



October 2023 AFTERWORDS

Newsletter of Active Retired
Members
Chapter 11



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- A quick summary of meeting with author Joe Wilson about his crime novel, *Deadly Intersections*
- A compendium of media comments on the September 29th rally for public health care at Queen's Park
- Access to a rather shocking report about how children's privacy was invaded and used by the educational technology trotted out during the COVID shutdowns
- A Board member of Canadian Doctors for Medicare—Google them, they're great! - speaks about the potential Pharmacare bill
- The summer really WAS too hot for senior cycling. Our OTIP friends tell us how to keep safe on two wheels for the rest of the season.

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.

A Pitch with Patti at the Pub!

Date: Friday, Oct. 20th

Time: 2:00 PM – 3:30ish

Place: Old South Village Pub, Patio (weather permitting)
149 Wortley Rd. London, N6C 1H2

Provided: Appetizers, Nibbles, Noshes

Plan: People will gather, chat, hear Patti pitch these two books, hear other's favourite books about the current rise of populism, **pick** what to read, **pick** a date for another gathering to discuss them, and part until **The Plunge** when we dig into the ideas, have more food and drink and **pick** up where we left off.



Not at a pub—but at a breakfast place called “The Singing Chef” - Chapter 11 ARM members participated in an inspiring chat about writing

But it involved teachers - right?- so the conversation glanced across writers, the value of reading, politics, our kids, our hobbies, the arts—and the role we can still take in making our community (ies) a better place for all

First, let me put in a plug for this north-west London breakfast and lunch place on Fanshawe Park Road at Hyde Park. The food was freshly made to order, the coffee cited as “bottomless” - served in a mug with a full thermos jug left on the table, and substitutions generously made. Best of all the server waited attentively for conversations to lull (hardly ever ...) before doing the serving or clearing. A great place to meet!



And , our chat with author Joe Wilson: Bryan brought out some admissions about Harmony, the town where *Deadly Intersections* is set. Joe admitted it was a small Canadian town already immortalized by Alice Munro– a place rich in contemporary concerns that entered into the novel. Disposing of nuclear waste, greedy land developers and profiteers, social conflict at school between townies and kids from the reserve and the power of government money.

But it was the characters who captured Joe’s– and the readers’ interest—most. The novel, he said, was dedicated to and inspired by his high school English teacher– Barbara Graham. But the other characters are all people you will recognise from your own home towns– the Good Old Boys, the autistic Arthur who cannot adapt to the world outside him, Kirsten herself– the intelligent young woman who always felt like an “outsider” in the community. Joe gave credit to the advice of William Faulkner on creating characters: “The real truths come from human hearts. Don’t try to present your ideas to the reader. Instead, try to describe your characters as you see them. Take something from one person you know, something from another, and you yourself create a third person that people can look at and see something they understand. (from an [interview](#) excerpted in *The Daily Princetonian*, 1958) .

Joe also praised the work of professional editors, crediting his own with the ideas of moving the first murder to an earlier chapter, changing the original title of the book, and encouraging the cutting of 10,000 words from the original manuscript. The result, when you read ***Deadly Intersections***, is a novel which moves swiftly but engagingly through a society that you will recognize before you actually discover “who dun it”. I can’t wait for the sequel promised on the back cover.

As we sipped the last of our coffee, there was time to admit that the crime novel was a guilty pleasure for all of us. To match Joe’s admission of his love of the genre with those of a New Zealand literature professor, “The genre of crime fiction is often disparaged, or considered less than literary. One of my theories is that many crime novels — I think here of the lurid reads displayed in airport shops — tend to focus more on "whodunnit" rather than "why-they-dunnit". But there are plenty of brilliant novelists who can both structure a compelling murder mystery and create emotionally complex and multifaceted characters “

As we admitted our favourites were Linwood Barclay, Ruth Rendell, P.D. James, Ann Cleves, and even old Agatha herself—I’m sure we all added Joe Wilson to the roster.



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Facebook Administrator: Wendy Anes Hirschegger

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PAC Representative: Patti Dalton

Thousands attended Queen's Park to protest health care privatization in Ontario

If you were on the bus on September 29th, you probably have vivid memories— and some great ideas, certainly, - about how to prevent our health system from being slid into privateering and profit.



Ontario Health Coalition's Natalie Mehra shared the broad media coverage delightedly. If attention and effort made the government change its mind—and admit “making a mistake” - on profiteering from the Greenbelt , then what will it take to make them admit the same for health care?

Just a selection of the coverage by Mainstream Media!

“Dupuis said there’s many “parallels” between the Greenbelt issue and the government’s health-care privatization efforts.

“The government is attempting to do something that’s clearly, according to the evidence, not in the public interest,” he added. “They’re being obstinate about health care. They had been with Greenbelt.”



“Don Copping and Fran Moreau are growing increasingly concerned about the direction the provincial health-care system is headed in.

The Penetanguishene residents, who are north Simcoe’s representatives with the [Ontario Health Coalition \(OHC\)](#), are calling on the public to push back against what they view as an increasing privatization of health care.

During the past year, the provincial government has moved forward with plans to allow a variety of surgeries and diagnostic services, such as cataracts surgeries, MRI and CT scans, to be conducted at private, for-profit clinics.

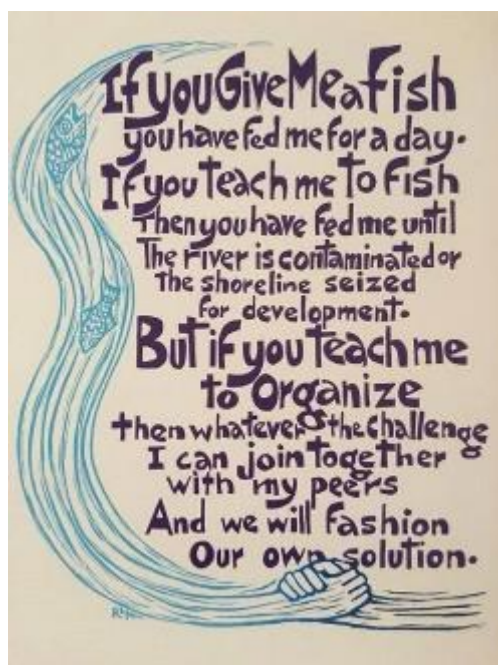
While the government says this will help address the backlog created by the pandemic, Copping believes the strategy is destroying the foundation of the public health-care system.

“The public at large does not understand that the staff at those private clinics are being pulled out of public service,” said Copping, who is worried about the potential of more public services being allowed to be conducted by private clinics.

“Staff will be solicited from the community and the people who depend on public health care will end up with longer wait times.”

Burnout caused by the COVID-19 pandemic, combined with the lure of private clinics and the low wage increases the government offered medical professionals is pushing even more people out of the public system, Copping said.

“The dichotomy between what people need, should be paid and can actually earn is getting so far apart. It’s destroying loyalty,” Copping said.



I was led to this LONG report from Human Rights Watch by a local chapter of a “child protection group”. Key to the HRW surveyed EdTech (the online teaching materials that were rushed into production and sale in response to COVID and resulting school shutdowns around the globe – in 49 countries)

What they found may not surprise you – it’s become a recurring joke that just mentioning “shoes” in your home will have you barraged with ads for footwear all across your social media. However – who knew that KIDS were being exploited the same way?

**PLEASE COPY AND PASTE THIS ADDRESS INTO YOUR BROWSER TO
ACCESS THE FULL REPORT!.**

https://www.hrw.org/report/2022/05/25/how-dare-they-peep-my-private-life/childrens-rights-violations-governments?utm_source=substack&utm_medium=email#_ftn293

The report summarizes findings, gives evidence, makes conclusions, provides suggestions of what government must do to avoid this kind of electronic exploitation from happening in the future. I quote from one brief section;

Children’s Data and their Right to Privacy

“Privacy is a human right.[36] Recognized under international and regional human rights treaties, this right encompasses three connected components: the freedom from intrusion into our private lives, the right to control information about ourselves, and the right to a space in which we can freely express our identities.[37]

Privacy is about autonomy and control over one’s life. It is the ability to define for ourselves who we are to the world, on our own terms. This is especially important for children, who are entitled to special protections that guard their privacy and the space for them to grow, play, and learn.[38]

Children’s privacy is vital to ensuring their safety, agency, and dignity.[39] At school, privacy enables the very purpose of education by providing the space for children to develop their personalities and abilities to their fullest potential.[40] For children who are survivors of abuse, privacy might mean the freedom to live safely, without exposing where they live, play, and go to school.[41] For lesbian, gay, bisexual and transgender (LGBT) children, privacy could mean the difference between seeking life-saving information and being sent to jail, or worse.[42]

As children spend increasing amounts of their lives online, international human rights bodies have recognized that even the mere generation, collection, and processing of a child’s personal data can threaten their privacy, because in the process they lose control over information that could put their privacy at risk.[43] Data about children’s identities, activities, communications, emotions, health, and relationships merit special consideration, as the handling of such data may result in arbitrary or unlawful abuses of children’s privacy and in harms that may continue to affect them later in life.[44]”

But will we ever understand what our kids are doing online?



And if you retired before the controversial Ontario Health Education Curriculum was introduced ...2015 ... here is what the controversy appears to be about ...





What Ontario children learn about human development and sexual health by grade:

Grade 1: Children learn about senses and hygiene as well as to identify body parts, including genitalia, by their proper names, as part of teaching kids to understand and respect themselves and their bodies, as well as how to communicate to ask for help in case of illness, injury or abuse.

Grade 2: Children learn about body changes and the basic stages of human development such as infancy, childhood and adolescence.

Grade 3: Children are taught about healthy relationships, consent and personal space, ways to respond to issues such as bullying and peer pressure, what factors and habits can affect their physical and emotional development, as well as what makes people unique, not only their hair and skin colour but their learning abilities, cultural values and different types of families.

Grade 4: Discussion with students includes the physical changes that happen during puberty, and the emotional and social impact these changes can have on a developing child, as well as how personal hygiene may need to change during puberty.

Grade 5: Kids learn about factors that may impact their understanding of themselves and their personal identity, including their sexual orientation. They learn about the reproductive system and how the body changes during puberty, including the process of menstruation and sperm production.

Grade 6: Students learn about impact of viewing pornography and the physical, social and emotional changes that may occur in adolescence. They learn about building a healthy foundation for relationships, about respect for themselves and others, and understanding consent and clear communication. Kids also discuss stereotypes and how assumptions about gender, race, sexual orientation, ethnicity, culture and abilities can affect a person's feeling about themselves, as well as discuss ways to challenge and respond to stereotypes, homophobia and racism.

Grade 7: Students tackle sexual relationships, teaching which the curriculum notes “does not increase sexual behaviour and can actually prevent risky activity.” Students learn about how to talk about sexual activity, whether that means delaying it or consent, and the emotional, social and psychological factors to consider before making a decision. Sexually transmitted and blood borne infections and symptoms are discussed, as well as how to prevent them.

Grade 8: Kids learn more about factors that contribute to making safe and healthy decisions about sexual activity, as well as abstinence, contraception and consent, and where to go for help and advice. They also discuss gender identity, gender expression and sexual orientation, and to identify factors that can help all young people to develop positive personal identities.

You can find the full document at this website:

<https://www.edu.gov.on.ca/eng/curriculum/elementary/2019-health-physical-education-grades-1to8.pdf>



With a pharmacare bill on the horizon, Big Pharma's attack on single-payer drug coverage for Canadians needs a fact check



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Author Joel Lexchin

Professor Emeritus of Health Policy and Management, York University, Canada

Health Minister Mark Holland announced in August that the federal government intends to introduce pharmacare legislation in the fall. Now the battle lines are being drawn.

One of the many virtues of pharmacare — a universal drug coverage plan — is that there will be a single bargaining agent looking for lower prices from the drug companies. Australia has a single buyer and has brand-name prices that are on average 29 per cent lower than Canada's. That difference on Canadian annual sales of \$17.4 billion translates into savings of about \$5 billion.



Pharmaceutical and insurance industries that stand to lose profit through lower drug prices are not happy about pharmacare. They are speaking out and mobilizing their allies.

'Fill in the gaps'

Innovative Medicines Canada, the lobby group for Big Pharma, is pushing for a "fill in the gaps" model. That means providing coverage for people who don't have drug insurance, but leaving the current system otherwise untouched.

Québec already has "filled in the gaps." However, it hasn't achieved the solutions shown in countries with pharmacare. Québec spends more per capita on drugs than other provinces. A greater percentage of people in Québec (8.7 per cent) report spending more than \$1,000 on prescription drugs in one year, compared to comparable countries with pharmacare (three per cent) or even the rest of Canada (4.8 per cent).

In Québec, nine per cent of its residents report that they go without their medications because they cannot afford them. While this is an improvement on the rest of the country, with 11 per cent of Canadians in other provinces skipping medications due to costs, it is still significantly higher than the numbers in most comparable countries with pharmacare (six per cent or less).

The 97 per cent myth

GreenShield, a not-for-profit health benefits provider and a member of the Canadian Life and Health Insurance Association (CLHIA), appears to share the insurance industry's stand against pharmacare. In July it announced a pilot program that will offer up to \$1,000 in drug coverage to low-income Canadians who do not have public or private prescription drug insurance.

In making the announcement, GreenShield's chief executive Zahid Salman repeated the myth that 97 per cent of Canadians already have drug coverage. That 97 per cent number is theoretical. Having some form of coverage does not necessarily make drugs affordable. For example, if you live in Manitoba and your family income is \$47,500, you'll first have to pay \$2,760 out of pocket. Anything less and there's no public coverage.

According to a recent report from Statistics Canada, 33 per cent of seniors in Manitoba don't have drug coverage. (That figure might be lower if some seniors who are eligible for provincial insurance didn't register or were unaware that they were covered.)

Not everyone has workplace benefits

CLHIA came out swinging after the federal NDP tabled a pharmacare bill in June. The NDP's bill called for a federal, universal, public and single-payer drug plan. In other words, a plan similar to what Canadians already enjoy for doctor and hospital services.



NDP leader Jagmeet Singh, left, and NDP health critic Don Davies, right, participate in a news conference on the cost of prescription medication in Canada, on Parliament Hill in Ottawa on May 11, 2023. THE CANADIAN PRESS/Justin Tang

Denis Ricard, chair of the CLHIA's board of directors, has claimed that "a fully one-payer national pharmacare is going to be a disaster for this country."

The Better Health Benefits, Together campaign being run by the CLHIA warns that Canadians "can't afford to lose their workplace benefits because of politics...Done the wrong way, Canadians will lose access to medicines they use today."

The campaign fails to mention that workplace benefits do not cover everyone, and exclude those experiencing unemployment, which affects some populations more than others. For example, racialized Canadians have a higher unemployment rate than the rest of the population and therefore are less likely to have work-based drug coverage.

Nor does the campaign mention that, according to Statistics Canada, "the majority of insurance coverage changes due to the pandemic were negative," with immigrants faring worse than non-immigrants.

High deductibles

Joining the battle against pharmacare is Brett Skinner, the CEO of the free market Canadian Health Policy Institute. Skinner's message is that a national government-run drug insurance program is not necessary and will be bad for patients and costly for taxpayers.

He argues that private plans cover more drugs, and cover new drugs more quickly than public plans, and that if Canadians are faced with high deductibles there are provincial programs to deal with them. He neglects to mention that only about 10 to 15 per cent of new drugs provide any substantial new benefits compared to existing drugs. He fails to note that a third of the difference in the time between public and private coverage is because drug companies don't take advantage of the opportunity to apply for coverage as quickly as they could.

Skinner also ignores the fact that people living in Manitoba with an annual income of just over \$55,000 who are taking three drugs a day are faced with deductibles of up to \$350 every three months. British Columbia residents aren't far behind at \$300 every three months.

Big Pharma, the insurance industry and free market zealots are all motivated by money and ideology. In a battle over people's health, greed shouldn't be the winner





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



People of all ages enjoy cycling. It's a great way to get around, save money on gas, and get some exercise. Perhaps you plan to cycle to school or the office while the weather's still nice this fall? Whether you're new to cycling or an experienced cyclist, we've created this guide of tips and techniques to help make you a safe, confident rider.

Protect your head

The number one cycling safety rule is to wear a helmet every time you ride a bicycle. A helmet can significantly reduce the risk of injury or death if you experience a fall or collision. Your helmet should fit properly, be worn correctly, and meet strict safety standards¹. The *2-4-1 Helmet Salute* is an easy way to ensure your helmet fits properly²:

- Two fingers should fit between your eyebrows and the bottom of the helmet.
- Four fingers should meet in a "V" shape for the straps around each of your ears.
- One finger should fit between your chin and the chin strap.

Your helmet shouldn't shift around more than two centimetres in any direction.

Ride the right size bicycle

A too-big bicycle can't be adequately controlled and can be dangerous. Ensure yours is the right size by testing the following²:

- Frame height and length – Both of your feet should be flat on the ground when straddling the top tube of your bicycle. There should be some space between your crotch and the top tube, and you should be able to reach the handlebars with a gentle lean.
- Seat height – You should be able to touch the ground with both feet when sitting on the bicycle seat.
- Brake levers – If your bicycle has handbrakes, adjust the levers so you can reach them and pull them firmly.

Ensure your bicycle is legal

Equipment required by law includes¹:

- A helmet – cyclists under the age of 18 must wear a helmet. Helmets are strongly recommended for cyclists over 18.
- A bell or horn.
- Lights and reflectors – mount a white light on the front of your bicycle and a red light or reflector on the back at night.

Reflective tape – attach white reflective tape on the front forks and red reflective tape on the rear forks.

Check your bicycle before you ride

The *ABC Quick Check* is an easy way to remember what parts of your bicycle should be inspected to keep it in good condition².

- A is for Air – check to see if your tires have enough air and aren't worn, cracked, or gouged.
- B is for Brakes and Bars – check to see if your brakes work properly by standing beside your bicycle and pulling each brake individually. Check your brake pads for wear and tear. Check if your handlebars are loose from side to side or up and down.
- C is for Chain and Crank – check your gears to see if the chain is on, lubricated, not damaged, and the pedals spin freely backwards. Test your crank by running it through the gears – ensure you can shift gears easily.

Learn the rules of the road

Bicycles are fun to ride, but they're not toys; they're vehicles! As a cyclist, you must follow the same rules and laws as drivers. If you're cycling and cause a collision, you could be considered at fault. Many cyclists have driver's licenses and, therefore, have auto insurance. All auto insurance policies are required by Ontario law to have Statutory Accident Benefits Coverage, which takes effect regardless of whether you're on two wheels or four at the time of a collision. So, you're covered as either a cyclist or a pedestrian hit by a vehicle.

Undoubtedly, some cyclists don't have driver's licenses and, therefore, don't have auto insurance. However, if you have tenant or home insurance, the liability portion of your policy may cover injuries or damage sustained in a collision. It's important to note that your tenant or home insurance can't be used to cover your injuries or damage to your bicycle; it specifically covers damage or injury caused to someone else.

Suppose a driver strikes you while you're cycling and they flee the scene or are driving without auto insurance; you could apply to the [Motor Vehicle Accident Claims Fund](#). You can apply for compensation if you were injured or have property damage worth over \$100, but the Fund doesn't compensate for vehicle damage.

Insure your bicycle

In the unfortunate event of damage or theft, it may be a good idea to insure your bicycle. Bicycles can be insured under your home insurance policy. However, if your bicycle is worth more than the personal property limit outlined in your policy, consider additional optional coverage.

If you're a current OTIP policyholder, contact us at [1-833-494-0089](tel:1-833-494-0089) to review your existing home insurance policy. If you're not insured with OTIP and are shopping for home insurance, call us at [1-833-615-9326](tel:1-833-615-9326) to get a quote and receive a \$20 gift card of your choice! When you get a quote before October 31st, you will also be entered into a draw for a chance to win a \$1,000 gift card from Mark's.

