USRA Newsletter

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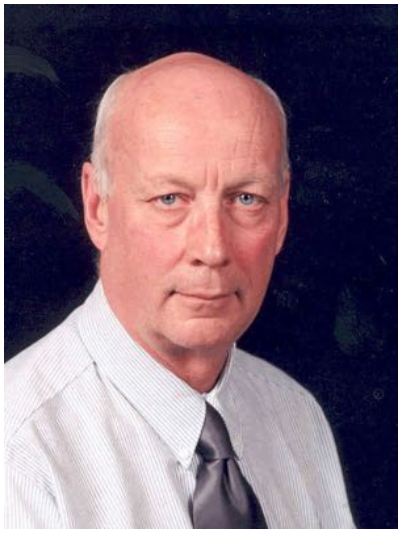
From Our President



On February 9th, 2018 I represented the USRA at a meeting of the Canadian Deprescribing Network (https://www.deprescribingnetwork.ca). This pan-Canadian group is dedicated to reducing harm from prescription drugs in our country. As you might guess, seniors are most at risk for drug induced adverse effects. Two out of three Canadians over age 65 take 5 or more medications and 1 of 4 take 10 or more!

This inaugural meeting focused on the "low hanging fruit": sedative/hypnotics and opioids. Sedatives, commonly called sleeping pills, are widely used by seniors. Specific drug classes include benzodiazepines (Valium, Ativan, Restoril and many others) and "Z-drugs" (zopiclone [Imovane] and zolpidem [Ambien]). In clinical trials, these agents cause sleep onset 22 minutes faster than placebo (20 minutes vs. 42 minutes) and increase total sleep time by 14 minutes compared to placebo, for 2-4 weeks. Even this modest benefit disappears after 4 weeks as "tolerance" develops. Pharmacologists define tolerance as loss of efficacy at a given dose. Hand in hand with tolerance go withdrawal effects, so when patients stop these agents suddenly, they experience greater insomnia and anxiety. This leads to chronic use of sedatives, often with higher doses than recommended. Adverse effects can then occur. For example, the risk of falls in the elderly who take sedatives regularly increases by 50%. No class of sedative/hypnotic agents is free from these problems. The "best" alternative for insomnia appears to be cognitive behavioral therapy, which focusses on sleep hygiene. Avoiding caffeine in the evening, using the bedroom only for sleep (and sex), adhering to a scheduled bedtime, and eschewing daytime naps, seems to work as well as sedatives. Of course, managing sleep disruptors such as pain, needing to urinate, sleep disordered breathing, and restless legs, is paramount. Chronic sedative users must be weaned off the drug slowly over several weeks.

All of us are aware of the "opioid crisis". The use of these morphine-like drugs has increased 9-fold since 2000. The vast majority are used for "non-cancer" chronic pain. There were 5840 hospitalizations for opioid adverse effects and 2800 deaths in 2016-2017. Seniors, using opioids as prescribed for chronic pain, are at higher risk of memory loss, falls, fractures and car accidents. There are many causes of chronic non-cancer pain (defined as pain lasting longer than 6 months); fibromyalgia, post-herpetic neuralgia, phantom limb pain, irritable bowel syndrome, to name a few. So it's no surprise that one treatment modality is not useful for all. Other drugs such as amitriptyline, gabapentin, clonidine, ketamine, NSAIDS, (e.g. Motrin, Advil) and even marijuana can augment or replace opioids. There is increasing interest in non-pharmacologic treatments such as transcutaneous electrical stimulation (TENS), acupuncture, behavioral therapy, and nerve

blocks. Evidence supporting these treatments is generally of low quality, but they definitely work for some.

For acute pain, such as that associated with a fracture or surgery, opioids are very effective. Studies have shown that "patient-controlled analgesia" in which the patient controls the administration of opioids is safer and more effective than "as necessary" administration by health care workers. A major disadvantage of "as necessary" opioid administration is initiation of a "pain-drug-relief cycle". This can lead to psychological and physical dependence, tolerance, increasing doses and adverse effects.

Many other classes of drugs are often used in seniors: drugs for high blood pressure, high cholesterol, diabetes, stomach ulcers and arthritis to name a few. Clinical trials of these agents rarely focus on seniors, so that their utility is uncertain. Even less research is available to guide physicians on whether to discontinue them. Nevertheless, it behooves each of us to ask our doctor: "Do I really need this medication?"

"How to Live to Be 100" by Tom Wilson

Reviewed by Merry Beazely

There was an overflow crowd to hear USRA President Tom Wilson's presentation "How to Live to Be 100." **As a result, Judy Henderson has arranged a second opportunity to hear his talk. The Franklin Retirement Community downtown (220 24th St. E., between 2nd and 3rd Avenues) warmly invites USRA members and their guests to his lecture, with refreshments and optional tour, on Tuesday, March 27, from 2 to 4 p.m. Please book by calling the Franklin at 306-664-6366 by Friday, March 23, as space is limited.**

At the January 24th lunch at Mano's, members learned about: how to appreciate levels of evidence in scientific studies; distinguish between *average* and *maximum* life span; quote the odds of a human being living to 100; quote the relative contributions of genetics and environment on longevity; and advise people on diet, vitamin supplementation, exercise and other choices to attain their "rightful" age.

Many studies on longevity are "observational" and the quality of such is considered moderate at best. Tom noted that the *average* age at death has increased over the years, particularly in the 20th century. The *maximum* age at death has not changed much, and there have always been some "elite folks" who live long lives. The odds of living to 100 are estimated worldwide to be 12.5 in 100,000 live births. In some parts of the world this is less, others more. And you can "beat your genes." The proportion of variance in living longer due to heredity has been found to be 21-26%, although can be as high as 50%.

Interestingly, while there are more people overall with dementia as our population grows, the incidence of dementia is decreasing: from 8.3% in 1989-1994 to 6.5% in 2009-2011. The reasons for this are felt to include better education and fewer risk factors.

Tom described how we are making progress in reducing death rates from the main causes of death: cancer, heart disease, stroke, lung disease and accidents. Although there are currently no "fountain of youth" pills or diets, there are both interesting and "far-out" ideas on the horizon regarding how to prolong life.

Tom summarized by saying that we can help people attain their "rightful" age by preventing cardiovascular disease and cancer, and that this is not resulting in more

people with disabilities. Diet, exercise and medication are all important, and taking a low-dose aspirin and multivitamin does more good than harm.

To view Tom's full presentation slides, please go to our website (http://usra.usask.ca).

Luncheon with Shawn Burt

Reviewed by Mary Dykes

On February 28, 2018, Shawn Burt took time from his schedule to talk with approximately 30 retirees about his role as the first chief athletic officer of Huskie Athletics (http://huskies.usask.ca/) at the University of Saskatchewan. Little did he know that when Merry booked his talk he would be busy facilitating four Huskie teams at national championships in just a few days' time. In his year of firsts, the success of the Huskie programs is off to a great start.

Shawn described for us his role as chief athletics officer. He came to campus with a mandate from the new Huskie Athletics Board of Trustees to elevate the program, building on fundraising and marketing, sponsorships and scholarships, and of course student-athlete success in the classroom and in competition. The new model of governance is a first in Canadian universities. Shawn brings to the University his proven track record in revenue development, fund-raising, marketing, brand building and community engagement from his position at the Princess Margaret Cancer Foundation in Toronto (Campus News Sept. 8, 2017 James Shewaga). He has drafted a new vision statement with bold, aspirational goals for both the athletes and the program. His draft RISE core values (resilience, intent, sacrifice, excellence) challenge athletes to excel equally in sports and academics.

Shawn, who pronounced 'Saskatchewan' like he was born here, described his early hectic days in his new job starting with the Huskie football homecoming game, the Support Our Troops game, and the Blackout game, the latter two being new themes for home games. He is looking forward to the opening of the Merlis Belsher arena with two rinks and seating for 2700 fans which will eventually expand to 3400. The projected opening is January 2019.

In the Q&A session Bryan Harvey asked about curling, which isn't currently a sport included in university athletics. We weren't sure whether Shawn was aware that two famous curlers, Vera Pezer and Pat Lawson, were in our audience! Bryan also asked why university games didn't get better main stream media coverage. (Huskie fans can watch games online through CanadaWest.TV). Other questions were about increasing student attendance at games and increasing aboriginal students' participation in the athletics programs. Shawn had already flagged all of these issues for future consideration. He was impressed to learn that two of our members, Dennis and Sharon Johnson, sponsor a bursary for a student in Pharmacy or Nutrition who is a member of either the men's or women's Huskie hockey team.

Shawn and his family are happily settled in Saskatoon. We wish him continued success in his challenging role. He might now consider retirees as a target audience when marketing products. Only one retiree was sporting a Huskie sweat shirt!

Saskatchewan's Indigenous People The President's Lecture Series, SSCL Fall 2017

Reviewed by Judith Rice Henderson

The Neatby-Timlin Theatre (241 Arts) was nearly filled every Wednesday afternoon September 13-November 1, 2017, for the President's Lecture Series on "Saskatchewan's Indigenous People," offered as one of eight non-credit, fall-term courses by the College of Arts and Science through Saskatoon Seniors Continued Learning Inc. Arthur Battiste, SSCL Program Manager, moderated and University President Peter Stoicheff opened the series of seven lectures. A planned eighth lecture on "Water - Our First Relative, Our First Responsibility" was belatedly cancelled after Dr. Priscilla Settee accepted a conflicting speaking engagement in Ottawa.

In his Keynote Lecture, President Stoicheff asserted that the University of Saskatchewan's "reconciliation with Indigenous peoples" is not new. He highlighted the University's associations with eminent leaders in legal rights (John G. Diefenbaker, Emmett Hall), treaty negotiators (Thomas Molloy, Ted Hughes); its Indigenous students (since 1915), USSU Presidents, and teachers; its research on Indigenous pre-history (e.g. at Wanuskewin), language, and history; its venerable Native Law Centre, Teacher Education Programs, and Native (now Indigenous) Studies; and the recent opening of the Gordon Oakes Red Bear Student Centre. Based on a 20% increase in numbers between 2006 and 2017, Aboriginal residents are projected to reach 50% of Saskatchewan's population by 2050. So President Stoicheff was surprised by the negative feedback he received for asserting as he took office that the University must not only "Inquire, Inform, Innovate" but also "Indigenize." He emphasized the importance of welcoming Indigenous students, staff, faculty, and communities to the University. The University must also push for more equitable federal funding for education to bands and reserves and support academic preparedness programs for Indigenous students. The mandatory Indigenous course for the University's whole population of 26,000 students that President Stoicheff first set as a goal has proved unworkable, but he is urging Indigenous content in all degree-granting programs, has made "Indigenous Peoples" one of the University's six Signature Research Areas, and has appointed a new Vice-Provost of Indigenous Engagement. Alumna Jacqueline Ottmann, who is Anishinaabe (Saulteaux) and a member of Saskatchewan's Fishing Lake First Nation, assumed that office on October 1, 2017. This March, the University has announced another step that will further "Indigenize" its program: purchasing for $8,125,000 the former Forest Centre complex in Prince Albert in order to renovate and open it in 2020 as a new campus (Saskatoon StarPhoenix, March 9, A2, and March 12, A1, A6). Of the 324 students now taking its Arts and Science courses in scattered Prince Albert facilities, 47% are Indigenous, many from northern communities.

The second lecturer in the President's Series, Thomas Molloy, OC, SOM, QC, U of S alumnus, Honorary Doctor of Laws, and former Chancellor (2001-07), was designated in January 2018 as the next Lieutenant

Governor of Saskatchewan (see [*]). In his description of Canada's "Modern Treaties and Treaty-Making" with Indigenous peoples, he first surveyed the Canadian history of treaty-making, from early trade negotiations between natives and newcomers through the numbered treaties in the prairie provinces that "stopped at the British Columbia border." Then he focused on his own experiences as Chief Negotiator for the Canadian Government since the 1970s. He especially discussed the process of settling land claims of the Nisga'a in British Columbia, touching also on his experiences negotiating with the Inuit in Northern Quebec and helping to create in 1999 the Territory of Nunavut. His descriptions of the complex and ever-shifting processes of negotiating legal agreements--among different peoples, levels (federal, provincial, local) and overlapping ministries of government, and through multiple working groups and committees influenced by changing political conditions and consultations with industries, property owners, utilities—were breathtaking. They convincingly explained and justified the slow pace (what the public considered "unconscionable foot dragging") of establishing these ultimately successful modern treaties.

The third lecturer, Dr. Jim Miller, former Canada Research Chair in Native-Newcomer Relations and now Professor Emeritus of History, summarized the phases of treaty-making between Canada's native peoples and the newcomers with whom they initially developed economic relationships. Early 17th-century Europeans seeking trade adapted to the Indigenous understanding of treaties as establishing kinship through ceremony. Through alliances with native tribes, by the 1760s the British colonists were defeating the French and by the 1780s were fending off encroachment by the new American Republic. A third phase, of territorial treaty making (from 1763 to the 1920s), defined institutions of government and justice in lands acquired from the French. The British took several steps to recognize Indigenous hunting and fishing and, later, mineral rights and title to lands, to establish annual payments in return for settlement, and to create reserves in order to avoid the expensive Indian wars occurring in the United States and to make way for nation building. By the 1840s-50s, though, the British colonies were aiming to assimilate the natives by forcing settlement, schools, and Christianity on them. The negotiators of the Western Treaties 1-7 (1871-77) following Confederation, almost all from Ontario, pursued this assimilation policy. First Nations, by contrast, saw the same treaties as covenants, marked by religious ceremonies such as pipe-smoking and Christian services, that created relationship with the newcomers via the Queen, their Great White Mother. In 1876, before Treaty 6 in Saskatchewan was signed, Parliament passed the Indian Act defining First Nations as wards and the Crown as trustee. After 1877, no further treaties were negotiated for twenty years in spite of petitions from Indigenous peoples. Treaties 8-10 were negotiated 1898-1921 in northern Canada, when once again the federal government needed something they had: for the trek to the Yukon, building railroads, claim settlements with the Metis, and oil. Fifty years passed before modern treaty making began. The Office of Native Claims was established in 1974.

The fourth lecturer, Dr. Kathryn Labelle, Associate Professor of Aboriginal History and adopted member of the Wyandot Nation of Kansas, gave primarily Saskatchewan

[*] https://pm.gc.ca/eng/news/2018/01/22/tom-molloy

examples to describe how Indigenous oral history, e.g. of the Dene, often corresponds to scientific data, and how historians use it along with archaeology and ethno-history from the records of European explorers and missionaries to describe "Ancient North America," her topic. She distinguished sedentary societies, such as Cahokia and other cultures of the Mississippi River valley, from nomadic societies such as those found in Western Canada. Yet even nomadic societies designated territories and wandered systematically, as illustrated by the 8,000-year occupation of what we now call "Wanuskewin," an ancient rendezvous where nineteen pre-contact sites are found, including a bison jump, tipi rings, and medicine wheel. The Saskatchewan River Valley has six Cree sites that served as spring meeting grounds for trade; kinship, marriage and naming ceremonies; and diplomacy; to forge and reaffirm alliances. Ceremonies were spiritual practices, as Wanuskewin's medicine wheel shows. North American Indigenous cultures were matricentric (women played important governance roles), and circular in their conceptions of relations with family and nature.

The fifth lecturer, Dr. Keith Carlson, Professor of History and Research Chair in Aboriginal and Community-engaged History, described "Settler-Indigenous Relations," based on his extensive research with the Salish people of British Columbia and Washington State. He surveyed stereotypes, questions, and assumptions he has heard about Indigenous peoples in Saskatchewan and elsewhere: Why do so many of them live below the poverty line? Why can't we just move on? Why so many divisions and tensions with First Nations? Didn't they lose the war? Why do they have special rights? Why not one law for all Canadians? Why law based on race? Why conflict between First Nations and fisherman on the Atlantic, Northern, and West Coasts? Why send tax dollars to First Nations governments when they're corrupt? He corrected these "common and hurtful misconceptions": The rights of Indigenous peoples are based on their prior occupancy of territory, not on their race. These rights are not frozen in time, according to the Supreme Court: e.g. they can hunt with rifles, fish with power boats. They don't pay sales tax on their reserves, but they do pay income taxes when they work. Treaties do not apply just to natives; we are all treaty people. Professor Carlson questioned stereotypes of Indigenous people as lazy or uncivilized and blamed Hollywood for the assumption that they "lost the war." What war? The Metis resisted the Canadian Government at the Battle of Batoche, but First Nations never fought a war against Britain in Canada. As for the assumption that Indigenous cultures are all the same, they are as different from each other as are the cultures of Europe. And the claim that Indigenous students get free University education exaggerates the limited federal funding transferred to First Nations for education and ignores financial costs of late payments due to government bureaucracy. Professor Carlson denies the "powerful and lingering assumptions that shape the way Canadian society relates to Indigenous people": the God-given right of Europeans to North America ("Manifest Destiny," "Dominion"); the "Vanishing American" (the Indigenous population declined up to 1931 but is now fast growing); natives lack resistance to disease and alcohol; they cannot adapt to modernity. Such stereotypes "rob people of their dignity, individuality, and humanity." He distinguished the international "conquest colonialism" of Europeans, which exploited Indigenous labor but ended after World War

II, from the "settler colonialism" still affecting North America. The latter produced residential schools, the "60s Scoop," and the problem of "Missing and Murdered Indigenous Women and Girls." In place of these misconceptions, he described the vital culture of the Coast Salish or Stó:lō people, one of fourteen language groups on the Northwest Coast, who lived in Long Houses in stratified communities of up to 1500 people. Their once prosperous society, based on salmon fishing, was decimated in turn by European diseases, the fur trade, the gold rush on the Fraser River, move to reserves, residential schools, restrictions in the 1880s on fishing and on their potlatch ceremonies that defined property rights. But Professor Carlson also concluded with signs of hope for future generations.

The sixth lecturer, Dr. Paul Hackett, Assistant Professor of Medical Geography and Aboriginal Health, presented "History of Health Care in Canada: A Tragedy in Three Acts." The "Acts" are "Pestilence and Famine, Receding Pandemics, and Degenerative Man-made Disease." Mortality has declined in the general population through improved nutrition, sanitation, and modern medical technology, but the history of the Indigenous population differs. They were relatively healthy prior to their first contact with Europeans (the Spanish). Tuberculosis and syphilis may have been present but were not as prevalent as in Europe. Scientists theorize that these pre-contact peoples may have arrived across a temporary land bridge over the Bering Strait, were isolated, and with the exception of dogs that are now extinct, did not domesticate animals, so they lacked the Old World "crowd diseases": smallpox (from cows), measles (from dogs), chickenpox, flu, mumps, German measles, whooping cough, yellow fever, malaria, and cholera. Their pre-contact diseases (the flux, consumption or pulmonary tuberculosis, and pain in the breast), were not epidemic. Europe's crowd diseases affect children in larger urban centers, with population density, and provoke lasting immunity. A 1779-83 smallpox epidemic spread along western river systems, such as the Red River Valley, changing trade and military balances and forcing some bands to join together, as they affected populations differentially. The Red River Settlement moved in after the Cree and Assiniboine left the area. First Nations experienced tuberculosis, a disease of settled farming communities, in Manitoba from 1880 to 1950. Northern reserves suffered less than the southern ones that were affected by stress and food scarcity in the period of declining bison herds. Stress factors also made children in residential schools especially vulnerable. Although the risk that TB posed to newcomer settlements led to improved access to medicine, TB remains a problem among western First Nations and improvement has now levelled off. Type 2 diabetes emerged in the white population in the Great Depression and in the 1970s-80s among the Indigenous population with the loss of hunting skills and adoption of Western foods in the post-World War II period, creating a modern epidemic. Their change to a modern lifestyle has been negative for their health, not positive.

Finally, Dr. Kristina Bidwell, Associate Dean of Aboriginal Affairs in the College of Arts and Science, surveyed the complexities of "Defining the Metis in Canada." The term "Metis" (mixed European and Indigenous) is used variously as 1) a racial category, 2) a product of legislation (the Indian Act of 1876 regulates Indigenous identity and has been sexist in its frequent exclusion of women), 3) the identification of a single community, such as the Red River Metis, who speak Michif and

identify with their ancestors who challenged colonial authority under Louis Riel, and 4) an identification claimed by many communities. Dr. Bidwell's Newfoundland Mi'kmaq and Labrador Inuit heritage is not recognized as Metis because Newfoundland was not part of Canada at the time of the Indian Act, and the Inuit of Labrador have not been considered Indian. "Metis" is often restricted to those of French or Francophone heritage; those of British or Anglophone heritage have been called "Half-Breed." The U.S. equivalent, "mixed bloods," does not refer to a distinct community. In South America the "mestizo" are not a minority but the majority population. Dr. Bidwell concluded a rich and complex survey of difficulties of definition by appealing for inclusiveness in defining "Metis." In reply to a question, she agreed that it could also describe those of mixed Indigenous and Asian or African ethnicity.

Most of the lectures allowed ample time for such audience feedback, enriching a series that focused on Saskatchewan in the context of North American Indigenous peoples. Although the final speaker's surprising failure to show disappointed the class, this course suggests that SSCL offerings with multiple instructors may be especially good value for time and money.

SSCL Non-Credit Courses for Seniors

In the spring term (March 12 – May 18), a few seats will be empty in some of the non-degree courses offered for seniors (age 55+) by Arts and Science through Saskatoon Seniors Continued Learning Inc. (SSCL), but registration closed February 23. Those interested in taking one or more of SSCL's popular courses, which have no prerequisites, textbooks, essays or exams, can expect announcement and registration of the fall 2018 term this coming August. In 2017, the fall registration period was August 29 to September 15, so visit later this summer the online site at http://artsandscience.usask.ca, or call or write to SSCL, 306.343.6773 or P. O. Box 8695, Saskatoon, SK, S7K 6S5. Courses have been meeting 2 hours a week for 8 weeks. The registration fee has been $55 per course plus the SSCL annual membership fee of $5. In the past some courses have been taught by one instructor, others by a series of lecturers. For a taste of a multi-lecturer course, see the preceding review of the University President's Lecture Series in the fall of 2017 on the timely and important topic of "Saskatchewan's Indigenous People."

Control brains needed for research at Saskatchewan Movement Disorders Program

By Dr. Ali Rajput

Parkinson's disease (PD) is the second most common degenerative disease of the brain in the adults. It was first described by James Parkinson in 1817. Subsequent studies identified that the primary site of degeneration was the substantia nigra (SN) (black substance) located in the midbrain region. Each side, right and left, has approximately 300,000 neurons (cells) in the SN. The main function of these cells is to produce a chemical substance called dopamine from another compound called DOPA.

In 1960, a group led by Professor O. Hornykiewicz of Vienna, Austria studied brains from PD patients and individuals who did not have PD (controls). They observed marked loss of dopamine in the brains of PD. One year later, they reported that intravenous levodopa improved Parkinson symptoms, but it was in 1967 that Dr. G.

Cotzias from New York reported that a large dose of levodopa given by mouth also did the same. That created major excitement – even a movie "Awakening" was made. Patients/families wanted access to this miracle drug ASAP, but that was not easy in Saskatchewan.

I joined University of Saskatchewan in July 1967. In 1968 I decided on holding special clinics for PD and on treating my patients with levodopa as was done in some other Canadian cities. But I needed Health Canada approval. I was informed that I could not use the drug unless I was also pursuing research. I organized special clinics and research on the same day and have continued that to date.

Research is internationally competitive. I was alone with no money and no other support system. I could not compete head-on with larger and wealthier institutions. I could not compete in topics that could be studied quickly or needed large sums of money or large numbers of subjects. The research topics available to me were difficult and required a long time. With new treatment available there was much interest in PD with new questions including: what does levodopa do to the brain? is it safe in the longer term? what was the cause of PD? what causes the disease to progress? etc. Therefore I chose to study these patients over a long-term, some followed more than 50 times and more than 40 years. Some families and patients agreed to donate their brain to find the answers to those questions. Since 1968 we have autopsied more than 500 patients that we saw in our clinic. For autopsy, I have been on 24/7 unpaid call since then. My junior colleague, Dr. Alex Rajput, is following the same practice. This is widely regarded as the best program of this kind in the world.

We have collaborated with 39 outside, including 20 Canadian researchers and answered many weighty questions, which no other center could.

Need for control brains

Every time we study a brain histologically, biochemically or genetics, we need non-PD control brains – same as Hornykiewicz did in 1960.

Procedure for controls: The controls will be volunteers who are known not to have PD, tremor, or Alzheimer's disease. Ideally either Dr. Alex Rajput or I should evaluate each subject to verify the absence of those conditions and discuss the procedure for an informed decision. There may be other research studies such as special PET scan which some individuals may wish to participate in. Each person agreeing to donate brain for autopsy will be provided instructions on how to proceed. The family/next-of-kin/caregiver must be made aware of this decision. There is no expense to family/estate and the body is fit for an open basket view. The autopsy has to be done within 24 hours of death.

Our office can be contacted at: Fax: (306) 844-1524; Telephone: Linda at (306) 844-1412 or Sheridan at (306) 844-1435; Email: linda.beatty@saskhealthauthority.ca or ali.rajput@usask.ca. We will soon have a website.

Remembrance Day

Several members of the USRA Board were among the over 100 people who attended the ceremony held in the early afternoon of November 11 at the Memorial Gates. We placed a wreath on behalf of all USRA members.

President's Holiday Reception

A number of USRA members attended this November 27 event held at the President's Residence. You may know that the President is not living in the building currently because it is undergoing some renovations to the interior, but it's a wonderful place for a reception.

From left to right: Asit Sarkar, Ken Smith, Mary Dykes, Dean Jones, Bryan Harvey, Peter Stoicheff (University President), Jackie Huck, Merry Beazely

Coffee Break Anyone? Please Let Us Know!

For many years USNARA held monthly coffee breaks on the first Monday of the month at 10:30 at Smitty's in Market Mall. This was an opportunity for members to meet socially and talk about their travels, their gardens, their classes with SSCL, their grandchildren, and, of course, the weather.

Would the united USRA membership like to hold monthly coffee breaks?

We could continue to meet on the first Monday of the month at 10:30 at Smitty's in Market Mall. Please contact Mary Dykes by phone at 306 260-8216 or email marydykes@icloud.com by April 15th, 2018 if you would like to attend a coffee break on Monday, May 7th and in subsequent months.

If we hear from at least five members, it's a go and we will confirm with those who replied.

Mary Dykes and Merry Beazely

Dates to Keep in Mind

You may register for any of these events up to six days before the event by sending a message to **ss.usra@usask.ca** or leaving a message at 306-966-6618. Additional information may be available at the USRA website (http://usra.usask.ca).

- **Wednesday, April 18, 2018**
  12:00-1:30 at Smiley's Buffet on Circle Drive
  Dr. Tony Vannelli, Provost and Vice-President Academic
  Meet Our New Provost and VP Academic

- **Monday, May 14, 2018**
  12:00-1:30 at TBA (check our website or voice mail message for location)
  Drs. Lea and Dan Pennock
  Celebrating Retirement with a Very Long Walk in Spain: the Camino de Santiago

- **Monday, June 11, 2018**
  5:00-7:30 at Louis' Deck / Loft
  Year-end BBQ

- **Later September, 2018**
  AGM and Awards Banquet

We hope to see you at some of these events.

CURAC Benefits

THE USRA is a member of CURAC, the College and University Retiree Associations of Canada. CURAC has negotiated a number of benefits that are available to all members of member organizations. These include travel opportunities, home & auto insurance, travel insurance, extended health care insurance CARP membership and others. They are explained on the CURAC Member Benefits page (go to http://www.curac.ca and choose Membership Benefits).

At least one of our members has joined the RTO/ERO Extended Health Care Insurance plan and is satisfied with her choice. As she says "It is a good plan, not inexpensive, but it provides many more benefits than we were able to get. And you can get in with no medical." (This may be true only to March 31, 2018.)

Members No Longer With Us

The USRA has learned of the deaths of the following members. We extend our sympathy to their families. Surviving spouses of deceased Life Members remain members of the Association.

- Arthur **Buick**, d. December 25, 2017, age 89. Survived by his wife Thelma.
- Hans Siegfried **Dommasch**, August 25, 1926 – November 20, 2017.
- Mary Grace **Matiko**, June 30, 1925 – January 29, 2018.
- Sister Irene Anna **Poelzer**, April 21, 1926 – January 12, 2018.
- Marie (Klaassen) **Spencer**, May 14, 1922 - September 20, 2017, predeceased by her husband William Allan Spencer.

The death of a former USNARA member, eligible to become a USRA Life Member, was not previously reported in the USNARA newsletter: Audrey **Lovegrove**, February 7, 1942 - September 14, 2017, is survived by her husband Doug.

For notices *in memoriam* of other former employees and students of the University of Saskatchewan, please see the website maintained by the University Secretary on those honoured when the flag on the Thorvaldson Building is flown at half-mast (see the Office of the University Secretary at https://www.usask.ca/secretariat/index.php)

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