.
- She was a strong advocate for the inclusion of the Presidents' Forum at the AMM.
- She implemented many strategies focused on recruitment and engagement of new members.

Jarrett also was asked to take part in the Volunteer Engagement Advisory Committee and the Risk Committee, which developed an enterprise risk management plan.

Serge Boisseau of the Quebec branch received the Collaboration Award. After Quebec introduced medically assisted dying legislation, Boisseau and the Quebec branch organized a free public conference featuring experts explaining the legislation. Boisseau, branch communications director Yves Bouchard and Nicole Laveau, our representative at the Quebec City roundtable, asked 30 other partner

associations from each table to publish the conference details in their newsletters.

By all accounts, the conference was a resounding success. It raised the Association's profile, received tremendous feedback and encouraged more retirees to consider becoming Association members.

Shirley Tolhurst, member and volunteer with the Nova Scotia Central branch, received the Volunteerism Award. Tolhurst is a long-serving volunteer for many organizations, including the Heart and Stroke Foundation (27 years), the Girl Guides of Canada (55 years), the Lawrencetown Volunteer Firefighters Ladies Auxiliary (40 years), the Dartmouth Seniors' Club (nine years) and Findlay's Seniors' Club. In recognition of her



Pat Jarrett (Winnipeg & District branch), with president Jean-Guy Soulière.

work with the Heart and Stroke Foundation, Tolhurst was honoured with an Outstanding Volunteer Award in 2011 in a ceremony hosted at the Lieutenant Governor's residence in Halifax. Tolhurst also was awarded the Girl Guide Nova Scotia Mayflower Award, the highest award that can be presented at the provincial level.

Tolhurst began volunteering with our Association in 1998. Over the last 19 years, her responsibilities have steadily increased from general office management duties to being elected to the branch board in 2009, where she currently serves.

Branch awards

Three branches were recognized this year for their outstanding work.

The Central Okanagan branch received the Advocacy Award. The branch, with two other organizations, sponsored an all-candidates meeting before the 2016 federal election. The sold-out event attracted 325 participants and raised awareness on key issues and the candidates' positions, while exposing the community to the work of the National Association of Federal Retirees. The branch also partnered with the Canadian Medical Association to hold a series of town halls in Kelowna, B.C., on the new health accord.

The Membership Recruitment and Engagement Award went to the Avalon-Burin Peninsula Branch. The branch has maintained a proactive approach to recruitment and retention of members and has achieved a high level of success. The drive to find new members included:

- a major effort by the branch's recruitment committee to identify and contact potential members, followed by personal telephone calls, which yielded 50 new members;
- advertisements at local radio stations, "coffee matters" flyers posted free of charge;
- partnering with organizations such as Safety Services and the Canadian Hard of Hearing Association, which has led to some very well-attended meetings;
- the establishment of four committees to promote recruitment and retention — communications, information technology, members services and recruitment and retention.

The Winnipeg & District Branch received the Volunteer Support and Development Award. The branch has a strong volunteer recruitment and succession plan in place for the board, ensuring the branch has a committed board of directors at all times.

The branch invests considerable energy in volunteer training and orientation. In May of each year, a day-and-a-half orientation/team-building workshop is held for board members to introduce them to the national strategic plan and solicit their input in developing the branch strategic plan. The branch also hosts an annual learning conference for volunteers that helps foster engagement and retention; the theme for the 2016 conference was Building Bridges Between Branches.

The Winnipeg and District branch also received an Honourable Mention and a President's Commendation for all of its efforts in recruiting



Jean-Guy Soulière, Shirley Tolhurst (Nova Scotia Central branch), Pat Jarrett (Winnipeg & District branch) and Serge Boisseau (Section Quebec).



Cynthia Foreman (Winnipeg & District branch), Walter Combden (Avalon-Burin Peninsula branch), Larry Crabb (Central Okanagan branch) and Jean-Guy Soulière.

and engaging current and prospective members. From participating in community activities to facilitating pre-retirement sessions and delivering Second Career Assistance Network (SCAN) sessions, its valiant efforts have yielded growth in its membership.

A heartfelt thank you to Léonard Leblanc, director of the Atlantic Region and chair of the 2017 Volunteer Awards Selection Committee, and Shawn McCord, a senior consultant with Johnson Inc., who had the difficult task of selecting our 2017 recipients.

And of course, bravo to our 2017 Volunteer Awards Nomination Committee, chaired by Anne Ashcroft, director of the Prairies and NWT Region, with committee members Cynthia Foreman, Prairies and NWT director, Julie Spencer, branch services coordinator for Eastern B.C. and George Robertson, president of Nova Scotia Central branch — all true champions of volunteer recognition.

On behalf of our volunteers, a sincere thank you goes out to one of our most valued preferred partners — insurance provider Johnson Inc. An evening this special would not have been possible without the generous sponsorship and participation of the Johnson team. ■

VETERANS' CORNER

BJ SIEKIERSKI

On July 20, Brig.-Gen. Mark Misener assumed command of the Joint Personnel Support Unit — and with that, responsibility for making operational the Canadian Armed Forces Transition Group promised in the Liberals' new defence policy, released only the month before.



THE CANADIAN PRESS/MURRAY BREWSTER

Lt.-Gen. Charles Lamarre, Commander of Military Personnel Command, in Afghanistan in 2011.

The Transition Group is supposed to have about 1,200 staffers, including specialized staff and holding positions for ill and injured members who are preparing to return to duty or transition out of the Canadian Armed Forces.

The goal, the defence policy says, is to “ensure that all pre-release and pension administration is completed, and benefits are in place, before the transition to post-military life.”

According to Lt.-Gen. Charles Lamarre, Commander of Military Personnel Command, the very first task he's given Misener is to undertake planning and

mission analysis — the “number crunching” required to set up the Transition Group.

“What I've told him is that it needs to start in 2018. Now, it's not going to be the whole shebang,” Lamarre said in July.

“Look after the ill and injured as a matter of priority, but thereafter also be prepared to look at how we're going to transition all members of the Canadian Forces, once they're done their service, or they choose to retire, or they choose to go on to something else.”

Lamarre said it's too early to know when the Transition Group will be fully implemented, but the work of establishing it is not going to be allowed to drag on.

“To be able to do it properly, I estimate we're going to have to be regrouping certain capabilities underneath (Misener's) group. Those things take a little bit of a time. But certainly for the proof of concept, when we have members going through what the process can be, that's going to be starting in 2018.”

Lamarre said 800 of the estimated 1,200 staffers will be ‘holding positions’ put aside for ill and injured members.

“By virtue of having those positions set aside, we can now hire behind that so we're not short in other areas of the armed forces, to get men and women trained up to be in the army, navy, air force and do the jobs we need them to do.

“A lot of these folks would be ideally suited to help look after other ill and injured folks — case management, care coordination, those sorts of things.”

The other 400 staffers will be in administration. Some public servants have been hired already in those positions; some positions will be filled by regular members of the armed forces and reserves.

“It's going to be down to Misener doing the determination and coming to tell us what it's going to look like, and giving him the right resources in terms of personnel. But there's definitely going to be a net (personnel) growth for him,” Lamarre said.

Sayward Montague, director of advocacy at the National Association of Federal Retirees, said the Transition Group is a very positive development that Federal Retirees will be monitoring closely. About a third of Federal Retirees members are veterans.

“For many veterans, I think something like this can't happen soon enough — to have that sense of security that you'll be cared for and that things will be in place for you as they should be before you're officially released,” she said.

“We're really interested to know about the timeline and the actual concrete plan to get this done.”

In the fall, Federal Retirees will hold town hall meetings at 12 Canadian Armed Forces bases as part of a new veterans outreach initiative. The Association will be looking for input from Forces and RCMP veterans and their families about the transition process and their experiences afterwards. It then will report comments back to Veterans Affairs, the Department of National Defence and Public Safety Canada in the spring. ■

HEALTH CHECK

LOUISE BERGERON

For the last few years, retirees participating in the Public Service Health Care Plan (PSHCP) have experienced escalating contribution rates year over year. The explanation is simple: Rising health care costs and demand drive costs for the plan, and since retirees pay close to 50 per cent of the costs of the plan, it affects their contributions.

Understanding how certain services and claims affect the plan can help you understand how your costs will be affected in future — and can give you some help in managing your own health expenses.

In 2016, drugs accounted for 68 per cent of the total plan cost. Paramedical services, which include massage and physiotherapy, came in second. Vision, hospital and miscellaneous other expenses accounted for the rest of plan costs.

How can you help keep costs in check?

Use your drug card and present it to your pharmacist. Your drug card helps control the cost of the drug for the plan and saves money on the dispensing fee you pay. It also helps save on administrative costs by avoiding processing paper claims. You can also save money by shopping around for the lowest dispensing fees.

The PSHCP has a generic-only drug policy that helps contain costs for the plan. Generic medications are as effective as branded medications; you should not ask for branded medications unless they're medically necessary due to an allergy or the ineffectiveness of a generic medication.

Take your medications as prescribed. Fifty per cent of Canadians don't — and that adversely affects patient outcomes and cost. Each year, drug non-compliance is the cause of 10 per cent of all hospital admissions, 25 per cent of hospital admissions for the elderly and 23 per cent of all nursing-home admissions, and contributes \$4 billion to the cost of the health care system and employer-sponsored plans.

Not all drugs are priced equally; you'll see here tables that describe how certain drugs and drug categories drive costs for pensioners in the plan. Although specialty drugs are significant cost drivers, there is robust evidence that they improve quality of life. Less expensive drugs also can seriously affect plan costs; members who are on maintenance drugs to manage chronic conditions may want to consider asking for 100 days' worth for chronic medications, such as those for high cholesterol, high blood pressure or diabetes. This will allow you to fill your prescriptions less often and pay less for dispensing fees.

Small gestures can translate into cost savings for you, and the contributions you pay for your coverage. ■

PSHCP – TOP 5 DRUG CATEGORIES FOR PENSIONERS – 2016

| Drug Category | Disease Type | Total Amount | % of Total |
|--|--|------------------|--------------|
| Cardiovascular Drugs | High Cholesterol, Hypertension | \$83.0 M | 10.5% |
| Central Nervous System Agents | Depression, Anxiety, Epilepsy | \$73.3 M | 9.3% |
| Therapeutic Agents (Biologics/Specialty medications) | Rheumatoid Arthritis, Crohn's disease, Colitis | \$68.0 M | 8.6% |
| Hormones & Synthetic Substitutes | Diabetes, Hormonal Replacement Therapy | \$53.0 M | 6.7% |
| Gastrointestinal | GERD, Erosive Esophagitis | \$31.3 M | 4.0% |
| Total of Top 5 Drug Categories | | \$308.6 M | 39.1% |

TOP 5 DRUG CATEGORIES FOR ALL MEMBER GROUPS – 2016

| Drug Category | Total Amount | % of Total | |
|--|--------------|------------------|--------------|
| Therapeutic Agents (Biologics/Specialty medications) | \$144.0 M | 18.3% | |
| Central Nervous System Agents | \$137.5 M | 17.4% | |
| Cardiovascular Drugs | \$109.2 M | 13.8% | |
| Hormones & Synthetic Substitutes | \$96.0 M | 12.2% | |
| Gastrointestinal | \$48.7 M | 6.2% | |
| Total of Top 5 Drug Categories | | \$535.4 M | 67.9% |

PSHCP – TOP 5 DRUGS FOR PENSIONERS – 2016

| Drug Name | Total Amount | For the treatment of... |
|-----------|--------------|--|
| REMICADE* | \$8.5 M | Rheumatoid Arthritis, Crohn's disease, Psoriasis |
| HUMIRA* | \$6.8 M | Rheumatoid Arthritis, Crohn's disease, Psoriasis |
| ENBREL* | \$4.8 M | Rheumatoid Arthritis, Crohn's disease, Psoriasis |
| EYLEA* | \$4.4 M | Macular Degeneration |
| VICTOZA* | \$4.4 M | Diabetes |

*Denotes Biologic/Specialty drug

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 Louise Bergeron is advocacy and policy officer-health at the National Association of Federal Retirees.

FROM THE PENSION DESK

PATRICK IMBEAU

“Federal retirees’ pensions are too expensive. They are unsustainable!”

I’m sure that sounds familiar to anyone who has spent time scrolling through the comments section of any article that mentions public sector pensions. There is anger and confusion out there about just who pays for these pensions and whether they are sustainable — not just among the general public but also among politicians and even some of our own members.

We’re going to try to address these concerns and, hopefully, clear up some misunderstandings.

Private sector defined benefit pension plans are funded by contributions from both employers and employees. The funds are invested in capital markets, independent of the employer’s operating budget. The contributions and investment returns are used to pay for pension benefits. Historically, the Public Service

Superannuation Plan (PSSP) and the plans for the Canadian Armed Forces and the RCMP have been a bit different.

It’s easiest to consider the plans as two distinct funds: the fund for pre-2000 service, and the fund for post-2000 service. As interpreted by the Supreme Court of Canada, before the turn of the millennium the pension plan essentially was just an accounting record that worked as a “pay-as-you-go” system.

In the pre-2000 context, employees, by reservation of salary in the range of 5 to 7.5 per cent (determined by legislation), would pay contributions into the Consolidated Revenue Fund (CRF). This fund is the federal account into which taxes and revenues are deposited and from which services are paid. Once money becomes part of the CRF, it can be used by the government for public purposes. The balance of payments in and out of the plan was kept through a “Superannuation Account.”

The government, for its part, would record credits, matching employee contributions, to the Superannuation Account — but no actual payments or transfers of funds were made. There are no real assets in the Superannuation Account.

The Superannuation Account balance was then treated as if it had been invested in Government of Canada 20-year bonds held to maturity, and the “interest” that was calculated would be added to the Superannuation Account.

Since 1966, the plan would undergo actuarial valuations every few years. If the plan was ever considered to be in a deficit position, the government would be required to make additional contributions, which

happened from time to time. However, in the 1990s the opposite happened — the plan had a surplus (the credits exceeded the estimated cost of providing benefits). The government adopted the practice of amortizing the surplus (gradually using it over several years to reduce the overall federal deficit), effectively reducing its pension liabilities. By 1999-2000, the amount amortized had reached \$18.6 billion (and the total surplus would reach \$30.9 billion).

Things changed in 1999 with the passing of Bill C-78. First, the determination of contributions rates was taken out of legislation and handed to the Treasury Board. It would determine both employee and employer contribution rates based on actuarial valuations for each plan. This can be both a blessing and a curse, as it allows the plans to be more responsive to required changes but leaves decision-making in the hands of the president of the Treasury Board.

Second (and this is more important), the benefits that were payable with respect to service before April 1, 2000, continued to be paid from the CRF and charged to the Superannuation Account. But for other pension amounts earned going forward, an arm’s-length organization named PSP Investments was created to invest funds for the pension plans of the Public Service, the Canadian Armed Forces, the Royal Canadian Mounted Police and the Reserve Force.

PSP Investments is now one of Canada’s largest pension investment managers, with more than 700 employees. The plan consistently posts investment gains that exceed expectations. However, in 2014, even though the PSP was in a surplus position,



an actuarial process called “smoothing” was applied — and the plan was therefore deemed to be in a deficit position of \$3.6 billion. The federal government was on the hook for hundreds of thousands of dollars in additional contributions a year. This was highly controversial.

Asset smoothing is used by actuaries to moderate the volatility in the reported market value of pension plan assets. Plan investment returns tend to fluctuate; smoothing diminishes the spikes caused by large deficits and surpluses that can happen with market fluctuations.

Former Chief Actuary Bernard Dussault believes using asset smoothing in this case is inappropriate. He says actuarial valuations already have to rely on a number of economic and demographic assumptions, and in the midst of this, asset smoothing takes a value we don’t have to project, and reshapes it into a projection. In other words, he says, it favours fiction over reality. It also — as was the case in 2014 — requires

additional contributions when the plan is in a surplus position.

So who pays for federal public sector pensions?

Members of the PSSP who retired before 2000 would continue to be paid through the CRF. To oversimplify: They paid money into the larger “Canadian revenues” pot and — through a complicated process involving accounting records and assets that aren’t assets — they are owed a statutory defined benefit.

But if they retired *after* 2000, a portion of their pension would be paid from the revenues made up of contributions from employees and employer, and the investment returns of PSP Investments — much more like a private sector pension plan.

Are federal retiree pension benefits sustainable?

Yes. While the portion of the plan that continues to be paid from the CRF will

always be referred to as a liability, that liability will gradually decline while revenues from PSP Investments continue to grow. Were it not for the inappropriate application of asset smoothing in 2014, the plan would have been in a surplus position — and PSP Investments continues to provide investment gains year after year.

PSP Investments recently announced its annual results for the year ending March 31, 2017: its portfolio return was 12.8 per cent net of all costs. PSP Investments had \$135.6 billion of net assets under management at fiscal year end and expects to manage \$200 billion by 2025.

The plan is sustainable from a *financial* standpoint. The *political* sustainability of federal public sector pensions might be another question. ■

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Patrick Imbeau is advocacy and policy officer-pensions for the National Association of Federal Retirees.



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of Federal Retirees

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ADVOCACY IN ACTION

The national seniors' strategy **A MID-MANDATE CHECK-UP**

SAYWARD MONTAGUE

The current federal government reaches the middle of its mandate in October 2017. Though health care wasn't a key campaign issue in the 2015 election, Prime Minister Trudeau's mandate letter to Health Minister Jane Philpott made significant health promises.

A new health accord, home care, making prescription drugs more affordable, mental health funding, Indigenous health and system-wide integration of electronic medical records (EMR) were all identified as top priorities for the new government.

Have you read the latest on our health accord town halls, and our latest submission to government on health care and retirement security priorities? Visit www.federalretirees.ca/SeniorsStrategy for our latest campaign for a national seniors strategy, including our report on the town hall events held across the country in fall 2016.

In the fall of 2016 — when it looked like a new health accord would be reached that would include specific measures for our growing population of seniors — Federal Retirees partnered with the Canadian Medical Association (CMA) on a series of town halls. We wanted to hear from Federal Retirees members and seniors about the health care priorities that matter the most and how they should be addressed in a new health accord and a national seniors strategy.

Audiences across the country were clear on what they want to see: a continuum-of-care approach focused not only on acute care but on homecare, palliative and end-of-life care; investments in long-term care and appropriate, affordable shelter; support for caregivers; measures to make needed medications affordable; appropriate and targeted funding for provinces with many seniors; and overall accountability for health spending by provinces.

By December 2016, provincial health ministers announced that negotiations had failed to arrive at a new health accord. By August 2017 all of the provinces and territories had accepted health funding agreements with Ottawa. Strings attached to the funds will hold provinces accountable for real, measurable results, though when this issue of *Sage* went to press there was no word on what those outcome measures would be.

In early 2017, a private members' motion — M-106 — was introduced in the House of Commons. It called for recognition of the needs of the growing seniors demographic, a committee study and report on key issues for older Canadians, and a broader mandate for the National Seniors Council to allow it to undertake its own studies and provide advice on a national seniors strategy. The motion was agreed on by members of all parties in May 2017; at press time it was before a Commons committee for study, with a report to follow.

Meanwhile, there's evidence the lack of a national seniors strategy could be costing Canada's economy. Research and experience have shown that addressing the social determinants of health — affordable housing, retirement income security and social safety nets such as health care — helps seniors remain active and independent contributors to the economy.

We've seen progress but much work still needs to be done. Over the next two years, Federal Retirees will work to influence this government to act on a national seniors strategy that can help more Canadians age with dignity, in better health and security — a strategy that covers everything from retirement income security to primary care, pharmacare, homecare, long-term care and palliative care, and everything in between. ■

Sayward Montague is director of advocacy for the National Association of Federal Retirees.



National Association
of Federal Retirees

Association nationale
des retraités fédéraux

FEDERAL RETIRES NEWS

Federal Court rules against Federal Retirees

On Aug. 1, the Federal Court released a decision siding with the federal government in the matter of the National Association of Federal Retirees and its named applicants challenging the decision by the Treasury Board of Canada to increase retirees' health care premiums from 25 per cent to 50 per cent under the Public Service Health Care Plan. Counsel for Federal Retirees is now studying the decision; Federal Retirees' national board of directors has until the end of September to decide whether to appeal. Check our website, our monthly e-newsletter and the next edition of *Sage* magazine for updates. To sign up for the monthly e-newsletter, call our membership services team at 1-855-304-4700.

Veterans outreach initiative

Working with branches located near 12 Canadian Armed Forces bases across the country, our national office will be conducting town halls with veterans from mid-October to early November. We will be looking for input from retirees and serving Canadian Armed Forces and RCMP members and their families about the transition process out of uniform and veterans' experiences afterwards. The results of these discussions will be rolled into a report and presented next spring to the federal ministers of Defence, Veterans Affairs and Public Safety Canada. Look for updates in the coming months in our e-newsletter, on our website and in *Sage*.

RCMP class-action settlement

A settlement has been reached in the RCMP Gender-Based Harassment and Discrimination Class Action. The settlement was approved by Madam Justice McDonald on May 30, 2017. Claims must be submitted within 180 days of this date.

The settlement provides compensation to female current and former living RCMP regular members, civilian members and public service employees who worked within the RCMP between Sept. 16, 1974, and the settlement approval date, and who experienced and/or continue to experience gender and/or sexual orientation-based harassment and discrimination while working in the RCMP.

For more information, contact Klein Lawyers LLP at 604-714-6159.

Saskatchewan taxes benefit plan premiums

Effective Aug. 1, 2017, federal public service employees and retirees who live and work in Saskatchewan pay six per cent provincial sales tax on insurance premiums for the following group insurance benefit plans:

- Public Service Health Care Plan
- Public Service Dental Care Plan
- Pensioners' Dental Services Plan
- Public Service Management Insurance Plan, which includes the Long-Term Disability Insurance Plan
- Disability Insurance Plan
- Royal Canadian Mounted Police Life and Disability Insurance Plans

Federal public service employees and retirees who live in Saskatchewan also now have to pay provincial sales tax on Supplementary Death Benefit Plan premiums. Quebec is the only other province that charges such taxes at this time.

For more information, please contact the Pensions and Benefits Sector of the Treasury Board Secretariat at pbs-spas@tbs-sct.gc.ca.

Address check

Sun Life has asked that we remind members to send completed claims forms to: Sun Life Assurance Company of Canada, P.O. Box 6192, Stn CV, Montreal, Q.C. H3C 4R2

Any claims sent to addresses other than the one listed above will be returned to you.

And remember: Contact us here at Federal Retirees with any changes to your membership and Sage subscriber accounts. You can reach us via email at sage@federalretirees.ca, or call 613-745-2559 or 1-855-304-4700 (toll free).

Attention international members

Just a reminder: For administration purposes, international members are designated part of our Ottawa branch. You can contact the branch directly at info@nafrottawa.com or 613-737-2199. Our national office membership team is always pleased to serve you: service@federalretirees.ca or 613-745-2559.

Volunteer opportunity: Communications support officer

Our branches are committed to connecting with members within their communities, while staying fully compliant with anti-spam and privacy legislation.

If you have a background in communications, know how to use word-processing technology and have a little time to spare, you could help our volunteers as part of our network of volunteer communications support officers (CSOs).

For further information, please contact Ysabel Anderson at yanderson@federalretirees.ca.

Board membership opportunities

Our board of directors is composed of leaders who are dedicated to the organization's mission: to significantly improve the quality and security of retirement for our members and all Canadians. Because we're the leading voice for federal retirees and veterans, the calibre of our directors is critical to maintaining our credibility and voice. Serving on the Association's board of

directors is an extraordinary opportunity for anyone passionate about leading an organization that is almost 180,000 members strong, with 81 branches from coast to coast to coast.

Four three-year positions are coming up for election at the June 2018 Annual Meeting of Members: vice-president and directors from Prairie & NWT, Ontario, and Ottawa and Nunavut districts. Nominations close March 18, 2018.

In addition to their standard roles and responsibilities, our board members are active advocates and ambassadors for the organization and are fully engaged in the advancement of its mission.

If you are interested in joining the board and lending your voice to speak for retirement security for our members and all Canadians, or if you would like more information, please contact the nominating committee by email at elections@federalretirees.ca or visit federalretirees.ca. ■

BRANCH ANNOUNCEMENTS

WE WANT TO HEAR FROM YOU

This section is considered an important communications tool for branch events and volunteer recruitment. Do you read the branch announcements? Would you prefer to get this information by email directly from your branches, or by phone? Do you think we should expand this section or run other informative content in its place?

Let us know what you think by emailing sage@federalretirees.ca, or contact us by mail at National Association of Federal Retirees, 865 Shefford Rd., Ottawa, ON K1J 1H9.

Be sure you include the name of your branch with your response.

Nov. 21, 10 a.m.: Executive meeting
— Lynwood

Dec. 14: Christmas Extravaganza
— General Meeting at 9400 College St., Chilliwack.

Our branch urgently needs volunteers. We have vacancies for second vice-president, secretary, telephone caller committee and office volunteer committee. Contact the branch office at 604-795-6011, apply at our general meetings or ask any board member.

BC04 FRASER VALLEY WEST

First Thursday of almost every month, 2 p.m.: Meet & Chat Ricky's Country Restaurant, 2160 King George Blvd., (near 22nd Ave) S. Surrey.

Oct. 3, noon: Let's Do Lunch, Dublin Crossing Irish Pub, 101-18789 Fraser Highway, Surrey. Cost: Member's expense. RSVP required by Sept. 27 to Charles Louth at cherbert42@hotmail.com or 778-235-7040.

Nov. 11: If you would like to represent Fraser Valley West Branch by placing a wreath at a Legion cenotaph on Remembrance Day, call Ian at 604-589-1545 or email iansblake1@gmail.com. The Legion must be in Surrey, Langley, Maple Ridge, White Rock or North Delta.

Dec. 7, 11 a.m.: Annual Christmas luncheon and general meeting, Newlands Golf and

BRITISH COLUMBIA

BC02 CHILLIWACK

Sept. 5, 10 a.m. to noon: Branch office opens. Regular days: Monday, Tuesday, Wednesday.

Sept. 7, 10 a.m.: Executive meeting
— Lynwood.

Sept. 14: General meeting at Senior Centre, 9400 College St., Chilliwack. Guest speaker, refreshments, prize draw.

Oct. 12: General meeting at Senior Centre, Chilliwack. Guest speaker, refreshments,

prize draw. Pick up tickets for Nov. 11 volunteer luncheon.

Oct. 24, 10 a.m.: Executive meeting
— Lynwood

Nov. 11, 1:30 p.m. to 3:30 p.m.: Annual volunteer luncheon at the RCMP/PRTC complex off Keith Wilson Rd. and Tyson Rd. All branch members and guests welcome. Guest speaker, door prizes. Theme: Remembering our Veterans. Tickets for branch volunteers are free; for all others, \$10 per person. You must have a ticket to attend. Pick up or purchase at the branch office.

Country Club, 21025 – 48 Ave., Langley. Doors open 11 a.m., GM at 11:30 a.m., lunch to follow. Cost \$20 per person. RSVP required by Dec. 1 to Charles Louth at cherbert42@hotmail.com or 778-235-7040.

Haven't heard from us lately by email? Please advise Steve of any e-mail address changes: s.sawchuk@shaw.ca.

We welcome all volunteers to participate in branch activities. Find current branch news, events and contact information at www.nafrfraservalleywest.ca.

BC05 NANAIMO AND AREA

Our Sept. 28 general meeting has been cancelled, despite great efforts to find a venue.

Our board meetings happen the third Thursday of every month from 10 a.m. to noon at Philips By The Sea Anglican Church, 7113 Lantzville Road, Lantzville, B.C. We invite all members to join us and, if possible, join our board. Please contact Ken Jones at 250-586-7718 or Kenjonesbc@shaw.ca for further information.

Nov. 23: The Christmas luncheon and general meeting will be held at Tigh-Na-Mara Resort and Spa at 1155 Resort Dr., Parksville, B.C.

BC07 CENTRAL OKANAGAN

Sept. 14, 10 a.m.: "Just for Fun" Golf Tournament at Mission Creek Golf Course, 1959 K.L.O. Rd., Kelowna. Golf and lunch \$30. Attendance is limited to 40 players. Please confirm your attendance early by leaving a message at 250-712-6213.

Oct. 24, 8:15 a.m.: Learning Lesson VIII at Kelowna Golf and Country Club, featuring Claire Newell, author and president of Travel Best Bets by Jubilee Tours and Travel, speaking on winter travel. Breakfast at 8:15 a.m., presentation at 9. Registration arrangements will be posted on our website and emailed to you in early October. Cost is \$10.

BC09 VICTORIA-FRED WHITEHOUSE

Oct. 10, 10 a.m.: Branch meeting at Trafalgar/Pro Patria Branch #292, Royal Canadian Legion, 411 Gorge Rd. E. Guest speaker: Act Together Moving.

We have a new mailing address: National Association of Federal Retirees Victoria-Fred Whitehouse Branch c/o Royal Canadian Legion Branch 292 411 Gorge Rd. E., Victoria, B.C. V8T 1W2

Ann Andrews, Ron Baird, Paddy Glover, Denis Gosselin, Louise Gosselin, Don Leckie, Marion Leckie and Myrna Peterson — your name tags have arrived. Come to a branch meeting to pick them up.

Don't forget, if we don't have your email address you won't be hearing from us — electronically, that is!

BC10 SOUTH OKANAGAN

Oct. 19: Branch event. Details to follow.

Dec. 5: Christmas lunch at the Days Inn. Details to follow.

The enclosed branch newsletter explains what to do if you wish to be contacted about upcoming events. Contact us at FedRetirees@telus.net or leave a message at 250-493-6799.

BC11 OKANAGAN NORTH

Sept. 14, 10 a.m.: Regular meeting at the Elks Hall, 3103 30th St., Vernon, B.C.

Nov. 9, 10 a.m.: Regular meeting at the Elks Hall. Tickets on sale for Christmas party.

Dec. 10, noon: Christmas party at the Elks Hall. Doors open at noon; short meeting at 1 p.m.

The June annual luncheon celebrated Canada's 150th birthday. Richard Simpson updated branch members on Bill C-27. President Tina Hill gave a short presentation about the AMM in Ottawa. A performance by a surprise guest, magician Leif David, was enjoyed by all. Hill has promised a free ticket to the Christmas party to anyone bringing in a new member.

BC12 KAMLOOPS

Nov. 11, 11 a.m.: Remembrance Day services. Branch members will lay wreaths at Kamloops Riverside Park Cenotaph, Tk'emlups St. Joseph Church and Chase Community Hall, Chase. Please join us.

Nov. 16, 11 a.m.: Lunch and general meeting at N. Shore Community Centre,

730 Cottonwood Ave., Kamloops. Coffee is on at 11 a.m. Lunch is \$10. Agenda will include proposed budget for 2017-18 and details of the Christmas party; tickets will be available. A guest speaker will be announced at a later date. RSVP by Nov. 9 to kamloopsoffice@gmail.com or leave a voice message at 250-571-5007.

Dec. 6, 11:30 a.m.: Christmas party at N. Shore Community Centre, Kamloops. Door opens at 11:30 a.m., full dinner with wine served at noon. Tickets \$25; RSVP and ticket purchase by cheque to NAFR, P.O. Box 1397, Kamloops, B.C. V2C 6L7 on or before Nov. 30. All members, family and friends are welcome. A voice message may be left at 250-571-5007 and we will respond within 24 hours.

BC13 KOOTENAY

Sept. 19, noon: Branch meeting at the Hume Hotel downstairs in the banquet room. Lunch at noon (\$10 per person), meeting to follow at 1 p.m. You are welcome to attend both or just the meeting. Please RSVP at 250-919-9348 so we can make meal arrangements.

Nov. 21: Branch meeting in Creston at the Creston Hotel banquet room. Lunch at noon (\$10 per person) followed by the meeting at 1 p.m. RSVP at 250-919-9348.

BC14 SIDNEY AND DISTRICT

Sept. 30, 9:30 a.m. to noon: Special general meeting at St. Elizabeth's Church, Sidney. The meeting will consider new branch bylaws, setting up new reserves within the branch accounts and, possibly, discussing a change of meeting place. The speaker will be Peter Dolezal, author of *The Smart Canadian Wealth Builder*, on financial planning.

Members interested in serving on the branch board or joining a team for a specific project can contact Erika Kanczula, 250-999-3761. All volunteers are welcome.

ALBERTA

AB16 CALGARY

Nov. 17, 10:30 a.m.: This luncheon concludes our Canada 150 special pricing for meals at \$15 per person. A short business meeting starting at 10:30 a.m. will recognize our veterans and volunteers. At

ASSOCIATION BRANCH ANNOUNCEMENTS

11 a.m. a band will entertain us with some old-time favourites and a small dance floor will be set up. Be sure to book early.

In late September or early October 2017, the branch will conduct a member survey to determine your interest in activities other than our quarterly luncheon meetings. We also want to get your input on the luncheons and hear from those living outside Calgary on how the branch can better serve your needs.

We are seeking volunteers to work in the office, which is open Monday to Friday from 10 a.m. to noon. Call 403-265-0773 or send an email to fsnocal@telus.net.

Please check out our website: nafrcgy.ca.

AB18 SOUTHERN ALBERTA

Oct. 13, 11:30 a.m.: Lunch meeting at Country Kitchen restaurant, Mayor Magrath Drive South, Lethbridge (below the Keg Restaurant with wheelchair access). Doors open 11:30 a.m., meeting starts at noon. Guest speaker will be Dr. Iketa on Alzheimer's. More information to be sent later by email.

AB21 BATTLE RIVER

We plan to have representatives at the Alberta meeting in October, to be held in Red Deer. Our next branch meeting will be held in September in Wetaskiwin. For geographic reasons, we move the meetings to different locations within our boundaries to accommodate our members.

AB92 LAKELAND

Sept. 5, 11 a.m.: Branch board meeting at the Royal Canadian Air Force, 784 Wing, 5319 – 48th Avenue South, Cold Lake.

Sept. 19, 11 a.m.: General members meeting at RCAF, 784 Wing. Cost for luncheon is \$10; RSVP by Sept. 15. Contact Ethel at 780-594-3961 or ethellou@telus.net.

Oct. 28, 5:30 p.m.: Volunteer Appreciation Night

Nov. 14, 11 a.m.: Branch board meeting at RCAF, 784 Wing.

We are seeking a volunteer for the vice-president's position; please contact Lou at

780-594-3961 or louethel@telusplanet.net. We are also seeking volunteers for the phone committee; please contact Ethel at 780-594-3961 or ethellou@telus.net.

SASKATCHEWAN

SK24 REGINA

Nov. 13, noon: Luncheon and general meeting at All Saint's Anglican Church, 142 Massey Road, Regina. Guest speaker to be arranged. Contact branch at fsna@sasktel.net or 306-359-3762 for details.

SK25 SASKATOON

Sept. 13, noon: Members' corn boil at Floral Community Centre. No cost to members (\$5 per guest).

Oct. 18, 6 p.m.: Members' fall supper at Smileys Buffet and Event Center. Cost is \$10 for members (\$20 for guest).

RSVP to Loretta Reiter at 306-374-5450 or Leslie John at 306-373-5812.

SK26 PRINCE ALBERT AND DISTRICT

Oct. 22, 6 p.m. to Oct. 23, 2 p.m.: NAFR Saskatchewan Provincial Conference at the Travelodge Prince Albert, 3551-2nd Avenue West, Prince Albert. Registration begins 6 p.m. on Oct. 22. A block of rooms has been set aside at the Travelodge at a rate of \$108, plus tax. Call hotel direct at 1-306-764-6441 or email gm.tlpa@shaw.ca.

Registration is \$40 and can be mailed to Prince Albert and District Branch, P.O. Box 333, Prince Albert, SK S6V 5R7. Please include your full name and address along with email address and phone number so we can contact you with further details. You also can contact Peter Dwain Daniel for more information by phone or text at 306-314-5644.

SK29 SWIFT CURRENT

Sept. 21, noon: Membership meeting at Houston Pizza, 323 – N. Service Road N.W. in Swift Current. Agenda to be determined.

Please be advised that our new bylaws require at least 10 members in attendance to reach

our quorum, or the branch membership meeting will be cancelled.

Contact branch president Albert (Al) Kildaw with questions at 306-784-3475 or SK29.Pres@outlook.com.

The Swift Current branch extends its most sincere sympathies to the families, friends, and loved ones of members who recently have passed away.

MANITOBA

MB30 WEST MANITOBA

Oct. 17, 11 a.m.: Fall meeting at Seniors for Seniors, 311 Park Avenue E., Brandon. Special luncheon meal to celebrate Canada's 150th followed by musical entertainment.

MB31 WINNIPEG

Nov. 7, noon: General meeting at the Army, Navy, Airforce Veterans Branch #283, 3584 Portage Ave., Winnipeg. Free lunch at noon, followed by meeting and guest speaker. This is the final celebration of Canada 150 and Winnipeg and District Branch's 50th anniversary. Members must call or email the branch to register no later than Oct. 27. More information on our branch website — www.federalretirees.ca/en/Branches/Manitoba/Winnipeg-and-District — in the Growing Older column in the *Winnipeg Free Press* and in our summer/fall newsletter.

Tours of our local preferred partners, All Seniors Care Residences, will be held in October and November. Specific dates have not been finalized but watch for details on our branch website and via email.

We are pleased to announce a new partnership with True North Sports and Entertainment (TNS + E), now offering our members preferred pricing. Visit our branch website under "Local Preferred Partners" to read about additional benefits and how to access savings on ticket offerings (www.ticketmaster.ca/promo/rwd08d).

We're planning to continue our speaker series; check our website for updates.

Cynthia Foreman was elected district director for the Prairies and Northwest Territories at the AMM in June 2017. As a result, she had to step down as branch president. Ceci O'Flaherty,

our first vice-president, was appointed by the Winnipeg board to serve as president.

We are always looking for volunteers interested in joining the board or helping with short-term projects. Call or email the branch at 204-989-2061 or nafwrpg@mymts.net for more information.

ONTARIO

MB48 LAKEHEAD

Oct. 24, 11 a.m.: Annual fall meeting at Prince Arthur Hotel, 17 North Cumberland Street, Thunder Bay. RSVP by Oct. 10. Cost is \$10 for members and \$20 for guests. Guest speaker Lynn Nasralla from Johnson Insurance/Medoc will discuss preferred partner coverage. Contact us at 807-634-4274 or nafmrb48@gmail.com by Oct. 10 with questions or to RSVP. Please note changes in venue and three-course meal with Oktoberfest theme.

ON33 ALGONQUIN VALLEY

Nov. 4 and 5, 11 a.m. to 3 p.m.: Branch will have a booth at the Deep River Craft Fair at Mackenzie Community School, Deep River. Contact Lakshman Rodrigo with any questions at 613-584-3455 or avb.on33@gmail.com.

We're seeking a volunteer to manage the branch website. If you are interested, please contact Michael Stephens at 613-584-9210 or mestephens9210@outlook.com.

ON35 HURONIA

Oct. 4, 10:30 a.m.: Annual general meeting at Sheba Shrine Centre, 142 John Street, Barrie. Coffee at 10:30 a.m., meeting at 11 a.m. Luncheon at 1 p.m., cost \$7. Guest speaker from CCAC on how to access services. When confirmed, info will be on federalretirees.ca under 'branches'.

New address: We are moving from Suite 314 to 316 at the end of August. Our new mailing address is 80 Bradford Street, Suite 316, Barrie, ON, L4N 6S7.

ON36 BLUEWATER

Oct. 3 and Nov. 17: Board/executive meetings, Sarnia area. Contact Gloria Cayea at 519-869-6326 for information and to RSVP. More information will be available on the Bluewater branch website

at www.federalretirees.ca/en/Branches/Ontario/Bluewater.

Oct. 18: General meeting and luncheon at MacPherson's Restaurant in Port Franks. Contact your caller or Pat Mason at 519-524-6981 or email fsna.bluewater@gmail.com to confirm your attendance by October 13. Cost to be determined. Updates will be available on the Bluewater branch website.

Nov. 22: Christmas meeting and luncheon in Sarnia. Contact your caller or Pat Mason at 519-524-6981 or email fsna.bluewater@gmail.com to confirm your attendance by Nov. 17. Cost to be determined. Updates will be available on the Bluewater branch website.

ON38 KINGSTON AND DISTRICT

Oct. 24, 5:30 p.m.: Branch's 35th anniversary dinner at the Italo-Canadian Club, 1174 Italia Lane (off McAdoo's Lane) in Kingston. Cost \$20 per person. Meal choices: Focaccia-crust chicken supreme or rib eye roast beef (medium). Please RSVP and indicate your meal choice no later than Oct. 17 by mailing us at Anniversary Dinner, PO Box 1172, Kingston, ON, K7L 4Y8. Please include cheque for meal, made out to NAFR ON 38. Registrations cannot be made after Oct. 17.

For more info, consult our website at <https://www.federalretirees.ca> — select "Branches" to find the Kingston & District Branch — or call 613-542-9832 or 1-866-729-3762.

ON39 KITCHENER-WATERLOO AND DISTRICT

Oct. 3, 10 a.m.: Semi-annual meeting at Conestoga Place, 110 Manitou Dr., Kitchener. Registration 10 a.m. Luncheon is \$8 for members, \$10 for non-members. RVSP deadline is Sept. 28. Call 519-742-9031 or email fsna39@gmail.com.

Dec. 5, 11:30 a.m.: Christmas social at Conestoga Place, 110 Manitou Dr., Kitchener. Registration 11:30 a.m., turkey buffet at 12:15 p.m. Cost is \$10 for members, \$20 for non-members. RVSP deadline is Nov. 29. Call 519-742-9031 or email fsna39@gmail.com.

We need members to volunteer as telephone callers three times a year, and to help out in

the office on Thursday afternoons from 1 p.m. to 3 p.m. Please notify a member of the executive if you are willing to help out.

Office hours: Tuesday 10 a.m. to noon, Thursday 1 p.m. to 3 p.m. Office phone: 519-742-9031.

ON41 NIAGARA PENINSULA

The branch meets for lunch at the Holiday Inn Hotel and Suites, 327 Ontario St., St. Catharines, on the third Wednesday of every month except June, July and August. Lunch is \$17 for members and \$19 for non-members.

Our lunch meetings begin again Sept. 20, when a speaker will tell us about T'ai-Chi. The October meeting is on Tuesday, Oct. 17, with a speaker from Nelles Manor in Grimsby. A speaker for Nov. 15 will be announced at a later date. We'll have live entertainment on Dec. 20. Our first lunch meeting of 2018 is on Jan. 17 and our speaker will be Peter Thoem from the Owl Rehab Centre.

For more information please contact Nola M. Brown, secretary, at nolambrown@hotmail.com or 905-685-6621, or Fred Milligan, president, at stella-artois@cogeco.ca or 905-358-9453.

ON42 OSHAWA

Oct. 17, 11:30 a.m.: Special meeting at the Loyal Order of the Moose Lodge, 731 Wilson Road South, Oshawa. Lunch followed by meeting.

ON43 OTTAWA AND INTERNATIONAL

Oct. 24, 8:30 a.m.: Fall general meeting at the Hellenic Centre, 1315 Prince of Wales Drive. Theme is Investing and Financial Planning in Retirement. Along with our featured speakers, there will be 16 tantalizing info-mart booths.

Our branch is always looking for talented people to join the communications team. Please contact Mary-Anne Zwicker at info@nafrottawa.com.

United Way Ottawa has just released 'A Profile of Vulnerable Seniors in the Ottawa Region'. You can find it online at: www.unitedwayottawa.ca/wp-content/uploads/2017/06/A-Profile-of-Vulnerable-Seniors-in-the-Ottawa-Region-EN.pdf or by calling 613-228-6700.

ON44 PETERBOROUGH

Oct. 18, 10:30 a.m.: Fall 2017 general meeting at Peterborough Legion Branch 52, 1550 Lansdowne Street West. Lunch at noon. Guest speaker Nancy Gleason, Federal Retirees' advocacy officer for Ontario. Cost \$8 for guests, no charge for members. Please RSVP by Sept. 25 to either Lesley Humber (705-874-8460, l.humber@hotmail.com) or Marcel Lamothé (705-761-7560, vetran12@gmail.com).

We need volunteers to step forward at the AGM to help our branch continue operations. We're also asking members to forward their email contacts to Lesley Humber so we can keep in touch.

ON47 TORONTO

Oct. 16, noon: General meeting at St. Andrews United Church, Central Westminster Room, 117 Bloor St. E. Toronto. Lunch at noon, meeting at 1 p.m. We will be electing officers and we need more than 50 members in attendance to proceed. Please call Irene at 416-463-4384 to RSVP.

Our 310 Danforth Ave. office now has wheelchair access. Please call and let us know when you would like to visit and we will assist with elevator service and meeting space in the Eastminster United Church library.

Executive positions up for election this fall: president, vice-president, treasurer and director. President Dom Capalbo will be seeking another term, and long-time member Peter Dale will be running for president as well. Members interested in running for office should contact Irene Ellis or Don Milne at 416-463-4384.

The branch continues to offer shared day and weekend bus tours with the Royal Canadian Legion. Please call Dom Capalbo at 416-463-4384 for upcoming events.

ON50 NEAR NORTH

Oct. 4: Annual general meeting at the Davedi Club, 313 Airport Rd, North Bay. We will be having a light lunch, cost TBD. A representative from HearingLife Canada is tentatively scheduled to be our guest speaker.

We are looking for a secretary to take notes/minutes at meetings, and someone willing to train to take over as treasurer.

If you haven't heard from us lately by phone or email, please email our president at nearnorth50@gmail.com.

ON52 ALGOMA

Oct. 12, noon: Fall general membership lunch and meeting at the Senior Citizens' Drop In Centre, 619 Bay St., Sault Ste. Marie. Cost \$10 for members or guests. Guest speaker TBA. RSVP or questions by Oct. 5 at 705-759-0649, hotchkiss@shaw.ca, 705-946-0002 or davischuck@yahoo.ca.

ON55 YORK

Oct. 24, 10:15 a.m.: Fall members' meeting at the Richvale Community Centre. Coffee at 10:15, meeting from 10:30 to 12:30 p.m., followed by a hot lunch.

ON56 HURON NORTH

Oct. 11, 1 p.m. to 3 p.m.: General membership meeting at the Royal Canadian Legion Branch 76, 1553 Weller St., Sudbury, Ont. Guest speaker is our central Northern Ontario branch services coordinator Phil Tweedie. Contact president Jeannine Blais with questions at 705-858-3170 or email at huronnorth56@gmail.com.

The Huron North branch is seeking a volunteer to edit our newsletter and branch announcements. A volunteer is required also to take the role of advocate for the branch. If you are interested, please contact Jeannine Blais at huronnorth56@gmail.com.

QUEBEC**QC59 EASTERN TOWNSHIPS**

Dec. 14, 10:15 a.m.: Christmas activity at Club de Golf Sherbrooke, 1000 Musset St., Sherbrooke (via Beckett St.). Informative meeting followed by a buffet. Cost: \$20 members/\$25 non-members. Reservation and payment before Nov. 30. For information, call 819-829-1403.

Monthly breakfasts at 9 a.m. on the second Monday of each month (except December) at Eggsquis, 3143 Portland Blvd, Sherbrooke.

QC60 OUTAOUAIS

The Outaouais Section is celebrating its 25th anniversary with two events.

Oct. 5: A méchoui barbecue will be held at the sugar shack Chez Constantin.

Dec. 7: Christmas Banquet at The DoubleTree Hilton of Gatineau.

QC61 MAURICIE

Oct. 11, 9 a.m.: Monthly breakfast at restaurant Chez Auger, 493, 5th Street de la Pointe, Shawinigan. Guest speaker: Hélène Chaîné.

Oct. 20, 5:30 p.m.: Dinner for the 25th branch anniversary, at Auberge des gouverneurs, 1100 Saint-Maurice Dr., Shawinigan. Cost: \$20 members/\$37 non-members. Evening facilitators: Ginette Provencher and Normand Picard. Reservations: Claude Rochette, 819-694-4287.

Nov. 8, 9 a.m.: Monthly breakfast at rest. Le Brunch, 4485, Gene-H. Kruger Blvd, Trois-Rivières.

QC93 HAUTE-YAMASKA

Oct. 20, 10 a.m.: Free informative session for senior travellers, at the Provigo, 80 St-Jude St. Free coffee and muffins served at 9:30 a.m. Reservation before Oct. 10, at 450-372-1114 or 1-877-370-1114, or ANRF.Haute-Yamaska@videotron.ca.

NEW BRUNSWICK**NB62 FREDERICTON AND DISTRICT**

Oct. 24, 5 p.m.: Fall dinner and general members meeting (only if necessary) at St. Francis of Assisi Parish Hall, 2130 Route 102 Hwy, Lincoln. More information in the branch report insert in this issue of Sage. Contact 506-451-2111 or fsna2.fred@nb.aibn.com with questions. We encourage you to invite a prospective member as a guest.

The topic for a fall information session has yet to be finalized. We are attempting to line up a speaker on internet security. Members are encouraged to visit the branch website and watch for email correspondence to

remain up to date on all branch happenings and events. Pre-registration will be required.

From time to time we will be posting contests and initiating surveys on the branch website, so please be a regular visitor.

NB64 SOUTH-EAST NEW BRUNSWICK

Sept. 29, 10 a.m.: General meeting at the Royal Canadian Legion Branch #6, War Veterans Ave., Moncton. Dr. Pamela Mansfield will speak on advanced care planning and we will call for nominations for the management committee. For tickets to the Nov. 24, Feb. 23 and April 27 meetings, call 506-855-8349 or 506-386-5836. (There will be no October meeting.)

Nov. 24, 10 a.m.: General meeting at the Royal Canadian Legion Branch #6. There will be a second call for nominations to the management committee. A roast beef lunch will be available.

NB65 FUNDY SHORES

Oct. 19, 5 p.m.: Fall dinner at St Mark's Church, 171 Pettingill Road, Quispamsis. Dinner \$20 per person. Cheques can be made out and sent to the National Association of Retirees, PO Box 935, Saint John, N.B. E2L 4E3, no later than Oct. 12. Dinner at 5 p.m., followed by a short branch update and a guest speaker. For information, contact Martha Peters at 506-648-9535, Lorraine Scott at 506-849-2430 or fsna65@gmail.com

NOVA SCOTIA

NS71 SOUTH SHORE

Oct. 26, 11:30 a.m.: General Meeting of Members at the Rodd Grand Yarmouth, 417 Main St., Yarmouth, N.S. Meet and greet 11:30, meeting at noon, followed by a light lunch. Homemade soup du jour with assorted sandwiches, finger dessert table, coffee and tea. Cost \$13 per person. Send cheques to: National Association of Federal Retirees, 450 LaHave St., Box 17, Suite 214, Bridgewater, N.S., B4V 4A3. Payment must be received by Oct 19. Contact Joanne Meisner, 902-530-2483.

NS73 NOVA SCOTIA CENTRAL

Oct. 25, 11:30 a.m. to 2 p.m.: Come celebrate Canada's 150 at the fall social and luncheon, Best Western Plus, 15 Spectacle Lake Drive (Burnside), Dartmouth. Tickets \$15, may be purchased at Suite 503, 73 Tacoma Drive, no later than Oct. 18. Office phone number: 902-463-1431. Email: offmanager@ns.aliantzinc.ca

Volunteers are needed to participate on the board of directors. We meet the afternoon of the third Tuesday of the month. Please contact the branch to find out more.

NS75 WESTERN NOVA SCOTIA

Oct. 18, 2017, 11:30 a.m.: Members' meeting and dinner at the Deep Brook-Waldeck Lions Hall, 948 Highway 1 in Deep Brook. Guest speaker Pat Miller of the Alzheimer Society of Nova Scotia. Dinner will be stuffed pork loin, cost \$10 for members and \$12 for guests. Please RSVP to Carolyn or Bill at nafr75@gmail.com or call 902-765-8590 no later than Oct. 4.

NS78 CUMBERLAND

Oct. 20, 12:30 p.m. for 1 p.m.: General meeting and meal at Wentworth Recreation Centre, Wentworth, N.S. Cost is \$10 per person payable at the door. To reserve your meal, contact Vera (902-667-3255), Gloria (902-667-1524) or Carol Ann (902-661-0596) by Oct. 6.

Nominations are hereby solicited for the Cumberland Branch Merit Award (CBMA), established to honour those members who have provided meritorious service to the branch, and who have contributed in a positive and meaningful way to the National Association of Federal Retirees and to their community. Contact CBMA committee chair Carol Ann Rose at 902-661-0596.

We are also seeking nominations for branch director. Each year the terms of two of our eight directors expire and need to be filled. Existing directors can be nominated, but many of us are getting older and your branch needs new and younger members on its board. Contact president Gerard Cormier at 902-254-2277 or any member of the board of directors.

We also need a volunteer editor for our branch report.

NS79 REX GUY-ORCHARD VALLEY

Oct. 25, 11:30 to 2:30 p.m.: Fall luncheon at the Coldbrook & District Lions Club, 1416 South Bishop Road, Coldbrook, N.S. Luncheon features a presentation on the importance of advance end-of-life planning. Please RSVP by 3 p.m. Oct. 20. Contact Alicia Aymar-Ayres with questions or to RSVP at 902 365-2453 or Alicia.AA@bellaliant.net.

We are always accepting new volunteers/nominations for our branch's executive board. Please contact Lochlan (Bud) Rafuse at 902-582-3207 or email at dalmoore1@eastlink.ca for more information. With six or fewer meetings per year, the time commitment is minimal. Some computer knowledge would be helpful.

NS80 NORTH NOVA

Oct. 19, 2 p.m.: General meeting at Royal Canadian Legion New Glasgow with Mark Kent of Purple Shield. Food will be provided. For more information contact M. Thompson, 1st vice-president, at 902-485-5119.

PRINCE EDWARD ISLAND

PE82 CHARLOTTETOWN

Oct. 18, 2 p.m.: Quarterly meeting at the Farm Centre, 420 University Avenue. Guest speaker TBD. Tickets for the banquet in November will be available.

Nov. 18, 6 p.m.: Annual banquet and gala at the Jack Blanchard Hall on Pond Street. Meet and greet starts 6 p.m., dinner served at 7 p.m. Entertainment this year will be Dennis King and one of his fellow entertainers from The Four Tellers. Tickets \$15 each.

PE83 SUMMERSIDE

Oct. 2 and Dec. 4, 2 p.m.: General meetings at Summerside Legion, 340 Notre Dame St., Summerside.

We have vacancies for vice-president and directors at-large. Call Cliff Poirier at 902-724-2302.

NEWFOUNDLAND AND LABRADOR

NL85 WESTERN NEWFOUNDLAND AND LABRADOR

Sept. 6, noon: Executive meeting at Pizza Delight, 24 Murphy Square, Corner Brook.

Sept. 20, 12:30 p.m.: General meeting at Harmon Seaside Links, Stephenville. Cost \$10 for members. RSVP Barbara Peters at 709-643-3116 or Gwen Gaudon at 709-648-2643 by Sept. 18.

Oct. 18, 12:30 p.m.: General meeting at Pizza Delight, Millbrook Mall, Corner Brook. Cost \$5 for members. RSVP Winston Childs at 709-388-1193 by Oct. 16.

Nov. 1, 12:30 p.m.: General meeting at Pizza Delight, 14 Commerce Street, Deer Lake. Cost \$5 for members. RSVP John or Ruby Wellon at 709-635-2729 by Oct. 30.

Nov. 30, 12:30 p.m.: Executive meeting at Pizza Delight, 24 Murphy Square, Corner Brook.

NL87 AVALON-BURIN

Sept. 29, 6:30 p.m.: Barbecue and dance at Elks Club, St. John's. Cost \$20 for members, \$25 for non-members. Tickets can be purchased at the general meeting at the Royal Canadian Legion, Blackmarsh Road, St. John's, on Sept. 20.

Oct. 11, 11 a.m.: General meeting at Anglican Church Hall, Bond St., Carbonear.

Lunch provided. Members are encouraged to bring a food bank donation.

Nov. 15, 2 p.m.: General Meeting at Royal Canadian Legion, Blackmarsh Road, St. John's. Guest speaker, tea and coffee provided. Members are encouraged to bring a food bank donation.

Nov. 24, 7 p.m.: Christmas dinner and dance at Royal Canadian Legion, Blackmarsh Road, St. John's. Cost is \$20 for members, \$25 for non-members. Tickets can be purchased at the Nov. 15 general meeting. Hot turkey supper and live music provided.

For information on all events, contact Kevin Stacey at 709-753-1557.

IN MEMORIAM

The Association and all of its 81 branches extend their most sincere sympathies to the families, friends and loved ones of members who have recently passed away.

BC02 Chilliwack

Margaret Behm
Elsie May Betts
Albert K. Brown
Julia Brown
Gerald Burtenshaw
Ron Clark
William Davies
Marvin Johnston
Lottie Klippenstein
Fred Landry
Maryann Nicholson
John Nowell
Grant Papineau
Brenda Anne Pickford
Margaret Rodger
Anne Stevenson
Ilse Zerber

Edward Jackson
Alan Jeffery
Annie Jenner
Douglas Johnson
Joan Larkin
Henry Loo
Maureen Parker
Rustum Patel
R. C. Peers
Alice Redford
Shirley Ross
Henry W. Schaumburg
Alan Smith
Helen Sorsdahl
Grant Tschanz
Victor Wauthier
Robert Williams

BC14 Sidney and District

Margaret Bartlett
Robert Nolan Baynes
Jean Cameron
Marvin Glover
James Hinde
Irma Kilner
Lewis Marshall
James McIlvenna
Diana Morgan
Walter Niemy
Patricia Read
James Lyall Riddell

BC09 Victoria-Fred Whitehouse

Florence B. Anderson
Bob Appleyard
George Baldwin
James Balfour
Guillaume Chaisson
Lloyd Clarkson
Robert Collins
Francis Cracknell
Eldeena Green
Thomas Hassett
Edmund Higgin
Frederick Hodgkins

J. Michael Shoemaker
Gordon Alpin Smith
Simon Wade

SK25 Saskatoon and District

Thelma Brockington
Arthur Brown Clifford
David Foreman
Judith Gajadharsingh
Lorna Helen Hamilton
Wilfred R. Kunaman
Ian McLeod McDermid
Edna Ruth Milne
Julia (Lili) Paul
Elsie Peddle
Ted Pischak
Wesley Gordon Taylor
Gary Wayne Tolton

MB30 Western Manitoba

D. J. Connors
Irene Sheridan

MB31 Winnipeg

Larry Anthony
June Bedwell
Herman Bjork
Camille Bouchard
Wayne R. Campbell
Ronald Chartrand
Josie Cleveland
W. Colbourne
Stan W. Davis
Robert Dunik
Stan Dychko
James Fargey
Robert Fidler
Doris Foss
James Gladu
D. A. Gosling

Carol Gow
Elaine Grayson
Margaret Hawthorne
Michajlina Hayden
James Hearne
C. Hines
Ora Hlady
Clifford Johanson
Marie-Paule Jubinville
C. E. Kirton
Aileen Kjar
John Lagrow
Andrew Lutz
Norman MacKay
Norm Mccarthy
Evelyn Mckay
Marjorie Meisner
Ross Mitchell
Margaret Morphy
Antoine Joseph
(Rene) Morrissette
Ian Murchison
Chris Nielsen
Patrick Rakowski
William Remnant
Joseph Sanderson
Della Schmidt
Jean M. Shropshire
Barbara Smith-Molloy
Jean Stein
Cecile Tario
Charlie Thompson
Eugene Tyacke
George A. Weber
Shirley L. Woodard

ON39 Kitchener-Waterloo & District

Harvey McLean
Graham Weber

ON43 Ottawa

John Hope
Reginald B. Brinston

ON47 Toronto

Norman W. Alton
Margaret Armstrong
Jeannie Brands
Elaine Brodhead
Raymond P. Brown
A. Fedurico
Michael W. Grace
David Graham
Lois E. Gural
Pauline Gushue
John Israel
Patricia Krieger
Henry Patterson

Don Clayton
Dennis Curtis
Josef Dieplinger
Sheila Fairfax
Annie Healey
William B. Hinch
Shirley Hudson
Robert Lees
Annie Meurling
Doreen Natalizio
Robina Neil
Eric S. Nelson
Sidney Osborne
Ronald (Brian) Oster
James Ruttan
Roger Strawbridge
Arthur (Lorne) Wells

Jack Piazza
Stanislaw Ratajewski

ON50 Near North

Adelle Williams

QC58 Montreal

Donald Miville Kearns

QC61 Mauricie

Jacques Hébert
Martine Bérubé

NB64 South-East New Brunswick

Lorraine Belliveau
Dan Billings

Clemence M. Bourque
Vaughan Carson
Jean-Paul Cormier
L. F. Dauphinee
William Edgett
Marguerite L. Gallant
Edward Gould
Jenny Hedgecoe
Bernice Holmes
John Howatt
Murielle Landry
Kathleen Leblanc
Douglas Long
Donald D. Lusby
Carolyn J. MacPherson
Pat McMurray
Imelda Melanson
W.J. Moran
James A. Nicol
Tom Pollock
Guy Sirois
Leroy I. Snowdon

PE82 Charlottetown

Thomas Moore Jr.
David Steeves
Robert Vigeant

PE83 Summerside

Freeman Fortune
Valerie Brown
Dorothy Holt

NL85 Western Newfoundland

Cyril Dubourdieu
Gerald Ingram
Ron Jewer
Yvonne Joy

NB65 Fundy Shores

Catherine Bianchi

NS71 South Shore

Mary Anne Wentzell

BRANCH DIRECTORY

If you're interested in volunteering or would like to know more about upcoming events, feel free to reach out to the folks at your branch office. They will be pleased to hear from you. You can also visit the branches section of federalretirees.ca. Not sure which branch you belong to? Call the Association's national office for assistance at 613-745-2559 (Ottawa), or toll free at 1-855-304-4700.

BRITISH COLUMBIA

BC01 CENTRAL FRASER VALLEY

P.O. Box 2202 Station A
Abbotsford, B.C. V2T 3X8
(778) 344-6499
nafrbc1@yahoo.com

BC02 CHILLIWACK

P.O. Box 463
Chilliwack, B.C. V2P 6J7
(604) 795-6011
nafrchwk@shaw.ca

BC03 DUNCAN AND DISTRICT

34-3110 Cook St.
Chemainus, B.C. V0R 1K2
(250) 324-3211
duncanfederalretirees@gmail.com

BC04 FRASER VALLEY WEST

P.O. Box 88646, RPO Newton
Surrey, B.C. V3W 0X1
(604) 574-2939
s.sawchuk@shaw.ca

BC05 NANAIMO AND AREA

P.O. Box 485
Lantzville, B.C. V0R 2H0
(250) 248-2027
ashdown@shaw.ca

BC06 NORTH ISLAND – JOHN FINN

P.O. Box 1420 STN A
Comox, B.C. V9M 7Z9
(855) 304-4700
info@nijf.ca

BC07 CENTRAL OKANAGAN

P.O. Box 20186, RPO Towne Centre
Kelowna, B.C. V1Y 9H2
(250) 712-6213
info@federalretirees-kelowna.com

BC08 VANCOUVER

4445 Norfolk St.
Burnaby, B.C. V5G 0A7
(604) 681-4742
fsnavan@shaw.ca

BC09 VICTORIA-FRED WHITEHOUSE

c/o Royal Canadian Legion Branch 292
411 Gorge Rd. E.
Victoria, B.C. V8T 2W1
(250) 385-3393
federalretireesvictoria@shaw.ca

BC10 SOUTH OKANAGAN

696 Main St.
Penticton, B.C. V2A 5C8
(250) 493-6799
fedretirees@telus.net

BC11 OKANAGAN NORTH

1514 40 St.
Vernon, B.C. V1T 8J6
(250) 542-2268
fsna11@telus.net

BC12 KAMLOOPS

P.O. Box 1397 STN Main
Kamloops, B.C. V2C 6L7
(250) 571-5007
kamloopsoffice@gmail.com

BC13 KOOTENAY

P.O. Box 74 STN Main
Cranbrook, B.C. V1C 4H6
(250) 919-9348
fsnabc13@gmail.com

BC14 SIDNEY AND DISTRICT

P.O. Box 2607 STN Main
Sidney, B.C. V8L 4C1
(250) 385-3393
federalretirees.sidneybc@gmail.com

BC15 PRINCE GEORGE

P.O. Box 2882
Prince George, B.C. V2N 4T7
(250) 640-3044
stephry@telus.net

ALBERTA

AB16 CALGARY AND DISTRICT

302-1133 7 Ave. S.W.
Calgary, Alta. T2P 1B2
(403) 265-0773
fsnacalg@telusplanet.net

AB17 EDMONTON

P.O. Box 81009, McLeod Park
15715 66 St. N.W.
Edmonton, Alta. T5Y 3A6
(780) 413-4687
fsnaedm@gmail.com

AB18 SOUTHERN ALBERTA

1904 13 Ave. N.
Lethbridge, Alta. T1H 4W9
(403) 328-0801
nafr18@shaw.ca

AB19 RED DEER

P.O. Box 25016 RPO Deer Park
Red Deer, Alta. T4R 2M2
(855) 304-4700
reddeerfederalretireesass@gmail.com

AB20 MEDICINE HAT AND DISTRICT

Strathcona Centre, 1150 5 St. S.E.
Medicine Hat, Alta. T1A 8C7
(403) 502-8713
fsna.ab20@gmail.com

AB21 BATTLE RIVER

17124 Township Road 514
RR2, Ryley, Alta. T0B 4A0
(780) 663-2045
cvhyde@mcsnet.ca

AB92 LAKELAND

5329 54th St.
Cold Lake, Alta. T9M 1W2
(855) 304-4700
louethel@telusplanet.net

SASKATCHEWAN

SK22 NORTHWEST SASKATCHEWAN

161 Riverbend Cr.
Battleford, Sask. S0M 0E0
(855) 304-4700
tbgs@sasktel.net

SK23 MOOSE JAW

c/o Barry Young, 93 Daisy Cres.
Moose Jaw, Sask. S6H 1C2
(855) 304-4700
nafrmj23@outlook.com

SK24 REGINA AND AREA

112-2001 Cornwall St.
Regina, Sask. S4P 3X9
(306) 359-3762
fsna@sasktel.net

SK25 SASKATOON AND AREA

P.O. Box 3063 STN Main
Saskatoon, Sask. S7K 3S9
(306) 373-7718
saskatoon@federalretirees.ca

SK26 PRINCE ALBERT AND DISTRICT

P.O. Box 333 STN Main
Prince Albert, Sask. S6V 5R7
(855) 304-4700
gents@sasktel.net

SK28 MELFORT AND DISTRICT

P.O. Box 1974
Tisdale, Sask. S0E 1T0
(855) 304-4700
jbilly@sasktel.net

SK29 SWIFT CURRENT

P.O. Box 277
Herbert, Sask. S0H 2A0
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SK29.Pres@outlook.com

MANITOBA

MB30 WESTERN MANITOBA

Brandon, Man.
(204) 727-6379
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MB31 WINNIPEG AND DISTRICT

526-3336 Portage Ave.
Winnipeg, Man. R3K 2H9
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nafrwpg@mymts.net

MB32 CENTRAL MANITOBA

163 Wilkinson Cres.
Portage La Prairie, Man. R1N 3R6
(204) 872-0505
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MB91 EASTERN MANITOBA

P.O. Box 219
Pinawa, Man. R0E 1L0
(855) 304-4700
baumgarp@mts.net

ONTARIO

MB48 LAKEHEAD

P.O. Box 29153 RPO McIntyre Centre
Thunder Bay, Ont. P7B 6P9
(807) 624-4274
nafrmb48@gmail.com

ON33 ALGONQUIN VALLEY

P.O. Box 1930
Deep River, Ont. K0J 1P0
(855) 304-4700
avb.fed.retirees@gmail.com

ON34 PEEL-HALTON AND AREA

1235 Trafalgar Rd. Box 84018
Oakville, Ont. L6H 5V7
(905) 599-6151
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ON35 HURONIA

314-80 Bradford St.
Barrie, Ont. L4N 6S7
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fsnahuronia@rogers.com

ON36 BLUEWATER

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fsna.bluewater@gmail.com

ON37 HAMILTON AND AREA

29-320 Hamilton Dr.
Hamilton, Ont. L9G 4W6
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mariette1148@gmail.com

ON38 KINGSTON AND DISTRICT

P.O. Box 1172
Kingston, Ont. K7L 4Y8
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kingston.fsna@gmail.com

ON39 KITCHENER-WATERLOO AND DISTRICT

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Kitchener, Ont. N2C 1L3
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ON40 LONDON

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ON41 NIAGARA PENINSULA

7070 St Michael Ave.
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stella-artois@cogeco.ca

ON42 OSHAWA AND DISTRICT

P.O. Box 58069, 500 Rossland Rd. W.
Oshawa, Ont. L1J 8L6
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ON43 OTTAWA AND INTERNATIONAL

2285 St. Laurent Blvd., Unit B-2
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(613) 737-2199
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ON44 PETERBOROUGH AND AREA

P.O. Box 2216 STN Main
Peterborough, Ont. K9J 7Y4
(705) 874-8460
l.humber@hotmail.com

ON45 QUINTE

132 Pinnacle St. (Legion), P.O Box 20074
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fsnaon45@gmail.com

ON46 QUINTRENT

77 Campbell St.
Trenton, Ont. K8V 3A2
(613) 394-4633
federalsupernet@bellnet.ca

ON47 TORONTO AND AREA

P.O. Box 65120 RPO Chester
Toronto, Ont. M4K 3Z2
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fsna@on.aibn.com

ON49 WINDSOR AND AREA

500 Tecumseh Rd. E., P.O. Box 28080
Windsor, Ont. N8X 5E4
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ON50 NEAR NORTH

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nearnorth50@gmail.com

ON52 ALGOMA

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ON53 OTTAWA VALLEY

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ON54 CORNWALL AND DISTRICT

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ON55 YORK

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Oak Ridge, Ont. L4E 1A3
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ON56 HURON NORTH

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QUEBEC**QC57 QUÉBEC**

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QC58 MONTRÉAL

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Montréal, Que. H2B 1S1
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QC59 CANTONS DE L'EST

210-2313 rue King O.
Sherbrooke, Que. J1J 2G2
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QC60 OUTAOUAIS

115-331 Boul. De La Cité-Des-Jeunes
Gatineau, Que. J8Y 6T3
(819) 776-4128
admin@anrf-outaouais.ca

QC61 MAURICIE

C.P. 1231, Shawinigan, Que. G9P 4E8
(819) 537-9295
anrf-mauricie.adhesion@outlook.fr

QC93 HAUTE-YAMASKA

C.P. 25 SUCC Bureau-Chef
Granby, Que. J2G 8E2
(450) 372-1114
anrf.haute-yamaska@videotron.ca

NEW BRUNSWICK**NB62 FREDERICTON AND DISTRICT**

P.O. Box 30068 RPO Prospect Plaza
Fredericton, N.B. E3B 0H8
(506) 451-2111
fsna2.fred@nb.aibn.com

NB63 MIRAMICHI

P.O. Box 614 STN Main
Miramichi, N.B. E1V 3T7
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smithrd@nb.sympatico.ca

NB64 SOUTH-EAST NB

P.O. Box 1768 STN Main
281 St. George St.
Moncton, N.B. E1C 9X6
(506) 855-8349
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NB65 FUNDY SHORES

P.O. Box 935 STN Main
Saint John, N.B. E2L 4E3
(506) 849-2430
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NB67 UPPER VALLEY

111 McBurney Rd.
Rockland, N.B. E7P 2R8
(855) 304-4700
dhatheway@xplornet.com

NB68 CHALEUR REGION

2182 Ch Val-Doucet Rd.
Val-Doucet, N.B. E8R 1Z6
(506) 764-3495
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NOVA SCOTIA**NS71 SOUTH SHORE**

450 La Have St., Unit 17, Suite 214
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