



PEIRTA Newsletter

Prince Edward Island Retired Teachers' Association

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SPRING 2022

Spring has arrived—almost! Our weather is cooperating—occasionally. Daylight lasts longer day by day as we move toward a great summer season. We are receiving moisture for our farmer's fields and no ice for our lobster fishers. COVID restrictions are being gradually relaxed. Please continue to be careful in your attempts to move to a new normal.

The PEIRTA wishes to extend thanks to all staff of the Public School Branch, the staff of the French Language School Board, and the staff of the PEITF for their efforts in working with students, parents, and teachers in these trying times. To those retired teachers who have assisted in various roles in PEI schools—we appreciate your dedication and desire to share your expertise with those in need. THANK YOU, all!

Our national association, ACER-CART, is currently planning an in-person AGM in Ottawa in early June.

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Our VP Phyllis Horne and I will be attending to represent the PEIRTA. The last two ACER-CART AGMs have been on Zoom, and we are looking forward to the in-person format with colleagues from ten provinces and three territories. Formal and informal discussions with these representatives are essential in building strong relationships and understanding various issues. We anticipate that we will bring back items for discussions with our executive that will have an impact at the national level. These items will be discussed when ECRTA (Atlantic Canada and Quebec retired teachers' associations) meets. Stay tuned for some changes!

Planning is underway for our 2021-2022 PEIRTA AGM to be held on Thursday, November 3, 2022 in the Charlottetown area. Reserve that date now! We are currently searching for a venue as well as suggestions for topics and/or speakers. Please feel free to contact anyone on the executive with your ideas. We will be starting a review of our constitution to reflect the motions that were passed at our last AGM as well as minor house-keeping issues. We hope to have them completed for the AGM. Are you or is someone you know interested in becoming a member of the PEIRTA executive or a committee member with ACER-CART? If so, contact us (see page two of the newsletter for contact information).

Recently two major studies have collected data that we anticipate will



be on our agenda after the reports are released, because both concern us. Re the "Elected School Board Model for the English Language School Board"—we could make a difference if we managed to elect a retired educator. Is this something you might like to do? And the UPEI "Senior Survey" covers the supports and services that seniors require as they age—we all fit into that category!

Time for some recreation! The annual PEIRTA golf tournament is scheduled for Tuesday, September 6, 2022, at Eagles Glenn Golf Course. We have the course booked with tee times from 9:40 a.m.–12:50 p.m. Room for 80 golfers! The format is a four-person scramble. The event is open to retired

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Visit our website at
www.peirta.com

From the Editor

This has nothing to do with teaching or education, but I have to say it!

When the last newsletter was published we were still watching the 2022 Olympic games—staying up late at night, getting up early in the morning, recording events, etc. I was frustrated at times because even with pretty much 24/7 coverage, I found it difficult to find a schedule that I could rely on.

As the Olympics wound down, I was looking forward to the Paralympics—excited that Mark Arendz would once again represent Canada (and by extension, PEI) and try to beat his own record medal count.

If I was frustrated trying to find a schedule for the Olympics, I was flabbergasted at how little coverage the Paralympics was given. And again the schedule was erratic. The one time that I heard CBC announce when Arendz would compete, there was something else in that time slot. I never did get to

watch his outstanding performance.

Had the two events been given roughly equal coverage—either more or less—I would have been OK. But I found it concerning that the Paralympics—which I find to be far more inspirational than the Olympics—appeared to be given short shrift!

Then I found out about the money!

Canadian Olympic athletes who won medals in Tokyo and Beijing—and many who came before them—received bonuses for winning: \$20,000 for a gold, \$15,000 for a silver, and \$10,000 for a bronze.

Canadian Paralympians who reached the podium in those same games got nothing.

That is, until it was announced in March, 2022, that a Canadian entrepreneur had donated \$1.2 million to support Team Canada athletes, and 130 Olympians and 53 Paralympians who medalled in Tokyo or Beijing would receive \$5000 each, per medal.

So if a Canadian Olympic skier were to win gold, the medal would bring with it a total of 25,000. If a Paralympic visually impaired skier (for example) were to win gold (skiing over 100 km per hour with a guide who communicates information about changes in pitch, snow conditions, rhythm, or combination of gates, when to speed up, when to slow down, etc.), the total would be \$5000.

Better than nothing, perhaps. But short shrift, indeed!

PEIRTA Executive does not necessarily agree with opinions expressed in material authored by those other than official representatives of the PEIRTA, and information about opportunities offered by others is for information only—no endorsement is implied.

Next issue Oct 1, 2022. Submit material to margstewart@pei.eastlink.ca.

If you wish to read this newsletter online instead of receiving a hard copy, send me an email and I will let you know when each issue should appear on our site and on the PEITF site.

Letters to the editor should be a maximum of 200 words, must include a one-line bio, and may be edited for length.

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President (cont'd from 1)
 teachers and their spouses or significant others. This is a great opportunity to see colleagues whom you may not have seen in a while. We will have a silent auction, on-course contests (some involving golf and some requiring your imagination), draw prizes—with something new every year. Last year we raised \$1000.00 for the Esther Finkle Walk for Kids. Cost is \$65 + HST per golfer for green fee, power cart, and treats! An online registration will be available shortly, or call Eagles Glenn at 902-963-3600 to register and select a tee time. You snooze.....you lose! Contact Wayne for more information or if you want to be on the committee. We need a photographer! Hope to see a great turnout!

Winter is done for now, I hope, BUT is there any interest in having a curling bonspiel for retired teachers late in 2022 or early in 2023? Someone suggested this last winter but COVID interfered, so we thought that we would have a go at it this year. Anyone interested in coordinating this event or working on a committee, please contact me.

I'm Negative

Editor ~ True story, as told to me by grandmother.

In accordance with back-to-school protocols, six-year old Tilly was being tested three times a week for COVID-19. One morning several weeks ago her mother did the swab, set a timer for 15 minutes, and left Tilly to keep an eye on the test device—as she had done many times before. The timer rang and Tilly announced “It’s negative again.” Then,

knowing that her cousin had previously tested positive, she asked, “Mommy, did you just order all negative tests for me?”



Pharmacogenetic Testing: A personal experience ~ by Paula Murphy



The fall issue of the PEIRTA newsletter carried an explanation of pharmacogenetic testing (PGx)—the process of testing an individual’s genes to determine how the body responds to medications—and its possible benefits. Through an extended family member who had participated in a trial, I gained some awareness of how beneficial this process could be. Due to adverse reactions to some medications, I was seeking better alternatives and decided to try it. Later, during a discussion with Marg Stewart, I was asked if I would share my experience in a subsequent newsletter.

Last fall I was quite pleased to see this testing was being covered by our health plan. However, although I spoke to both Medavie Blue Cross and to Johnson Inc., I was not able to get the direction I needed to start the process.

I knew I needed a doctor’s prescription for the test, and that the prescription must include a brief description of my health issues. So I got the prescription and proceeded to the pharmacy to have it filled. However, the pharmacy was not familiar with PGx and informed me that it was my responsibility to order the test kit directly from the company.

Blue Cross identified Pillcheck as the company of choice to provide this service. I went to their website (www.pillcheck.ca) to learn more about the program. I found the website to be very informative, but not being computer savvy I felt the need to talk di-

rectly with a Pillcheck representative (1-877-409 -3629). I explained that I was interested in ordering the Pillcheck kit, but rather than ordering it online I wanted one of their reps to walk me through the process. I was fortunate to talk with an employee who was very helpful and knowledgeable.

If you follow this route you will need to be in front of your computer. After processing payment for the kit, the rep also guided me in filling out my medical profile. Part of this step required providing a complete list of medications and dosages. This ended my active conversation with the rep.

My contact had indicated that I would receive instruction by email on how to open an account with Pillcheck. This was very easy. Once you set your password, you can log into your account at any time. From there the process is very well outlined for you by emails from Pillcheck.

The kit from Pillcheck comes through Canada Post. There is a thorough description of how to take the cheek swab. I was more comfortable with having someone with experience take the swab, so I arranged with my family doctor to do this. A prepaid envelope is provided to return the swab to Pillcheck. The company rep advised me to have Canada Post scan the parcel so it could be tracked.

Pillcheck will update you by email when the results are ready, and you will access results through your account. If you want paper copies for your doctor or pharmacist you will need to print them off. Follow-up discussions with your doctor and pharmacist will help determine what if any medication changes may be necessary.

You will be reimbursed for 80% of the cost of the kit, which costs \$500.00+. I worked with Darlene at Johnson’s and she made the process very easy.

Good luck. Hope this is helpful.

Editor: The following information about elder abuse and caregiving was all submitted by Wayne Denman. For more information, see his sources listed below.

Elder Abuse

BASIC FACTS ABOUT ELDER ABUSE

- * Elder abuse happens mostly at home.
- * One in every ten seniors is abused.
- * Finances are at the highest risk—exploitation and extortion.
- * Nine out of ten abusers are relatives.
- * Only one of six cases of abuse is reported.

WHAT IS ELDER ABUSE?

Any action by someone in a relationship of trust that results in harm or distress to an older person. Neglect is a lack of action with the same result. Abuse can be a single incident or a repeated pattern of behaviour. Often, more than one type of abuse occurs at the same time.

WHY DOES ELDER ABUSE HAPPEN?

The abuse may result from addiction issues, mental health problems, a cycle of family violence, or ageism. The aggressor wants to intimidate, isolate, dominate, or control seniors.

WHO ABUSES SENIORS?

Usually someone known and trusted—family member, friend, caregiver, or health care provider in institutional settings. The abuser may be dependent on the senior in some way.

WHAT ARE THE INDICATORS OF ELDER ABUSE?

- * Fear, anxiety, depression or passivity around the abuser
- * Unexplained physical injuries
- * Dehydration, poor nutrition, or poor hygiene

- * Improper use of medication
- * Confusion about new legal documents—a new will or mortgage
- * Sudden financial loss
- * Reluctance to speak about the situation.

WHAT TYPES OF ABUSE ARE PREVALENT?

PHYSICAL

- * Punching, kicking, slapping, striking, pushing, shaking
- * Burning or scalding
- * Inappropriate physical or chemical restraints

- * Inappropriate medication

SEXUAL

- * Sexual activity without consent
- * Suggestive sexual comments
- * Disrespecting someone's personal privacy

EMOTIONAL, PSYCHOLOGICAL, or MENTAL

- * Hurtful or taunting remarks
- * Criticizing, insulting, belittling, frightening, humiliating
- * Locking a senior in a room
- * Not allowing visitors

- * Threatening to institutionalize

NEGLECT

- * Not providing a person's necessities of life, such as adequate food, medication, medical attention, safe shelter, assistance, personal care, clothing

FINANCIAL

- * Tricking, threatening, persuading seniors out of their possessions, money, property
- * Stealing cash, cheques, savings
- * Pressuring seniors to make or change a will/power of attorney, or sign legal documents that they do not fully understand

- * Threatening not to allow visitors unless money or gifts are provided
- * Sharing a senior's home without paying a fair share of the expenses

VIOLATIONS OF RIGHTS AND FREEDOMS

- * Interfering with spiritual practices, customs, or traditions
- * Opening or tampering with mail, email, etc.
- * Keeping a senior in a hospital or institution without a legitimate reason
- * Withholding important information
- * Inappropriately restraining or confining

WHY ARE SOME ELDERS RELUCTANT TO TALK ABOUT ABUSE?

- * They may be embarrassed to tell anyone that they are being abused by someone that they trust.
- * They may fear retaliation or punishment.
- * They may fear having to move from their home/community.
- * They may feel a sense of family loyalty.
- * They may not be aware of people or resources that could help them.

WHO CAN HELP?

It is important that everyone has access to information to help them make wise decisions and access resources. This could include support from family members, friends, social services, police, legal professionals, and/or members of faith communities.

There are numerous resources available that provide assistance for seniors suffering elder abuse.

The Prince Edward Island Police Association (PEIPA) *CRIME PREVENTION GUIDE* for 2022 will focus on elder abuse.

This guide is designed each year to help educate and promote the public's role in crime prevention and law enforcement. Call the PEIPA at 1-800-519-3344 for information.



HOW TO OBSERVE WORLD ELDER ABUSE AWARENESS DAY on JUNE 15, 2022—If you see something, say something!

1. Know the Symptoms of Abuse

Any change in behaviour, disposition, or physical condition is cause for concern.

Bedsore, bruises, chafing, weight loss or poor hygiene, changes in mood (depression, anxiety, agitation, listlessness

2. If you suspect something is amiss, say something.

Document signs of abuse—take pictures, get statements from victim or witness, keep a log.

3. Spread information about elder abuse.

Make sure you have all the facts that are needed to start the process.

For more information:

1. ACER-CART publication on Elder Abuse (also available in French). Contact Bill Berryman (Chair, Political Advocacy Committee) at bberryman459@gmail.com, or Roger Regimbal (Executive Director) at regimbal.roger@sympatico.ca.
2. Canadian Network for the Prevention of Elder Abuse (www.cnpea.ca)
3. National Initiative for the Care of the Elderly (www.nicenet.ca)
4. (www.elderabuseontario.com)
5. Gov't of Canada—Elder Abuse Awareness (www.seniors.gc.ca)

ARE YOU A CAREGIVER?

Have you been a caregiver for a family member or friend(s)? If so, THANK YOU for your assistance in these trying times. Statistics say that more than TWO MILLION Canadians are family caregivers, providing care to a loved one with long-term

health problems. A caregiver can be caring for a spouse, parent, extended family member, friend(s), or neighbour(s). Those who don't identify with the role of a caregiver and take precautions to protect themselves from stress may not understand their risk for the physical and psychological impact



If you can make any of the following claims —YOU are a CAREGIVER and should understand the need to protect yourself from the distress that could come with that role:

- a) I take time off work to accompany a senior for a doctor's appointment.
- b) I assist a senior with grocery shopping.
- c) I help a senior with finances.
- d) My senior calls me nearly every day with a question or problem.
- e) I changed my vacation/leisure time to accommodate the needs of a senior.
- f) I reduced my work hours or family leave to ensure a senior was well cared for.
- g) I wake up a night worrying that a senior is OK.
- h) I often call on behalf of a senior to question a bill or clear up confusion about a product or service.
- i) I've neglected time with my family and friends to help the senior I am caring for.
- j) I haven't been able to take part in hobbies or recreational activities due to time spent caring for someone.

(borrowed from a Homeinstead Senior Care handout)

Caregiver Distress Risk Factors (from Homeinstead Senior Care network)

Those who succumb to caregiver distress are more likely to be one of the following:

- *Women—who report more psychological distress than men
- *Caregivers who suffer from a chronic illness—cancer, hypertension, coronary disease
- *Caregivers of spouses with Alzheimer's disease—increased risk of mental decline
- *Caregivers who lack coping skills—blaming others or themselves, avoiding issues
- *Caregivers who have poor problem solving skills
- *Caregivers who lack adequate resources—finances, available help
- *Caregivers not comfortable asking for help—setting themselves up for exhaustion

To help determine your level of risk/stress as a family caregiver, take one of the multiple online caregiver assessments, such as the Family Caregiver Distress Assessment at <https://www.familymed.uci.edu/geriatrics/GWEP/PDFs/personal-care/caregiver-distress-assessment.pdf?msclid=33d97696d0bd11ecb9d365b74f67a44b>. This assessment tool has been adapted for the Homeinstead Senior Care network.

For more information go to <https://www.homeinstead.ca/care-resources/>.

See also Canadian Institute for Health Information. *Supporting Informal Caregivers: The Heart of Home Care*, at https://secure.cihi.ca/free_products/Caregier_Distress_AIB_2010_EN.pdf

50 Years of Service to Teachers ~ by Kimball

Blanchard

The early 1970's was an eventful period in Island education. School consolidation reduced the number of school administrative units from over 300 to just five. This meant that the PEITF was faced with developing an organizational structure so that the Federation could work effectively for teachers at the provincial level and at the school board level as well.

A very significant outcome from this period of change was that the PEITF for the first time was granted the right to negotiate a contract with the provincial Department of Education to establish salaries and benefits for all teachers in PEI. This brought to an end the need for a "cap in hand" approach to the Department of Education and to the many individual school boards that provided supplements to the provincial grants for salaries.

Prior to this first contract negotiation, very few teachers in PEI had any benefits available for life and health coverage. When the Federation created its negotiation package to present to the Government negotiating team, one item was a proposal for Government participation to provide life insurance and health insurance for all teachers in the province. When the contract was signed the Government agreed to contribute 25% of the cost for a basic \$10,000 term life insurance policy and 25% towards the cost of basic Blue Cross health coverage. Eventually this benefit was negotiated to 50% for active teachers.

While this was new ground for the PEITF, the other Atlantic Provinces had already established programs for their members and Johnson Insurance, a Newfoundland-based company, was providing brokerage services for all three teacher unions. The PEITF engaged the services of Johnson Insur-

ance and under the direction of their representative, Dave Matthews, a Group Insurance Trustee board was formed. Parker Lund, Roger Solomon, Roberta Hubley, Bruce Montgomery, and Kimball Blanchard were the initial members and with the assistance of Allan "Paddy" Murphy, from PEITF staff, the Trustees provided a \$10,000 Term Life Insurance coverage and a basic Blue Cross health plan to PEITF members. Coverage was initially available to all other school personnel but was discontinued later as these groups became unionized.

As early administrative issues were resolved, the program grew. A group of retirees approached the Trustees to seek coverage as their own small plan was becoming unaffordable, and eventually retired teachers were added, with members assuming the full cost of their coverage. Recently coverage was extended to substitute teachers who meet established criteria.

As membership grew so did the types of coverage. Accidental Death and Dismemberment coverage was added, as was Home and Auto coverage with the feature of monthly premium deductions from salary. Supplementary life insurance, long term disability coverage, and critical illness coverage are now provided as well.

The Trustees have continued to use Johnson Insurance as their advisors. Bill Lowe was the Johnson representative for many years and the advisory role has been led by Dale Weldon for the past 25 years. Interestingly, only three people from Johnson Insurance have filled the role of principal advisor to our Trustees over a 50-year period.

The Trustees now administer a complete Health and Insurance program for active and retired teachers with total premiums for all aspects of the coverage amounting to over \$10,000,000 annually. Trustees, while

appointed by the provincial executive of the PEITF, operate independently of the Federation—both financially and in policy making. A PEITF staff person works with the Trustees and the Trustees make an annual payment to the Federation for the various services provided by them. The Trustees are guided by provincial legislation and must adhere to the principles of Trusteeship as any other Trust group would do.

In the early years of the program the Trustees established an experience-rated plan for the main life insurance coverage. As a result, a trust fund was established that has been used over the years to provide benefits for all members in the form of enhanced coverages and for payment of deficits in both health and life plans. In the past year over \$300,000 was paid out in this way.

Our group insurance program has succeeded because of the support of active and retired teachers; PEITF staff, especially Paddy Murphy, Michel Plamondon, and Patrick MacFadyen; and the many volunteer members who have agreed to serve as Group Insurance Trustees over the 50 years. The concept of providing the best benefits possible for members at reasonable rates has always been the guiding principle for the Trustees. Johnson Insurance has always been guided by the same principles and Dave Matthews, Bill Lowe, and Dale Weldon, while providing the necessary current information, have been prepared to follow the direction of the Trustees. To continue and grow over a 50-year period is not accidental. Thanks to all who have been involved during this time.

Kimball Blanchard has been a group insurance trustee for over 30 years. He chaired the first committee, and has represented retired teachers since 2000.



Aldene Smallman

Spring has sprung! We are all ready for a new season filled with the hope of rejuvenation as we anxiously anticipate buds on trees bursting into life and flowers starting to bloom in our gardens

It has been a challenging winter for teachers and administrators in our province. My visits to schools have revealed that staffs and students are still coping with the effects of COVID. Classrooms have been a revolving door with teachers continually adapting lessons and curriculum to adjust to the ever-changing situations. Workload demands continue to increase as educators deal with high absenteeism rates and disruptions to learning and services. These factors have contributed significantly to the fatigue that people are feeling. The end of June will wrap the most challenging pandemic year yet, and it can't come soon enough for many weary Island educators.

In my recent media interviews, I have continually emphasized how the educators in this province have handled the trials and tribulations of the pandemic. They step up each and every time, despite the many obstacles, to provide students with positive educational experiences.

I have reflected on what a beginning teacher must be enduring under these strained and restricted circumstances. I have great hope that the situation will improve for these enthusiastic educators who have not yet experienced this career on a normal level.

I also empathize with the children in our schools who have been living with masks for the first years of their schooling. They have not observed the facial expressions of teachers and peers and have relied on social cues that have

challenged them throughout their controlled and limited interactions. These social limitations, while necessary, will linger and will impact their lives for years.

We are committed to a public relations media campaign with a planned fall launch. We are looking forward to our profession being highlighted in various media outlets in the upcoming year. There are so many wonderful things happening in our schools. This campaign will allow the public to become more informed about what schools and staff are doing to support our students in their educational journeys. The teaching profession will be profiled accurately and in an up-to-date way. Times are changing, and it is very important for the public to stay attuned to the realities of public education.

In June, our family will mark a significant event. I am very much looking forward to becoming a grandmother! I have reflected on what this will mean for our family in the coming days and years. A child is a true bless-

ing, but I can't help but ponder the world that this child is coming into.

I have thought about my life experiences to date. Children today are in a very different world. Our hearts break and our spirits are broken with the images of what Ukraine's children are enduring and how this will affect the future of these beloved children. This event will forever impact families, and it is challenging to grasp that this can still be happening in our world. Due to these reflections, we must make concerted efforts to practice gratitude. We are so very fortunate to live in our beautiful country. We are very blessed to have family and friends

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PEITF (cont'd



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surround us with the abundance of freedom and joy that we have been afforded. Let us not take any of this for granted, as we don't have to look too far to see what can be taken away at a moment's notice.

As you embrace this spring, be grateful for the hope of renewal. Be aware of the changing world around us and make every effort to influence it in a positive and sustainable way! We are indeed on a journey that offers us choices that contribute to a more meaningful and productive life each and every day. Thank you for your continued support of education.

Wishing you many blessings, and hoping that you will continue to be safe, healthy, and happy!

ACER-CART

A Message from President Gerry Tiede

Spring has returned to Canada—on most days—and not a moment too soon! Flowers are blooming and mandates are being relaxed. COVID is **NOT** a thing of the past—**STAY SAFE!**

l'Association canadienne des enseignantes et des enseignants retraités—the Canadian Association of Retired Teachers and each of the 13 provincial and territorial associations exist to promote the interests of our members by facilitating liaison, cooperation and mutual assistance among the

Address Changes

If your address changes, or if you know anyone who has had a change of address and/or is not receiving this newsletter, please have him or her notify our membership chair (contact info on page 2). Your mailing address must include a civic address and/or PO Box number, and a postal code.

group.

We advocate for national policies that are necessary in building a strong social and economic fabric to respond to the needs of aging Canadians. We will continue to advocate for a National Seniors' Strategy this year—a comprehensive plan that would ensure the well being of our elders. **BUT** this year we want to focus on one aspect: the need to provide care in seniors' own homes or near their homes. Sometimes it is called "Aging in Place." Canada is not that well—there are 430,000 seniors in Canada with unmet home care needs.

We would all rather remain in our homes as we age. Doing so promotes better physical and mental health—plus a longer life! But we recognize that we will all need some help from time to time. ACER-CART will be asking for your provincial participation as we campaign for greater government support for seniors' home care. Hopefully, like the changed Ebenezer Scrooge, governments will discover the spirit and cooperate to generously support both seniors in care and those who remain in their own communities.

PS: For more information and statistics on aging in your own home go to acer-cart.org/june3event/

What's in a Name?

Friends of mine recently were having a discussion with their four- and two-year-olds about full names. Mother said,

"So, Ellis, what is your full name?"

Without missing a beat, Ellis, the two-year-old, replied "Ellis Michael Sit Down."



PEITF Travel Insurance

Our out-of-province travel insurance plan has a 90-day medical stability clause. This means that if you have a pre-existing medical condition, it must be considered medically stable for 90 days prior to your departure date if you are to be covered in the event of a medical emergency related to this condition while you are travelling.

A pre-existing condition is considered stable if the member, in the 90 days before the departure date, has not:

1. Been treated or evaluated for new symptoms or related conditions;
2. Had symptoms that increased in frequency or severity, or examination findings indicate the condition has worsened;
3. Been prescribed a new treatment or change in treatment for the condition.
4. Been admitted to a hospital for the condition; or
5. Been awaiting new treatments or tests regarding the medical condition (does not include routine tests).

Number 3 generally does not include reductions in medication due to improvement in a condition, or regular changes in medication as part of an established treatment plan—but each case must be reviewed individually. A change shortly before departure, e.g., with a subsequent reaction, might present problems. So if you have any doubt, call Medavie Blue Cross at 1-800-667-4511, Travel Department, for clarification if you are planning to travel outside PEI.



PEIRTA 2022 AGM Thursday, November 3

Somewhere in Charlottetown, TBA. Save the date!