

WE LIVE IN AN RV FULL-TIME—AND LOVE IT

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Reader's Digest

CANADA'S
MOST-READ
MAGAZINE

OCTOBER 2021

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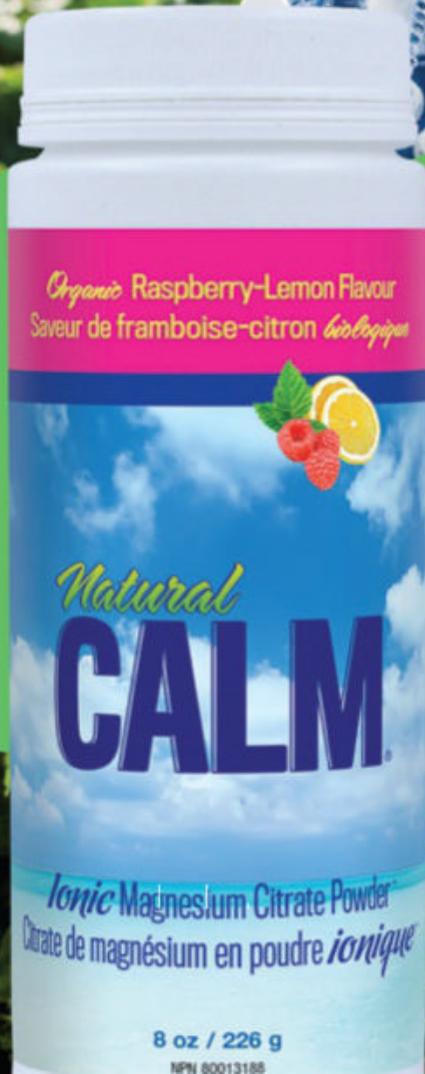
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EDITOR'S LETTER

Pillow Talk

I know what keeps me up at night. Or rather, who does: our four-year-old stirs like clockwork at 1 a.m., climbs into our bed, kicks us while he dozes, then springs up at dawn, fresh and ready to go. It's a tough cycle to break, and it leaves us jealous of his energy and not a little dazed.

On average, people spend a third of their lives asleep, yet so many of us are terrible at it. And no wonder, with blue light from electronic devices, ambient noise, poor diet and physiological conditions like sleep apnea getting in the way.

Add pandemic stress to that list. Since 2020, pharmacists have reported a

spike in prescriptions for sleep aids. We're losing sleep because of economic upheaval, separation from friends and family, and the waves of uncertainty and dread. Neurologists who study sleep disorders even have a name for it: "COVID-somnia."

How much sleep you get has a profound impact on your overall health. Anything less than seven hours of z's, as you'll learn in this issue's cover feature, "Get Your Best Sleep Ever" (page 28), increases your risk of heart attack, hypertension, diabetes, dementia and other ailments. If you need more sleep, or just better quality sleep because you, too, have a four-year-old bedmate, our story provides practical, study-based solutions, including how to improve your sleep schedule, tips on the best supplements and sleep aids, and the only pillow you'll ever need. To all a good night.



P.S. You can reach me at mark@rd.ca.

Reader's Digest

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Writer, Toronto

**“The New Birds
and Bees”**

Liss is an award-winning writer and editor whose work has appeared in *The Globe and Mail*, *Maclean's*, *Chate-laine* and *New York*. She is the author of *Army of Lovers*, a biography of the late artist and activist Will Munro, which was published by Coach House Books in 2013. She's currently working on several books for children. Check out her story on page 8.



DOMINIQUE LAFOND
Photographer, Montreal

“Murder, She Wrote”

Lafond is known for her intimate portraiture and culinary photography. Her work, which often utilizes natural light, has appeared in *Bon Appétit*, *Travel + Leisure*, *enRoute*, *T: The New York Times Style Magazine* and *Nouveau Projet*, and she has also collaborated on more than a dozen cookbooks. Don't miss her photo of bestselling mystery writer Louise Penny on page 72.



ANGELA GZOWSKI
Photographer, Yellowknife

**“The New Birds
and Bees”**

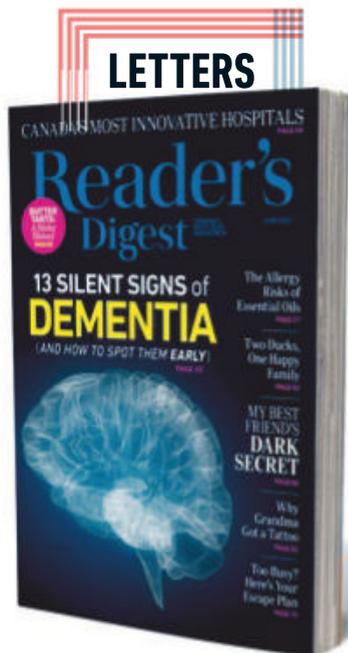
Gzowski is a photographer and graduate of the Nova Scotia College of Art and Design. Equally at home in her studio as she is on the back of a snowmobile, her photojournalism has taken her across the Northwest Territories, Nunavut and Yukon. Her landscapes and portraits have appeared in *Canadian Geographic*, *Vice* and *Up Here*. See her work on page 8.



SARAH RATCHFORD
Writer, Menahqesk (Saint John, N.B.)

“The Long Fight”

Ratchford, an editor at *Maisonneuve*, has written about sex, and women's and trans people's health for *The Walrus*, *Hazlitt*, *Xtra Magazine* and *Vice*. Their first book, *Fired Up About Consent*, was published by Between the Lines last March. Read Ratchford's latest story, about the campaign for better abortion access in New Brunswick, on page 88.



COMMON SYMPTOMS

“Dementia Warning Signs” (June 2021) is an excellent feature. I wish I had read something like this when my mother was diagnosed with this condition. She experienced all 13 signs at some point after she turned 80. It started with her personality changing and progressed to her seeing things and fearing that people wanted to harm her. She passed away at age 94.

—JOAN HANNAH, *Markham*

CONTRIBUTE

Send us your funny jokes and anecdotes, and if we publish one in a print edition of *Reader's Digest*, we'll send you \$50. To submit, visit rd.ca/joke.

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CONTACT THE EDITORS Have something to say about an article in *Reader's Digest*? Send your letters to editors_canada@rd.ca

BEFUDDLED OVER FIDDLES

The line “what the fiddle is to Newfoundlanders...” in “40 (Mostly) Hidden Canadian Gems” (July/August 2021) is completely ignorant of the province's music and culture. While we do have our share of fiddlers, the diatonic-button accordion is the province's predominant instrument. It would appear the author confused Newfoundland and Cape Breton Island, where the fiddle is perhaps more prominent.

—B. D. RENDELL, *Miramichi, N.B.*

WHAT'S OLD IS NEW AGAIN

I was interviewed in “The New Golden Girls” (July/August 2021) and thought the writer, Luc Rinaldi, did a great job. My friends and I have figured out that we need to take care of ourselves and each other as we age—and not wait for the government to do it for us. I did chuckle, however, when I read that I “helped with the chores” in the previous home I shared. Everyone helped! Home-sharing is all about relationships and helping one another.

—DOROTHY MAZEAU, *Toronto*

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How the North is reinventing sex ed for young people

The New Birds and Bees

BY Sarah Liss

PHOTOGRAPH BY ANGELA GZOWSKI

ASK ANY ADOLESCENT and they'll tell you: even at its best, conventional sex ed is the *worst*. Candice Lys, a 38-year-old public health advocate in Yellowknife, Northwest Territories, jokes that she's still haunted by a birth video screened during an awkward Grade 8 health class. It's one reason why she wanted to provide youth with thoughtful, accurate information about their bodies.

That's an even greater challenge in the North, where distances between small, tight-knit communities create obstacles to accessing health services like STI testing and birth control.

Chlamydia is seven times more prevalent among youth between 15 and 24 years old in the Northwest Territories compared to the rest of the country, and for every 1,000 young women aged 15 to 19, there are 103.7 pregnancies, which is nearly three times the Canadian average.

Statistics like these drove Lys and Nancy MacNeill, a fellow health advocate in Yellowknife, to co-found FOXY, or Fostering Open eXpression among Youth, in 2012. Their approach is groundbreaking: holistic, arts-oriented programming around sexual health for and with young women and



Candice Lys wants northern youth to have accurate information about their bodies.

gender-diverse youth in the North. At each of their workshops, participants use Indigenous forms of knowledge, such as traditional drumming and beading, in addition to theatre, storytelling, music and photography as tools to articulate their own experiences.

Another innovation: rather than adults lecturing teens, youth help develop programming and engage in interactive conversations. They are also provided with leadership training to become peer leaders and facilitators.

“THIS PROGRAM’S ACTIVITIES ENCOURAGE US TO BE SAFE, MENTALLY AND PHYSICALLY.”

Pyper Rehm, a 21-year-old in Yellowknife, attended her first FOXY retreat at the age of 13, returned at 15 and has since become a peer facilitator, travelling to schools and youth groups around the Northwest Territories to help facilitate sessions. “We aren’t teachers,” says Rehm. “It’s interactive, and because we present ourselves as peers, not superiors, it’s more comfortable.”

It helps that many of FOXY’s lessons happen outside the classroom. The organization’s summer programming, for example, takes place in the wilderness. Participants, who range in age

from 13 to 17, can apply for all-expenses-paid trips where they develop community projects to take home and share with people around them.

“The activities we do encourage us to be safe, mentally and sexually,” says Shayla Moore, a 16-year-old participant from Hay River. “We learn ways to take care of ourselves and our bodies—because you only have one body for the rest of your life.”

In 2016, Lys and MacNeill added SMASH (Strength, Masculinities and Sexual Health), FOXY’s counterpart for young men, to their programming. Over the past nine-plus years, FOXY and SMASH have hosted more than 550 workshops and 25 peer-leader retreats, connecting with nearly 6,700 youth in 41 different communities across the Northwest Territories, Nunavut and Yukon. Also in 2016, in recognition of their work, Governor General David Johnston gave Lys and MacNeill the Meritorious Service Medal.

But the most powerful moments, Lys says, have been the simplest ones. Take, for example, the first time FOXY ran an anonymous question box session for youth. Participants eagerly peppered facilitators with hours of queries about periods, birth control and more. “Young folks want a safe space where they can ask questions and not be judged,” Lys says. “They want bodily autonomy and independence, but they need information to figure things out.” **R**



THE 2021 READER'S DIGEST TRUSTED BRAND™ AWARDS

Canadian consumers continue to be overloaded with competing product messages and choices. And during this unprecedented time, nearly half of Canadians (**44%**) say they trust products and services less today because of the pandemic¹. So, how do you determine what products and services you *can* trust?

A trusted brand signifies a product or service that Canadians identify as being reliable, durable, credible and holds a good reputation. Celebrating its 13th year in 2021, the Reader's Digest Trusted Brand™ study polled more than 4,000 Canadians to identify what brands Canadians trust most across 33 product and service categories. **Turn the page to discover the full list of winners for 2021!**

So, when you are shopping for, or researching your next product or service, look for the Trusted Brand™ seal. A symbol of trust. Voted by Canadians.

¹Reader's Digest Trusted Brand Study 2021

SPECIAL FEATURE

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5-9
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Allergy
Reliever*



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Insurance
Company*

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Claritin
Allergy
Reliever*

Kellogg's
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Disinfectant

TYLENOL
Pediatric Fever
& Pain Reliever

BEHR
Exterior Stain



Meal Kit
Delivery
Service

perrier
Sparkling
Water

TYLENOL
Cold Symptom
Reliever

**BLUE
CROSS**
Health & Dental
Insurance
Company*



Home
Insurance
Company

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Cash-Back
Rebate
Company



Grill

*Tied brands within the category

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* 2019 IQVIA Study

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ABOUT THE STUDY

For the past 13 years, Reader's Digest Canada has conducted an annual Trusted Brand™ Study, which – in 2021 – polled Canadians about the brands they trust the most across 33 product categories, such as consumer packaged goods, financial institutions, and Canadian retailers. Respondents are asked to identify their most trusted brand within each category in an open-ended question format. To learn more about the 2021 Trusted Brands™ study, visit rd.ca/trusted-brands.



GOOD NEWS

FIVE REASONS TO SMILE

BY Anna-Kaisa Walker

David Hertz started
Gastromotiva in 2006.

CHANGING LIVES, ONE PLATE AT A TIME

BRAZIL Every bite counts in Brazil's *favelas*, sprawling shantytowns on the outskirts of major cities. The country has one of the highest COVID-19 death tolls, and severe unemployment has led to 19 million Brazilians experiencing chronic hunger over the past year.

But for David Hertz, food is more than sustenance. It's a social-bonding tool, an \$8-trillion global industry and, through his non-profit, Gastromotiva, a way to empower the world's poorest citizens. Gastromotiva provides free courses in restaurant cooking, kitchen-assistant training and food entrepreneurship, all with a focus on nutrition. Students apply online, and

after they finish the program, they not only find jobs, but often start their own restaurants and soup kitchens.

What's more, through 65 grassroots "solidarity kitchens," many based out of the homes of alumni, as well as partnerships with local homeless charities and food banks, almost 80,000 free meals are distributed to hungry families in Rio de Janeiro every month.

"With Brazil and the world facing all the challenges the pandemic has caused, the greatest reward of my work is seeing people employed and being able to feed themselves," Hertz says.

A former chef, Hertz was inspired to start Gastromotiva in 2006, after quitting

his restaurant job and spending time designing training programs for a São Paulo *favela*. The non-profit has expanded its courses to Mexico City and Cape Town, and is also working in El Salvador through the UN's World Food Programme.

An Unlikely Mammal Returns to the Mainland

AUSTRALIA The voracious, whirling *Looney Tunes* character might be the first Tasmanian devil that springs to mind, but the real-life creature is actually one of the world's most vulnerable marsupials. Devastated by a facial-tumour disease that wiped out up to 90 per cent of the population in some areas of Tasmania, devils were declared an endangered species in 2008.

Now Tasmanian devils are thriving on the Australian mainland for the first time in 3,000 years, thanks to the efforts of conservation group Aussie Ark. Dozens of devils were introduced to a 400-hectare sanctuary in New South



Wales last year, and this spring, the first generation of joeys were born.

Once widespread over the entire continent, prehistoric climate change, combined with hunting by people and dingoes, left Tasmania the only place where devils survived after 1,000 B.C. Aussie Ark hopes to create a self-sustaining population of devils that can help rebalance the ecosystem in the face of invasive species.

Building a New Sanctuary for Troubled Veterans

UNITED STATES Up to 30 per cent of American veterans suffer from post-traumatic stress disorder, while 14 per cent of people who die by suicide in the U.S. every year are vets. Many veterans also struggle with homelessness and addiction.

In June, Marty Weber, himself a vet, donated 15-hectares of New Jersey forest to homeless-outreach organization Just Believe Inc. The land will become a retreat for veterans struggling with addiction, mental illness and homelessness. Weber named it Jeff's Camp, after Jeff Poissant, his Army buddy-turned-life-partner who died of bladder cancer in 2017.

Weber blames Poissant's death on an inadequate military health-care system, which didn't properly treat him until it was too late. For the almost one in four veterans who suffer from mental illness, accessing mental-health care is often difficult and complicated. "Our

government is not taking good enough care of our vets,” said Weber. “I have to do what I can in Jeff’s memory to help make things right.”

Three Faiths—and a New Hope for Reconciliation

GERMANY In the heart of Berlin, a new place of worship will redefine the idea of sacred space. House of One is a new multifaith centre with the purpose of fostering community and dialogue. The building will house a church, a mosque

and a synagogue in three separate sections linked by a communal domed hall in the middle. House of One will also be open to all other faiths, as well as secular society.

Religious leaders from three communities—St. Petri-St. Marien Protestant Church, rabbinical seminary Abraham Geiger Kolleg and the Muslim founders of Forum Dialog—came together a decade ago to discuss their shared dream of a peace project in a time when religiously motivated attacks were on the rise.

ACTS OF KINDNESS

Lessons from a Basketball Star

Adolfo Damian Berdun isn’t just any kids’ basketball coach. The captain of Argentina’s national wheelchair basketball team and MVP of his Italian Cup-winning team, Unipolsai Briantea84 Cantù, taught four classes of elementary-school kids this past spring as part of a project called “At School I Learn to Play Without Limits,” a five-week sports and inclusion course run by Polisportiva Veranese, a local athletic association.

But when Berdun rolled onto the court in front of a wide-eyed group of Grade 2 students, he made it clear they weren’t there to talk about his missing leg—they were there to play basketball.

Deprived of team sports for almost a full school year during the pandemic, the kids immediately launched into dribbling and shooting drills. For Berdun, who has visited many schools to talk about disability issues over the years, it was the first (of what he hopes are many) opportunities to simply be called “Coach.”

During the last class, Berdun explained how he lost his leg at age 13 after being hit by a truck in his hometown of San Nicolás de Los Arroyos. But moments later, the kids were back on the court. “I was surprised how quickly the children forgot about my disability,” he says. “All they thought about was basketball.”





POINTS TO PONDER

With all this rhetoric and people getting attacked on the street, you really need to deliberately try to celebrate Asian-ness.

—Actor **Simu Liu**, TALKING ABOUT HIS ROLE IN *SHANG-CHI AND THE LEGEND OF THE TEN RINGS*

PLAYING TOGETHER AGAIN REMINDED US OF WHO WE ARE AND WHAT WE LOVE TO DO.

—Toronto Symphony Orchestra music director **Gustavo Gimeno**, TALKING ABOUT THEIR FIRST PERFORMANCE AFTER A ONE-YEAR HIATUS

WORDS ARE NO LONGER ENOUGH.

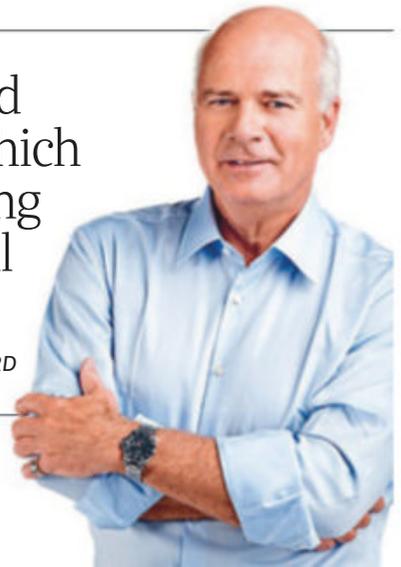
—National Council of Canadian Muslims CEO **Mustafa Farooq**, AFTER THE GROUP RELEASED 60 CALLS TO ACTION ON ISLAMOPHOBIA

We believe that the ultra-wealthy should always be paying their fair share.

—NDP leader **Jagmeet Singh**, IN RESPONSE TO PARLIAMENT'S PROPOSAL OF A ONE-TIME WEALTH TAX

In all, I have spent time with and interviewed 11 prime ministers, which is a pretty good figure considering there have only been 23 in total since Confederation in 1867.

—Peter Mansbridge, IN HIS NEW MEMOIR, *OFF THE RECORD*



(LIU AND MANSBRIDGE) COURTESY OF CBC

(MINHAS) COURTESY OF CBC; (DE GRASSE) DPA PICTURE ALLIANCE/ALAMY
STOCK PHOTO: (FOLLOWS) OSCARS ABRAMS ZIMEL + ASSOCIATE

Don't beat yourself up
if you aren't doing it all.
The reality is that none
of us are.

–Entrepreneur Manjit Minhas



**WE HAVE A LOT OF
TALENT HERE IN
CANADA, AND
PEOPLE DON'T GET
A CHANCE TO SEE
IT BECAUSE
WE'RE ALWAYS
LOOKING AT
AMERICA.**

–Andre De Grasse, ON THE NEXT
GENERATION OF CANADIAN ATHLETES



**SHE'S VERY
GROUNDED. SHE
KNOWS WHERE
SHE COMES FROM.**

–Inuk leader Okalik Egeesiak,
REACTING TO THE APPOINTMENT OF
MARY SIMON AS GOVERNOR GENERAL

*Podcasts are
like going
back to the
old days of
radio dramas.*

–Actor Megan
Follows



I just don't love attacking
anyone in particular,
besides Ryan Reynolds.

–Ryan Reynolds, ON HIS FAMOUSLY
SELF-DEPRECATING SENSE OF HUMOUR



Call the Doctor

Eight signs it's time for a post-pandemic check-up

BY Flannery Dean
ILLUSTRATION BY DIANA BOLTON

IF THEY CAN avoid it, no one wants to go to the doctor during a pandemic. In Ontario alone, that reluctance has resulted in a 28 per cent decrease in primary care appointments. Dr. Amie Davis, a family physician in Hamilton, Ont., says she's seen plenty of patients go silent over the last two years. At the same time, getting back into the doctor's office can be life-saving. Many health care experts are worried that pandemic-related interruptions in treatment, care and screening could eventually result in a sudden and significant increase in illness rates, particularly cancer diagnoses. Here are eight symptoms that should get you back into the doctor's office—pronto.

You have an injury that isn't getting better

Lower back pain and neck strain has significantly increased during the Zoom-heavy era of working from home. One American study found an 84 per cent increase in back pain-related tweets in 2020 compared to the year before. If you are experiencing back or neck pain and things aren't getting better after you've applied heat and ice or rested, head to a doctor for a diagnosis and treatment plan.

You've lost weight and you don't know why

Inexplicable weight loss can be a symptom of a more serious health issue, says Davis. Possibilities include

a thyroid disorder, diabetes, cancer or Crohn's disease. There's no specific amount that raises a red flag, but experts suggest alerting your doctor if you've lost five per cent or more of your overall body weight.

You have a strange-looking mole

Moles that look different aren't always something to worry about, but in some cases they can turn out to be melanoma. "Look at your moles," says Davis. "If they are asymmetrical, have a border, have changed colour, the shape is different or changed in diameter, get it checked out."

You've been consuming too much alcohol or cannabis

One survey found that 25 per cent of Canadians aged 35-54 drank more alcoholic beverages while at home during the pandemic, citing stress and boredom. Additionally, the Centre for Addiction and Mental Health found that just over half of cannabis users reported an increase. Higher use of alcohol and cannabis is linked to declines in mental health, which shouldn't be ignored.

You feel depressed

Half of Canadians polled by Angus Reid reported that the pandemic had negatively affected their mental health—one in 10 said by "a lot." If you are feeling chronically unhappy or anxious to a degree that affects your day-to-day functions, tell your doctor.

You missed your pap smear or mammogram

The pandemic caused a dramatic decrease in cancer screenings. According to Ontario Health, there were one million fewer screenings for colon, breast and cervical cancer between March and December 2020. If you missed yours or if a screening test was cancelled as a result of the pandemic, reschedule now. Cancer screenings can capture a problem before it becomes severe, and early diagnosis can be associated with less invasive forms of treatment and overall better outcomes.

You've been refilling a prescription

If you have a chronic health condition that requires prescription medication and you've simply been refilling it during the pandemic, it may be time to review its efficacy, says Davis. You may need less medication or a different medication, or it might be a good idea to undergo a process of de-prescribing, she explains—but only a check-up can give you the right answer.

You're more forgetful

Prolonged feelings of isolation can negatively affect health among seniors, including cognitive ability and physical mobility. If you've noticed a decline in your memory or cognition, or if you're experiencing a reduction in mobility as a result of increased sedentary time, it needs to be addressed. **R**

NEWS FROM THE
**WORLD OF
MEDICINE**

BY Samantha
Rideout



Vagus nerve
stimulation
device

STROKE RECOVERY: NERVE STIMULATION CAN HELP

After surviving a stroke, there's a 50 to 60 per cent chance you'll lose arm function. In addition to physical therapy, some patients with this symptom are benefiting from a treatment called vagus nerve stimulation. The procedure requires implanting a small box-type device under the skin on the chest. When activated using a wireless transmitter, it stimulates the left vagus nerve, which runs from the abdomen to the brain stem. Scientists think this works because the stimulation helps to strengthen certain neural circuits, making it easier for the brain to relearn lost movements.

Is Work Shortening Your Life?

Partly due to the COVID-19 pandemic, between 2016 and the beginning of 2021, the percentage of Canadian employees working from home rose from four to 32 per cent. The rise in teleworking can lead to overworking, as it blurs the line between professional life and home life. The World Health Organization cautions that regularly working more than 55 hours per week is associated with a 35 per cent higher risk of stroke and a 17 per cent higher risk of dying from heart problems caused by narrowed or blocked arteries. This is compared to maintaining boundaries around work and clocking 35 to 40 weekly hours. Working long hours does more than raise your stress level; it makes it harder to lead a healthy lifestyle with sufficient sleep, plenty of exercise and a balanced diet.

COURTESY OF MICROTRANSPONDER

Don't Place Smart Phones Next to Cardiac Implants

Some smart phones, including the iPhone 12, contain strong magnets. Unfortunately, these can temporarily suspend the normal operations of many pacemakers and cardiac defibrillators. These life-saving implants start working normally again as soon as they're back outside of the magnetic field, but in the meantime, they won't necessarily send electrical pulses or shocks to your heart if it starts to beat too quickly, slowly or irregularly. The U.S. Food and Drug Administration advises people to keep electronics with strong magnets at least 15 centimetres away from their medical implants—by carrying them in a hip pocket instead of a breast pocket, for example.



A New Way to Slow Prostate Cancer

Healthy eating habits may slow the progression of prostate cancer, preliminary evidence suggests. This news is especially good for patients who choose to monitor their disease rather than opt for immediate tumour-removal surgery—an invasive procedure that can cause sexual dysfunction and loss of bladder control. In a Texan study of patients with tumours that weren't yet large or aggressive enough to make surgery a strict necessity, those whose meals resembled the Mediterranean diet (high in fruit, vegetables, legumes, grains and fish, and low in red and processed meat) had a lower risk of cancer progression.

Eating Out Frequently Is a Health Hazard

In a new study led by the University of Iowa, people who ate restaurant food twice a day had a 49 per cent higher risk of mortality at any point in time, compared to people who ate out less than once a week. Previous studies might help to explain why: one of them, a 2015 analysis published in the *European Journal of Clinical Nutrition*, reports that even though some establishments provide healthy food, restaurant fare is usually less balanced than home-cooked meals. It tends to contain more calories, saturated fat, cholesterol and sodium—even when it's not fast food. And while it's hard to know exactly what cooks are putting into your food at a restaurant, at home you're aware of your meals' ingredients and their proportions.

The Outdoors as an Office

Because of pandemic restrictions, many people with desk jobs have grown accustomed to working from home, but it still isn't commonplace to take office work outside. Swedish researchers asked volunteers to give it a try and found that it brought many psychological benefits, including a general sense of well-being, feelings of independence, better focus and improved communication with colleagues. However, working outside also brought feelings of guilt: people felt like they weren't really working because the experience was too pleasant.

This reaction probably stems from the fact that outdoor office work is not a cultural norm, and most people have learned to associate sitting still indoors with work and going outside with personal time and leisure. In fact, some participants said that when they were working at an office, they weren't sure whether they were even allowed to leave their desks as they pleased. However, there's no productivity-related reason why someone couldn't type on their laptop from a park bench (weather permitting, of course) or take part in a conference call while walking with a headset. Turns out taking a walk is also great for thinking: the study's participants said it gave them the headspace they needed to solve problems, mentally prepare for upcoming demands or come up with creative ideas.



Prediabetes May Affect the Brain

High blood sugar is associated with vascular dementia (VD), which is caused by subpar blood flow to the brain. Research suggests that this applies not only to diabetes, but also to prediabetes—which raised the risk of VD by 54 per cent. Fortunately, prediabetes can be managed with diet and exercise.



The Link Between Rheumatoid Arthritis and Migraine

Two large Korean studies have concluded that having one of these two conditions raises your risk of the other. Both are treatable with medications, so if you have one and start noticing signs of the other, don't hesitate to get it checked out.



MEDICAL MYSTERY

Seeing Double

A mother and son's health issues are unexpectedly intertwined

BY Luc Rinaldi

ILLUSTRATION BY VICTOR WONG

KIMBERLY MACURDY HAS always had trouble seeing things. She started wearing glasses as a young child, and her prescription became progressively stronger as she grew up. Over the last few decades, the 57-year-old mother of three performed so poorly on eye exams that optometrists, in disbelief, would ask her to cut it out and start paying attention.

In 2008, a sudden worsening of her eyesight caused Macurdy to suspect it was more than run-of-the-mill vision loss. One day, sitting in the kitchen of her home just north of Houston, Texas,



Macurdy couldn't read the time on her microwave from across the room, even with her glasses on. At her job as a purchasing manager for a manufacturing company, she gradually had trouble focusing on spreadsheets that were right in front of her.

Macurdy's optometrist couldn't figure out what was causing her symptoms, nor could a series of experts—including an ophthalmologist, a retina specialist and an optics specialist—who examined her over the following year. A few doctors decided the likeliest explanation was that she was stressed and imagining her symptoms, given her familial situation: around the same time, the youngest of her three

children, seven-year-old Braden, went to the emergency room three times for vomiting, fever and life-threatening dehydration. She was stressed, but she insisted she wasn't making things up and kept pursuing fresh opinions.

In 2009, Macurdy saw Dr. Andrew Lee, the head of ophthalmology at Houston Methodist Hospital's Blanton Eye Institute. One evening shortly before her appointment, as she was making her way to bed, she had a seizure, dropping to the ground and shaking uncontrollably. She somehow got up into her bed, where she later awoke in a puddle of her own urine.

Macurdy had suffered seizures before, but this one inspired her to write down a list of her other persistent health challenges: rheumatoid arthritis, an off-kilter gait, recurring fevers, and the vision problems, which had since gotten worse. She had started seeing things in double and experiencing eye tremors. "It felt like my eyes were bouncing around like a basketball," she says.

Macurdy faxed her list to Lee, hoping that he could connect the dots. When she arrived at his office, she was impressed with his quick grasp of her situation. He wasn't certain what was afflicting Macurdy, but he had a hunch: multiple sclerosis. MS causes the immune system to attack myelin, fatty tissue that coats and protects nerves, which often results in vision problems. People with MS are also more

likely to experience difficulty walking. After the appointment, Macurdy sat in her car and cried—not over the chance that she had MS, but about the possibility of knowing what was wrong with her. "Finally," she says, "someone agreed I was actually experiencing this."

An MRI later confirmed Lee's hypothesis: the myelination in Macurdy's brain was abnormal, indicating that she likely had MS, although there is no definitive way to test for the disease. MS also has no cure, but Macurdy's doctors prescribed her a raft of medications to treat symptoms and sent her home.

AS MACURDY WAS HEADING TO BED, SHE DROPPED TO THE GROUND AND SHOOK UNCONTROLLABLY.



Around the time Macurdy began to get some answers, so did her son. An endocrinologist surmised that Braden's health scares had been caused by a dysfunction of his adrenal glands, which produce the natural steroids a body needs to excrete excess potassium. The doctor prescribed him hydrocortisone to balance out the chemicals in his body.

Over the next five years, Macurdy and her son scraped by. Between the two of them, they had at least one medical

appointment a week. Macurdy's initial MS medications didn't work as well as expected, so her doctors kept prescribing her new ones. At one point, she was taking 22 pills a day. She was overwhelmed trying to juggle both her own health and Braden's. "Life was just ultra-weird," she says. "I continued to fall off the ledge."

In 2015, Braden landed in hospital again after another bout of vomiting. Macurdy pushed doctors to perform a number of additional tests to figure out why her son was sick—and in 2016, the results of a genetic test revealed Braden had a mutation in a gene that normally helps cells break down very long chain fatty acids. These acids insulate nerve fibres in the brain, but an excess of them was damaging the myelin throughout his body. The condition is known as adrenoleukodystrophy (ALD). It affects roughly one in 20,000 people, and there is no cure. Some carriers are asymptomatic and live full lives, while others die in adolescence. When Braden, then 15, asked doctors how long he'd live, they answered, "We don't know."

It was a devastating diagnosis, but it came with a silver lining. The next time Macurdy saw Lee, she casually mentioned Braden's diagnosis. "He literally stopped his pen mid-stroke and said,

'Wait a minute,'" says Macurdy. Lee wondered whether ALD, a genetic disease, could explain Macurdy's illness. Indeed, in addition to having MS, a genetic test revealed that she had the same gene mutation as her son. The two mysteries had always been one.

ALD is linked to the X chromosome, which causes it to manifest primarily in men. "That's why the son was showing all the symptoms and the diagnosis was so obvious in him," says Lee. It's far rarer for women to show signs of ALD because they have two X chromosomes—one can serve as a backup if the other is affected by a mutation. Female carriers of ALD, therefore, typically display milder symptoms, or none at all.

After her diagnosis, Macurdy scoured ALD support groups on Facebook and found a specialist at the Mayo Clinic in Rochester, Minnesota. That doctor now sees Macurdy and Braden at least once a year, performing tests and blood work to monitor warning signs and ensure the disease doesn't progress.

After a lifetime of battling perplexing symptoms, Macurdy is relieved to know what she—and her son—are up against. "If I had not forced doctors to look, we really wouldn't know," she says. "But I'm no hero. A mom does what a mom has to do." 



Financial Advice

Money is like manure. You have to spread it around or it smells.

J. PAUL GETTY



COVER STORY



Get
Your

Best Sleep Ever

Your health depends on it. Here's the latest expert advice and tips for a good night's rest.

BY Leah Rumack AND Mark Witten

PHOTOGRAPH BY VICKY LAM
ILLUSTRATIONS BY JEFF KULAK

Nighty-night



The bad news first: Canadians are sleeping less than they should. One in three of us don't get enough rest, and, according to a 2018 Statistics Canada report, our nighttime insomnia symptoms jumped by 42 per cent over eight years. Chronic stress and a more sedentary lifestyle—both of which increased during the pandemic—are two reasons for that.

If you don't get enough sleep, the negative effects on your health can be profound. Once you reach your 50s, if you're sleeping less than the recommended seven hours a night, your risk of developing dementia jumps by 30 per cent. That is, if you make it to that point. Inadequate sleep also increases the risks of heart attack, stroke, hypertension, obesity, diabetes and other health issues.

On the flip side, a restorative sleep is good medicine, a natural elixir that far exceeds the benefits of any pill. And getting enough keeps you mentally sharp during the day, better able to deal with life's stresses and conflicts.

The good news? We spoke to the experts and did the research to help you rest easier, starting tonight.

(PREVIOUS SPREAD) OFF-FIGURE STYLING BY DEE CONNOLLY; EMBROIDERY ON MASK BY BRIANNA KINNAIRD

STEP ONE

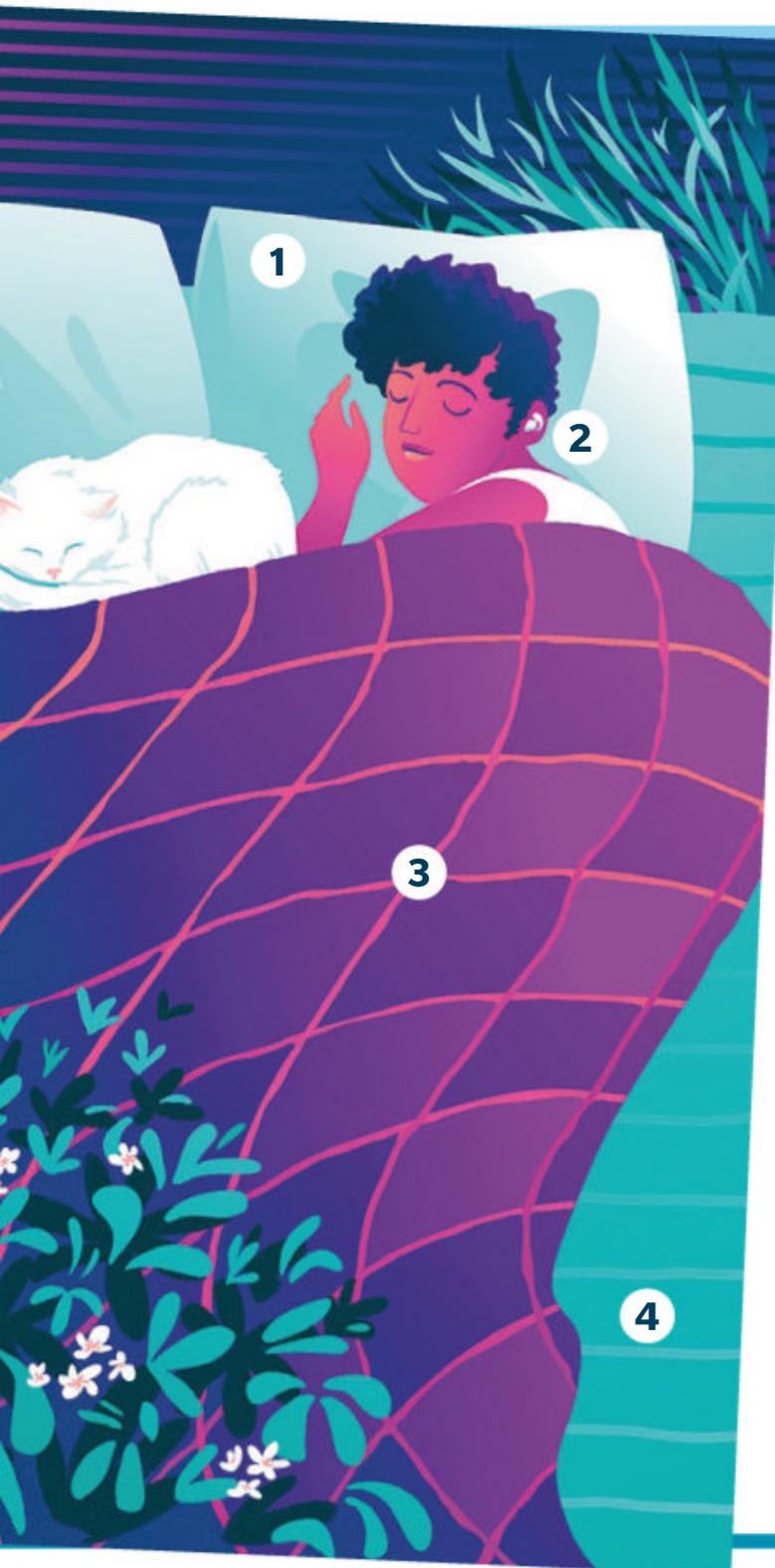
Optimize Your Bedroom

1. The Pillow That Adapts

Avoid a sore neck in the morning by investing in an adjustable pillow from Simba. Removable foam cubes let you customize the pillow to the perfect height and firmness for you. \$199, simbasleep.ca

2. The Sounds of Silence

A white-noise machine has always been a must-have for the bedroom, but now you can also pump ambient sounds directly into your ears to drown out unwelcome noise. Try the Bose Sleepbuds II, which are surprisingly comfortable earbuds that allow you to choose from a bunch of instrumental tracks that are specifically designed to mask the low-frequency disruptions—like snoring and noisy neighbours—that are the most common sleep disturbances. \$329, Bose.ca



3. The Blanket That Keeps You Cozy

Over the last few years, weighted blankets have moved from a niche product used mostly in therapeutic settings to a standard bedroom item. They're designed to feel like a nice, firm hug, one that's been proven to reduce anxiety and help you get your Zs. Endy's seven kilogram blanket—best for one person who weighs at least 45 kilograms—is machine washable and has a removable cover.

\$195, [endy.com](https://www.endy.com)

4. The Mattress That's Always Cool

Waking up because you're too hot is a common complaint, whether it's due to the weather, medication, hormonal hot flashes or plain old human biology. When we sleep, our temperature drops by a couple of degrees, and we shed that heat into our sleeping environment. To turn down the temperature, Casper has come out with an entire cooling collection, including the Wave Hybrid Snow Mattress, which features a breathable fabric and a layer of cooling gel.

Starting at \$2,095, [casper.ca](https://www.casper.com)

STEP TWO

Troubleshoot Your Sleep Issue

We asked Dr. Ram Randhawa of UBC Hospital's Leon Judah Blackmore Centre for Sleep Disorders for some advice on what to do about the most common problems.

You can't get to sleep, stay asleep or wake up too early

These symptoms all fall under insomnia and are usually caused by stress, irregular sleep schedules or excessive use of electronic devices in the evening. Randhawa suggests three basic strategies:

1. Lower your arousal level before bed with relaxation techniques or soothing rituals and routines, such as reading a book or listening to a meditation app.
2. Re-establish the bedroom as a calm place to sleep by going to bed only when you're sleepy, getting out of bed when you can't sleep and using the bedroom exclusively for your calming routines, sleep and sex. Keep electronic devices out of the bedroom.
3. Although it may sound counter-intuitive, spend less time in bed. Go to bed later, which increases the pressure on your body to sleep, and then wake up earlier. You might get less sleep the first week, but Randhawa

says this will settle down and the quality of your sleep will improve.

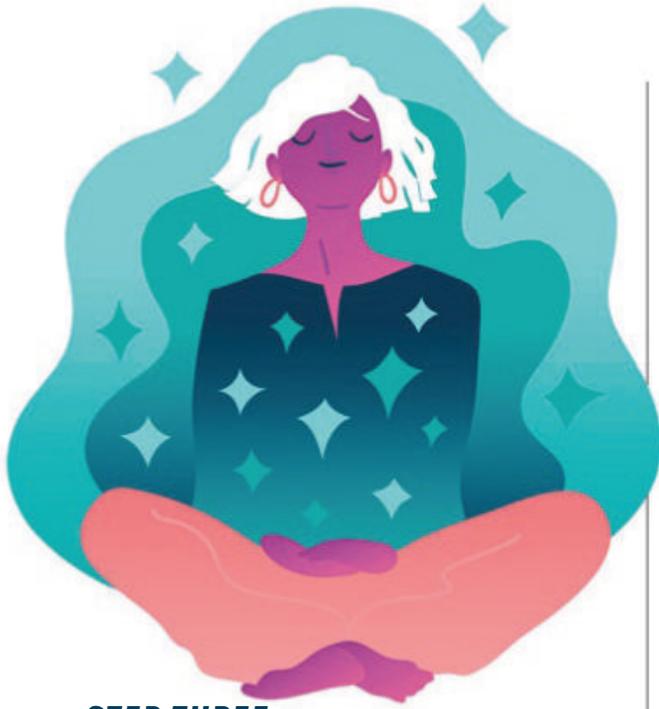
You don't feel rested in the morning

If you're sleeping between seven and nine hours a night and are still feeling exhausted and irritable, Randhawa says you should be assessed for sleep apnea at a sleep-disorders clinic. This condition, which affects more than five million Canadians, causes people to stop breathing and wake up for five to 15 seconds multiple times an hour through the night. Sleep apnea is often treated with a CPAP (continuous positive airway pressure) machine, which helps you breathe by keeping the airway open while you sleep. Shedding excess weight and avoiding alcohol before bed may also be effective for mild sleep apnea.

You sleep too long

According to Randhawa, oversleeping can be a symptom of depression because the same brain systems involved in causing mood disorders can also disrupt your body's regulation of sleep. And since regularly sleeping too much—more than nine hours a night—is linked to health problems such as heart disease, type 2 diabetes and obesity, he suggests oversleepers speak to their GP about getting a mental-health assessment.





STEP THREE

Learn How to Get Rest When Stressed

WORRIES ABOUT WORK, health and finances, as well as stressful life events, such as job loss, divorce, major illness or the death of a loved one, are all common causes of insomnia. In fact, more than 36 per cent of Canadians who don't get enough sleep report suffering chronic stress, according to the Public Health Agency of Canada. This happens because, even if your body is ready for rest, stress causes your brain to go on high alert. That, in turn, triggers the release of hormones like adrenalin and cortisol and increases your blood pressure and heart rate.

"It doesn't matter how tired you are," says Randhawa. "If you are in a room with a tiger, you won't fall asleep."

Thankfully, the physiology of how stress disrupts sleep points to effective, non-pharmaceutical antidotes. For one, you can try writing down a list of pressing problems and worries before going to bed. Give yourself time to reflect, process and work out next steps or solutions. Then let those worries go so you don't ruminate into the night.

Once you've thought things through, to bring down your blood pressure and heart rate, Dr. Andrew Lim, a neurologist at Sunnybrook Health Sciences Centre in Toronto, recommends trying a variety of relaxation techniques and rituals. Meditation, yoga, abdominal breathing, soft music or taking a hot bath can all help calm your nervous system and switch off the body's "fight or flight" response.

If those strategies aren't working, cognitive behavioural therapy can help with insomnia caused by stress. For this treatment, a therapist will help you recognize negative thoughts, feelings and behaviours that are contributing to insomnia, and, in six to eight sessions, you'll learn to reframe them in a way that is conducive to sleep.

Lastly, try not to add to your stress by worrying about a lack of sleep. "Paradoxically, sleep isn't something you can achieve with effort. The harder you try to sleep, the more elusive it becomes," says Randhawa. "The best advice is to improve your stress management and let your sleep improve naturally."



STEP FOUR

Get on the Right Sleep Schedule

THE TIME THAT WE fall asleep and wake up is regulated by something called a circadian rhythm, or internal clock, that's mainly set by visual cues of light and darkness. Circadian rhythms also affect other biological processes, such as body temperature, metabolism, appetite and hormone release—all of which adjust so that our bodies move into sleep.

The best sleep schedule is a consistent one. If your natural sleep-wake rhythm gets thrown off by shift work, jet lag or bedtimes that are all over the map, this can seriously disrupt sleep and affect your overall health. A 2019

Harvard University study found that irregular bedtimes and wake-up times, and fluctuating amounts of sleep, increased the risks of obesity, high cholesterol, high blood pressure and high blood sugar, among other health problems. For each hour of sleep variability, these health risks rose by up to 27 per cent.

It also helps to know whether you're naturally an early bird or a night owl—tendencies called chronotypes. Because chronotypes are genetically influenced, it can be hard for some people to purposefully change them. About five to 10 per cent of people are true early

birds, and 15 per cent are true night owls, with most people falling into the intermediate range of sleeping from 11 p.m. to 7 a.m.

Naps can be either helpful or detrimental to sleep, depending on the individual, duration and specific sleep issue. If you don't generally struggle with sleep, a short nap of less than 30 minutes, not too late in the day, can restore alertness without compromising nighttime sleep.

"For people with insomnia, our advice is usually not to nap," says Dr. Najib Ayas, a physician at the Leon Judah Blackmore Centre for Sleep Disorders, explaining that it'll reduce the healthy pressure to sleep that builds up throughout the day.

STEP FIVE

Try These Sleep Aids



Sleep meditation apps, like Calm or Headspace, offer guided meditations and breathing exercises to help you fall asleep. And a recent study showed that they really work if you stick with them—people with insomnia who used Calm for eight weeks improved their sleep quality and reduced their daytime sleepiness and fatigue.



Your body naturally produces the sleep-inducing hormone melatonin in response to darkness. But since people can become melatonin deficient, **supplements** may help. There's also emerging evidence that magnesium can assist with sleep, as it relaxes the muscles and has anti-anxiety properties.

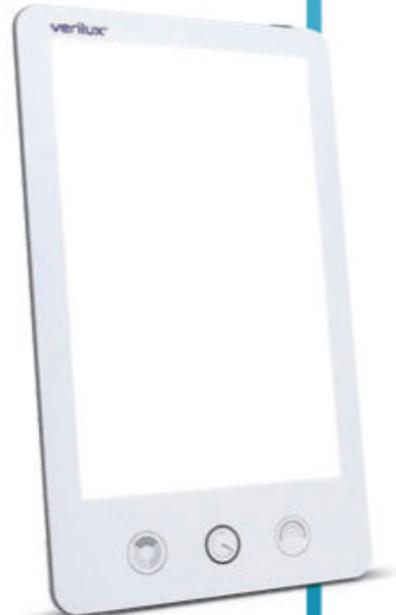
The calming effects of **chamomile tea** may be due to an antioxidant called apigenin that binds to brain receptors that may reduce anxiety and initiate sleep.



Artificial light at night sends the wrong signal to your brain and disrupts sleep. A *Sleep Science* study found that **sleep masks** were an easy way to improve the quality of sleep for patients hospitalized in a brightly lit coronary-care unit—so they'll work for that street lamp outside your window, too.



A *Sleep and Biological Rhythms* study reported that insomniacs slept better after sitting in front of a **light-therapy box** for an hour each morning. As long as the device emits at least 10,000 lux of light, it'll trigger your body to release melatonin, the natural sleepy-making hormone, later that evening at the ideal time to settle you into a good night's rest.



STEP SIX

Give CBN a Go

Sleep-challenged Leah Rumack tested the much-touted cannabis compound to see if it really does help with sleep

BY NOW YOU'VE probably heard about the two most popular cannabinoids found in cannabis: THC, which gets you high, and CBD, which doesn't but is known for its relaxing and anti-inflammatory properties. But have you heard about CBN? While it's already popular in the U.S., CBN—available in everything from smokable flower to oils, gummies and vape pens—has only recently started to become more easily available in Canada. And I, for one, had been waiting for it.

That's because CBN is loved by people who have trouble sleeping, a lousy club I'm a longtime member of. I'm always hoping that the latest "it" treatment will cure me for good, so I decided to put CBN to the test.

CBN is short for cannabiniol. It's an "oxidization product" of THC—when THC has been degraded by exposure to light, heat or oxygen, it turns into the less intoxicating, sleepy-making CBN. While there isn't any peer-reviewed, scientific evidence that CBN helps with sleep, that hasn't stopped gushing anecdotal reports from flooding the Internet.



I bought three CBN products from the Ontario Cannabis Store: Field Trip GO: Slumber 5:1 CBN Shot (\$6.20 for one 60-millilitre bottle); Renew CBN Oil by Solei (\$64.95 for 30 millilitres) and the perfunctorily named CBN 1:2 Night Formula Oil (\$42.95 for 30 millilitres) from Medipharm Labs.

I started on a Monday by downing the Field Trip shot a couple hours before bedtime. Thanks to a base of chamomile and lavender, it tastes flowery and sweet. I had quite a good sleep that night, which seemed promising, so the next night I moved on to the Renew oil, which comes with a five-millilitre dropper. Now for the hard part.

Cannabis laws in Canada prohibit brands from suggesting dosages, since

technically it's not supposed to be used as medicine. Other than a general "start-low-and-go-slow" adage, there's zero official guidance on the packaging or on company websites because *it's not allowed*—which would be hilarious if it weren't utterly unhelpful. So I do the most scientific thing I can think of, which is shrug and take the whole dropper (a teaspoon). They wouldn't have included it if I wasn't supposed to take the whole thing, right?

Wrong. CBN doesn't get you high, but I failed to notice that both of the oils I got also contain THC (the letters on the label are so small!). Did I sleep well that night, you might ask? Who remembers?!

Since that ill-fated rendezvous, I've been dosing myself very carefully with only one to two milligrams about an hour before bed, toggling back and forth between the two oils, which have similar effects. This has been much more successful. While I still have bad nights, I'm falling asleep more quickly, slumbering more deeply and having less trouble falling back asleep. And while my favourite formulation was the shot—which has one milligram of THC and five milligrams of CBN— it's too expensive to take every night.

As CBN gets more popular, new formats will start hitting the shelves. I'm currently more excited to try the Ace Valley CBN Dream gummies than I am for the next season of *Succession*. Consider me sold. **R**

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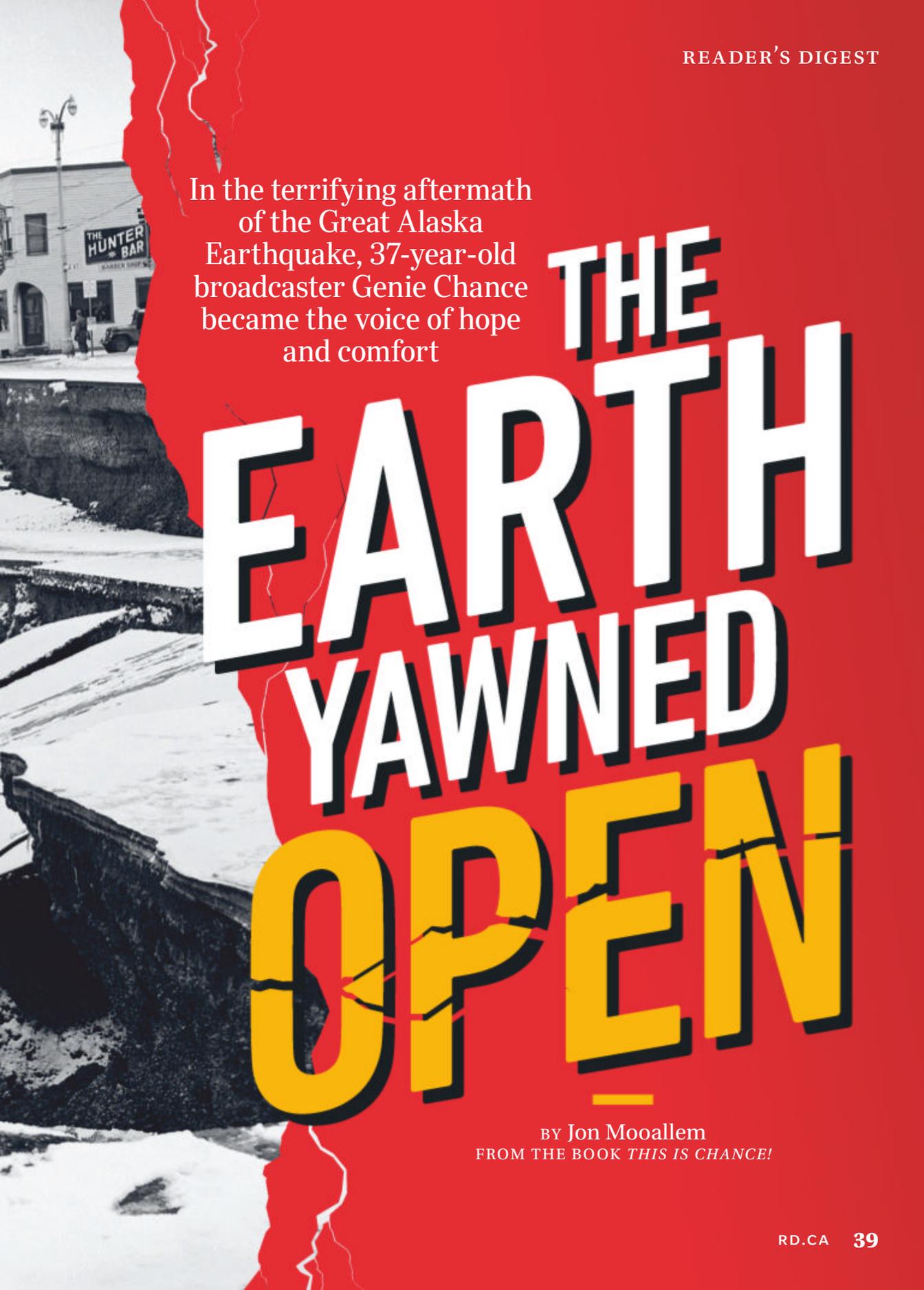
besthealthmag.ca/newsletter



DRAMA IN REAL LIFE



In the terrifying aftermath
of the Great Alaska
Earthquake, 37-year-old
broadcaster Genie Chance
became the voice of hope
and comfort



**THE
EARTH
YAWNED
OPEN**

BY Jon Mooallem
FROM THE BOOK *THIS IS CHANCE!*

GENIE CHANCE

was typing a letter to a friend when her 13-year-old son, Winston Jr., called Wins, appeared at her bedroom door. He needed a ride into downtown Anchorage to buy a copy of the Red Cross life-saving manual for swim class the next day. The bookstore didn't close until six o'clock, he told Genie. It was almost 5:30 p.m. They still had time.

Genie set her letter aside. "You've known for a week you had to have it," she complained as they headed downstairs.

Genie's 11-year-old son, Albert, was watching television in the living room. "We shouldn't be gone more than five minutes," Genie told him. Her husband, known to all as Big Winston, was still at work, and Genie's youngest, 8-year-old Jan, was at the neighbour's house. Genie pulled on her boots and parka and marshalled Wins into the car.

This wasn't the first time that day, March 27, 1964—Good Friday—that Genie had been in town. She had set

out for the city's Public Safety Building at about 7 a.m., as she did every morning, to sift through the police department's overnight logs and booking slips, looking for news stories.

In her year and a half at KENI, one of Alaska's top radio stations, Genie had transformed herself into an industrious roving reporter, covering crime, the courts and city hall.

Sometimes she handed her copy to a male announcer to read, but often it was her own voice on the air. The 37-year-old, lithe with short, wavy blonde hair, was said to be the first female newscaster in the state. In Anchorage, one of her co-workers wrote that everyone knew that "when something happens, their Genie will be right there telling them all about it."

Many of the men at KENI dismissed her as stuck-up or dramatic. A working mother wasn't supposed to be so driven. Genie did her best to defuse their discomfort. At the conclusion of a dogsled race a month earlier, she had signed off by thanking two male colleagues "for allowing this little gal to be a part of the broadcast crew."

Snow was falling as Genie turned right onto C Street. The city was quiet. Most people had already left work for the start of the Easter holiday weekend. The Salvation Army had just concluded its Good Friday worship. Volunteers at the Third Avenue Elks Lodge were colouring Easter eggs for their upcoming hunt.

It was 5:36 p.m.

The traffic light turned red as Genie and Wins approached the intersection of C Street and Ninth. The car started bucking as soon as Genie's foot touched the brake. "Oh no," she said. She assumed she'd blown a tire.

For a moment, they bounced violently without speaking a word. The shaking relented. Then came a forceful, heaving jolt. It knocked the traffic lights out. The electrical lines overhead started snapping like whips.

"What is it?" Wins asked.

"It must be a hard wind," Genie said.

Across the street, a line of cars parked at the service station were bouncing into one another and separating again. They looked like a grotesque accordion opening and closing, Genie thought.

A man and two women came out of the liquor store to her left. They did not seem to be walking, exactly, but lurching. Then they fell down. When they got back on their feet, the man tried to protect the two women by hugging each one to the wall of the building they'd just stumbled out of. But then the building swayed away from the three of them—the building itself moved! Genie watched it bending left, then right. And as it did, she saw a crack open in the masonry over the man's head and then close again.

Through the windshield, Genie watched the road roll away from the car. The pavement didn't break apart; it was still solid. But it rolled, wavelike, as though some humpbacked shadow creature surged under its surface. As Genie's car hopped more ferociously, leaving the ground and edging into the adjacent lane, she found the words to explain the chaos: "This is an earthquake!"

The onset of the quake unfolded like this for many people. The mayor of Anchorage stared at a raven outside his car window, watching it try to land on a thrashing streetlight for several seconds until, finally, the bird gave up and soared off. A woman watched her cast-iron pot of moose stew hop autonomously off the burner. The earth yawned open and swallowed cars. One woman, watching hers vanish, said "Good" out loud—she'd never liked



Chance, a year after the earthquake.

that car. But then the ground thrust upward and ejected the vehicle again. Another woman found herself jumping over metre-wide crevasses as they split open in front of her, escaping to momentary safety again and again, cradling her baby the whole time. She noticed, fortuitously, that each new rupture was preceded by an audible warning that sounded as if “you dropped a dish and it didn’t break, just bounced,” she later explained.

The Great Alaska Earthquake, as it would come to be known, was the most powerful earthquake ever measured at the time and remains the second most powerful one to date. Its magnitude hit 9.2 on the Richter scale; its epicentre was 120 kilometres east of Anchorage and shallow, only about 25 kilometres underground. The earthquake was so violent it reshaped the surface of the planet. An uninhabited island south-east of Anchorage was knocked nearly 21 metres from its original position. Most of the landmass of North America momentarily jostled upward, in some places by as much as five centimetres. In Baton Rouge, Louisiana—6,400 kilometres away—a homeowner noticed his swimming pool jiggle. The quake lasted nearly five minutes, long enough for some people to question whether it would ever stop.

GENIE AND WINS raced back home. Their stout, wood-shingled duplex was still standing, though the chimney



had crumbled. As they pulled up, Jan and Albert shot out of the neighbour’s house. “You ought to see the inside of our house,” Albert shouted. “It’s a mess!”

Safe and reunited with each other, the Chance children understood that Genie would be leaving again to report on the situation. She hugged Albert and asked, “Are you sure you’re all right?”

“Don’t worry about me,” he said. “Go on and do your job.” Genie hugged him again and ran out to her car.

It was nearly six o’clock when Genie parked downtown and slammed the car door behind her. The true scope of the horror and destruction now hit her. On D Street, Genie stopped short in

COURTESY JAN BLANKENSHIP

In the aftermath of the earthquake, Chance warned residents to be wary of aftershocks and fallen power lines.



front of a slab of something in the snow. She stared at it, mesmerized and repulsed, but couldn't place what it was. Finally a man explained: it was half a woman. He'd seen her get struck by the falling debris.

Genie, feeling nauseated, moved on quickly. On Fifth Avenue, the roof of the new J. C. Penney had slumped inward and massive swaths of the five-storey exterior had collapsed, spilling plaster, lumber and concrete up and down the block. It looked as though someone had stepped on the structure and its insides had slopped out. Volunteers were clearing debris off a flattened car with their bare hands. A 55-year-old

woman was inside, her neck and arm broken. But she would survive.

Genie turned the corner onto Fourth Avenue and took in an impossible panorama. While one side of the city's main thoroughfare seemed untouched by the earthquake, the other side of the street had simply dropped. For two whole blocks, everything was three or so metres lower than it had been, wedged in a ragged chasm that had ripped open under the street. Some of the buildings still appeared to be intact down there. Cars were lined up beside their parking meters.

The D&D Bar, the Sportsman's Club, the Frisco Bar and Café, the pawnshop,

the Anchorage Arcade—they were all now below ground level. In the immediate aftermath, men had emerged from the front doors of those sunken bars unharmed, many still clutching their drinks, and looked up like stunned miners.

After briefly returning home again to check on her family, Genie called in to the station on her car's two-way radio while still parked in her driveway. She was prepared to make an initial report about the destruction she'd witnessed downtown. Though the station had been knocked off the air for a time, it was back on. "Go ahead, Genie," the on-air announcer said.

Genie was ready, but how to proceed? She felt obligated to shield KENI's listeners from the horror she'd witnessed. She intuited that if she described that body in the snow or the woman in the car, listeners would rush to assume it was

their missing mother, wife, sister or daughter. "A description of blood and gore could cause panic," Genie would later explain. "We could not have panic."

Speaking fast between sharp, quick breaths, Genie told those listening, "It has become obvious that the earthquake that struck Anchorage was a major one. A great deal of damage has been done throughout the city." She advised people to check their supplies and keep their doors closed to retain the heat in their homes since the temperature would soon drop below freezing. "But, uh, now another thing," she continued. She was making it up as she went along, warning about as many hazards as she could remember from when she had dashed through downtown: avoid tall buildings, which may still be susceptible to aftershocks; stay clear of power lines; stay put. And most of all, don't panic. "Check on your neighbours. See if they have transistor radios. If they don't, maybe they could move in with you and share one for the night. It seems like it's going to be a long, cold night for Anchorage, so prepare to batten down the hatches, and stay tuned to KENI."

Another tremor struck just as Genie finished. There would be 52 separate aftershocks over the next three days, 11 of which measured higher than 6.0. When the aftershock subsided, Genie drove back downtown. It was after 6:40 p.m.

Destruction at the Anchorage airport.



Only one hour had passed since the quake. “For the next 30 hours,” she would say later, “I talked constantly.”

When Genie arrived at the Public Safety Building, she told Anchorage’s fire chief, George Burns, and police chief, John Flanigan, that they were free to use her two-way radio to broadcast announcements. Instead, Chief Flanigan off-loaded that job to Genie. She would be the city’s de facto public affairs officer, feeding the public necessary information.

**PEOPLE SEPARATED FROM
FAMILY MEMBERS CAME
TO CHANCE ASKING
HER TO BROADCAST
THEIR MESSAGES.**



Genie was caught off guard. Shouldn’t authority figures such as the police chief and city manager be speaking to residents themselves?

Flanigan didn’t have time to discuss it. He was worried about people streaming into the downtown area to find loved ones, or just to gawk. Genie would need to tell the people of Anchorage that it wasn’t safe to travel around the city.

While colleagues reported the general earthquake news from the studio or a mobile unit, Genie relayed messages from law enforcement from inside her car parked outside the

Public Safety Building. “City police report that a high-voltage power line is down on Northern Lights Boulevard,” she said in one announcement. “State police report that there is a large crevasse in the Seward Highway about two miles south of the city limits of Anchorage. It is impassable at that point,” she relayed in another. In fact, “Both highways out of Anchorage are closed to through traffic ... You are urged to stay home. Do not drive around to see the sights. Stay in your places and await further instructions.”

Soon, volunteers and city employees were rushing out of the Public Safety Building and appearing beside Genie’s car with more announcements to broadcast. She listed the locations of public shelters opening up for the displaced and started directing equipment and personnel around the city. “A first aid station is being set up at the old First Federal Savings and Loan Building,” she reported. “A doctor is needed there as soon as possible.” An assistant fire chief came to tell her, with some aggravation, that his men were seeing lit candles in people’s windows all over town. “This is a fire hazard,” Genie explained on the air. “If you are using candles, please light them only when it is necessary, and then use them with extreme care.”

Something else was happening that Friday night—people separated from family members were coming to Genie and asking her for help. They were

desperate to know whether somebody they loved was safe or to let loved ones know that they were safe. They were eager to find one another, to shout across their fractured city in the dark. They hoped that Genie might amplify their voices with her own.

Genie had moved inside the building by this time, and among the first to come to her, around 9 p.m., was a couple.

"Mr. and Mrs. Fisher have lost their children," Genie said, relaying their message over the air. "They said they will be waiting at the home of Charles Ball." More people came. And as the telephone lines in the Public Safety Building reopened, many more called in. "Mel Fleeger," Genie said, "we've received a call here at the fire station. Mel Fleeger who lives on 86th Avenue: the fire department dispatcher said it sounded like children calling, and they said 'Please come home' ... Howard Forbes would like it to be known that he will be at Mike Whitmore's ... A message to Walter Hart: Lee Hart is fine ... Jim Murphy and Bill Sarville at Point Hope: your families are A-OK."

IN THE ENSUING YEARS, after the rubble had been cleared and the city rebuilt, Genie went on to have a successful

broadcasting career and serve in the Alaska legislature. She died in 1998 at the age of 71. But during those tense hours on the air that Good Friday night, Genie couldn't help wondering how she wound up in the role of communicating instructions and hope to the public. As it turned out, she was the perfect person for the job.

While miraculously only nine people died in Anchorage—115 throughout the state—more than 1,400 properties were significantly damaged and over 900 homes destroyed. The electrical grid was down. Most phone lines were dead. People were cut off from each other.

One man who had fallen to the sandy bottom of a pit later said, "You just wonder, Where are you? You don't know if anybody else is alive. Maybe you're the last man."

So it was reassuring to hear another voice on the radio, talking to you—especially a familiar voice.

"Genie Chance," one listener explained, "was telling everyone, 'You're not alone.'" 

THIS EXCERPT WAS ADAPTED FROM *THIS IS CHANCE!: THE GREAT ALASKA EARTHQUAKE, GENIE CHANCE, AND THE SHATTERED CITY SHE HELD TOGETHER* BY JON MOOALLEM, PUBLISHED BY RANDOM HOUSE, A DIVISION OF PENGUIN RANDOM HOUSE, LLC. COPYRIGHT © 2020 BY JON MOOALLEM.



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- ◆ Pumpkin Spice

—[@PROF_HINKLEY](#)

Right before I got my COVID-19 vaccine, the nurse went through a series of questions. One question made me pause: “Are you a painter?” I excitedly replied, “Why, yes! How did you know?”

As the conversation continued, I realized she’d actually asked, “Are you a *fainter?*”

—CECILIA TAYLOR,
Prince George, B.C.

While working in our garden, my partner and I noticed the most beautiful floral scent. Trying to determine the source, we sniffed every plant, weed and shrub around us. Finally, my partner

exclaimed, “I found it! The neighbour’s dryer is running and it’s coming from their vent.”

—LINDA LEVERMAN,
Comox, B.C.

Autumn Colours

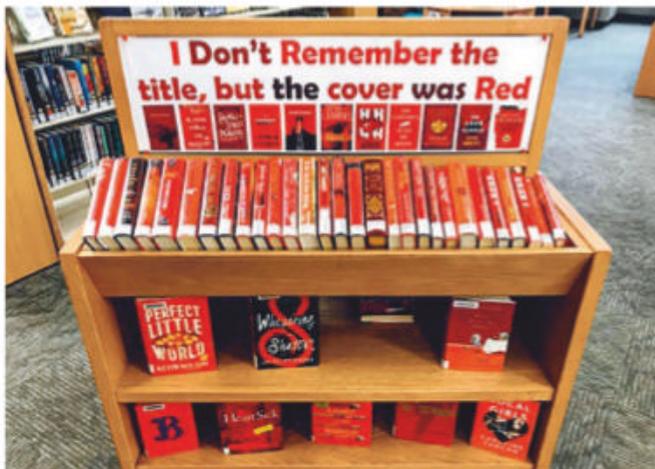
Ninety-four per cent of Canadians are putting away their summer plaid and bringing out their fall plaid.

—[@STATS_CANADA](#)

Send us your original jokes! You could earn \$50 and be featured in the magazine. See page 7 or rd.ca/joke for details.

Every Trick in the Book

Bibliophiles can be so clever! Before you dive into your fall reading list, watch out for booksellers (and librarians) pulling pranks.





LOST

My quest to

reunite a missing

&

wedding ring

with its owner

FOUND

BY Douglas Lawrence
FROM *THE GLOBE AND MAIL*
ILLUSTRATION BY SALINI PERERA

I LOVE A BEAUTIFUL vista as much as the next person, but I have always directed my gaze downward wherever I walk. I like to keep my eye peeled for unexpected treasures—the habit likely goes back to my childhood, searching for fossils in Alberta’s Badlands.



Even today, I partake in my “obsession” (as some of my more charitable family members call it) while walking the dog up and down Toronto’s Don Valley, a river park that spans from Lake Ontario to the far north of the city. Among the numerous small objects I’ve picked up: a 1915 penny, a silver pencil etched with the year 1902 and a lead toy soldier from the First World War.

In January 2019, a few days after an unusually heavy snowfall, I was trudging through the Don Valley as usual with Luna, my loyal but somewhat bored golden retriever. Snow days are not the best for treasure hunting, so I was surprised to see a glint of gold beneath the snow near the bottom of a hill. I carefully extracted a ring of three entwined bands, emblazoned with a Cartier logo.

I walked into the local coffee shop overlooking the hill to see if anybody had reported lost jewellery. Sadly, they had no news, so I headed home to print up flyers to post around the neighbourhood. I also tried a local Facebook group.

I waited and waited but nobody called to lay claim to my small treasure, and having carefully hidden it from my cat atop my tallest bookshelf, I eventually forgot all about it. That is, until many months later when my wife and I took a trip to Amsterdam to visit our daughter Katie, who was attending university there. I figured that somebody

may as well enjoy the ring, so I took it along and was delighted to see that it looked beautiful on her hand. But my daughter’s eyesight is far better than my own, and she soon noticed a tiny inscription on the inside of one of the bands that read, “Omar and Yoshi.”

Right away, she said she could never feel comfortable wearing a ring that was so obviously important to somebody else. I had to agree and took the ring home, vowing to do whatever I could to track down this couple.

BACK IN TORONTO, my son Cameron and I searched through years of wedding notices but there was nothing on record for those two names, and so we began our deep dive into social media. We found hundreds of matching individual names, but never the two together. When something looked even remotely hopeful, we messaged the couple but received only apologetic, negative responses. This was not their ring.

Frustrated, I began to give up hope, then had one last thought: why not call Cartier stores in the city?

Checking online, I saw there were two Cartier stores in the Toronto area. I picked one at random and dialed. An understandably bemused gentleman listened to my story, went silent for a moment and then stated that the ring was totally untraceable. He apologized, and I was about to hang up when he suddenly asked if I had found a name on the ring. I told him just the

first name, Omar. “Omar?” he said excitedly. “Omar and Yoshi?”

Nearly a year earlier, two friends of his had mentioned losing one of their matching rings, but, since almost nobody returns lost jewellery, he didn’t expect they’d ever get it back. He gave me Omar’s phone number and I called right away. I reached his voicemail and left a brief message about maybe finding a ring. I waited impatiently for several hours until I finally got the call I was waiting for. Omar was overjoyed, and asked if he and Yoshi could come by to meet me first thing in the morning.

I WAS SURPRISED TO SEE A GLINT OF GOLD BENEATH THE SNOW. I CAREFULLY EXTRACTED THE RING.

BRIGHT AND EARLY, there was a knock at my door and on my porch stood two handsome men in their 30s, with outstretched arms and a bottle of wine. They came inside and we started stumbling over each other trying to tell our respective stories. I explained how the ring had travelled to Europe and back, and only because of that trip had we discovered their names. I showed them the signs I had put up and how we had searched for them in vain.

Before I could hear their story,

though, Yoshi slipped on the band and both men triumphantly held up their left hands to show their matching rings. Omar was originally from Colombia and Yoshi from Mexico. They had met in Toronto and married the previous December at a small ceremony where they gave each other these rings. Just a few weeks later—after the first snowstorm of winter—they decided to do something truly Canadian and bought a toboggan, carrying it to the steep hills of the Don Valley, right at the end of my street.

Their first run was spectacular, fast and very scary. As they pulled themselves up out of the snow at the bottom of the hill, another toboggan smashed into the two, sending them cartwheeling across the field. They hobbled back up the hill and straight to a hospital’s emergency room department to set Omar’s broken arm. It was only then that they discovered Yoshi’s new ring was missing. Heartbroken to have lost it so soon after their wedding, Omar went back to the hill the next day to search, but it was hopelessly gone, or so it seemed.

I now have a great photo of the three of us in my house, with our arms around each other’s shoulders and their hands raised to show off the rings. We stay in touch and, honestly, I can’t imagine a more quintessentially Canadian love story. **R**

© 2020, DOUGLAS LAWRENCE. FROM “A TOBOGGAN, A LOST RING—AND ONE VERY CANADIAN LOVE STORY,” BY DOUGLAS LAWRENCE, FROM *THE GLOBE AND MAIL* (FEBRUARY 13, 2020), THEGLOBEANDMAIL.COM

AS KIDS SEE IT



“I can still see you sticking your tongue out at me.”

Our nine-year-old conducted an experiment to prove the tooth fairy isn't real. When he lost a tooth, he kept it under his pillow and told no one for three days. No money. Then, when he told us he lost his tooth, there was money under

his pillow the following day. Eventually, he confronted us with his scientific evidence.

—[@ROGUEDADMD](#)

My daughter wanted to show her grandparents how much she loved them, so she decided to

carve “I love you” on the side of their car.

—REDDIT.COM

My five-year-old daughter is convinced she has a superpower.

The superpower is that she can smell ants.

—[@PRO_WORRIER_](#)

The family dog, Dooley, was about to celebrate his 11th birthday. Our five-year-old grandson suggested that a frisbee might be a good gift, but we pointed out that Dooley was now a senior citizen and too old for one.

“Don’t worry,” our grandson said. “It says, ‘ages five to 12’ right on the box.”

— SALLY ROPER,
Etobicoke, Ont.

I smoked an eight-pound pork shoulder for nine hours because my kids said they’d eat it. Five minutes before it was done, they said they wanted hot dogs instead.

— TOM VANHAAREN, *reporter*

My five-year-old didn’t want to take a bath last night, so I told her the bathtub was filled with “special birthday water” and this was her only chance to experience it until her next birthday. I’ve never seen her get in the bathtub faster.

— [@SNARKYMOMMY78](#)

My six-year-old, when I told him to go play: I don’t want to play. I don’t have imagination. Imagination is boring!

— ARIANNA BRADFORD, *writer*

A few weeks ago, I tried to bore my three-year-old to sleep by telling him everything I knew about nuclear and particle physics.

Every night since then, however, as he’s falling asleep, his little voice pipes up: “Tell me about atoms again.”

— [@DETLY](#)

One evening, my nine-year-old daughter was watching a hockey game with my husband. Half-way through the game, she turned to me excitedly and said, “Mommy, can we adopt a goalie?”

That one only costs \$31.” She was referring to his jersey number.

— SARAH TIESSEN,
London, Ont.

My little brother invited his entire class to his birthday party, except his ex-girlfriend and her new boyfriend. “She

can’t come,” he told our mom. “I want security at the door.”

He’s in kindergarten.
— [@AVENEET_G](#)

I have curly hair. One day, while on a video call with my daughter, her three-year-old son appeared behind her. Looking at me, he thrust both his hands into his mom’s hair and made a mess of it. Then he said, “Mom! Now you look just like grandma!”

— PAULA GOODMAN,
Oakville, Ont.

My toddler is having a tantrum because, apparently, “the bath is too wet.”

— [@LOTTIE_POPPIE](#)

Send us your original jokes! You could earn \$50 and be featured in the magazine. See page 7 or rd.ca/joke for details.

HOW ONE TINY BUG BECAME
A THREAT TO OUR HEALTH

ATTACK OF THE TICKS



BY Stephanie Nolen FROM *THE WALRUS*



Some experts predict as many as 10,000 new cases of Lyme disease each year in the 2020s.

WHEN KATIE CLOW

arrives in her windowless lab at the Ontario Veterinary College, in Guelph, she often finds a pile of envelopes. Each one contains a slip of paper and a small plastic vial or two. The paperwork lists the name of a veterinary clinic somewhere in Canada and the identifying details of someone's pet: a six-year-old golden retriever in Moncton, a four-year-old tabby in Victoria.

Inside each corresponding vial is a tick—or several—plucked from the body of that pet and mailed in for research. Clow, a 34-year-old assistant professor of veterinary medicine with expertise in epidemiology and ecology, opens the vials and tips the rigid bodies of the arachnids into a petri dish. The ticks are stored in the fridge until Clow, whose students call her the Tick Queen, has time to sit down with a box of them. She can identify

the ticks quickly, by species and by gender, based partly on the appearance of their hard outer shell, called a scutum, and sometimes by the shape of their protruding mouthparts.

Once identified, the ticks go under the knife. Ticks that were found and removed before they had time for a long feed are smaller than a watermelon seed and nearly as crunchy; they resist the scalpel. But the engorged ticks, the ones that had a hearty blood meal, can be swollen up like stewed cranberries. Cutting them is more like carving a soggy M&M. Clow and her team marinate the chopped ticks in chemical reagents, then run them through a process that extracts the DNA in the bug hash.

There are two main types of genetic material they are looking for in black-legged ticks, known by the scientific name *Ixodes scapularis*, including *Borrelia burgdorferi*, the bacteria that causes Lyme disease, which causes fever, fatigue and joint aches and is a growing public health problem. There were a preliminary 2,636 cases reported to the Public Health Agency of Canada in 2019, the last year for which data is available, and the agency speculates that cases are underreported, predicting as many as 10,000 new cases each year in the 2020s.

Lyme rates are surging because the ticks that spread it—*I. scapularis*, predominantly—are rapidly expanding their range. *I. scapularis* is no bigger

than a poppy seed when it does most of its damage, but this particular tick is emerging as an outsized threat. “The sky seems to be the limit for them,” says Robbin Lindsay, a research scientist at the National Microbiology Laboratory in Winnipeg. “They are taking over the reins as the number one vector of pathogens to humans.”

Climate change has made much of the most populated part of Canada an ideal habitat for many species of ticks. In the early 1970s, there was just one known colony of blacklegged ticks in Canada, at Long Point, on the north shore of Lake Erie. By the 2000s, the tick was being found all over southern Ontario, Quebec, Manitoba and the Atlantic provinces. Today they’re marching steadily west from Manitoba on their eight tiny legs.

ON A COLD GREY AUTUMN afternoon in 2019, Katie Clow takes me into the woods, an hour’s drive from Guelph, to drag for ticks. She equips me with a white hazmat suit, seals off my ankles with duct tape and hands me a white flannel blanket taped to a metre-long stick. Then we set off into the underbrush, dragging the blanket awkwardly over brambles. After about an hour in the forest with Clow, I stop and, right near the top, heading with surprising speed for the handle I see—something? “Katie,” I ask, “is this a tick?”

Clow hurries to me, leans in for a look and lights up like it’s Christmas

morning. I have picked up an adult female blacklegged tick. A short while later, Clow finds a tick on her own blanket and is equally pleased: you’d never guess that she has encountered 10,000 ticks in her professional life. She identifies it—another *I. scapularis*—then gently sets it down on a leaf so I can have a good look. The tick immediately scooches to the end of the leaf and begins to wave its front legs back and forth.

THE TICKS THAT SPREAD LYME DISEASE ARE RAPIDLY EXPANDING THEIR RANGE.



“Ooh,” Clow croons. “She’s questing!”

A questing tick waits at the end of a blade of grass or leaf, with its legs outstretched, tracking the changes in heat and CO₂ that signal something biteable is walking by, poised to jump aboard. A tick can live for a couple years without feeding. But, like video game vampires, they need blood to level up and move between stages of the life cycle. They start out as eggs, which hatch into larvae. When the larvae have fed on something small, they drop back to the ground and moult, becoming nymphs. As nymphs, they develop that last set of legs and can, at

this stage, host many pathogens. When the next blood meal happens, typically off a larger creature, they are able to be infected with bacteria or viruses—and to pass them on.

It's a risky requirement, this need to feed on an exponentially larger and faster-moving host, when you're a tiny, slow-moving creature. But ticks have found a range of ways to navigate that risk. A tick can coat its body in its own saliva, a liquid salty enough to pull moisture from the atmosphere. That is sustenance enough to go for those months—or years—while it's waiting for a meal.

When it does attach, the saliva also helps it stay on your body. Among the 3,500 proteins identified in the saliva of various ticks, some stop the molecules from carrying a pain signal, while others are vasodilators, to get the blood flowing, or anticoagulants, to keep it from clotting. Some proteins stop the histamine response, which would make the bite itch and clear a path for immune cells to reach the site. And, because the tick needs to keep feeding for days—keeping your immune system inhibited—it changes up the protein composition of its saliva, like a dash into a phone booth for a new disguise.

TICKS LIKE THEIR tissue soft and thin, as Eric Stotts can tell you. In October 2019, Stotts went on a guys' weekend to a cabin near Port Mouton, on Nova Scotia's south shore, a couple of hours

from his home, in Halifax. A 49-year-old architect, Stotts goes with his buddies every year, and they always take on a project and learn a new skill. Last fall it was filmmaking, and Stotts spent much of the weekend crouching and lying on the forest floor as he filmed. He thought his film turned out pretty well, and when he was back in his home office on Monday, he was feeling good about things.

Until he went to pee.

A TICK'S OWN SALIVA CAN KEEP IT GOING FOR MONTHS—OR EVEN YEARS— WITHOUT A MEAL.



And there, on the end of his penis, was something small and black. He headed to the medicine cabinet for tweezers. He knew the procedure: he had to make sure he got the whole tick out, including the head and mouthparts. Using Google, Stotts quickly confirmed that his new companion was *I. scapularis*. He kept the tick and headed to a walk-in clinic, wondering if the tick should be tested for Lyme disease. When he told the nurse what had happened, the response was not what he expected.

“Well, that’s the second one I’ve had this week,” the nurse told him.

The doctor Stotts saw did not send the tick for testing: at this point, the protocol in Nova Scotia is to prophylactically treat anyone likely to have been exposed to Lyme disease. Stotts swallowed “horse pill” antibiotics for two weeks and sent an email to all the guys who had been with him that weekend, warning them to do a tick check. (They were all tick-free.)

Even a decade ago, when Stotts started going on those weekends away, there were only a handful of tick populations in Nova Scotia; now, the region south of Halifax is the second-biggest source of mail-ins for Clow’s pet-tick study. There is a lot of debate among scientists about why the tick habitat keeps expanding, but climate change figures in almost every hypothesis.

Of all the environmental factors that affect the size of tick populations, temperature is the most important. Shorter, warmer winters are good for ticks’ life cycles. It’s not that they freeze in winter (so long as they’re hunkered down in the leaf litter). Rather, when it’s colder, a tick takes longer to quest and is slower to move through each stage of the life cycle—so a greater proportion of them die before the cycle is completed. At the same time, milder winters mean that migratory birds are nesting progressively further north, transporting ticks with them.

Back in the 1980s, when Lyme disease was emerging as a serious public health problem in the U.S., some data



TICK PROTECTION

Keep yourself, your pets and your loved ones safe

- Wear light-coloured clothing when hiking. It makes the little bugs easier to spot.
- Wear socks and closed-toe boots or shoes. Tuck your long-sleeved shirt into your pants and your pants into your socks.
- If you’re super worried, buy some permethrin-treated clothing.
- Use a repellent that contains DEET or icaridin. Spray over your clothes and exposed skin.
- Do a tick check on yourself, your pets and any kids who are with you. Make sure you check everywhere—particularly your scalp, groin, navel, the backs of your knees and behind your ears.
- Before washing your gear, place it in the dryer on high heat for at least one hour.
- Try to avoid contact in the first place! Stick to the centre of hiking trails and avoid places with high grass and leaf litter.
- Ask your veterinarian about tick-bite prevention for your dog or cat.

suggested that most of Canada was too cold to have to worry about the black-legged tick; research confirmed this again in the early 2000s. But that's no longer the case. "Every year, we see this creep northward," Clow says, "where sites that didn't have ticks the year before are now positive."

ON A SEPTEMBER DAY in 1958, four-year-old Lincoln Byers was in the barn on his family's farm, 12 kilometres west of Powassan, Ontario, when his brothers noticed he seemed ill. He was soon rushed to the Hospital for Sick Children in Toronto. When he got there, Lincoln was feverish but with no obvious cause of illness. Two days later, he was fading in and out. On the fourth afternoon, he stopped breathing and was placed on a respirator. He died two days later.

RECENTLY, A NEW JERSEY WOMAN FOUND MORE THAN 1,000 TICKS ON HER ARMS AND CLOTHING.



His devastated parents gave permission for an autopsy. Donald McLean, a virologist at the hospital, cultured fragments of Lincoln's brain and injected the product into mice, which developed signs of acute encephalitis—except the mice didn't test positive

for any known strain of the disease. McLean realized it must be a new virus, and the closest comparison he could find was an infection that was transmitted by ticks in Russia. So McLean picked up a gun and drove to the Byers' farm. They killed squirrels, chipmunks, rabbits and other mammals and harvested any ticks they found. Sure enough, some of the animals also had the mystery virus.

Eventually McLean concluded that Lincoln had likely been bitten by an infected tick while holding dead squirrels his brothers were skinning. Newspapers later ran alarmed stories, but Lincoln's death remained a tragic exception. By 2009, fewer than 50 cases of what came to be called Powassan virus had been reported anywhere. That, Clow says, makes for an interesting epidemiological mystery: the virus is clearly circulating somewhere in the wild, being passed from ticks to mammals and back again, often enough that there are these rare infections. It isn't just *I. scapularis* that's spreading, either. In August 2017, a woman in New Jersey was shearing her pet sheep when she discovered ticks. And not just a few: by the time she made it to her local public health department, she had more than 1,000 ticks on her arms and clothing. There, entomologists struggled to identify the ticks—they didn't look like anything local—and eventually Rutgers University scientists had to use DNA to establish that they were

Haemaphysalis longicornis, the Asian longhorned tick. It is native to Japan, Korea, China and far-eastern Russia.

In Asia, it is a source of serious illness, including a hemorrhagic fever called Huaiyangshan banyangvirus, which is fatal for up to 30 per cent of those who catch it. *H. longicornis* was the first invasive tick species found in the United States in 80 years. Clow and Lindsay say it's only a matter of time until it is discovered in Canada.

IN 2004, I WAS LIVING in South Africa and travelling for work across the continent. One day I developed a terrible fever; a crusty black scab, about five centimetres in diameter, on the back of my left calf; and lymph nodes as hard as stone. A succession of doctors diagnosed me with everything from a spider bite to cutaneous anthrax before an acerbic elderly South African medic surveyed me in a hospital bed and said, "*Rickettsia africae*. Good old tick-bite fever."

I recovered from *Rickettsia africae* after 48 hours on antibiotics. It remains,

though, the sickest I've ever been. I never again went into long grass or paddocks in tropical countries without dousing my legs with DEET. Yet I didn't take the same steps when I was back in Canada—not until Katie Clow took me tick dragging. She thinks about the campaigns that have, in her lifetime, persuaded people to use seat belts, quit smoking and wear sunscreen, and she wonders how long it will take for the change to come with ticks.

Since my day in the woods with Clow, the Canadian forest trails I have walked since I was a child feel different. In the woods these days, I get the occasional cold prickle on the back of my neck. It's not the sense that bears or wolves might be watching me. It's not the fear of getting lost in the cold. It is the knowledge that there are thousands upon thousands of tiny hunters who can sense my breath and who are waiting, poised at the end of a long blade of grass, their front legs outstretched, for me to come close. 

©2020, STEPHANIE NOLEN. FROM "INVASION OF THE TICKS," *THE WALRUS* (JULY 21, 2020), THEWALRUS.CA



Get in the Groove

Life isn't about waiting for the storm to pass.
It's about learning to dance in the rain.

VIVIAN GREENE

Dancing is like breathing—
missing a day doing either is very bad.

VERA ELLEN

Remind Your Manners

*How to navigate friends,
family and social outings
in a vaccinated world*

BY Karen Stiller

ILLUSTRATION BY VESNA ASANOVIC

AT A RECENT socially distanced gathering, I found myself in an unwanted conversation with a person I barely knew. With my actual friends standing on the same lawn, the idle chit-chat felt like a waste of my visiting time and energy. I grew increasingly hot and twitchy. Soon, to my deep surprise,

I had to bite my tongue to avoid blurting “I don’t want to speak with you.”

Luckily, I didn’t say it out loud, and the rude thought stayed in my head where it belonged. The encounter made me realize that spending so much time wandering listlessly around my own tiny household bubble had eroded my social skills. I wondered if my manners were also becoming a relic of the past, just like eating indoors at restaurants and nights out at the movies.



Many of us may be feeling similarly rusty as we prepare to open our homes and our hearts again to family, friends and neighbours. It's an exciting time, but also a good moment to reflect on what we've longed for most and what we haven't missed that much at all during the pandemic. Those insights can help shape our social re-entry plan. Here are some tips for getting back into social shape.

BE PATIENT WITH YOURSELF

Just as our jurisdictions have distinct phases of gradual reopening, we can take things one step at a time as we re-enter a busier, more normal life. We don't have to leap from sitting at the window watching the cat across the street, straight into packed parties and noisy barbecues. We might be surprised to discover we have some new mental and emotional limitations after having lived at a slower, quieter pace.

Nafissa Ismail is an associate professor of psychology at the University of Ottawa. She confirms that we, and our brains, need to get back into shape, socially speaking. "Socializing is a skill and we get better at it as we practise it," says Ismail. "With the isolation and the restrictive measures we didn't get much time to practise."

Those of us who spent the pandemic in smaller households, working from home, may require more practice than others before we can easily maintain a

long conversation in a room full of people. "We need to relearn those in-person social skills," says Ismail. "It's a lot for the brain to coordinate, knowing who to listen to, monitoring our movements, our own speech production. It will take some time."

BE PATIENT WITH OTHERS

Going to public events, however much we might want to, may also be more tiring than we expect. Ismail says that new fatigue is normal. "Our brain is working overtime," she explains. "With time, we will relearn how to coordinate everything and get over the exhaustion. We will have to take it slowly."

Some friends will take longer than others to experience the relief and joy of society opening up again. And, as we do gather together again, we will need to be sensitive to the ways in which the pandemic has affected us all differently, whether it's a job loss, relocation, long separations, anxiety, depression or the deaths of loved ones. "We hear people say we're returning to normal, but those who lost loved ones will never return to normal," reminds Ismail. "We need to be aware of that, too, as we are socializing."

START SMALL AND BE SELECTIVE

It's possible that the pandemic has been a powerfully clarifying event in our lives. We know who we missed seeing, and we might also have a short list of people

we didn't pine for quite so much. This is important information to have and it can help us create some new priorities. "When everything was mediated by phone or video chats, who did I hear from? Who did I want to hear from?" asks Sharon Ramsay, a registered marriage and family therapist in Toronto. "Who regularly nourishes us, and could we maybe pour into those relationships a little bit more?" Relaunch your social life with those friends first, says Ramsay.

EMBRACE NEW FORMS OF VISITING AND ENTERTAINING

When we do meet again with our social circles, whatever their new shape, we may also discover we're no longer as interested in our old go-to activities. The pandemic has taught us that we can enjoy a visit with a friend by taking a walk together or by sitting on opposite ends of a park bench, eating sandwiches we brought from home. Simple can be good, and that can remain true as we move forward.

Lucy Waverman, cookbook author and a food columnist for *The Globe and Mail*, believes that smaller scale hospitality will continue for some time, and she says that's just fine. "It has to do with exhaustion in general and specifically exhaustion with cooking," says Waverman, nodding to one of people's favourite lockdown activities. "I like cooking but I'm fed up with it myself."

Keep it simple, at least as you start

to have people over again, she advises. "Put a nice piece of salmon on the grill," she says, by way of an example. "There's no need to make salmon Wellington." Ordering takeout for you and your company from your favourite restaurant is also officially okay.

TAKE TIME NOW TO REFLECT AND RECORD

During the pandemic, Nafissa Ismail finally took the piano lessons she never had time for. Sharon Ramsay purchased beautiful stationery and regularly mailed letters to friends and relatives. I tried yoga, and found I loved it.

Eventually, life will start to pick up its pace, and if we're not careful, we might find ourselves running around in circles once again. "One of the gifts of the pandemic has been to reconsider how we live," says Ramsay. "Some folks might have taken to walking and cycling. Is that a habit you want to continue? What have been the splashes of joy in the cesspool of the pandemic?"

Ismail suggests sitting down with a piece of paper and making an actual list of the practices that brought some happiness during what might have been one of the most difficult experiences of our lives. Don't forget the good things we've learned, she advises. It's okay to rest and to keep doing the hobbies we discovered during lockdown. "We don't need to constantly please others," she says. "It was a good life lesson to realize it's okay to slow down." **R**

After retirement,
the Friskens sold
their home and
hit the road. They
haven't looked back.

A LIFE UNBOUND



BY Gary Stephen Ross

PHOTOGRAPHS BY CAREY SHAW

Darrel and Brenda
Frisken have been
living in an RV
since July 2020.





Life

turns on a dime. Or, in the case of Darrel and Brenda Frisken, on a chance reunion in April 2017 with old friends at Mr. Bill's Family Restaurant near their hometown of Lloydminster, Saskatchewan. The other couple had just returned after spending the winter travelling in an RV.

As their friends described life on the road, a light went off for Darrel. The commercial HVAC and refrigeration technician, now 62, wanted to retire but didn't yet know how: "I enjoyed my work, but I'd enjoyed almost all I could stand." Brenda, now 61, had retired from her receptionist job at a retirement home and was happy enough in Lloydminster. As the Friskens, who've been married for 40 years, talked it over in the following days—going south for the winter, seeing more of their grandkids, boondocking (dry camping) under the stars—a fanciful idea became a plan.

They set about researching RVs, reading reviews and attending RV shows. A big motorhome was costly and awkward: you might want to tow a small vehicle for when you're hooked up in a park. A travel trailer, which is towed,

is long and difficult to manoeuvre in tight spots. A converted van was too small for them.

After months of deliberation, they decided that a fifth wheel—an RV that overlaps a towing vehicle, which supports much of the RV's weight—was the ticket. Online they found the perfect setup: a 2016, 10-metre fifth wheel, and a used, low-mileage 2017 pickup truck. They got them both for less than \$90,000.

George Carlin had a funny routine about how life is basically a process of gradually accumulating stuff. It took the Friskens over a year to downsize from their 2,200-square foot detached bungalow to their 320-sq.ft. home on wheels. Anything that wasn't sold, taken by their two grown kids or donated to charity got hauled to the dump.

Then in March 2020, the pandemic happened. "The day the For Sale sign went up on the house is the day the first lockdown was announced," says Darrel. "We didn't know if the real estate market was going to crash." Three months later they sold their bungalow for \$310,000. Debt-free, with income from the house sale and from the couple's mutual funds, they figure they can live in the RV indefinitely.

"Half our family thought it was cool," says Darrel, "and the other half thought we were nuts." You'll get on each other's nerves, was one prediction. How will you find time for yourself in such tight quarters? "We have headphones,"



The Friskens
share moments
from their travels
on a blog.



**Their fifth wheel (left)
and bighorn sheep
near Keremeos, B.C.**



says Brenda, “so I can be watching a movie while he plays his guitar.” They each have a Kindle, and they watch workout DVDs together. Darrel goes on vigorous hikes, and Brenda goes for daily walks.

“You’d better be compatible, and you’d better be sure you both really want to do it. So far, no problem,” says Darrel. “You have to be really well organized—everything has its place—and we’re both pretty good about that.”

THEY PLAN TO SPEND THE NEXT 10 YEARS SEEING NEW PLACES AND AVOIDING PRAIRIE WINTERS.



In the summer and fall of 2020, because the United States border was still closed, they visited family and friends in Saskatchewan and Alberta. It turned out lots of cooped-up people hit the road during the pandemic. RV sales went through the roof, demand pushed prices up and parks were booked months in advance. With so many stymied snowbirds stuck in Canada, the Friskens were extremely lucky—after making scores of inquiries—to find a pretty spot at River Valley RV Park in Keremeos, B.C., about half an hour from Penticton, where they settled in from October 2020 to April 2021.

Did they miss being part of their old neighbourhood? Not really. Doing without a dishwasher and washing machine was a drawback, but not a game changer. Trips to town every few days to discharge sewage and take on fresh water took only a couple of hours. FaceTime and Zoom let them stay in touch with family and friends. And RVers, like boaters, bond quickly, trade information and form a mobile community of their own. Darrel started a blog (RV Full Time on a Dime) and posted about everything from B.C. fruit stands and winter hiking to the best toilet paper to use in an RV (Great Value, at Walmart).

This year, as the pandemic slows, their original travel plans may finally shape up. Arizona beckons, including leisurely stops in Utah and other states en route. With Darrel being a handy guy and Brenda managing their finances, they live frugally (“We’re tightwads,” says Darrel). If all goes well, they plan to spend the next 10 years seeing new places, avoiding prairie winters and visiting friends and family. If they’re overtaken by ill health or misfortune, they’ll rent a condo.

As for dry camping under the starry sky, the Friskens have already done it a few times. They have solar power, so it’s just a matter of loading up with water and propane. The Friskens plan on boondocking more in the U.S. though, where spots are plentiful—after all, their first time wasn’t in the wilderness. It was in a Walmart parking lot. **R**

READER'S DIGEST

**IN HER 40s, LOUISE PENNY
QUIT HER JOB TO AUTHOR
CRIME NOVELS. SHE WASN'T PREPARED
FOR WHAT HAPPENED NEXT.**

Murder, She Wrote

BY Emily Landau

PHOTOGRAPH BY
DOMINIQUE LAFOND

Penny sets many of her books in a fictional version of Knowlton, Que.



In the novels of Louise Penny, the twinkling village of Three Pines is a place to start over. The fictional location, modelled on Penny's Eastern Townships hometown of Knowlton, Que., is a Canadian pastoral, its air redolent of crisp snowfall and woodsmoke, its streets populated by gregarious eccentrics, its doors never locked. It's the place where Myrna Landers, a psychologist from Montreal, relocates to open a quaint bookshop, where Gabri and Olivier, a lovably quarrelsome couple, establish their dream B & B, and where the genius Sûreté du Québec detective Armand Gamache moves with his wife.

Three Pines is also quite possibly the murder capital of French Canada, with enough slayings to populate 17 whodunnit novels published between 2005 and 2021. There was the artist shot with a hunting arrow, the woman crushed to death by a marble statue, the seance attendee who apparently dies of fright. But these aren't slasher tales, their pages smeared with gore and gristle. They occupy a lovely limbo between cozy drawing-room mysteries and psychological thrillers, where the macabre impulses of humanity are snuffed out by the warmth and kindness of the small town.

"What inspired the books is the idea that we can never guarantee our physical safety, but we can go a long way

toward guaranteeing our emotional and spiritual state by having a community around us," Penny says. "Bad things happen in Three Pines. People die, sometimes violently, but the community survives because of that sense of belonging and friendship."

It's an outrageously popular recipe, one that's made Penny this century's answer to Agatha Christie. "I realized that I wanted a safe place," Penny explains. "Not necessarily safe physically, but a place for my heart and my spirit. And so I created Three Pines as that safe place. I thought if I feel like that, others will, too."

She was right: her books regularly debut at the top of bestseller lists, have collectively sold 10.8 million copies and are published in 29 languages. Among her most ardent fans is Hillary Clinton, who's said that Penny's books helped her get through the humiliation and horror of losing the 2016 presidential election.

At 63, Penny has a chin-length pewter bob, a pair of sturdy thick-framed glasses and a wardrobe of elegantly draped sweaters and scarves. She's energetic, earnest and unvarnished, friendlier in a Zoom call than most people are in real life.

Like the quirky townfolk of Three Pines, Penny has had to start over time and time again. She first refreshed her life when she quit her job at the CBC in her 40s to devote herself to crime writing. She did it again when she became

a full-time caregiver for her husband, Michael, when he was diagnosed with dementia in 2013, at the age of 79. Then she had to adjust to a world without him after he died five years ago. And now she's teaming up with Clinton herself to write a political thriller set in Washington's State Department. It will be the first time in her literary life that she's left Three Pines.

AT THE CENTRE OF Penny's Three Pines novels is Chief Inspector Armand Gamache, the latest in a long line of mustachioed detectives that includes Hercule Poirot and Magnum P.I. Although Penny is an Anglophone, she chose to make the character a French speaker as a love letter to the culture and language that surrounds her in Knowlton. He's a brilliant criminal diagnostician with refined tastes—a gritty street cop who loves opera, poetry and good red wine.

Gamache's DNA can be traced directly back to Michael Whitehead, Penny's late husband. "I thought, you know what? I'll make this character the sort of person I want to hang around with. So I gave him all of Michael's qualities that I admired—the integrity, the self-deprecating humour, the fact that he loves his family and knows how to accept love in return."

Penny was 36 when she met Whitehead, then 60, on a blind date in 1994; she was working as a radio broadcaster with the CBC in Montreal, and he was

the head of hematology at the Montreal Children's Hospital. Early in their courtship, he took her to a Christmas party in the ward, where he dressed up as Santa Claus and she played his elf. She was struck by his compassion as he talked to the parents and cavorted with the kids.

At one point, she saw him standing with his nose up against the wall. When she went to investigate, she saw that he was crying. "He said it was because he knew which children would see the next Christmas and which ones wouldn't," Penny says. "If I hadn't loved him already, I loved him from that moment on. I wanted to protect him."

SOON AFTER WINNING SECOND IN A CRIME- WRITING CONTEST, PENNY GOT A THREE- BOOK DEAL.



They married in 1996, two years after they met. They didn't want to settle down anywhere either of them had lived before. Penny and Whitehead never had kids together, though he had three sons from a previous relationship. She says she lived a vagabond existence in the years before she met Whitehead, hopping between Winnipeg, Toronto, Montreal and Northern Ontario in her work for the CBC, and she yearned for a place where she felt

like she belonged. She found it in the Eastern Townships—or more specifically in Knowlton, a village of 5,600 that's close to nature and oriented around a cutesy main drag.

For their first Christmas at their new home, Penny and Whitehead attended an evening church service. The couple in the pew in front of them turned around and introduced themselves, inviting Penny and Whitehead to a potluck at their house. "The fire was on, the food was cooking, and all their friends became our friends," she says. These townspeople—and their lavish dinners of coq au vin, tourtière and ripe Quebec cheeses—blueprinted the soul-satisfying meals and gatherings that show up in her books.

Marriage, and Whitehead's financial support, also afforded Penny the opportunity to quit her job in 1996 and focus on writing full-time. Penny liked her work at the CBC, but she'd always harboured dreams of writing a novel. She spent years drafting a historical epic set in pre-Confederation Quebec, but never completed it. As a kid, she'd always been a fan of the golden-age mysteries by Agatha Christie and Dorothy L. Sayers. One day in the early aughts, she looked at her bedside table and saw a stack of crime novels. "I had one of those a-ha moments where I thought, My God, I should just write a book I would read," she says.

It took her nearly three years to write her first novel, *Still Life*, which

introduces readers to Gamache and Three Pines. Between 40 and 50 Canadian and American agents and publishers turned down the manuscript, with some asking her to set the story in Vermont or England.

Finally, Penny entered her book in a crime-writing contest in the U.K., and it came in second. Within a few days, she had an agent. And within a few weeks, that agent had sold a three-book deal to Minotaur Books. "I thought, Are you kidding me? I don't know how this book happened. How am I supposed to write a second? And a third?" she says.

WHILE CARING FOR HER AILING HUSBAND, SHE MANAGED TO COMPLETE TWO BESTSELLING NOVELS.

And yet Penny managed to write the second and third books, and then a fourth and fifth. Soon her novels were winning prestigious Agatha mystery awards, named after Christie, and earning rave reviews in *The New York Times* and *Publishers Weekly*.

Her books were making enough money that she no longer had to rely on Whitehead for support, and the two of them inhabited a world as idyllic as the one she wrote about in her novels, with the added bonus of no murders.

Then, about a decade ago, Whitehead started forgetting things. He'd been a scientist his whole life, and suddenly he couldn't do basic arithmetic. He was vague where he used to be specific. His doctors performed a suite of cognitive tests and determined he was fine, but Penny wasn't so sure. The day of reckoning arrived on Penny's birthday in 2013. Whitehead bought her a useless trinket—"a piece of crap," she says—that she knows he would have never picked out if he was his usual self.

He told her he'd considered another gift, but it cost £20, which was far too expensive. "I asked him, 'What would £20 buy?' And he said it would buy a house," she says. "That's the moment I knew we couldn't hide anymore." Still, she says, she felt an immense calm, finally ascertaining what she'd long suspected to be true.

Whitehead was officially diagnosed with dementia that year, and Penny became his full-time caregiver. At first, he was high-functioning. She'd give him math quizzes to prolong his mental agility. For a while he could do them—until he couldn't. She tried to never let him see her get angry. Sometimes her patience often dried up, often as much out of fear and sorrow as frustration.

One day, when the couple was driving on the highway, Whitehead undid his seatbelt. Penny told him to stop, but he kept unclicking the button. She was terrified of what would happen next—maybe he'd open the passenger door and tumble into traffic.

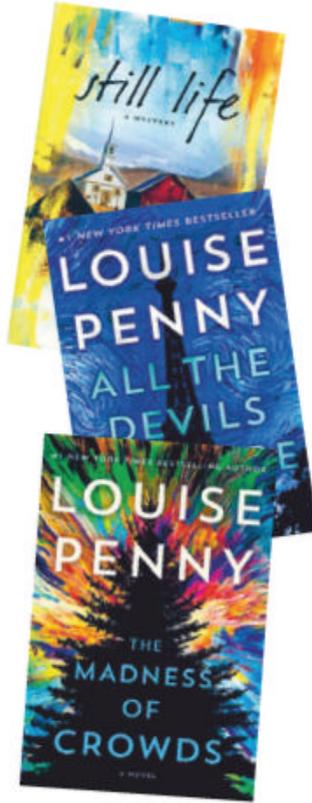
"At this stage, it was like my hair was on fire. But at that moment, I suddenly realized he's not doing it on purpose. Michael would never do this. This isn't Michael. This is the disease," she recalls. "He's not the one with the choice. I'm the one with the choice. And the choice I have is to go crazy or to adjust."

Penny took Whitehead's hand, a gesture that both calmed him and kept him from his seatbelt. After that, she stopped trying to control him. He'd take tissues out of the box and fold them, one by one, for hours. He'd rearrange the furniture from their bedroom while Penny was sleeping, and she'd

move it all back again the next day.

"So what? Who cares? It gave him a sense of something to do. For some reason it was urgent for him. It doesn't matter, as long as he's safe," she says. "That was what my life became."

Unlike many dementia patients, who become aggressive as they deteriorate, Whitehead only grew gentler. Within a



couple of years, as his motor skills devolved and his safety became more precarious, Penny installed a hospital bed and pulley system in their bedroom. And when the time came that she needed to bring in outside assistance, she didn't hire professional nurses. Instead, two Knowlton locals, a couple named Kim and Danielle, volunteered to help her with feeding, bathing and other personal care. It was the peak of neighbourly altruism, something so heartwarming you wouldn't expect to see it outside the novels of, well, Louise Penny.

HILLARY CLINTON IS A PENNY FAN. NOW THEY'RE COLLABORATING ON A POLITICAL THRILLER.

Speaking of which: somehow, in the three years Penny took care of her husband, she also managed to publish three Gamache novels, including two *New York Times* bestsellers. She'd get up early every day and write for three or four hours before Whitehead woke. "I was able to go into a world that I could control, where goodness exists, where there was kindness and decency and courage in front of me," she recalls.

For Penny, the joy of her setting and characters always defeats the murder

and monstrosity that fuel her plots. Her books are formulaic in the way of fairy tales or parables, where good always triumphs, but not before revealing some horrific truth about the human experiment.

IN SEPTEMBER 2016, three years after his initial diagnosis, Michael Whitehead died at home at the age of 82. In a sentiment that will resonate with many caregivers, Penny was struck with an overwhelming sense of relief—that his suffering was over, and that hers was, too. "That lasted a few weeks, to be honest," she says. "After all the support he'd given me, I felt I'd finally been able to support him."

She was concerned that she wouldn't be able to go back to Armand Gamache, Whitehead's literary avatar, but she found the writing process to be a source of solace. She felt like he was around her again, the way Michael used to be.

As she kept publishing books, her fan base kept growing. One day in 2016, Penny's American publicist read an interview with Betsy Ebeling, a human-rights advocate and Hillary Clinton's childhood best friend; the two met in Grade 6 at Eugene Field School in Chicago. Ebeling mentioned in the article that she was a Penny megafan, and the publicist arranged a meeting. Soon, Ebeling and Penny had become friends, and Ebeling brokered an introduction to Clinton, who was also an acolyte. In

2017, Penny visited Clinton at her home in Chappaqua, New York. Clinton later brought her husband, Bill, and daughter, Chelsea, to Quebec to celebrate Penny's birthday. (Ebeling died of breast cancer in 2019.)

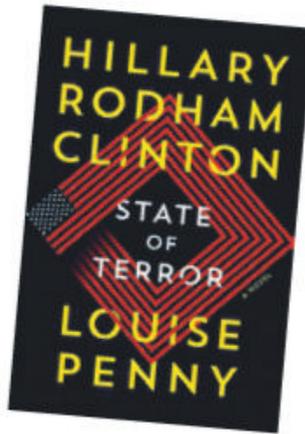
"I find [most crime thrillers] like an anvil hitting me in the head, as one more horrible dismemberment of some young woman happens," Hillary has said. With Penny's books, she found a gentle temperament, a series of exquisite puzzles and a fresh setting—she's said that until reading the Three Pines novels, she had no idea that Quebec had been settled by British Loyalists. "I read, I learn and I escape, and I can go deeper and feel a connection to your characters," she told Penny in a recent episode of her podcast, *You and Me Both*.

Over the past year, Penny and Clinton have been collaborating on a political thriller, *State of Terror*, which follows a newbie female secretary of state forced to contend with a phalanx of

terrorist attacks. (Bill Clinton has a similar co-authorship gig with James Patterson on a series of books about a 007-esque U.S. president.)

Penny has said that in the planning period for the book, she asked what Clinton's worst nightmare would have been during her stint as secretary, and this story was it. Political thrillers have sharper edges than Penny's usual brand of cuddly crime fiction, but she found the transition exhilarating. "Maybe it was a bit of a palate cleanser, or there was enough similar that it didn't feel completely different. But it was different enough that it was exciting," she says.

The book comes out this month, only two months after Penny's latest Gamache novel, a post-COVID tale aptly titled *The Madness of Crowds*, about the threats that emerge when a controversial academic draws a cultish following. This might be the first time Penny has to duke it out against herself on the *New York Times* bestseller list. 





Shatter Proofs

Sometimes good things fall apart
so better things can fall together.

MARILYN MONROE

Promises and pie crusts are made to be broken.

JONATHAN SWIFT



ANTS IN MY PANTS

How I learned not to question children's rhymes

BY Catherine Stinson
ILLUSTRATION BY JOREN CULL

I BELONG TO THE CAMP that has survived COVID times by staying up very late at night to avoid my two children (and my ex, whom I live with in Toronto, which seemed like a better idea before we became trapped in the same space for over a year). At least, I assume there are others out there like me, reading this during their 4 a.m. lunch break. The silent nighttime hours can be great for concentrating on a task without interruption, but also lend themselves to bizarre trains of thought: the sort of things that might have been dreams, if not for my nocturnal schedule.

One of the questions I pondered during these past 15 months of extremely strange sleep patterns is: if “Ring around the Rosie” is purportedly about people dying of the bubonic plague (we all fall down—get it?), then what rhymes are my daughters and their friends making up about the current pandemic that will seem harmless if slightly mysterious in a few hundred years? Since encountering this factoid about “Ring around the Rosie,” I’ve treated all children’s rhymes with a bit of suspicion.

Another late-night obsession was why children’s rhymes so often talk about ants being in your pants, like Dennis Lee’s poem, *On Tuesdays I Polish My Uncle*, and at least a dozen children’s songs. There are so many other words that rhyme with “ants.” The ants could dance in France, or have a great romance on plants. Is it really so common to have ants in your pants that it deserves the status of being a common motif? Or is it a euphemism for something much more sinister? These are some of the questions I attempted to research with the energy of a QAnon conspiracy theorist.

I recently stumbled upon an answer to at least one of these questions. Due to lockdown restrictions, many local restaurants have closed, and the downtown rodent population has moved off the main streets and into residential areas. At first, I thought the quality of plastic food packaging had

gotten worse, then realized that the holes in the oatmeal bag had a more organic source: mice. We’ve now had mouse traps set up in our kitchen for months, and my six-year-old has made a sizeable rodent cemetery in the backyard with headstones made of bejewelled popsicle sticks, dandelion bouquets and names for each victim. Rest in peace, Nibbles. I can’t say that I’ll miss you, but I do admire your nerve.

After one adventure, when the elusive black mouse and I caught each other sneaking into the kitchen for a 2 a.m. snack, and I heroically tricked it into running into a trap, the rodents were finally wiped out. Unfortunately, a colony of ants quickly took over the job of licking off the peanut butter from the rest of our traps, so we now have an ant infestation.

Even in those precious moments when all the human inhabitants of the house are asleep, and I’m still awake for no other reason than the thrill of being alone, I’m never really alone. One morning, as I was sitting down for a pee, a little bleary after staying up binge-watching Korean soaps (with the flimsy justification that it might help me learn a new language), an ant brazenly walked across the toilet seat between my splayed legs. I jabbed at it with my thumb, trying to squish it, but only succeeded in knocking it off the toilet seat. It fell into my pants, waiting just below. 



HISTORY

LEGEND OF THE

*The curious story behind Canada's
most iconic ship*

BLUENOSE



BY Aysha White



The *Bluenose* was commissioned to beat the U.S. at the International Fishermen's Cup.

This year marks the centenary of the *Bluenose* schooner. The famous ship was built in a fit of pique, after the U.S. trounced Canada at the inaugural International Fishermen's Cup race in 1920. The Canadian team vowed revenge and hired Halifax naval architect William James Roué to design a racing schooner that would ensure their victory.

The ship was launched with great fanfare on March 26, 1921. Audrey Smith, the 19-year-old daughter of one of the shipyard's owners, christened it with a bottle of champagne (despite protests from the Christian Women's Group of Lunenburg that grape juice be used instead).

The *Bluenose* immediately sailed to glory—again and again, and again. It claimed victory at the International Fishermen's Cup and was undefeated at the competition for the next 17 years. Its winning streak also helped create a sense of civic pride during the tough economic times of the Great Depression.

That streak came to an abrupt end in 1938, after the final International Fishermen's Cup. The next year, the Second World War erupted. In 1942, the *Bluenose* was sold to the West Indian Trading Company and put to work ferrying goods throughout the Caribbean. Soon, tragedy struck: the ship hit a coral reef

near Haiti. Damaged beyond repair, it sunk to the bottom of the ocean, where it has stayed.

Around 20 years later, the Oland family, owners of a Nova Scotia brewery, decided to commission a new *Bluenose*, in part to advertise their Schooner beer. They consulted the original architect, Roué, and dubbed the replica ship the *Bluenose II*. Unlike its predecessor, the *Bluenose II* never raced, and in 1971 the Oland family decided to sell the schooner to the provincial government for the token sum of one dollar.

To celebrate the original ship's 100th birthday, the *Bluenose II* embarked on a "Sail Past Season," cruising by several east-coast communities throughout the summer and early fall. If you missed the tour, you can still see the iconic ship in its home waters of Lunenburg, Nova Scotia, where it often spends the summer as the star of Canada's maritime heritage.



While many have interpreted the ship on the dime as the *Bluenose*, the artist, Emanuel Hahn, simply referred to his design as “a schooner.” Eventually, a group of volunteers presented a set of documents and photos to the Royal Canadian Mint, prompting an announcement in 2002 that the ship was indeed the *Bluenose*.





1



2



4





3



5

1. The *Bluenose* was captained by one man, Angus Walters, for the majority of its racing career. He was at the helm for its first winning race, as well as its last in 1938, in which the *Bluenose* was also victorious. **2.** Built in Lunenburg, Nova Scotia, the *Bluenose* was designed as a competitive racing schooner and fishing vessel, with large, white billowy sails attached to two tall masts. The ship was mainly made of local wood—pine, spruce, birch and oak—and measured 43.6 metres in length. **3.** The origins of the term “*Bluenose*” are obscure. Once a common nickname for Nova Scotians, the term’s origins date back to the 18th century, where it may have referred to a type of potato grown in the region, or simply a joke about cold noses. **4.** The schooner earned the nickname The Queen of the North Atlantic and even sailed across the ocean to take part in King George V’s Silver Jubilee celebrations in 1935. **5.** In 1962, the Oland family commissioned a new *Bluenose*. The original *Bluenose* cost around \$35,000 to build. The replica cost nearly 10 times that amount. The *Bluenose II* was expensive to maintain, and the Oland family sold it to the provincial government in 1971 for a dollar. The ship is now a living museum that often spends at least part of its summer harboured in Lunenburg.



Prompted by her own difficult experience, Angie Deveau advocates for better abortion access.



EDITORS' CHOICE

New Brunswick
is one of the
hardest places
in Canada to get
an abortion.
Inside the battle
for better, more
accessible care.

The Long Fight

BY Sarah Ratchford

PHOTOGRAPHS BY AARON MCKENZIE FRASER

Angie Deveau had planned to spend Boxing Day of 2013 lounging in front of the Christmas tree with her family. Instead, she had morning sickness and found herself rushing back and forth to the bathroom. That evening, after she read her three-year-old son his favourite bedtime story, cuddled him, and kissed his forehead goodnight, Deveau took a pregnancy test. She'd already guessed what it would say: positive.

At the time she was 34 and lived in a house in Fredericton, New Brunswick. Though she shared custody with her son's father, she was the boy's primary caregiver and had only her part-time income as a researcher to sustain them both. She made \$25 per hour, working 15 hours per week, and had all the bills that everyone does: housing, groceries, clothing, utilities, and on it went.

Being pregnant made every day a struggle. At seven weeks, she had unbearable nausea. Nibbling on saltines, she tried to work while her son napped. Most days, she had to return to her computer again at night, working into the small hours. Deveau was exhausted and conflicted about having another child. She didn't have the time or the desire for another kid. She didn't

want a bigger family and knew that she couldn't afford one.

The path forward was clear to her: she had to schedule an abortion. That's when she cursed the fact that she lived in New Brunswick. In her province, making the decision to terminate a pregnancy and being able to act on it are two very different things.

ADEQUATE REPRODUCTIVE health care is not uniformly available across Canada. In New Brunswick, where religious stigma against abortion is strong, it's even harder to access. According to a 2011 Statistics Canada report (the most recent year the agency collected this data), nearly 85 per cent of the province is Christian—compared to about 67 per cent of all Canadians at that time. Here, church parking lots still fill up on Sundays. Traditionally, many in the province feel strongly that pregnancies should be carried through to term.

The province offers four places, in total, to get an abortion: three hospitals, where the cost of the procedure is covered by provincial health care, and one independent clinic, where it is not. Still, while provincial health care may cover the fees of an abortion at each hospital, it doesn't mean the process is cost-free for everyone—or easily accessible.

Both the Moncton Hospital and the Georges Dumont Hospital are located in Moncton; the Chaleur Regional

Hospital is in Bathurst, 220 kilometres north of Moncton. This means 76 per cent of the province's population is hundreds of kilometres away from any access at all. When these people need abortions, they must take time off work and pay to travel not once, but twice: first for an ultrasound and again for the abortion itself. Add to that the costs of accommodations and potentially also child care, and the procedure is easily out of reach for many New Brunswickers, whose median income in 2015 was \$28,107 after tax.

THE COST OF AN ABORTION IS EASILY OUT OF REACH FOR MANY NEW BRUNSWICKERS.



A patient may also opt to go to Fredricton's Clinic 554. It was originally founded in the mid-1990s as the Morgentaler Clinic. The facility provides sexual and reproductive health services alongside other health care, with 3,000 patients currently on file. Under provincial health-care laws, the clinic is not reimbursed for ultrasounds or abortions, so it charges between \$700 and \$800 for the procedure. In fact, New Brunswick is the only province in Canada where abortions aren't covered outside of hospital settings.

Premier Blaine Higgs has repeatedly defended the province's current system. "If we felt that we weren't providing the service in reasonable manner, I mean, it would be a different story," Higgs told *The Globe and Mail* in 2019 when asked why he wouldn't extend abortion funding.

LACK OF PROVINCIAL FUNDING HAS DRIVEN CLINIC 554 TO THE BRINK OF CLOSURE MORE THAN ONCE.

To Deveau, the challenges of getting an abortion at a hospital felt insurmountable. Without her own car, she'd have to take the bus to Moncton, 177 kilometres away, or Bathurst, 254 kilometres away. Plus, at the time, New Brunswick also required that two doctors sign off on the medical necessity of all abortions offered at hospitals. (This requirement was later lifted in 2014 and never applied to Clinic 554.) Getting an appointment with her family doctor usually took weeks. If her doctor signed off, they'd likely refer her to the second required doctor, which would take more time.

Coupled with the wait to schedule the abortion, Deveau was afraid she wouldn't be able to have the procedure in time to meet the hospitals'

gestational limit of 13 weeks and six days. She decided her best option was Clinic 554 (then still named the Morgentaler Clinic). They were able to see Deveau right away, and her abortion was scheduled for roughly a week later, on a Tuesday. Still, she couldn't afford the \$800 fee—especially not after Christmas—and in the end, her dad loaned her the cash.

Over the years, Clinic 554 has arguably played the role of both saviour and last resort for many. It's staffed by one full-time employee and about 10 contract staff. That it has also managed to avoid being closed down is no small miracle. Lack of provincial funding most recently drove it to the brink of closure in September 2019, when its medical director, Dr. Adrian Edgar, was forced to put it up for sale. A swell of community support, as well as small donations, helped keep it afloat—but just barely. It had to drastically reduce services over the next year. In October 2020, it was forced to cease providing all non-provincially funded services, including ultrasounds and abortions. By early 2021, Clinic 554 seemed destined to close for good.

IN A 2014 *Maclean's* interview, Dr. Wendy Norman, a professor of family medicine at the University of British Columbia, said her research shows 31 per cent of women over age 45 report having had an abortion at some point in their lives. It's likely many women faced

barriers in securing that right. While the procedure is common enough, abortion remains taboo and the subject of lobbying and protests by anti-abortion advocates. Politicians of all parties, meanwhile, generally prefer to distance themselves from the issue. Canada has been without an official abortion law since 1988. That year, the old laws, which required a “therapeutic abortion committee” to approve each individual abortion, were struck down by the Supreme Court as unconstitutional.

Dr. Henry Morgentaler fought for abortion rights for nearly two decades before it was legally made more accessible for Canadians. In reality, access is scarce not only in New Brunswick but in parts of every province and territory. Fewer than 17 per cent of Canadian hospitals provide abortions. Those who live in rural and northern areas, or even smaller cities and towns, must travel long distances if they want the procedure. In Alberta, Saskatchewan and Manitoba, for example, abortions are offered only in cities, even though 18 per cent of Canada’s population is rural. The Yukon, P.E.I. and Northwest Territories are home to one provider each.

Access varies so widely because health care is a matter of provincial jurisdiction. When Canada’s restrictions were struck down, the provinces were left to dole out access—or prevent it—as they saw fit. In some provinces, doctors are still able to deny care

based on moral grounds. Gestational limits also vary by province. In P.E.I., the limit is 12 weeks and six days, but in specific locations in Ontario, Quebec and B.C., abortions are performed well into the second trimester. Of all the regions, Atlantic Canada is the most restrictive.

ACCESS IS SCARCE ACROSS CANADA. FEWER THAN 17 PER CENT OF HOSPITALS PROVIDE ABORTIONS.



From 1988 until 2016, for example, Prince Edward Island offered no abortion services, with both the province’s government and hospitals refusing on moral grounds. People had to travel at their own cost to New Brunswick or Nova Scotia—provided they were first able to secure the necessary two-doctor referral. In 2016, advocates eventually threatened to sue the government for a violation of their Charter rights, citing unequal access to health-care services. By the end of January 2017, a reproductive health clinic had opened in Summerside, P.E.I., and the first abortions in 35 years were performed on the Island.

Meanwhile, from 1988 until now, eight different New Brunswick governments, both Liberal and Conservative,

have refused to fund clinic-based abortions. Joyce Arthur, executive director of the Abortion Rights Coalition of Canada, describes New Brunswick politicians as having their heels “dug in.” Deveau wraps up her feelings on the matter in two sentences: “A few years ago, my husband got a vasectomy, and taxpayers paid for that. The onus is on women, then, to keep our legs closed.”

AS A SPECIALIST in reproduction, trans health care and addiction medicine, Dr. Adrian Edgar is a firm believer in equal access to health care. His belief was solidified during time spent volunteering in Mae Scot, Thailand. There, Edgar volunteered twice at a refugee health centre, and what he experienced there committed him to this line of work. “We routinely saw people who had tried to self-abort,” Edgar explains. “If you try to obstruct abortion access, a pregnant patient will find a way to control their body, and that might lead to their death.”

Edgar didn't set out to be a spokesperson for abortion access in the Maritimes. At 38, he is shy and soft-spoken. But he was fired up when he returned to New Brunswick in 2014 and discovered that lack of funding after Morgentaler's death threatened to close the Morgentaler Clinic in Fredericton. Fearing Maritimers would lose access to much-needed sexual health care and could resort to self-abortion, he helped the community to raise more

than \$131,000. The facility was renamed Clinic 554 in January 2015, after its street number.

The clinic stands out: one side of the building is painted in the colours of a rainbow. It's centrally located and by the river. Across the street is the Boyce Farmers Market, where many Frederictonians congregate on Saturday mornings for breakfast.

“IF YOU OBSTRUCT
ABORTION ACCESS, A
PREGNANT PATIENT
WILL FIND A WAY TO
CONTROL THEIR BODY.”

Since the clinic reduced service offerings last October, Edgar has continued to perform abortions—some are paid by the patient, and some he does for free. But he can't keep doing it forever. For now, Edgar is taking a wait-and-see approach. In June 2021, a judge gave the green light for the Canadian Civil Liberties Association to sue the New Brunswick government. CCLA argues that the province's lack of access is against the Constitution. (And, indeed, the Canada Health Act does stipulate that it's illegal to make Canadians pay for their health care or to pose barriers to that health care. Abortion is included under this umbrella.) Edgar hopes the results will



In New Brunswick, Clinic 554 is the only place to get an abortion outside of a hospital.

work out in the clinic's favour and the government will be forced to repeal the delisting of ultrasound and abortion outside of hospital.

"People need access to reproductive health clinics that are local, in their communities, and have on-site staff who understand not just reproductive rights, but also the need for women to be reassured in their decision," says Melanie Vautour, who works with Fresh Start in Saint John, N.B., an organization that provides housing to women and families. She and three other people volunteer many hours to help women get essential services. This includes driving to and from appointments, securing lodging for women as they undergo or recover from a medical abortion, and providing basic comforts like food and pain medication.

BY ONE ESTIMATE,
68,000 WOMEN
WORLDWIDE DIE EACH
YEAR FROM UNSAFE
ABORTIONS.

"We are not counsellors or social workers, but we are trying to fill that gap," Vautour says. She worries about how desperate many women can become when that gap isn't filled. The WHO estimates that about 68,000 women worldwide die each year from

unsafe abortions. That's about eight per hour. Edgar has repeatedly warned the province that if his clinic closes, some in New Brunswick may try unsafe methods, and people will die. There are no Canadian stats on unsafe abortion, but P.E.I. professor of psychology Colleen MacQuarrie's research covering her province's own access deficit suggests several self-induced abortions took place on the Island each year the province refused to provide the service.

AT THE END OF September 2020, just before Clinic 554 reduced its services, Deveau gathered on the front lawn of the New Brunswick legislature with a group of about 30 other reproductive rights activists for a candlelight vigil. Since her abortion in January 2014, she has protested on the lawn many times. Each time there's an election, or an added barrier to abortion—like, say, a national pandemic—the calls for better access start again, and each time Deveau is there. She doesn't want other women to go through the same stress and uncertainty and helplessness that she did.

She is now 41, and her son is 10. Deveau doesn't hide her activism from him; to her, it's all about equal access to health care. They talk openly about abortion and the importance of choice. He recently chose to write a school report on the 1970s book *How to Care for Your Husband* and talked about how

gender roles have changed since the time it was written. Deveau has now lived through 15 different governments, the Morgentaler decision and countless pushes for better access, and she says that something, eventually, has to give. She keeps going because she knows she's not alone in her desire for better access to health care.

In some ways, things have started to give. The two-doctor approval is gone. In 2017, New Brunswick also became the first province in Canada to cover the cost of Mifegymiso, a medication containing the ingredients of mifepristone and misoprostol that, together, induce what's called a medical abortion. The former blocks progesterone, a hormone needed for pregnancy. The latter helps empty the contents of the uterus. It isn't a perfect solution. In Canada, Mifegymiso can be prescribed only up to nine weeks gestation.

And while New Brunswick foots the bill, in some provinces it can cost up to \$450.

In the meantime, the lobbying continues. Around the same time as the candlelight vigil, protesters from across the province met to demand better access. They took over the sleepy town common in Rothesay, N.B., then-health minister Ted Flemming's district, on a sunny Thursday afternoon. About 50 people, most of them young, sporting buttons and carrying signs, camped out for hours, even as Flemming refused to speak with them. He'd barely addressed the issue at all during his term. The protest ended at Flemming's suburban house. It was just hot enough to break a sweat on the way up the hill from the common. Each protester carried a sign. *My body, my choice*. One by one, they stepped up to Flemming's door and laid their signs to rest, for him to find. 



Splitting Hairs

The difference between a child and an adult getting their hair cut is that a child will cry during it.

The adult will wait until afterwards.

NITYA PRAKASH

**I've tried to have a regular haircut,
but it just pops back up again.**

So this is the way that it's going to be.

ROD STEWART

Another theory about hair: A woman who cuts her hair drastically is set to make some decisions.

WEIKE WANG

READER'S DIGEST
BOOK CLUB



*Fall's best reads bring love,
longing and hard truths*

BY Emily Landau

FIGHT NIGHT

by Miriam Toews

When precocious nine-year-old Swiv gets suspended for fighting at school, she spends her days with her sickly grandmother, Elvira. Soon, they find themselves on a reckless trip to visit relatives in California, where Swiv learns how her grandmother's strength was passed along to her mom and then to her. After the horrors of Toews's last book, *Women Talking*, this one is refreshingly light, as the pair exchange stories, empathy and the will to persevere through life's challenges. \$30.

RETURN: WHY WE GO BACK TO WHERE WE CAME FROM

by Kamal Al-Solaylee

Al-Solaylee, the youngest of 11 kids, was only three years old when his family was forced to flee Yemen in 1967. In his new memoir, he chronicles his desire to go back. But when he finally travels to the Middle East as an adult, he feels alienated from the language and customs of the place he once called home. The book is a powerful dive into displacement, featuring interviews with other refugees and émigrés about their own longings for their countries of origin. \$33.

BEAUTIFUL WORLD, WHERE ARE YOU

by Sally Rooney

Rooney became a phenomenon last year when *Normal People*, her emo millennial romance, was adapted into

a hit series. In her new novel, a tangle of libidinous Irish 20-somethings have a lot of sex and complicated feelings. Funny email exchanges between Alice, a writer struggling with mental illness, and Eileen, a broke literary assistant, form the book's emotional core. **\$32.**

MATRIX

by Lauren Groff

In medieval France, a young woman, banished from the court of Eleanor of Aquitaine for her unladylike moxie, joins a derelict, plague-ridden convent and transforms it into a thriving community of self-actualized nuns. Think of it as a 12th-century *Sister Act*, if *Sister Act* were pulsing with female rage and religious ecstasy. **\$37.**

HARLEM SHUFFLE

by Colson Whitehead

Whitehead's latest is a rollicking tale of con men and capers. It's about a furniture salesman in 1960s Harlem whose ambitions lead him into a life of corruption as he tumbles into a plot to rob an upscale hotel. The book sparkles with vibrant detail and characters, dropping readers into a world humming with culture and music, hustle and grift. **\$36.**

EM

by Kim Thúy

In the spring of 1975, the massive humanitarian effort known as Operation Babylift evacuated more than 3,300 children—some orphans, some not—

out of Saigon and into the U.S., where most of them were adopted by American and Canadian families. This new novel by Montreal's Thúy is spare and achingly personal, following two orphaned kids as they navigate the terrors of the war-torn city and wind up lost in the Vietnamese diaspora. **\$28.**

THE STRANGERS

by Katharena Vermette

In Vermette's new saga, a Métis family gets wrenched apart by racism, poverty and circumstance. The mother struggles with addiction, one of her daughters is shuttled around foster care and the other is set to give birth in a youth-detention centre. The object of their harrowing quest: reunification. **\$30.**

"INDIAN" IN THE CABINET: SPEAKING TRUTH TO POWER

by Jody Wilson-Raybould

In 2019, Wilson-Raybould shattered the government's smiley facade when she accused Prime Minister Justin Trudeau and his advisors of interfering in the SNC-Lavalin prosecution; she's since served as an Independent, and recently announced a retirement from politics. She writes about her experience as an Indigenous minister and her hopes for a more inclusive political future in Canada, though most readers will turn straight to the part where she dishes out her unfiltered version of the SNC-Lavalin brouhaha and the ensuing political scandal. **\$35.** 

FRIGHT NIGHT



“If you dress in a costume that they can’t figure out, they feel guilty and give you more candy.”

Halloween is the only day of the year when it’s OK to ask, “What are you?”

— MIKE BIRBIGLIA,
comedian

Everyday Costume

The great thing about the pandemic is your kid can dress up as any profession for Halloween by throwing on

leggings and a sweat-shirt and saying they’re working from home.

— @WENDY_B

Party Pooper

For Halloween this year, I’m going as the parents from *Dirty Dancing*, since I’ll already be yelling at everyone for having fun.

— @NICKBOSSROSS

My wife: Pick a Halloween movie to watch.

Me: *Harry Potter*.

My wife: That’s not a Halloween movie.

Me: Then why does it have witches, spells and flying broomsticks?

My wife: Pick another movie.

Me: Fine. The sequel to *Harry Potter*.

— @NEWDADNOTES

Show off to people who always keep a neat house by not cleaning the cobwebs in your home and being ready for Halloween before they are.

— @HOMEWITHPEANUT

Halloween is my favourite holiday because you can trespass on a stranger’s property and make a demand without getting in trouble.

— @MCNASTY

Send us your original jokes! You could earn \$50 and be featured in the magazine. See page 7 or rd.ca/joke for details.

WORD POWER

Computer language is more than zeroes and ones. Test your tech savvy with these Internet-related words.

BY Linda Besner

1. meme—A: lip-synched video. **B:** malicious commentator. **C:** image or behaviour that spreads through imitation.

2. pharming—A: redirecting traffic to a fraudulent website. **B:** harnessing the computer power of multiple users. **C:** growing one's social media presence.

3. gigaflop—A: tech fail. **B:** device with limited storage capacity. **C:** speed of one billion floating-point operations per second.

4. dox—A: publicly shame. **B:** publish someone's private information without their consent. **C:** give a negative review.

5. chatbot—A: simulated human interlocutor. **B:** language-learning app. **C:** animatronic feline.

6. firewall—A: network security system. **B:** viral challenge involving jumping a motorcycle over a flaming board. **C:** spicy Silicon Valley latte.

7. node—A: junk mail. **B:** sponsored content. **C:** point of connection in a network.

8. selfie—A: digital over-sharer. **B:** photographic self-portrait. **C:** phone-sized purse.

9. mainframe—A: large, powerful computer. **B:** older app user. **C:** body of an email.

10. cryptocurrency—A: digital money not regulated by a central authority. **B:** web slang for uranium. **C:** metric for perceived value of a tech start-up.

11. Boolean—A: visible on the dark web. **B:** surpassing one billion users. **C:** data type with only "true" or "false" values.

12. netiquette—A: polite behaviour online. **B:** higher price tag on online orders. **C:** optimal search term.

13. captcha—A: keyboard duster. **B:** test used to differentiate between humans and computers. **C:** cyberattack.

14. cookie—A: novice Internet user. **B:** metadata of an altered financial record. **C:** data packet used to identify a user.

15. deepfake—A: online persona used as a romantic lure. **B:** corrupt line of code. **C:** manipulation creating a false image or recording.

WORD POWER ANSWERS

1. meme—C: image or behaviour that spreads through imitation; as, Grumpy Cat, a pet with an irritated expression, is a famous Internet *meme*.

2. pharming—A: redirecting traffic to a fraudulent website; as, Dennis's credit card information was stolen when he fell victim to *pharming*.

3. gigaflop—C: speed of one billion floating-point operations per second; as, An early super-computer, Cray 2, could perform 1.9 *gigaflops*.

4. dox—B: publish someone's private information without their consent; as, Bullies use *doxing* to intimidate their targets.

5. chatbot—A: simulated human interlocutor; as, Siri, the *chatbot* that acts as a digital assistant, was released in 2010.

6. firewall—A: network security system; as, The

hacker broke through the *firewall*.

7. node—C: point of connection in a network; as, Jo's printer was one *node* on her home network.

8. selfie—B: photographic self-portrait; as, Some 80 per cent of Londoners edit their *selfies*.

9. mainframe—A: large, powerful computer; as, The *mainframe* Harvard Mark I weighed nearly five tonnes.

10. cryptocurrency—A: digital money not regulated by a central authority; as, The Victoria HarbourCats baseball team is the first sports franchise in Canada to accept *cryptocurrency* as payment for tickets.

11. Boolean—C: data type with only "true" or "false" values; as, Using *Boolean* operators like "NOT" and "OR" can make Google results more relevant.

12. netiquette—A: polite behaviour online; as, Failing to answer an

email may strike some as poor *netiquette*.

13. captcha—B: test used to differentiate between humans and computers; as, Fatima had to identify four pictures of traffic lights in the *captcha*.

14. cookie—C: data packet used to identify a user; as, Companies use *cookies* to show targeted ads to users.

15. deepfake—C: manipulation creating a false image or recording; as, The *deepfake* that places Elon Musk's face on Charlie Sheen's body is eerily convincing.

CROSSWORD ANSWERS

FROM PAGE 104

G	U	M		M	A	E		J	I	F	F
P	R	O	V	E	R	B		U	N	D	O
A	L	B	E	R	T	A		M	A	R	X
			B	R	I		Y	I	P		
L	L	O	Y	D	M	I	N	S	T	E	R
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S	A	S	K	A	T	C	H	E	W	A	N
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Q	U	I	Z			O	B	L	I	G	E
U	M	N	O			C	O	L	L	E	G
I	A	G	O			K	O	S		S	O



BY Beth Shillibeer

1. What television role did Katie Couric, Ken Jennings and Bill Whitaker have in common this year?
2. What Oktoberfest commodity sold out despite the cancellation of the 2020 Munich celebrations?
3. Canada's University of Victoria offers a course on which superhero created by Bob Kane and Bill Finger?
4. Which Australian prime minister was also a Rhodes Scholar and one-time holder of a world record for drinking beer?
5. Saffron can be more expensive than gold by weight. True or false?

6. What type of Halloween costume did Disney launch in 2020 for disabled children?
7. Nova Scotia is the first legislative body in Canada to implement what legal approach to organ donation upon death?
8. The 2020 Nobel Peace Prize was awarded to which organization whose mascot is a dog named Foxtrot?
9. Who is the only U.S. president to have been awarded a Pulitzer Prize?
10. In 2020, sailor Bertter Hart became the first person from North America to sail around the world alone using what method of navigation?

11. When Israel's spacecraft *Beresheet* crash-landed on the moon in 2019, what was it carrying that may have since become the first lunar life form?

12. Why is Russia's October Revolution of 1917 commemorated in November?

13. What passengers took the very first hot air balloon ride in 1783?

14. Vampire squids, goblin sharks and fangtooth fish are all members of what specific ecosystem?



15. Facing an excess of oranges, what did the city of Seville recently do with its fruit waste?

Answers: 1. Jeopardy guest host. 2. Official beer stein. 3. Batman. 4. Bob Hawke. 5. True. 6. Wheelchair adaptive costumes. 7. Presumed consent. 8. World Food Programme. 9. John F. Kennedy in 1957, for *Profiles in Courage*. 10. Celestial navigation (charts and sextant). 11. Tarigrades (water bears). 12. Russia used the Julian calendar in 1917 but now uses the Gregorian calendar. 13. A sheep, a duck and a rooster. 14. Deep sea environments. 15. Create electricity.



Border City

BY Derek Bowman

1	2	3		4	5	6		7	8	9	10
11			12					13			
14								15			
		16				17	18				
19	20				21				22	23	24
25				26					27		
28			29					30			
			31				32				
33	34	35			36	37				38	39
40					41						
42					43				44		

ACROSS

- 1 Juicy Fruit, for one
- 4 Actor West
- 7 Short time, informally
- 11 Pithy saying
- 13 Reverse an action
- 14 Side of 19-Across
- 15 Groucho or Karl
- 16 Mallory's sister on *Grace and Frankie*
- 17 Sound from a pound
- 19 Border city

- 25 "Absolutely!"
- 26 Millar and Hanomansing
- 27 Mine yield
- 28 Side of 19-Across
- 31 Hill dweller
- 32 Longoria of *Frontera*
- 33 Trivia contest, perhaps
- 36 "Much ____" ("Thanks!")
- 40 "Yeah, not gonna happen"
- 41 Lakeland, in Vermilion and 19-Across

- 42 Shakespearean villain
- 43 Ring results, for short
- 44 Spread seeds

DOWN

- 1 Univ. transcript number
- 2 Internet address, briefly
- 3 Mafia don
- 4 The fourth from the Dominion Land Survey traverses 19-Across
- 5 Gallery display
- 6 Web-auction co.
- 7 Captures, in checkers
- 8 Celebrity chef Garten
- 9 Prez on the U.S. dime
- 10 Animal creating trouble at the henhouse
- 12 More than somewhat
- 18 How pistachios are often sold
- 19 Fleur-de-____
- 20 ____ & Perrins
- 21 Tool similar to a pickaxe
- 22 Large hauls
- 23 Historic time
- 24 Kylo ____ of *Star Wars*
- 29 Buzzer in jug bands
- 30 Bad to the bone
- 33 Who, in Chicoutimi
- 34 *Chambers* actor Thurman
- 35 Bank that's now Tangerine
- 37 Ghostly greeting
- 38 It can be bruised
- 39 Beads seen in the morning

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