



November 2023 AFTERWORDS

Newsletter of Active Retired
Members
Chapter 11



In this issue ...

- A reminder to call The Prez about the ARM Luncheon before Friday!
- A glance back at nostalgic foods of the 1960s.
- Some photos of Mary Lou being presented with her Betty Ann Bushell Award.
- What else can your newsletter assembler do? I am suggesting a few reasonable sources of information by people who live and work in the Middle East.
- An expert at Western tells us how to evaluate and prepare for the fall round of shots protecting us from respiratory diseases.
- An update on what the government could, should, and isn't doing to improve our health care.
- A warning from 2017 about blocking freedom of speech—and empowering “the alt-right”.
- OTIP’s helpful advice about closing the cottage—for all procrastinators.

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.



Date: November 28th, 2023 Time: 10:30 registration, coffee and tea

Address: 133 Southdale Road West London N6J 2J2

Three speakers on added benefits from our OTIP health plans:

Draw prizes

A delicious luncheon

Please tell Bryan BEFORE November the 9th if you're coming !

And good times were had by Arm Council members
in Ancaster honouring our Mary Lou for her
winning
The Betty Ann Bushell Award 2023

BETTY ANN BUSHELL ARM AWARD

PURPOSE

The Provincial ARM Council wishes to recognize the outstanding efforts and demonstrated service of a current ARM member in the area of advocacy and support for ARM and supportive contributions to OSSTF/FEESO campaigns and issues. The award, which consists of a framed certificate, is presented biennially at the ARM Biennial Conference.

ELIGIBILITY CRITERIA

To be eligible for the Betty Ann Bushell ARM Award, the nominee must:

- be a current ARM member
- have demonstrated substantive commitment, support, and advocacy for ARM and/or its political and social activities
- have demonstrated active involvement and contribution to OSSTF/FEESO campaigns



Not newsworthy, not controversial- but so comforting in the memories these foods brought back.

Looking through recent online materials for the latest on Ontario health care, the state of conflict around the globe, and the incursion of AI in education, I came across a slide show (with links to recipes and cookbooks) of foods that were popular in the 1960s. The captions almost avoided that tone of making us who are old enough to remember these foods sound like idiots without taste buds. I add here the URL in case you wish to nibble down memory lane some evening:

[20 foods that were popular in the 1960s \(msn.com\)](https://www.msn.com/en-ca/foodanddrink/recipes/20-foods-that-were-popular-in-the-1960s/_ga=2.244514414.161441414.161441414.161441414)

You'll find here...

Meatloaf: Betty Crocker wrote a cookbook giving 70 different recipes for this staple – and how many of you can recall Ann Landers sharing her “best” version- or arguing that your mother’s recipe was the finest in the world?

Cheese Fondue: It became popular on this side of the pond after the NYC World’s Fair of 1964 – and we started serving it as newlyweds in our first entertaining attempts, hoping the price of Swiss cheese would drop and the taste of the cheap white wine not cut through.

Spam: Please don’t laugh. It saved many a fishing trip, had an addictive power on white bread sandwiches, and its jaunty can enlivened many a Monty Python sketch.

Jelly Molds: they weren’t ALL ghastly. I can recall my late sister taking days to make three-colour works of art, each layer packed with canned fruits.

Tuna Casserole: Yes, we have modernized it to be healthier these days, but be honest, isn’t there something enticing about canned tuna, canned cream soup, and crushed potato chips?

Swedish Meatballs: No, IKEA did not invent them. We used to entertain with these savoury nuggets in a cream sauce – and that other recipe? The meatballs in a sauce of grape jelly and chili sauce? I was 60 years old before I actually ate one of those seeming abominations – and loved it!

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

Ambrosia Salad! My immigrant parents would have gagged at calling this concoction a salad, but who, as a kid, was not grateful to the grandma who brought a dish of this stuff to the school potluck? The last place I found it recently was at the Erie Beach Hotel in Port Dover- a cloying but heavenly treat.

And ... **the Grasshopper Cocktail:** Is there a one of us who has not tangled with the side effects of crème de menthe in our youth? But that creamy cocktail was tasty enough to have us making pies based on it to atone for our first green-tinged hangovers.

AND DID YOU SEE ANY OF THESE MEMES ON
SOCIAL MEDIA AFTER HALLOWEEN?



Tom Morello

iwnnaz

Be diligent and check your child's candy this year. I found a union card in my daughter's Snickers and now she's renegotiated her allowance and wants hazard pay for taking out the trash. No words.

A photograph of a brown Snickers bar wrapper. The wrapper is partially open, revealing the candy inside. A red union card with the IWW logo is placed next to the wrapper.

iwnnaz Give yourself the treat of a better workplace this fall!

@industrialworkersoftheworld

And the one subject I can't ignore—but have no idea what to take from the tsunami of reportage coming at us daily ...

I will begin by suggesting a moving interview with Hungarian-born Canadian psychiatrist, Holocaust survivor Dr. Gabor Mate. You can watch his daughter Hannah interview him by calling up this YouTube link:

<https://youtu.be/SHDBw-wx6w0?si=pGe1I5xCDgOxG3m2>

In the interview, Dr. Mate suggests that mainstream media in all countries reflect their own government's bias, so he suggests some writers who actually live in the West Bank and have a credible take on what is happening. Among the names he suggests—easily Googled to find their work - are

- Amira Hass
- Gideon Levy
- Jewish Voice for Peace
- Americans Chris Hedges and Norman Finkelstein
- And a news service suggested by a friend who is a professor of Palestinian history in the UK: <https://electronicintifada.net/>



Words Whispered to a Child Under Siege

No, we are not going to die.
The sounds you hear
knocking the windows and chipping the paint
from the ceiling, that is a game
the world is playing.
Our task is to crouch in the dark as long as we can
and count the beats of our own hearts.
Good. Like that. Lay your hand
on my heart and I'll lay mine on yours.
Which one of us wins
is the one who loves the game the most
while it lasts.
Yes, it is going to last.
You can use your ear instead of your hand.
Here, on my heart.
Why is it beating faster? For you. That's all.
I always wanted you to be born
and so did the world.
No, those aren't a stranger's footsteps in the house.
Yes, I'm here. We're safe.
Remember chess? Remember
hide-and-seek?
The song your mother sang? Let's sing that one.
She's still with us, yes. But you have to sing
without making a sound. She'd like that.
No, those aren't footsteps.
Sing. Sing louder.
Those aren't footsteps.
Let me show you how I cried when you were born.
Those aren't footsteps.
Those aren't sirens.
Those aren't flames.
Close your eyes. Like chess. Like hide-and-seek.
When the game is done you get another life.

Got those Booster Shots Yet???

Fall COVID-19 update: Will there be a new surge? Who should get the new mRNA vaccines? Are they safe and effective?



Published: October 5, 2023 10.06am EDT

Author Sameer Elsayed, Professor of Medicine, Pathology & Laboratory Medicine, and Epidemiology & Biostatistics, Western University

What are the current COVID subvariants in circulation?

The dynamically evolving nature of SARS-CoV-2 represents a major hurdle for vaccine scientists. Omicron XBB.1.5 was the globally dominant subvariant during the first half of 2023, one which led to the development of the updated mRNA vaccines.

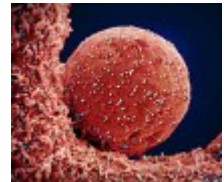
However, the predominant subvariants circulating in the United States, United Kingdom, European Union and Canada at the time of writing include Omicron subvariants EG.5, FL1.5.1, XBB.1.16, XBB.1.9 and XBB.2.3.

Do they cause serious illness?

The capability of currently circulating subvariants of SARS-CoV-2 to cause serious illness appears similar to that of other Omicron lineages, including XBB.1.5. The main risk factors for developing more than just a mild respiratory tract infection include increasing age, immunosuppression, cancer, pregnancy and the presence of chronic medical conditions.

The predominant strains of SARS-CoV-2 in circulation in fall 2023 are Omicron subvariants. (NIAID), CC BY

Comorbidities such as diabetes, obesity and diseases of the lungs, heart, liver, kidneys and neurologic system are all risk factors for hospitalization, critical illness and death due to COVID-19.



In adults, the odds of dying with COVID-19 increase by approximately three- to six-fold with obesity and four-fold with pulmonary disease. In children, the odds of dying increases by about 63-fold with obesity, 20-fold with Down's syndrome and 1.4-fold with asthma. In adults with COVID-19 infection, men are almost twice as likely to die as women.

Long COVID (also known as post COVID-19 condition) is one of the most discussed complications of SARS-CoV-2 infection. However, it is rare in children and adolescents without chronic health conditions. Furthermore, vaccination does not appear to prevent long-COVID in children.

Is there a possibility of a fall surge in COVID-19 cases?

In contrast to pandemics, which are global in nature and involve sustained virus transmission, outbreaks are time-limited and geographically restricted.

During the last three respiratory virus seasons in the U.S. and Europe, COVID-19 transmission patterns were somewhat reminiscent of seasonal influenza. The fall/winter outbreaks of COVID-19 were characterized by a sudden increase in infection rates above the baseline pandemic level.

These observations, along with recent wastewater surveillance and clinical data, suggest that a spike in hospitalizations and deaths from COVID-19 is likely to occur this fall and winter.

Are current vaccines protective?

In September 2023, policymakers in the U.S., the U.K., Canada and the EU announced the approval of updated COVID-19 mRNA vaccines.

These “next generation” products were formulated to target the XBB.1.5 subvariant. Unpublished pre-clinical studies that led to regulatory approval have demonstrated these vaccines to be safe and efficacious in all age groups.

SARS-CoV-2’s ability to mutate has made it extremely challenging for scientists to develop a vaccine that offers long-term protection.

THE CANADIAN PRESS/Lars Hagberg



The astonishing ability of the virus to mutate at every given opportunity has made it extremely challenging for scientists to develop a vaccine that offers long-term protection. The XBB.1.5 subvariant now accounts for only two to five per cent of circulating SARS-CoV-2 viruses, and is on the verge of becoming extinct. Newer circulating subvariants such as EG.5 possess novel mutations that may reduce the effectiveness of vaccine-mediated immunity.

What are the current vaccine recommendations?

Recommendations for the updated vaccines vary according to country/region, vaccine product, presence of chronic health problems, age and history of prior COVID-19 vaccination or infection. Public health authorities in Canada, the U.K. and the EU have strongly emphasized the need to prioritize vaccination for those at highest risk of illness, including those providing essential community services.

In contrast, the U.S. Food & Drug Administration has provided the general public with vaccine recommendations that are not risk-stratified.

	6 months – 4 years of age	≥ 5 years of age
United States	<p>Previously vaccinated: 1 or 2 doses (Pfizer-BioNTech or Moderna), depending on number and timing of previous COVID-19 vaccines received</p> <p>Not previously vaccinated: 3 doses (Pfizer-BioNTech) or 2 doses (Moderna)</p>	<p>Single dose for unvaccinated or at least 2 months since last COVID-19 vaccine (Pfizer-BioNTech or Moderna)</p>
Canada	<p>Previously vaccinated: 1 dose (Pfizer-BioNTech) or (Moderna)</p> <p>Not previously vaccinated: 3 doses (Pfizer-BioNTech) or 2 doses (Moderna)</p>	<p>Single dose for unvaccinated or at least 6 months since last COVID-19 vaccine (Pfizer-BioNTech or (Moderna)</p>
European Union	<p>Previously vaccinated (or prior history of COVID-19): 1 dose (Pfizer-BioNTech) or (Moderna)</p> <p>Not previously vaccinated (and no prior history of COVID-19): 3 doses (Pfizer-BioNTech) or 2 doses (Moderna)</p>	<p>Single dose, irrespective of timing of prior vaccination or COVID-19 illness (Pfizer-BioNTech) or (Moderna)</p>
United Kingdom	<p>Previously vaccinated (or prior history of COVID-19): 1 dose (Pfizer-BioNTech) or (Moderna)</p> <p>Not previously vaccinated (and no prior history of COVID-19): 3 doses (Pfizer-BioNTech) or 2 doses (Moderna)</p>	<p>Single dose for unvaccinated or at least 3 months since last COVID-19 vaccine (Pfizer-BioNTech) or (Moderna)</p>



How can I protect my health?

In addition to vaccination, standard infection control practices are recommended at all times to prevent the acquisition and transmission of respiratory tract viruses such as SARS-CoV-2. These measures include staying at home when ill, wearing a surgical or N95 mask in crowded indoor areas and frequent hand-washing.



Standard infection control practices, such as wearing a face mask in crowded indoor settings, can help prevent transmission of COVID-19.

THE CANADIAN PRESS/Graham Hughes

Research evidence supports a non-universal vaccination strategy that focuses on high-risk individuals. Healthy children and adolescents are low-priority candidates for COVID-19 vaccination according to the World Health Organization and renowned experts.

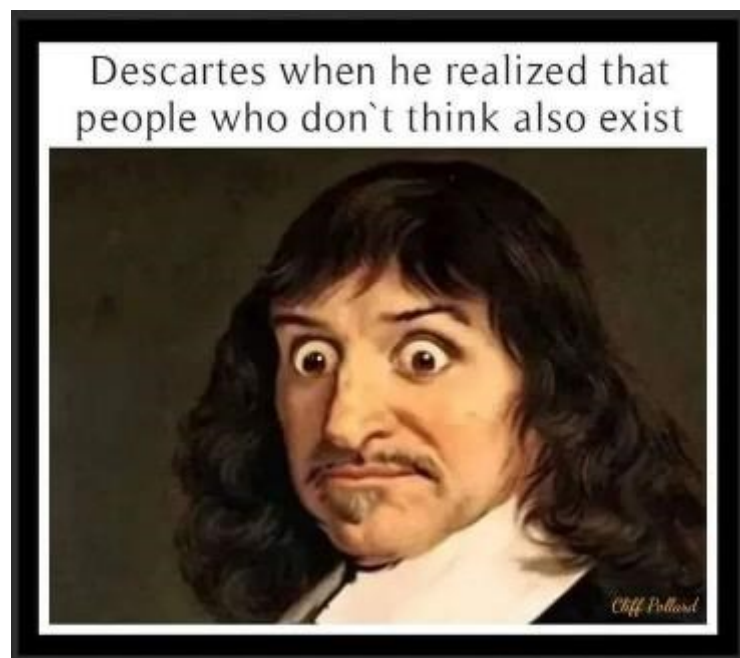
The mortality rate for unvaccinated children under the age of 18 years is around 1/400,000, with most deaths occurring in those with comorbidities. Therefore, parents and their children should consult with their health-care provider for personalized recommendations.

Public health messaging for vaccine-preventable illnesses often ignores other health-promoting activities such as regular physical exercise, a healthy diet, restful sleep and avoidance of harmful substances (smoking, alcohol, illicit drugs). These lifestyle practices can improve and protect health, but are not a substitute for vaccination.

What if I'm hesitant about getting a vaccine?

Research has clearly shown who is at greatest risk of developing severe COVID-19 illness, and who stands to benefit most from vaccination. Yet, misinformation may compel some high-risk individuals to avoid vaccination altogether.

These doubts may be fuelled by a perceived lack of transparency of governments and the pharmaceutical industry. In these instances, a shared decision-making approach involving patients and their trusted health-care providers is recommended to dispel any myths about vaccines.



And now for Something Closer to Home ..

Dear Daina,

The Ontario government's plan to have for-profit corporations provide more surgeries and diagnostic procedures doesn't make sense.

The government says private companies will add capacity and reduce wait times. They won't do either. What they will do is poach qualified staff from underfunded public hospitals. That can only make wait times worse.

In a major CCPA report out this week, author Andrew Longhurst put it in simple terms: **"Increasing surgical and diagnostic capacity depends on the availability of qualified staff, which is not magically increased by the addition of profit."**

Longhurst fears Ontario is set to repeat the mistakes of Alberta, a province that saw wait times rise and surgical volumes fall as public funding—and staff—were diverted to investor-owned facilities.

"For-profit delivery worsens public sector staffing shortages, costs more, and introduces conflict of interest in medical decision-making," says Longhurst. "Improving the public system, not undermining it, is the sensible approach."

The CCPA report makes concrete recommendations aimed at a stronger public health care system for Ontario and calls on the government to:

- fund and staff underused public hospital operating rooms;
 - perform more surgeries during evenings and weekends;
 - add more hospital beds;
 - reduce unnecessary tests and procedures;
 - increase access to home and community care for seniors; and
- improve public health measures.

The report applauds the work of frontline hospital staff: despite years of squeezed budgets, Ontario still performs above the Canadian average when it comes to wait times for hip and knee replacements and CT and MRI scans. In Longhurst's words, Ontario hospitals "aren't broken—they're just underfunded."

The CCPA report, *At What Cost: Ontario hospital privatization and the threat to public health care* is available [here](#).

At CCPA Ontario, standing up for public health care through evidence-based research is a big part of what we do. Please support us if you can.

Take care,



Ontario Director Randy Robinson, Canadian Centre for Policy Alternatives

*And OHC's Natalie Mehra Sent Out the Latest News this Week
about Health Spending in Ontario.*

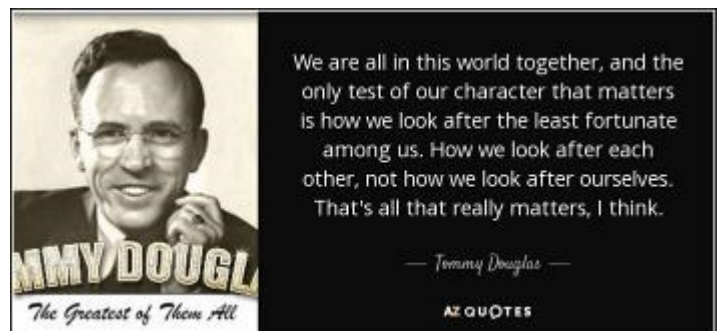
In this quote from the lengthy Health Care Funding Briefing Note of November 2nd, 2023, you can see the depth of OHC research. The note can be found in full on their website, but its timely publication was done on the day the Ontario government released its full economic statement:

“Actual spending vs. budget

The Ford government has made a practice of announcing health funding plans in its budgets and public announcements but not actually spending the money.

- The most recent quarterly report of the FAO shows that actual health spending in the first quarter of this fiscal year was approx. \$1.2 billion less than planned. (End of first quarter 2023-24.)[6]
- By the end of last fiscal year (2022-23) the FAO reports that the provincial government spent \$312 million less than planned on health care.[7]
- By the end of 2021-22, the FAO reports that the provincial government spent \$1.8 billion less than planned on health care.[8]
- By the end of 2020-21, the FAO reports that the provincial government spent \$1 billion less than planned on health care.[9]

The Ford government has repeatedly under-spent its planned health care budget for years, choosing to impose real dollar wage cuts as staffing shortages worsened and refusing to increase service levels even as health care services have fallen into unprecedented crisis.”



Canadian social rights activists are legitimizing the alt-right



Published: **October 2, 2017** 7.28pm EDT

Author [Kevin Gosine](#) Associate Professor, Brock University

Social inequalities in Canada

Poverty and inequality are also highly racialized in this country, even if not as pronounced as below the 49th parallel. Tensions between police and particular racialized communities continue to fester. Indigenous and Black Canadians are perennially over-represented in prisons and academic outcomes and opportunity gaps based on race and class pervade our schools.

And of course, there's the historical racist mistreatment and continuing marginalization of Indigenous peoples.

Yes, Canada is generally more egalitarian — with greater openness to social justice values — than the United States. The election and popularity of Justin Trudeau's Liberals is evidence of this.

Still, Canadians need to be careful.

Trump's election last fall can be attributed to numerous variables, but one factor was the populist, right-wing backlash to the "social justice left" that has become prominent in recent decades. Even as the social justice movement fights for important causes such as racial and gender equality and LGBTQ rights, it's also seen as stifling debate and dialogue in order to forcefully promote its agenda.

On U.S. college campuses, talks by right-wing commentators like Ann Coulter and Milo Yiannopoulos are disrupted and sometimes shut down by often violent demonstrations.

A fire set by demonstrators protesting a scheduled speaking appearance by Breitbart News editor Milo Yiannopoulos burns on Sproul Plaza on the University of California, Berkeley campus in February. (AP Photo/Ben Margot, File)



As American journalist Bret Stephens highlighted in a recent [New York Times op-ed](#), the list of luminaries who have recently had speaking invitations rescinded or shut down on American campuses includes former U.S. Secretary of State Henry Kissinger, geneticist and DNA discovery pioneer James Watson, conservative Pulitzer Prize winner George Will, and the list goes on.

Canada is no stranger to this.

Ryerson event cancelled

A free-speech event scheduled for Aug. 22 at Ryerson University was called off when officials cited safety concerns. James Turk, the director of the school's Centre for Free Expression, [criticized that decision](#) in a piece for *The Conversation Canada*.

The most dispassionate observer has to be struck by the irony of a university cancelling a "free speech" event.

Even before Charlottesville, the proposed Ryerson event was vociferously opposed by activists who planned to protest the function.

Such opponents contend that the views articulated by many on the right, including those scheduled to speak at Ryerson, contribute to the ongoing oppression of marginalized people. They believe that allowing right-wing speakers to voice their perspectives on campuses defeats efforts to create “safe spaces” for targeted individuals. Also underpinning left-wing activism is a belief that social justice is inherently virtuous and, in the interest of building a more inclusive and egalitarian society, should be insulated from critique and debate.

That’s a problematic line of thinking. And it actually galvanizes support for the “free speech” crusade of the right, and I argue it’s helped the alt-right move from fringe status to mainstream relevance.

Conservatives like Ben Shapiro, Dinesh D'Souza and Jordan Peterson, a University of Toronto professor who’s critical of gender-neutral pronouns, are not white nationalists who equate Western civilization and values with whiteness.

Some conservatives have condemned alt-right

However objectionable their views may be to the left, arguing that the words they speak constitute violence is ultimately counterproductive.

These and other mainstream conservatives have actually spoken out against the far right, but when we tag them as white supremacists and Nazis (as Ryerson activists have branded Peterson and other speakers scheduled for the ill-fated August Ryerson event) and prevent them from speaking, we homogenize the right. That allows true white supremacists to infiltrate and contaminate mainstream conservatism.

This is what’s happened in the U.S. The impulse to silence mainstream conservatives and indiscriminately label them racists and fascists has blurred the boundaries between relatively moderate and far-right conservatives.

Fertile ground for the far right

This, combined with the president’s reluctance to denounce white supremacy, provides the far right with fertile political ground.

The far right’s adaptation of the ostensibly palatable moniker “alt-right,” now used in lieu of more inflammatory labels like “white nationalist” or “KKK,” is a reflection of its increasing acceptance in mainstream U.S. politics.

And the right’s narrative of “left-wing violence” and free speech being under attack reverberates powerfully in Trump’s America. It’s resulted in the unfair perception of the social justice movement as uniformly comprising irrational, left-wing ideologues bent on policing discourse and violently dismantling Western civilization.

We are left with an American political culture polarized by two warring factions, each actively portraying the other as the undifferentiated enemy — gradation and complexity, not to mention constructive dialogue, be damned.

The U.S. is an increasingly divided place where hateful ideology enjoys growing resonance, and important ideas and issues are denied the vital process of rigorous debate.

Canadians take heed. Not all right-wing thought constitutes hate speech, and we need to identify the dividing line. Open debate and dialogue in a university lecture hall is a far better scenario than a Canadian Charlottesville.

A version of this article was previously published in The Hamilton Spectator



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



Closing up the cottage? Follow this end-of-season checklist

Fall is in full effect, and winter will be here before you know it. If you're a cottage owner, you're probably getting ready to say goodbye to your cottage until next year. As you prepare to close up for the winter, complete the following checklist to ensure your cottage remains safe and secure until you're ready to return.

- 1. Inspect the septic tank:** If your cottage has a septic tank for sewage, follow the manufacturer's recommended maintenance and service schedule. Typically, a septic tank should be serviced every five to eight years, though some may need to be serviced more regularly depending on usage. If your septic system is due for an inspection, have a trusted professional check it before you leave so it's ready for the next cottage season.
- 2. Patch all openings to the outdoors :** Take a walk around the exterior of your cottage. Look closely for holes or openings that small animals may be able to squeeze through. If your cottage has a chimney, ensure that it has a cover to prevent curious critters from moving in.
- 3. Clear out the gutters:** Clogged gutters can cause water to back up and find its way underneath shingles and into the roof structure. In colder months, this can also lead to ice damming. Once the last of the autumn leaves have fallen, ensure your cottage's gutters are clear of leaves and debris before closing up for the winter.
- 4. Check the roof:** Canadian homeowners know just how rough winter can be on the roof of their home or cottage. Before calling it a season, check your cottage's roof to ensure it is in good shape to safely withstand another harsh winter. Look for buckling and areas that are susceptible to leaking or caving in under heavy snowfall. Replace broken or missing shingles as needed.
- 5. Shut off the water and drain the pipes:** Shut off your cottage's main water supply and drain the pipes completely. Water left in the pipes over winter could freeze and cause a pipe to burst, resulting in a costly repair. If your cottage is not winterized with a reliable insulation source, wrap the pipes with foam to prevent them from freezing. Even if your cottage is winterized, look for potential cold zones like a garage or crawl space and wrap the pipes that run through.

6. Keep the sump pump running: If your cottage has a sump pump, leave it pumping before packing up for the winter. A working sump pump can help to prevent flooding damage once the snow around your cottage starts to melt. Check that your sump pump has a functioning backup option, such as a battery or generator, to keep it running in the event of a power outage.

7. Unplug all major appliances: Unplugging all major appliances will help to reduce the risk of an electrical fire and reduce your energy bill while you're away. Refrain from shutting off your cottage's entire power supply, as this will cause your sump pump, alarm system and exterior lighting to stop working.

8. Remove potential fire hazards and projectiles: Look around the inside of your cottage for loose objects that have the potential to become flammable, such as books and newspapers, and pack them away safely. Check the exterior of your cottage for objects that could act as projectiles in the event of high winds, such as dock ornaments, ladders and recreational equipment. Clean and store boats, canoes and other water equipment according to the manufacturer's instructions.

9. Clear fridge and cupboards: Food that's left behind can attract animals and insects while you're away. Pack up all food from your fridge and cupboards, including canned goods, and bring it home with you so you don't return to any unwelcome guests.

10. Turn the heat down or off: Follow the instructions for your cottage's heating system to ensure it is safely turned off. If your cottage has a furnace, you can turn it down 10°C to prevent frost build-up over the winter, but only once all pipes have been properly drained and wrapped to prevent freezing. Check that the gas and water heater are shut off. If your cottage has space heaters, turn off their power supply on the main panel.

If your cottage or home is not insured with OTIP, call us at [1-833-494-0085](tel:1-833-494-0085) to get a quote and receive a \$20 gift card of your choice! And if you have an existing auto policy with OTIP, you can also add coverage for your ATV or snowmobile.

