



September 2023

AFTERWORDS

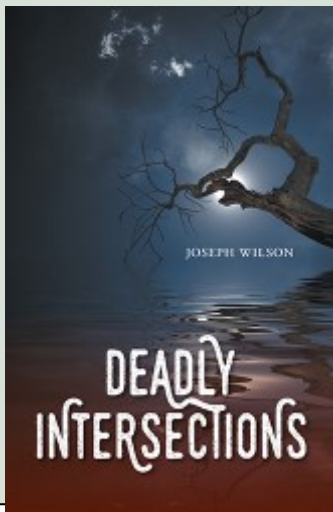
Newsletter of Active Retired
Members
Chapter 11



In this issue,

- Our presence is requested at several meetings and marches—who said retirement would be dull?
- The Ontario Health Coalition is planning another action on the day the Ontario Legislature returns. Find out how you can board a bus in your area to be there!
- There's another Canadian march planned—and the one in this area will be on September 20th in front of the TVDSB office. Your editor - Old Lady Wheezedown—thought you should know about this group.
- How about those “tough conversations”? Your editor watched the CMA/Globe & Mail webinar– and then found her reactions put into more effective words by Natalie Mehra.
- Curious about COVID? Two Canadian researchers inform us about the need for vigilance– and our favourite US epidemiologist shares information about vaccines available in the fall. Check this out with information available from the place you get your shots.
- Our friends at OTIP offer a refresher about the many benefits they provide for teachers and education retirees. The article is worth reading– and passing on to friends who may be contemplating retirement soon.

AfterWords is the official publication of the Active Retired Members of OSSTF, Chapter 11 Thames Valley (ARM C11). Opinions expressed are those of the author and do not necessarily reflect the policies of ARM C11 or OSSTF.



Meet the Author, Joe Wilson!

Join ARM 11 at The Singing Chef,
1426 Fanshawe Park Road W.

Tuesday, October 3rd, 9:30 am. Breakfast subsidized
by \$15 by ARM.

Meet the author, hear him in interview, ask him
some questions ...

Books will be available for sale and signing.

Maximum 12 spaces. Reply early to

armpresident@osstf11.com

And ... the Ontario Health Coalition is planning to show the folks at Queen's Park how the majority of its citizens feel about privatizing health care.



Our Chapter 11 president, Bryan Smith, has already sent out emails with links for registering your participation.

We demand that the Ford government stop the privatization of our public hospitals, stop creating a crisis in our public hospitals by underfunding them and trying to roll back wages of nurses, health professionals and support staff, expand use of existing ORs in our public hospitals and expand capacity in our public hospitals.

Additional information and updated research on our public health care is always available on the Ontario Health Coalition website:
<https://www.ontariohealthcoalition.ca/>

ARM Chapter 11

Executive 2023-24

President: Bryan Smith

Past President: Mary Lou Cunningham

Vice President and Newsletter Editor: Daina Janitis

Facebook Administrator: Wendy Anes Hirschegger

Member-at-Large: Joe Wilson

PAC Representative: Patti Dalton

Details of Transportation from the Chapter 11 Area

BRANTFORD

General community members - Pick up at Brantford District Labour Centre, 1100 Clarence St S. Bus departs at 9:00 am. Contact Brit at 289-690-6758 or brittainy.hancock@gmail.com for a seat on the bus

CUPE Ontario members - Pick up at Home Depot, 25 Holiday Dr. Bus departs at 8:45 am. Contact <https://cupe.on.ca/ontario-health-coalition-rally/> for a seat on the bus or guelphtdistricthealthcoalition@gmail.com for a seat on the bus.

INGERSOLL

General community members- A bus will be stopping in Ingersoll from London. Location and Time are TBA. Contact Bryan at 226-228-8309 or bryasmit@oxford.net for a seat on the bus.

CUPE Ontario members - Pick up at Ingersoll Carpool Lot, Plank Line. Bus departs at 7:40 am. Contact <https://cupe.on.ca/ontario-health-coalition-rally/> for a seat on the bus.

LONDON

General community members- There will be two buses departing from London arena parking lot (Wellington Rd & 401). Bus departs at 7:45 am. Contact Peter at 519-860-4403 or pbergmanis@rogers.com for a seat on the bus.

CUPE Ontario members - Pick up at White Oaks Mall, 1105 Wellington Rd. Bus departs at 7:00am. Contact <https://cupe.on.ca/ontario-health-coalition-rally/> for a seat on the bus.

OPSEU members - OPSEU London Regional Office, 1092 Dearness Ave. Bus departs at 8:15 am. Go to <https://opseu.org/information/bus-sign-up-for-sept-25-health-care-rally-inoronto/198903/> for a seat on the bus.

Unifor members - Pick up details for buses from locals 27 and 302 to be confirmed but there are buses! Go to <https://form.jotform.com/UniforCanada/masshealthcareprotests> for a seat on the bus.

PORT DOVER

General community members- Pick up at Powell Park, 250 Main Street. Bus departs at 8 am. Contact Gail at 519-428-6083 or ghealtdtaylor@outlook.com for a seat on the bus.

ST THOMAS

General community members- Pick up at the Doug Tarry Complex at 275 Bill Martyn Pkwy. Bus departs at 8 am. Contact Peter at 519-860-4403 or pbergmanis@rogers.com for a seat on the bus.

WOODSTOCK

CUPE Ontario members - Pick up at Woodstock Walmart, 499 Norwich Ave. Bus departs at 8:05 am. Contact <https://cupe.on.ca/ontario-health-coalition-rally/> for a seat on the bus.

OPSEU members - Woodstock Walmart 499 Norwich Ave. Bus departs at 9:05 am. Go to <https://opseu.org/information/bus-sign-up-for-sept-25-health-care-rally-inoronto/198903/> for a seat on the bus.

And there is another group— as well as a march—that retired educators should know about.

In August, several members attending church in the eastern part of chapter 11's membership found a flyer on their car windshield for this group—CPAL . Google their website for some interesting articles ...



The flyer was an invitation to a meeting at a particular church—and future communication to Old Lady Wheezedown has contained invitations of other kinds:

London Update: 1 Million March 4 Children

"The location for the 1 Million March 4 Children (Million Person March) in London, Ontario will be outside the Thames Valley District School Board office.

CPAL invites the community to support this event on September 20th! Let's protect children from ideological indoctrination in schools by coming together for this protest".

And in case your editor did not have proper attire for this march ...

"For a limited time, CPAL is selling "**Protect Parental Rights**" t-shirts for **\$25**. Orders are due by this **Thursday, August 31st**. They will be ready in time for the September 20th Million Person March. CPAL receives no funding from any groups. Proceeds from t-shirt sales will be used for costs associated with printing flyers, signs, business cards, event expenses, website/domain costs, etc. No funding will go towards the payment of any CPAL executive member. We are all volunteers. We are not a registered charity therefore we cannot issue tax receipts."



And a virtual meeting caught my interest on Friday— all day Friday, it seemed. It was part of a series of “events” created by the august Globe and Mail—and the CMA—our own Canadian Medical Association. What an opportunity to learn more about our medical system and its possible improvements from THESE experts!



The two-part webinar had a live audience, a polling bar on the right of the screen, and moderators from the newspaper who report on health matters—Carly Weekes and Andre Picard.

Good format—a person-to-person interview followed by a four-person panel, with time left for audience questions or comments.

A few key words and metaphors kept popping up in every part of the split sessions:

“tough conversations”

“access”

“equity” (no longer the “poor “or “marginalized” but the “equity -deserving”)

“innovation”

As I listened and took notes furiously, a few new questions—and facts—arrested my attention:

- Two of the morning panel participants were doctors who owned private clinics already—“KinderCare” and “Maple”
- The “KinderCare” owner said that *less than 50% of Canada’s doctors work FULL TIME*. In his ER days, he could handle only 16 to 17 shifts a month before burnout
- Nurse Practitioners have been in our system since the 1970s with focus on preventative and primary care, but are still not being used to their full capabilities. Retired doctors cited their expertise in dealing with families at Sick Kids Hospital as part of medical teams there.
- That paperwork is still the time-consumer in doctors’ work
- That “access” is a problem for foreign-trained doctors and other personnel. The tests to requalify in Canada are expensive!
- Could respected hospital around the world be given the right to international accreditation so that immigrating personnel could work in Canada right away?
- From the virtual audience, one doctor created a simile between P-P medicine and the blueberry farm: when private equity groups take over ownership, the working picker is left with only the scattered berries on the ground after the equity partner sweeps away the profit.

But throughout the event, I was frustrated by the “conversations” that were so “tough” - and slated to continue through the Globe and Mail leadership for months to come. Why were these glib “experts” shying away from improvements to the *present* system?

My answer came from Natalie Mehra as soon as I hung up the earphones—in an open letter to current CMA president Dr. Kathleen Ross, the “star” of the afternoon panel.

15 Gervais Drive, Suite 201, Toronto, Ontario M3C 1Y8 Tel: 416-441-2502 Email: ohc@sympatico.ca
 Web: www.ontariohealthcoalition.ca
 OPEN LETTER

Dr. Kathleen Ross
 Canadian Medical Association
 1410 Blair Towers Place, Suite 500
 Ottawa, ON K1J 9B9
 By email: mediainquiries@cma.ca
 September 8, 2023
 Re. Canadian Medical Association/Globe and Mail Hearings on Health Care Privatization

Dear Dr. Ross,

We are writing with deep concern about the activities of the Canadian Medical Association in partnership with the Globe and Mail. We have seen your promotion of your “consultation” on privatization in health care. On the front of your website, you have framed the issues as “Health care in Canada is in crisis. Should the private sector help fill the gaps?” and, “...the balance of public and private care”. In other communications you have cast the issue as having a “fearless” or “open” conversation about privatization.

This framing is deplorable. It is factually incorrect on many levels. For one, private for-profit interests and their champions have repeatedly and very openly pushed for more privatization. They have no fear about it. To pretend Canada hasn’t repeatedly had an open debate about public or private health care is nonsense. The fact is that the majority of Canadians strongly, vociferously oppose privatization. We oppose privatization because it threatens our very livelihoods and even our lives. We oppose because it violates the fundamental values of our society. We oppose because it harms our neighbours, often irreversibly.

Perhaps even more deplorable is your choice to have a panel (in what is supposedly a public consultation) that includes private for-profit health care companies, including Maple, which is overtly charging patients for access to doctors. It is our position that such charges are a violation of the Canada Health Act and the core tenets of public Medicare in this country. While you pay lip service to Canadians accessing care without user fees, you promote this voice as a panelist in a high-profile national campaign? How could you?

We further note that your panel is all providers, many of them, apparently with vested interests. No one represents the patient voice nor the public interest voice in public health care.

We are in a health care crisis. The issue right now is not some arcane debate with dubious intentions about adjusting the balance between private and public health care. This urgent issue at hand is how do we improve the public health system in the public interest. It’s how do we improve prevention and protect public health. It’s how we retain or recruit back retired staff and train more as quickly as possible to improve access under our deeply held principles of equity and compassion that are supposed to anchor our public health system.

Finally, we take issue with the claims that you represent as “facts” in this campaign on your website and in communications. It is patently untrue that “the evidence is not in” on the impact of for-profit privatization on user fees and extra billing of patients. We have called every private clinic in Canada, asking as patients how much it would cost to get a diagnostic test or surgery in their clinics. We have done this multiple times over more than a decade and have openly published the results, including transcripts of our conversations with the clinics. We caught the majority of the private clinics extra billing patients. Lest you try to dismiss this, the most recent time we did this in partnership with the Globe and Mail, which resulted in a multi-part front-page series exposing the clinics for extra-billing and even for double-billing. The prices were exorbitant – up to ten times the cost under public health care.

Further, we have documented clearly and repeatedly as has the Toronto Star and other media across the country, that private clinics take their staff from the public hospitals. We have shown irrefutably where the siphoning of public staff has reduced hours of public MRIs, for example. The documentation about the impact of for-profit nursing agencies is also irrefutable.

In fact, as you know, the BC Supreme Court’s landmark decision in the private clinics’ attempt to bring down the laws protecting single-tier public medicare found, “The evidence suggests that there is a real risk that a duplicative private system would result in reduced capacity and an increase in wait times in the public system, undermining the legislative purpose of preserving and ensuring the sustainability of the universal public system.”

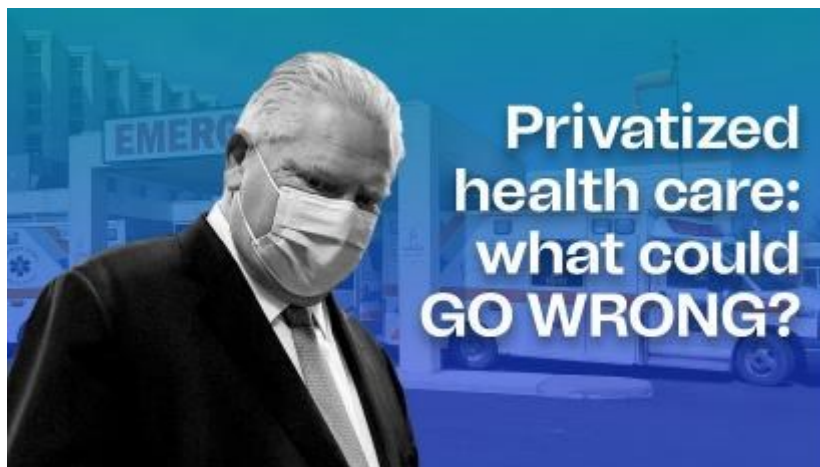
The evidence is in. Pretending it is not is disingenuous.

We have other issues with the way you have presented “the facts” and what you have picked to include and leave out, but space and time prevent us from including all of them here.

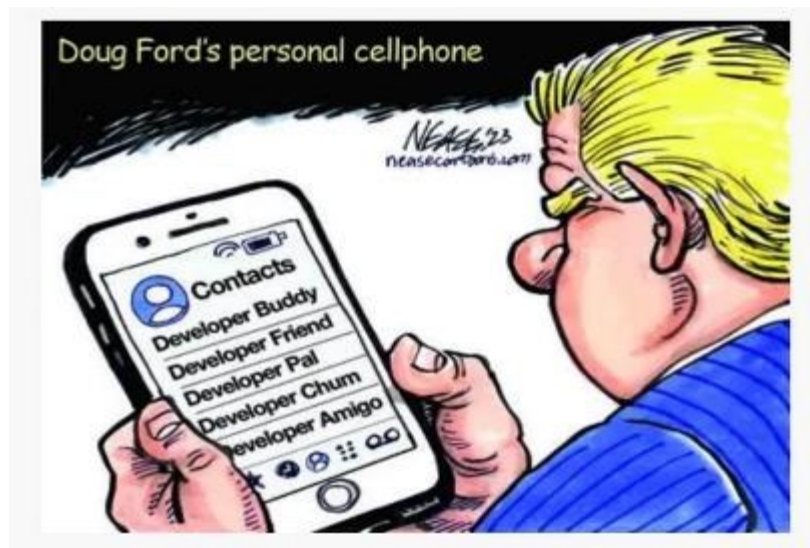
We are well aware of the historic role that the CMA and the Globe and Mail played in opposing single-tier public medicare at its inception in Canada. You were on the wrong side of history then, and in the intervening years when your organizations have represented the interests of greed and profit-taking from patients in need, you have done Canadians a terrible disservice. There are also times when you have been better than this. We hope that you will revisit the manipulative language you have chosen and the choice to amplify for-profit interests that charge patients for doctors on your panels.



Regards,
Natalie Mehra and Ross Sutherland



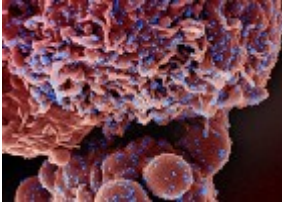
We Know How He Works!!!



Care to Engage Him in an Argument? Lotsa Luck!!

The Ten Commandments of Logic

1. Thou shalt not attack the person's character, but the argument. (*Ad hominem*)
2. Thou shalt not misrepresent or exaggerate a person's argument in order to make it easier to attack. (*Straw man fallacy*)
3. Thou shalt not use small numbers to represent the all. (*Hasty generalisation*)
4. Thou shalt not argue thy position by assuming one of its premises is true. (*Begging the question*)
5. Thou shalt not claim that because something occurred before, it must be the cause. (*Post hoc/False cause*)
6. Thou shalt not reduce the argument down to two possibilities. (*False dichotomy*)
7. Thou shalt not argue that because of our ignorance, a claim must be true or false. (*Ad ignorantum*)
8. Thou shalt not lay the burden of proof onto him that is questioning the claim. (*Burden of proof reversal*)
9. Thou shalt not assume "this" follows "that" when there is no logical connection. (*Non sequitur*)
10. Thou shalt not argue that because a premise is popular, therefore it must be true. (*Bandwagon fallacy*)



COVID-19 vaccine boosters are the best defence: Older adults shouldn't rely on previous infection for immunity

Published: August 31, 2023 12:38pm EDT

Andrew Costa Associate Professor | Schlegel Chair in Clinical Epidemiology & Aging, McMaster University and Dawn ME Bowdish :Canada Research Chair in Aging & Immunity, McMaster University

Despite researchers' efforts to understand SARS-CoV-2, the virus continues to hold many secrets. As much as we've tried to shoehorn it into our thinking about how respiratory viruses work, it will simply not comply.

Some thought the virus would settle into a strictly seasonal pattern. It hasn't.

Some thought we could move to a single annual vaccine every autumn. That was upended by having multiple waves of infection each year, that seem to occur in the late summer.

Some variants we thought would be terrible turned out to be mild, while others have turned out to be very problematic.

Surprising study results

Now we have a new puzzle.

Through the first couple of years of the pandemic before the emergence of the Omicron variant, it was believed the combination of vaccination and prior infection — which is called hybrid immunity — provided the highest level of protection against future infections.

Our research group has been studying vaccinated older adults in long-term care and retirement homes throughout the pandemic, and our recent findings have jolted us.

We found that those who had battled the BA.1-2 variant of Omicron in early 2022 had a 30-fold higher risk of contracting the BA.5 variant later in the year. That was exactly the opposite of what we, or anyone, would have predicted.

This new knowledge is critically important, not just to other older adults, but to all of us.

Does this surprising twist apply to the broader population? Possibly, but until we know how infections work to increase susceptibility to reinfection, we can't know if this susceptibility is specific to older adults. Does it apply to other variants, including the newest ones in circulation? That's unclear.

What the findings do tell us is that older adults who have had a previous COVID-19 infection shouldn't rely on that to protect them against reinfection this fall. To protect against severe illness, keeping booster shots up to date is recommended.

We can't let our guard down

We were able to make this discovery because our study participants in long-term care and retirement homes are part of the most frequently tested, highly vaccinated and closely observed group in the entire population.

The end of frequent PCR testing and documentation of infection for those who are sick (after all, we researchers don't know if you tested positive on a rapid test) left us without much data about COVID infections and reinfections in the broader population, so these seniors are helping us see things we'd otherwise have missed.

Through them, we've realized the virus has evolved in a way that means one infection doesn't necessarily guarantee immunity from another.

Though we still have so much to learn about many aspects of COVID-19 — including its lingering health effects and the mechanics of its endless mutations — we do know enough to say one thing: we can't let our guard down.

Among other conclusions, we know that while vaccines mitigate the worst consequences of subsequent COVID infections, the virus is still developing new ways to elude our immune systems.

Protecting ourselves and our communities

So, do we still need masks and boosters? Yes. However tiresome they have become, they're still crucial. This is especially true for our most vulnerable, including older adults, people with chronic conditions or who are immune compromised and those who work with them.








Masks and boosters are still crucial, especially for our most vulnerable populations, including older adults, people with chronic conditions and those who are immune compromised.

We know the protective value of multiple COVID vaccines does not accumulate like money in a bank account. It's the recency of our boosters that will determine our degree of protection.

Though imperfect, timely boosters are still our best shields. It's time to think of them less like our childhood vaccines, where we expect to be protected for long periods of time, and more like annual flu vaccines where we need to be vaccinated for the strain that is circulating and can only expect that protection to reduce symptomatic infection, last a few months but — importantly — help keep us out of hospital.

Version: Aug 2023

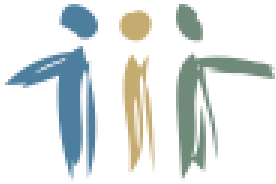
FALL 2023 VACCINES			
What are the options?	Who is eligible?	How well do they work?	When should I get it?
INFLUENZA			
 A shot that targets 4 strains of seasonal flu	6 months and older	Typically reduces the risk of going to the doctor by 40-60%	October is ideal, as vaccine protection wanes over a season
COVID-19			
 Updated vaccine formula targeting XBB – an Omicron subvariant Options: Moderna and Pfizer (mRNA) and Novavax (protein)	TBD, CDC will decide in mid-to-late September	Last year, the fall COVID-19 vaccine provided 40-60% additional effectiveness against severe disease	For protection against severe disease , get it anytime Protection against infection : It's best to get it right before a wave, which can be challenging to time
RSV (OLDER ADULTS)			
 2 options: GSK and Pfizer. They are slightly different in design, but only at a microscopic level	60 years and older	82-86% efficacy against severe disease	Protection is durable. Get when it's available; no need to juggle timing
RSV (PREGNANCY)			
 Pfizer is actively seeking approval	Pregnant people (then protection will pass to baby for protection in first 6 months of life)	82% efficacy in preventing hospitalization in first 3 months of life, 69% efficacy after 6 months	It's not available yet but once approved, get at 24 to 36 weeks of pregnancy
RSV ANTIBODY			
 A new monoclonal antibody by AstraZeneca. This is not a vaccine (doesn't teach the body to make antibodies) but rather a proactive medication (provides antibodies).	All infants <8 months. High-risk infants 8-19 months	Reduces risk of hospitalization and healthcare visits by ~80%	Will be available soon. Protection lasts 4-6 months

Re: Kaitlyn Tetelina, MPH PhD and Caitlin Dukes, MPH PhD. For more information go to: Your Local Epidemiologist

We need to remain vigilant and to continue to keep our vaccines up to date, to protect against COVID infections and their threat of debilitating long-term effects and even death.

Our participants have been great partners in our work. As a group, and are willing to participate in this research because they are interested in helping others. They helped us discover that hybrid immunity does not always protect older adults from future COVID-19 infection, suggesting that some assumptions about COVID-19 infection risk may need to be revisited, and that we need to study how different variants evade the immune system.

These research partners deserve the thanks of the community for contributing to this important lesson. We can all honour them by heeding that lesson and taking precautions against spreading COVID-19 this fall, including wearing masks and getting a booster shot.



OTIP RAE.

**And now, helpful words from the insurers
that take such good care of us!**

Summer break is an excellent time to reinvigorate yourself for the next school year. Perhaps you learned a new skill, did some adventuring, read a few books, or started a new workout routine. Whatever you got up to, we hope your mind, body, and soul feel refreshed. Summer break is also an ideal time to reflect on the highs and lows of the previous school year and realign your personal goals, including those that support your health, wellness, and financial security. Let us help you with that!

You may be most familiar with Ontario Teachers Insurance Plan (OTIP) as your group benefits provider, but did you know that we also offer personal insurance coverage? Your local union and Provincial Affiliate partner with OTIP to ensure you have access to the following:



- Exclusive car and home insurance rates. Our in-house claims services are available to support you through the claims process.
- Three flexible retiree health, dental and travel insurance plans.
- Life insurance and identity theft and cyber protection.

*Are you a part of AEFO, CUPE, ETFO, OECTA, or OSSTF? Fortunately for you (and us!),
OTIP is your exclusive auto and home insurance provider!*

We don't stop at exceptional coverage and personalized service; our members also have access to contests, awards, bursaries, and special offers, including Edvantage – your exclusive savings program.

Read on to learn more about some of our new and limited-time offers.

Find coverage that fits your lifestyle

As an insurance brokerage, OTIP makes finding the right auto and home insurance coverage easy. When you get a quote from us, our brokers will compare your options against multiple carriers to ensure you get the right coverage at the best rate, saving you time, effort, and money!

As our way of saying thank you for getting an auto and/or home insurance quote, we'll send you a \$20 gift card of your choice. Plus, throughout September and October, you'll be entered to win a \$1,000 gift card from Mark's, one of our valued Edvantage partners, to refresh your wardrobe! [Get an online quote](#) or call 1-888-892-4935 and **mention this offer.**

Fill out our survey and WIN

When you complete our short Start of School Year Survey, you could be one of ten lucky winners of a \$50 gift card of your choice. You only have until October 31, 2023, so [get started now!](#)

Endless ways to save with Edvantage

Whether you're shopping for clothes, making updates to your home, planning a vacation, or simply looking for a break on your phone bill, Edvantage has a discount for you! We partner with several of your favourite brands to offer the Ontario education community exclusive deals that help you save. If you haven't already, why not [register](#) for your free online account and automatically enter our [Win with Edvantage](#) contest? Stay tuned for more details on the Edvantage website's [What's New](#) section about our first-ever Virtual Holiday Partner Fair in November.

Retire with RTIP

OTIP is here for you even after you retire with our Retired Teachers Insurance Plan (RTIP). RTIP offers three flexible health, dental and travel insurance plans for you to choose from as your needs evolve throughout your retirement. Plus, when you become an RTIP member, you'll still have access to the Edvantage savings program and the discounts you love. We know there are many things to consider for transitioning into retirement. That's why we provide free [retirement planning resources](#) like our plan selector tool, podcast, and [workshops](#) with some featuring financial planning advice from Educators Financial Group. [Learn more](#) about retiring with RTIP.

Reinvesting in the community

As a not-for-profit organization, OTIP supports the communities in which our members live and work.

Being good is great, but doing good is better, so we use the proceeds we generate to fund charitable programs. [Learn more](#) about our awards, bursaries, and sponsorships.

Start of school benefit reminders

Are you a group benefits plan member? Check out our [back-to-school article](#) for important reminders on reviewing and updating your group benefits coverage as we enter a new school year.

THINGS YOU SAY AFTER 50

- Where the h*** is my phone?
- How did I get this bruise?
- That isn't my password either? WTH!?
- How do they expect you to read this small print?
- Where did I put my glasses?
- I don't care if it doesn't look fashionable, it's comfortable!
- Who the heck is calling at 9:30pm??
- Does anyone say please and thank you anymore?
- Geez, how do you throw your body out of whack just sleeping wrong?? WTH?
- This scale can't be right!!
- WTH is wrong with people nowadays??
- Why did I come into this room?