

Reader's Digest

CANADA'S
MOST-READ
MAGAZINE

NOVEMBER 2020

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(AMY TAN) LAUREN TAMAKI; (HOUSE FIRE) CLAYTON HAMMER



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EDITOR'S LETTER

Just for Laughs

A sense of humour is serious business in this country. Before the pandemic cancelled fun, it was hard to find a town untouched by the bug of comedy tours, stand-up and improv clubs, and that local *har-dee-har* guy everyone hires to emcee their wedding. The Canadian Association of Stand-up Comedians estimates that seven national tours and 26 comedy festivals were postponed this summer—or scrapped altogether.

This especially hurts because comedy is so intertwined with Canada's identity. Ask someone anywhere in the world to name a famous Canadian, and their answers will be skewed to the Jim Carreys, Martin Shorts, Samantha Bees, Wayne and Shusters, Dan Aykroyds and Lilly Singhs. They're our star system, our truth-tellers and our collective release valve. Living in a country with



such long winters would be a lot more stressful without their jokes.

Because we all could use a good laugh this year, this issue's cover story (page 30) collects some of the best one-liners, gags and zingers by and for Canadians. Here's the thing: the jokes are divided by province and territory.

East-coasters have long held the title of funniest among us. Is it still true? It's up to you to decide.



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

DANIEL EHRENWORTH

Reader's Digest

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“Breast Friend”

Wynter often shoots portrait photography, and she loves the chance to learn about her subjects' lives. Her work has been published in the *Waterloo Region Record*, the *Toronto Sun*, the *Toronto Star* and *Chatelaine*. Her photography has been nominated for a Black Canada Award, and in 2019 she was a finalist for Shoot The Face, a monthly photo contest. Check out her work on page 13.



PAIGE STAMPATORI

Illustrator, Cambridge, Ont.

“Body, Heal Thyself”

Stampatori finds illustrating for magazines and newspapers provides her with uniquely exciting opportunities to stay on top of current events and to collaborate with fellow creative types. Stampatori's illustrations have appeared in the *Washington Post*, *Wine Enthusiast* and the *Georgia Straight*, among other publications. See her latest work on page 22.



WENDY LITNER

Writer, Toronto

“Cooking Through Grief”

Writing is how Litner copes and processes her emotions. Often, she doesn't quite know how she feels about something until she writes it down. Her work has been published in *Today's Parent*, *The Globe and Mail* and *CBC.ca*, and you can find her latest personal story, about connecting with her family during the pandemic, on page 52.



LAUREN McKEON

Writer, Toronto

“Breast Friend”

RD deputy editor McKeon didn't set out to cover gender and women's issues. But once she started, she couldn't quit—she saw there are too many urgent stories that need to be told. Her work has won National Magazine Awards and Digital Publishing Awards, and her book, *No More Nice Girls*, was released this past spring by House of Anansi. Read her latest story on page 12.

(McKEON) YULI SCHEIDT

LETTERS

POSITIVE REINFORCEMENT

My wife was always happy when she found a copy of *Reader's Digest Canada* at her doctor's office, so we subscribed. As a whole, I think the magazine does a great job of keeping content light and sensitive to readers. I encourage you to make sure that you celebrate Canadian success stories even more—there are lots of those. In light of what the world has been through in 2020, good news is what folks need today.

— DOUG BROAD, *Toronto*

SAFETY FIRST

I enjoyed reading “P.M. Dad” (June 2020) by Justin Trudeau. I was alarmed, however, by the accompanying photograph of the prime minister throwing Xavier, his then-two-year-old son, up in the air. I cringe to think of the potential danger had he not caught him!

— NELLIE P. STROWBRIDGE, *Pasadena, NL*

CONTRIBUTE

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EYESORE

About 10 years ago, I cancelled my subscription and instead opted to go to the store and buy single copies every month. Last week, though, I did something I've never done before: I picked up the magazine at a local Walmart and, before I reached the checkout, ripped out the pages of “The Boy With a Spike in His Head” (September 2020). I had decided then and there that I couldn't bring myself to read that story.

— RON BROWNSBERGER, *Whitchurch-Stouffville, Ont.*

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*How an Ontario doctor is
improving women's cancer care*

Breast Friend

BY Lauren McKeon

PHOTOGRAPH BY ALICIA WYNTER

EARLIER THIS YEAR, Chetna Bhatt, a 55-year-old information manager in London, Ont., received a diagnosis of triple-negative breast cancer—a rare form of the disease that doesn't respond to typical treatment. She had plenty of questions and even more fears. When she visited her family doctor, she found him to be less than helpful, even dismissive. An acquaintance suggested she contact Annette Richard, a local GP with a national reputation for helping women with breast cancer prepare for one of the most trying ordeals of their lives.

Richard, who is 59 years old, traces her start as a breast-cancer guru to the moment she learned, while training in palliative care, that a typical mastectomy is a day procedure. The thought chilled her—similarly invasive surgeries, including for prostate cancer, require significantly longer stays. “A woman would come in after breakfast and go home for lunch without a breast,” she says. “It just seemed wrong to me.”

So Richard did something few doctors bother to do: she asked women how they felt about it. In addition to interviewing patients, she scrubbed



Dr. Annette Richard helps women adjust to the reality of living with breast cancer.

into mastectomy surgeries, reviewed abnormal findings and sat in on callbacks after mammography tests. Her discoveries were discouraging. Of all cancers, breast cancer is the most common one among women. In 2019 alone, an estimated 26,900 Canadian women were diagnosed. Richard was struck at how inadequate the system was when it came to supporting women through this all-too common disease.

“MY MISSION IS TO PUT POWER AND KNOWLEDGE IN THE PATIENT’S HANDS.”

While she may not have been able to change the hospital turnaround time for mastectomies, Richard could at least better prepare women for surgery and how their bodies would heal and change. She founded FACE IT (the acronym stands for focused anxiety-reducing community-based empowering individual teaching), and started making house calls with a rigged-up CPR model. Using skin-like material to mimic an after-mastectomy torso, Richard carefully walked women and their partners through the procedure.

Today, Richard relies on an anatomy app that doctors and medical students typically use for things like bone mapping and surgical planning. The app allows her to provide breast-cancer

patients with a 3D structure of the mastectomy site. Women can review the details whenever they want and, importantly, adjust to the idea of their new body, mitigating the “reveal” on their own time. “My mission,” Richard says, “is coming up with ways to put power and knowledge in the patient’s hands.”

In the months after Bhatt reached out, Richard gave her advice and support on matters big (a home visit during the height of COVID-19 to help Bhatt administer a post-radiation injection) and small (recommending an affordable numbing cream for the painful biopsy procedure). Bhatt has since met many other breast-cancer patients, including several who received chemotherapy alongside her. The difference in care wasn’t lost on her. “She’s been there, literally holding my hand, through everything,” Bhatt says. “There should be more women like Dr. Richard helping women through this scary journey.”

Richard has now coached and cared for hundreds of women. What would make her happiest is if her approach became the norm. In her view, all women deserve holistic, interconnected care, whether it’s prepping for surgery, taking extra time for radiation treatments, or helping them decide on nipple reconstruction. It’s something any doctor can do; all it takes is a new mindset. “Because really,” she says, “cancer and bad care can both seriously wreck somebody’s life.” **R**

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Marisa Orsini,
Marketing Promotions Administrator

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ASK AN EXPERT

How Do Masks Protect Me?

We ask family physician and Masks4Canada organizer Amy Tan

BY Courtney Shea

ILLUSTRATION BY LAUREN TAMAKI

Most Canadians agree masks help to prevent the spread of COVID-19, but can you review how that works?

Scientific evidence has shown that if 80 per cent of the population wears a reusable cloth mask, the spread of COVID-19 in the community decreases by 40 per cent. That kind of decrease is enough to make it so the number of cases isn't growing exponentially. That's extremely significant. It's why we need a high level of public buy-in.

Because my mask protects you and your mask protects me?

Exactly. In the early stages of COVID,



we were still looking at masks in terms of their potential to protect the wearer. But now we know that the chief purpose of wearing a cloth mask is not to keep the coronavirus out, but to keep your own droplets in.

So what should I be looking for in an ideal mask?

A mask made of tight-weave, high-thread-count cotton is good. But don't get too hung up on the best mask. This is not about perfection; it's about decreasing risk. If my mask contains the majority of my droplets, then your risk—both of getting the virus and how severe a case—is a lot less significant.

What can you tell us about proper mask cleaning protocol?

You want to wash your mask at the end of every day. A washing machine is ideal, but you can also just use soap and hot water, in the same way that you would wash your hands. Always wash your hands before you touch your mask, and only put it on or remove it by the ear loops or ties.

For those of us whose laundry hampers have been full since spring, are disposable masks a good option?

The white and blue disposable masks that you see a lot of people wearing are effective in terms of capturing droplets. I recommend reusable cotton because it's better for the environment and it's a lot more cost-effective than having to constantly replenish your supply.

How should your mask fit?

My big tip is to look for a mask that fits your nose—tight without being uncomfortable—so that you don't have to worry about it falling down all the time. People assume masks are one

size fits all; then they try one, find it's uncomfortable and give up. But that's not how it works.

I've heard of people wearing masks in their own homes. Is that over the top?

With outbreaks in your family, we tell people to self-isolate and to not share a bathroom, but not everyone has that option. In cases where you are at greater risk, a mask offers an extra layer of protection. If you invite guests inside your home who aren't in your bubble, then you should definitely all wear masks.

THIS IS NOT ABOUT PERFECTION. IT'S ABOUT DECREASING EVERYONE'S RISK.

When we are on the other side of this pandemic (knock on wood!), will mask wearing become more broadly accepted as a safety measure in North America?

I don't know if it will be embraced by the entire population, but I do hope that it becomes a normalized reaction when, or if, we encounter another SARS or COVID-19. If we hadn't been arguing about masks in May and early June, it would have made a significant difference. I hope we will learn from this uphill battle.



FACT CHECK

The Truth About House Fires

BY Anna-Kaisa Walker

ILLUSTRATION BY CLAYTON HANMER



1 Four in 10 fatal house fires occur between 10 p.m. and 7 a.m., when most residents are asleep. “Make sure you have working smoke alarms on every storey and outside every sleeping area,” says Ryan Betts, spokesperson for the Office of the Fire Marshal of Ontario.

2 Test smoke alarms monthly. “Vacuum around the alarm to clear any dust that could block the smoke sensor,” says Betts. Replace the battery twice a year and replace the alarm itself by its expiry date.

3 Closing your bedroom door while you sleep may help firefighters save your life. “A bedroom with a closed door will heat up to 37 C, versus 500 C outside the door,” says Cynthia Ross Tustin, president of the Ontario Association of Fire Chiefs.

4 Carbon-monoxide gas, which you can’t see or smell, is a leading

cause of accidental poisoning deaths in North America. Have fuel-burning appliances serviced annually—if they malfunction or are poorly vented, they can potentially emit CO, causing confusion and nausea at low levels and killing you within 20 minutes at high levels.

5 Install a CSA- or UL-approved carbon-monoxide detector on each floor of your home. To prevent false alarms, keep them at least 14.5 feet away from gas appliances.

6 Forty years ago, you had an average of 15 to 17 minutes to escape a house fire. Now, with synthetic materials and open floor plans, you have an average of two to three minutes before the house is engulfed.

7 Form an exit plan. Each bedroom should have two possible exits, and a designated adult should help children or the elderly.

“When an alarm sounds, head straight outside, gather at your meeting point and call 911 from there,” says Tustin.

8 To help the fire department find you, your house number should be clearly visible. If your house is far from the road, have the number displayed at the end of the driveway.

9 Condo dwellers should study their building’s fire-safety plan. “If the alarm system has voice prompts, you’ll be instructed whether to stay put or exit by the emergency stairs,” says Betts. “Don’t try to take the elevators—they’ll be recalled to the ground floor.”

10 If you have mobility issues, you’re responsible for informing your building management that you’ll need assistance in an emergency. “If there is a fire, call 911 yourself, even if the fire department is already there,”

says Tustin. “Tell the dispatcher which unit you can be found in.”

11 Cooking mishaps are the leading cause of residential fires. “Always have a tight-fitting pot lid handy to smother the flames,” says Betts. “Never throw water on a cooking fire.” The heat from the water can trigger an explosion of flaming grease.

12 If covering the pot doesn’t help, use a fire extinguisher. Remember the acronym PASS—(P)ull the pin, (A)im the nozzle, (S)queeze the trigger and (S)weep the nozzle from side to side. “In the meantime, someone else should be calling 911,” says Tustin.

13 Smoke alarms that beep loudly may not keep you safe. If you take sleeping pills or are hearing impaired, invest in an alarm system with strobe lights and a vibrating pad for under your pillow. **R**

POINTS TO PONDER

I reflect on the solitude of my presence in the legislature as a First Nations MPP in Ontario, and I cannot deny my loneliness.

—Sol Mamakwa, MPP, Kiiwetinoong,
IN MACLEAN'S



THE STORY OF WOMEN IS ABSOLUTELY THE LONGEST REVOLUTION IN HISTORY. SO MANY TIMES THE FINISH LINE BLURRED, AND SO MANY TIMES HOPES SOARED.

—Sally Armstrong, IN HER
FIRST CBC MASSEY LECTURE

AS YOU EXPERIMENT WITH YOUR VOICE—A HIGH NOTE, A LOW NOTE—IT'S A DANCE BETWEEN YOUR HEART, YOUR MIND, YOUR VOICE, AND YOUR EXPERIENCES.

—Shania Twain

The greatest thing about track and field is that it's not a vote. I run, I win, I am the champ. I don't need your vote.

—Donovan Bailey, TALKING ABOUT POTENTIALLY
RUNNING FOR PUBLIC OFFICE



In Canada it's very, very different because multiculturalism is very much mandated. I knew what was possible because I got it from the very beginning. Then I moved to Hollywood.

—Sandra Oh, DISCUSSING REPRESENTATION IN ENTERTAINMENT

The thought of moving away from sunny California in February, in the middle of the school year, to a French-speaking foreign city covered in 12 feet of snow was distressing, to say the least.

—Kamala Harris, REMEMBERING MOVING TO MONTREAL AT AGE 12



COMICS SKEW THINGS IN A DIFFERENT WAY, WHICH MEANS THAT COMICS ARE ODD PEOPLE AND IF THEY WEREN'T FUNNY THEY WOULD JUST BE ODD PEOPLE.

—Kevin McDonald, FOUNGING MEMBER OF THE KIDS IN THE HALL



IT LOOKS LIKE MY LAST QUESTION PERIOD AS LEADER OF THE CONSERVATIVE PARTY IS JUST LIKE MY FIRST: WARM, SUNNY AND THE PRIME MINISTER NOWHERE TO BE FOUND.

—Andrew Scheer, ON HIS LAST DAY AS OPPOSITION LEADER

I'm starving in solidarity with our children who are starving. Literally some of them are starving, but figuratively they're also starving for equality.

—Métis fiddler and advocate Tristen Durocher, ANNOUNCING HIS HUNGER STRIKE FOR INDIGENOUS YOUTH SUICIDE PREVENTION LEGISLATION

Unless you come up against obstacles, you're not going to learn something new. "What did you learn today?" is a better line than "What did you do today?"

—Farhan Thawar, VP of engineering at Shopify, DISCUSSING THE POWER OF FAILURE



Body, Heal Thyself

Why do wounds mend more slowly as we age?

BY Christina Frangou

ILLUSTRATION BY PAIGE STAMPATORI

WHEN A KID gets a scrape, a kiss from their grown-up and a day or two with a bandage is usually all that's needed. When it happens to an adult, it takes more time to heal—in fact, a 40-year-old's wound can take twice as long as the identical wound on a 20-year-old. And the process slows more the older you get.

We're all familiar with this phenomenon, of course, but you might wonder what's behind it. "We actually don't have a complete answer," admits Dr. Dennis Orgill, medical director of the Wound Care Center at Boston's Brigham and Women's Hospital. "But in my experience, it's a slow decline from birth on." That delay in healing



can put us at higher risk for infection and prolonged pain.

To repair a wound, the body embarks on a complicated and spectacular process, recruiting a variety of cells to work together to stop the bleeding, then restore and rebuild the skin. And as we age, changes in our bodies can disrupt that process.

Our skin is put together like a three-layer cake. At the top is the epidermis, home of hair, freckles and wrinkles. Only about half a millimetre thick in places, it's made up mostly of keratinocytes, cells that slough off to be

replaced with younger, healthier ones—a turnover that slows as we get older. We also lose lipids and amino acids in this layer with age, leading to dry skin that's prone to tearing. Bacteria can get in through even the tiniest of slits in the skin, so seemingly small cuts can take longer to heal.

Just below the epidermis is the dermis, which gives skin its thickness. The dermis regulates our body's temperature and supplies the epidermis with nutrient-rich blood. This layer houses blood vessels, lymph vessels, sweat and oil glands, and collagen, a protein that gives your skin its elasticity and resilience. After turning 50, a person loses approximately 1 per cent of collagen a year—making its vital task in skin repair less effective.

COMPLETE CELL TURNOVER OCCURS EVERY **45 TO 50 DAYS** IN ELDERLY ADULTS.

But beyond skin changes, there are other factors that can come with being alive for a while. Although not exclusive to seniors, many diseases more common among older adults can delay healing—congestive heart failure, rheumatoid arthritis and chronic obstructive pulmonary disease.

Most notably, diabetes is linked to over 100 known contributors to delayed wound healing, including hormone disruption and altered collagen accumulation. This disease causes other complications, too, that impede healing, like poor kidney function, vascular disease and neuropathy.

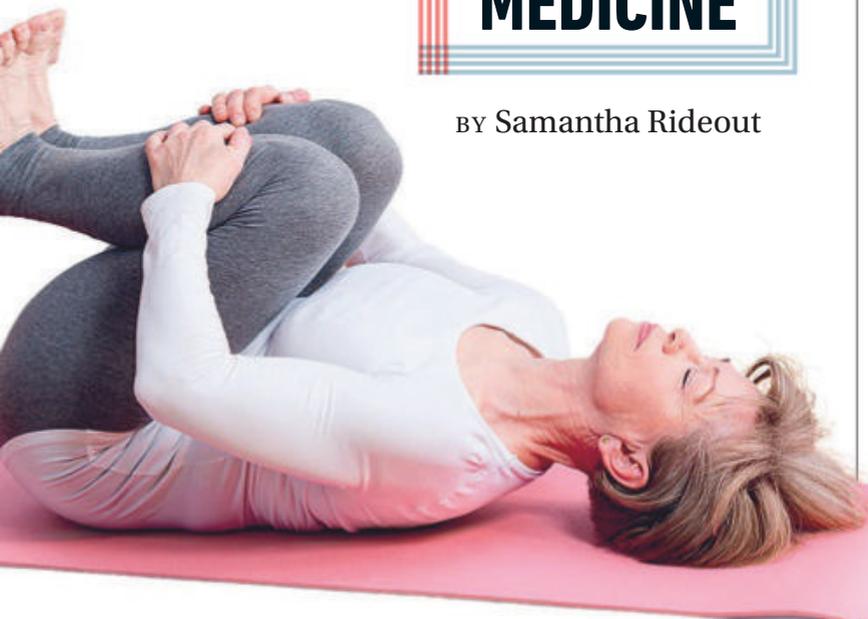
Even if you don't have any of those conditions, medications for other afflictions—steroids and non-steroidal anti-inflammatory drugs, chemotherapy and radiotherapy—can have the same slowing effect.

Besides trying to dodge all those wound-delaying factors, there are some active measures you can take as you age to shore up your body's power to heal itself. Leading the list: avoid sun damage and stop smoking. Moisturizing regularly and staying hydrated can help. Keep wounds moist by covering them with a bandage. And, a somewhat surprising one: muscle strength can aid with wound repair. Since physically inactive people lose between 3 and 8 per cent of muscle mass every decade after age 30—and even more after 60—it's never too soon to start exercising.

Finally, there's truth to the cliché that an apple a day keeps the doctor away. "Remember the old days when people on boats would get scurvy and have wounds that fell apart?" says Dr. Orgill. If your cuts are healing slowly—at any age—he suggests getting a lab test to check for deficiencies in vitamins and minerals like vitamin C and zinc. **R**

NEWS FROM THE
**WORLD OF
 MEDICINE**

BY Samantha Rideout



EXERCISES FOR BANISHING LOWER BACK PAIN

With so many people working from home—often at ergonomically unsound, makeshift desks—it might seem like everyone is complaining about lower back pain. But there's an easy cure: Lithuanian scientists have shown that regularly performing lumbar-stabilization exercises can be an effective way to get rid of the pain—and keep it away. These exercises strengthen the muscles that support the lower spine and facilitate safe spinal movement. They include, for example, the double knees to chest stretch, which is performed while lying on your back. Committing to a 45-minute program twice a week is all it takes.

Lack of Sleep Hurts Teens' Mental Health

Does a teenager in your family often have dark circles under his or her eyes? The teen years bring an array of new threats to sleep, including the end of parent-set bedtimes and a naturally late sleep-wake cycle that doesn't jibe with school schedules. While inadequate sleep may not seem like a big deal, it can contribute to mental-health issues. A study from the U.K. found that 15-year-olds who were getting less shut-eye on school nights were significantly more likely to develop depression or anxiety in their teens or early 20s. Cognitive behavioural therapy for insomnia can help families pinpoint and address the underlying causes, whether they're related to bad habits just before bedtime—screen time in the late evening, for example—or other factors.

ISTOCK.COM/KATARZYNBIALASIEWICZ

The Big Payoff of a Good Stretch

If limited mobility or COVID-19 social-distancing measures have cut back your exercise opportunities, a simple home stretching routine can still boost your heart health. In a recent Italian experiment, participants who performed a series of leg stretches five times a week for 12 weeks saw improvements in their vascular function (their arteries' ability to dilate and constrict) and in how stiff their arteries were—even beyond the legs. These changes may reduce health risks, since arterial stiffness and vascular function both play a role in diabetes and heart disease.



Even Mild Hits to the Head Can Affect the Brain

Years' worth of research leaves little doubt that repeated concussions are leading to irreversible brain injuries, and even suicide, among professional athletes who play contact sports such as hockey, rugby and football. But what about the minor, non-concussive head impacts that are common even for amateur players? Scientists at Western University in London, Ont., have found that these also cause visible changes to brain structure and connectivity. The changes, which may hinder the brain's ability to move information between its areas, accumulated over time, suggesting possible long-term ramifications. Athletes, parents and coaches who want to play it safe should limit all types of head impacts—not just those that cause obvious symptoms.



Blood-Pressure Meds Extend Life Even for Frail Seniors

Few clinical trials of new medications include elderly people in poor overall health—an unfortunate knowledge gap. An exception was a recent Italian study, which looked at almost 1.3 million seniors—with an average age of 76—who each had at least three prescriptions for high blood pressure. Compared to frail subjects who took their meds less than a quarter of the time, those who took them faithfully were 33 per cent less likely to die within seven years. Healthier patients got an even bigger boost to their longevity from sticking to their prescriptions, but both groups benefited.

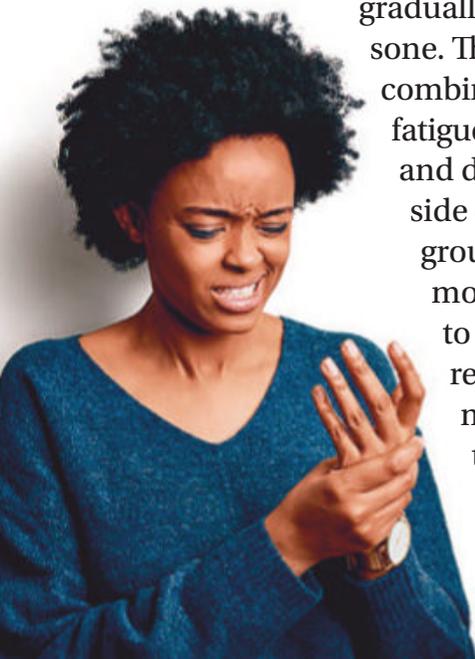
Reducing the Fatigue of Rheumatoid Arthritis

Although it's best-known for joint pain, rheumatoid arthritis also causes persistent weakness and exhaustion in up to 90 per cent of patients. It doesn't improve much with rest. And, worse, there's been no effective treatment.

A Belgian study of patients who'd been newly diagnosed with RA indicates, however, that there's a window of opportunity early on for addressing the problem. RA is one of many diseases in which the immune system attacks the body's own tissue, causing inflammation. In the study, some participants were prescribed methotrexate, a drug that decreases immune-system activity and inflammation. Because of its safety and effectiveness, it's the gold standard treatment for RA, but it only starts working after several months.

The remaining subjects were prescribed methotrexate, as well, but also initially took prednisone, a faster-acting albeit riskier anti-inflammatory. (Its possible effects include agitation, fluid retention and insomnia.) As the time that methotrexate was expected to kick in drew nearer, these patients

gradually cut back on prednisone. The patients who took this combination went on to feel less fatigued over the next two years and didn't experience more side effects than the other group—all of which is great motivation for RA patients to talk to their doctor about receiving intensive treatment as soon as possible, to help them feel better in the long run.



Bleach: Not For Consumption

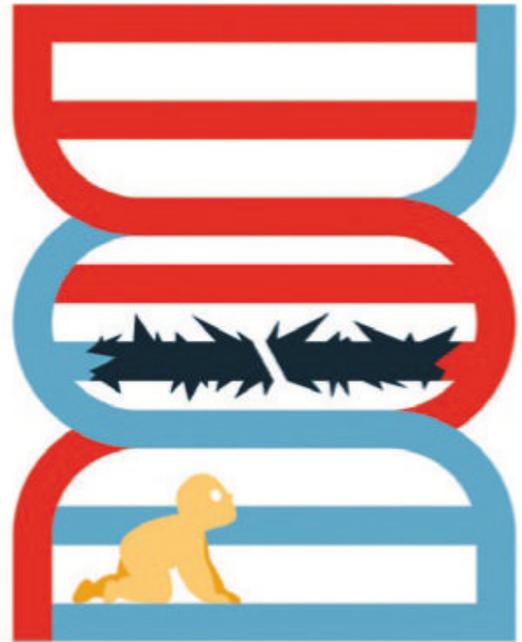
During the spread of COVID-19, poison-control centres around the world noticed an increase in calls. By surveying the public, the American Centers for Disease Control and Prevention confirmed that this was no coincidence. In a misguided effort to protect themselves, nearly four in 10 respondents had employed household cleaners, bleach or surface disinfectants in potentially dangerous ways, such as using them to clean their fresh produce, mist their bodies or wash their hands. Ingesting these products' chemicals could poison you—no matter what Donald Trump says—and food-safety authorities recommend rinsing fresh produce with water instead. Meanwhile, stick to cleaning your hands and body with soap, which is proven to kill COVID-19. **R**



WHAT'S WRONG WITH ME?

BY Lisa Bendall

ILLUSTRATION BY VICTOR WONG



THE PATIENT: Josh*, an Australian boy

THE SYMPTOMS: Diminishing abilities, along with seizures and vomiting

THE DOCTOR: Dr. Nicholas Smith, head of neurology at Women's and Children's Hospital in North Adelaide, Australia

EVEN BEFORE JOSH was born in 2007 in South Australia, his parents, Nicole and Andy, knew there was a chance their baby might have a severe disorder that could affect the course of his life. His older sister, Lauren, had stopped meeting milestones just after turning one. As she grew, she gradually lost her mastery

of skills like walking and speaking. Despite extensive testing, she remained undiagnosed, but doctors suspected it was a genetic condition.

Tragically, an unexpected hemorrhage from a perforated ulcer claimed Lauren's life at two and a half. Her grieving parents worried that the child they were carrying at the time would have the same mysterious condition.

Josh was a happy, social baby, and at first he was on track when it came to rolling over and sitting up for the first time. At 12 months, he took a few steps on his own. Then, just like Lauren, his development slowed. He stopped walking independently. By age two, he was no longer talking. Even though Josh's

*IDENTIFYING DETAILS HAVE BEEN CHANGED.

parents had expected he might have inherited the disorder, it was still devastating when doctors confirmed it.

At age three, Josh began experiencing bouts of intense vomiting that would last for several days without a break. At five, he couldn't sit up on his own anymore, and reverted to crawling. He started having seizures. The following year, a feeding tube became necessary because he was eating less and struggling with liquids.

THE TERRIFYING POSSIBILITY THAT THE FAMILY WOULD LOSE A SECOND CHILD LOOMED LARGE.



Josh's medical file was thick with results from physical exams, lab testing and brain scans, but nothing that led to a diagnosis. Numerous tests for genetic conditions had been performed in vain on both Josh and Lauren over the years. The terrifying possibility that this family would lose a second child loomed large.

When Josh was six, Nicole and Andy received a referral to Dr. Nicholas Smith, a neurologist at Women's and Children's Hospital in North Adelaide, Australia. "We were told that he had a keen interest in these types of conditions," says Nicole.

From the moment Smith met Josh,

he was charmed. "He was a happy, smiley boy. He's always had a bright spark in him," he says. Although Smith didn't have an immediate cure for Josh's disorder, he was confident he could help with symptom management.

Smith also knew there might be a way to get more information. The genetics field had advanced considerably since Josh's birth, and scientists could now analyze entire sections of the genome at once and pinpoint unexpected differences, or variants. "Every time I saw this boy and his family, their child was worse. They were preparing themselves for him to die," says Smith. Giving a family answers is no small thing, he adds; even if their child does not survive, it can at least provide closure, and is vital for any future family planning.

Smith thought there was a chance his research colleagues in the University of South Australia's molecular pathology department could provide those answers. Postgraduate student Alicia Byrne, under the supervision of professor Hamish Scott, analyzed Josh and Lauren's genetic data. Healthy people have about four million variants, usually harmless, in their genome. Byrne sought the one variant that was to blame for the children's disorder. It can take hours and hours to sort through the genetic data, spotting and researching any possibilities.

Byrne ruled out anything that didn't appear in both children's genomes. She

also excluded variants that are common in healthy people, or linked to disorders that Josh and Lauren obviously didn't have. She was left with an unfamiliar new gene that hadn't before been associated with a disease. And, as it turned out, each of the two parents carried a different variant in that same gene; when they combined in the children, it created an incredibly rare disorder.

IT'S DIFFICULT TO KNOW IF REPORTS OF PROGRESS ARE DUE TO PARENTS' HOPE THEIR CHILD WILL IMPROVE.

Byrne was ecstatic about the discovery, as efforts to find genetic variants prove fruitless in more than two-thirds of challenging cases. Even better, there was a possible treatment in this case.

The mutation was in a gene crucial for transporting B vitamins to the nervous system. Lab experimentation with Josh's cells showed a definite problem with vitamin B uptake. Even if Josh had normal levels of these nutrients in his body, he simply couldn't get enough where he

needed them. The hopeful team devised a trial therapy for Josh of weekly high-dose vitamin infusions. "It was very exciting," Nicole says. "We felt we had nothing to lose, and everything to gain."

Within weeks, Nicole and Andy reported Josh had more energy. "It's always difficult to know how much positive progress is due to the parents' hope that their child will improve," says Smith. But after three months, there was a measurable reduction in Josh's seizures and vomiting.

Six months after treatment began, Josh had stopped regressing and was moving forward again. "The 'wow' moment for us was the day Josh went up on his knees to crawl," says Nicole. "It's one we'll never forget."

Over time, Josh regained the ability to use a walker. He started saying "mom" and "dad" again. Today, at 13, he enjoys horsing around on the playground at school, watching videos on his iPad and making people laugh. "The most gratifying thing is seeing this boy and his family living life without the fear and anxiety," says Smith.

"It's all we could have asked for," Nicole adds. "Our outlook is unknown, but for now we enjoy every day with our strong, happy, healthy son." 



Glass Half Full of Drizzle

And when it rains on your parade, look up rather than down.

Without the rain, there would be no rainbow.

GILBERT K. CHESTERTON



ONE FUNNY COUNTRY

Who is the most hilarious of them all? Survey these cross-Canada zingers, gags and jests—and judge for yourself.

BY Rosie Long Decter and Courtney Shea

ILLUSTRATIONS BY PAUL G. HAMMOND



YUKON

Prospecting for gold and guffaws

I'm so sorry if you're single in March in the Yukon. There's nothing left; it's all gone. You go on Yukon Tinder and it just says, "Out of order, check back in May."

—George Maratos, WHITEHORSE

Ghost in the North

On October 30 last year in Whitehorse, residents were disturbed by a spooky noise ringing throughout town. It sounded like a wail, and no one knew where it was coming from. Locals started speculating on Facebook that it was a "very drunk owl," or perhaps a "mechanical goose repeatedly honking." Residents decided to contact Yukon Energy, thinking it might have been coming from the local hydro dam. When staff did a walk-through, they found the problem: a spill gate had been left open, and was the source of the otherworldly noise. Not so scary after all, but at least it got everyone in the mood for Halloween.

New Northerners

We all want to be part of the Yukon.

We're willing to invest the time and the resources. I've been growing a beard now for two years, trying to fit in.

—Oshea Jephson, WHITEHORSE

Frisbee for One

A popular summer activity in the Yukon is disc golf, or Frisbee golf. A lot of people think it evolved from regular golf, but I think it evolved from lonely men who got tired of going to the park every day, trying to make friends to play catch with. They were just like, "You know what? I'm gonna figure out a way to play with these discs all by myself. Just me, the trees and my discs." And when they're playing, you can actually hear the trees going, "Nobody cares. You're a grown man playing with discs."

—James Boyle, WHITEHORSE



BRITISH COLUMBIA

Welcome to the playful Pacific

Why do we have so many coins in Canada? We had bills. When I was a kid, we had a \$2 bill. It had a bird on it. It was wonderful. There was a \$1 bill, too. What happened? Did a pirate make it to the top of the Bank of Canada?

—Ivan Decker, LADNER, B.C.

@ScanBC is a Twitter account that tweets out requests for law enforcement heard on police scanners around the province. Here are a few of the more absurd requests they've heard:

- June 14, 2020: Fire crews in Maple Ridge are responding to a residence to assist a dog with its head stuck in a couch.
- March 29, 2019: RCMP have requested assistance from the Squamish fire department after they raised their Canadian flag upside down.
- Jan. 23, 2018: Vancouver Police are responding to the area of Renfrew and Hastings for reports of a cougar in a tree. The reported animal was located and found to be a very large raccoon.

At the end of Grade 10, I remember the vice principal at Prince of Wales sat me down and invited me to leave, which, looking back, was just a very Canadian way of kicking me out.

—**Ryan Reynolds**, VANCOUVER



COURTESY OF NETFLIX

Every time Canadian scientists announce they've found another dinosaur in B.C., I'm like, "Yeah, that's when they're from."

—**Jeremy Woodcock**, TORONTO



NORTHWEST TERRITORIES

Plenty of ice and laughs to go around

I've been thinking about telling my jokes as if I were Justin Trudeau, but I don't think public opinion would really approve—I'd just be pushing my punchlines through like an oil pipeline, but for funnies.

—**Brad Thom**,

FORT PROVIDENCE, N.W.T.

Immigration Reform

Canada should have the easiest immigration policy. Do you want to move to Canada? Okay, we'll come pick you up. It doesn't matter where you are in the world; we're gonna come pick you up at no cost to you. But we're going to bring you here in January, and we're going to land the plane in Yellowknife. All those potential immigrants will be excited, thinking we landed at night. Nope, it's 2 in the afternoon.

—**Arthur Simeon**, TORONTO

I was born and raised in Inuvik, N.W.T. Even though I'm from here, though, I can't start a Ski-Doo, I don't hunt, and I hate the cold, so I really need this comedy thing to work.

—**Dez Loreen**, INUVIK, N.W.T.

Tourist Traps

Tourism website Spectacular Northwest Territories rounded up a list of the strangest and most dangerous places in the territory. Their names are...a bit on the nose:

- The Smoking Hills
- The Bottomless Lake
- The Peak With No Name
- The Lake That Fell Off a Cliff
- The Rapids of the Drowned

<SPECTACULARNWT.COM>



ALBERTA

The wacky, witty west

A Calgarian rolled up the rim on his Tim Hortons coffee. He stared in disbelief for a moment, then started yelling, "I've won a motor home! I've won a motor home!"

A woman working at the counter said, "That's impossible. The biggest prize is a car."

"No, it says right here," he said,

handing the cup to the employee: "WIN A B A G E L."

<CANADIANBUCKETLIST.COM>

Riveting Radio

CBC can be a little dry at times. The other day I heard this on CBC Radio: "Today on the program we're talking about lineups. Call us with your fascinating lineup stories." There's no such thing!

—**Gavin Crawford**, TABER, ALTA.

Signs you've been in Alberta too long:

- You think Medicine Hat is "The Windy City"
- You mistake mosquitoes for birds
- Oil has started leaking out of your boots

<HUFFPOST.CA>

Alberta, the province with the most straight, flat roads and cars stuck in ditches beside them.

<REDDIT.CA>

I smoked pot openly in Calgary—because nobody knew what pot was.

—**Tommy Chong**, CALGARY

Cultural Differences

I come from High River, Alberta. All my relatives are from big cities all around the world. Sometimes they make fun of me and say, "Oh, Noor, you're from High River. You know nothing about your culture." I'm like, "What? I'm from High River. I spend



People think of Canadians as peaceful people, not getting into wars, not having handguns. But our national pastime is this game where we just pummel each other.

—**Michael J. Fox**, EDMONTON

my whole life explaining my culture.” Sometimes it’s not even my own culture. People in High River will ask me, “Hey, Noor, you guys don’t eat meat, right?” And I’m like, “No, that’s actually Hindus.” They’re like, “Oh, what do Hindus believe?” And I’m like, “I don’t know. I’m from High River, too!”

—**Noor Kidwai**, HIGH RIVER, ALTA.

Apologizing is huge in Canada’s culture. But not in my culture. Did you know that there isn’t a word for “sorry” in my Cree language? That’s because we didn’t do anything to apologize for.

—**Howie Miller**, EDMONTON

For our American guests, let me just say how brave it is of you to join us here, in a country that is such a hostile national security threat. I should let you know, though, if some of you are not careful, we may make you drink your own beer.

—**Rachel Notley**, EDMONTON



SASKATCHEWAN

The landscape may be flat, but not the sense of humour!

I’ve played a lot of leaders, autocratic types. Perhaps it was my Canadian accent.

—**Leslie Nielsen**, REGINA

I don’t mind being a symbol, but I don’t want to become a monument. There are monuments all over the Parliament Buildings, and I’ve seen what the pigeons do to them.

—**Tommy Douglas**, SASKATOON

(BY WAY OF SCOTLAND)

A Saskatchewan farmer decides to retire and move to the Rocky Mountains after living his whole life on the

prairies. A few months later, a friend comes to visit.

"What do you think of the mountains?" his friend asks.

"They're okay," the farmer says. "But they sure obscure the view."

<UPJOKE.COM>

Things you won't hear in Saskatchewan:

- "Duct tape isn't going to fix that."
- "Is the seafood fresh?"
- "I just don't feel like bingo tonight."

<CANADAKA.NET>

Saskatchewan is known for its extreme temperatures. It's very cold. When I was in elementary school, I had to

Wearing a mask these past few months has really opened my eyes to how far away my ears are from my nose.

—**Brent Butt**, TISDALE, SASK.



walk backwards to school so I wouldn't get frostbite on the front of my face.

—**Tatiana Maslany**, REGINA

The Lord said, "Let there be wheat," and Saskatchewan was born.

—**Stephen Leacock**, SUTTON, ONT.



MANITOBA

Dry winters and a dry sense of humour

Fiery Romance

It's so cold in Winnipeg right now that I'm actually hoping for a heated argument with my wife.

—**@msilvawpg**

Brandon, Man., named one of its local malls the Shoppers Mall, in case people forget what they went there to do.

<REDDIT.CA>

Growing up on the prairies, we had only three channels: CBC, a blurry channel, and the French channel. It was called Farmer Vision.

—**Big Daddy Tazz**, WINNIPEG

In Canada we're racist; we're just passive-aggressive about it. If Canadian racism were a person, they would be your best friend. And you'd go

over to them in your new jeans like, “How do I look?” And Canadian racism would say something like, “Oh, beauty standards are really hard.”

—**Aisha Alfa**, WINNIPEG



NUNAVUT

Cold weather, warm laughs

With **#NunavutTVShows**, Twitter users imagine their favourite series set up north:

■ Square Dancing With the Stars

—**@Alethia_Aggiuq**

■ No Tree Hill

—**@geckospots**

■ The Price is NOT Right

—**@khumbu2015**

■ Saved by the Bell 10 GB Data Package

—**@Nuliyuk**

Population Density

Three of five people living in Iqaluit, Nunavut, are actually winter coats hanging on the backs of chairs.

—SATIRICAL TWITTER ACCOUNT

@Stats_Canada

Culture Shock

I have a lot of trouble when I go to the south, because there are just so

many rules. I had to pay for parking today—and then I got a ticket because I parked on the sidewalk. But we don’t have sidewalks!

—**Bibi Bilodeau**, IQALUIT



ONTARIO

Where so much hilarity is “yours to discover”

Essential Knowledge

Let me tell you about Canadian Heritage Minutes. Most people in most countries feel good about themselves naturally, but we Canadians have a self-esteem issue, so the government feels the need to flood our televisions with commercials about obscure stuff that happened hundreds of years ago that nobody knows about. At the end of the commercials they’re always like, “And that man was Trent Foster Rivers,” and you’re like, “Who?”

—**Nile Seguin**, OTTAWA

Toronto housing market: taking your relationship to the next level under financial duress since 2009.

—**Cassie Cao**, TORONTO

I’m not afraid to get ugly. I think that comes from my Canadian work ethic.

I'm only half-joking. It comes from a place of just wanting to execute the best possible joke in the moment, whatever it takes. What's the funniest thing I can do? Oh, that's awful. Okay, that's it. I'll do it. Oh my god, I can't believe I'm doing it. Okay, it's over.

—**Samantha Bee**, TORONTO

Canadians, we have our Thanksgiving in October.

We have different traditions.

We like to stuff the turkey through the beak. We'll sit around and tell each other what we're thankful for and then apologize if it feels like bragging. We eat a whole potato because mashing requires too much aggression. And then at the end of dinner, we stand around and sing songs about public health care.

—**Martin Short**, HAMILTON, ONT.

Canadian white folks get mad. They say, "Hey, you don't diss our boiled potatoes. Sometimes we put salt in that water."

—**Russell Peters**, TORONTO

And the Oscar for best actress goes to... Woman Enjoying the Turkey Sausage Breakfast Sandwich in Tim Hortons Commercial. What a performance!

—**D.J. Demers**, KITCHENER, ONT.

Cutting Remark

The meanest thing you can say to a guy in Canada? I hope your hockey team loses.

—**Nour Hadidi**, TORONTO

Canada and America are closer than friends. We're more like siblings. We have shared parentage, though we took different paths in our later years. We became the stay-at-home type, and you grew to be a little more rebellious.

—PRIME MINISTER **Justin Trudeau**

National Tradition

I got into hockey as a kid for the same reason all Canadians get into hockey—I wanted my dad to love me.

—**Dave Hemstad**, THORNHILL, ONT.

Every Canadian has a complicated relationship with the United States, whereas Americans think of Canada as the place where the weather comes from.

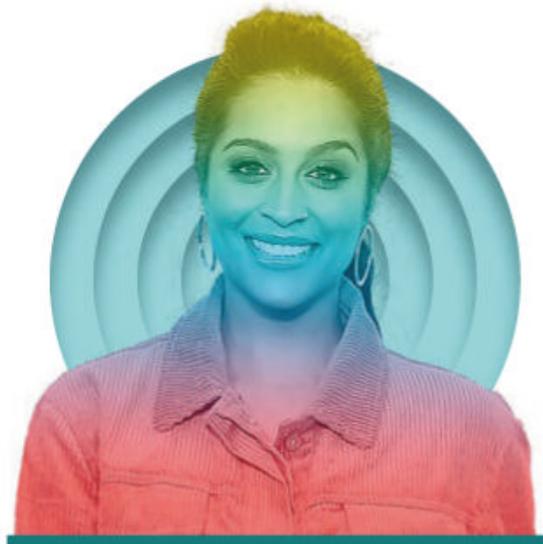
—**Margaret Atwood**, OTTAWA



Q: Why do all Canadians live in igloos?

A: We need to keep cool because our prime minister is so hot.

—**Lilly Singh**, TORONTO



QUEBEC

Notoriously funny—in two languages!

Laura Secord is the founding mother of Canada. She made all the chocolates I ate growing up. A lot of people had a poster of David Cassidy over their bed. I had the Laura Secord chocolate chart.

—**Caroline Rhea**, MONTREAL

Quebec City has more mimes per capita than any other Canadian city.

—SATIRICAL TWITTER ACCOUNT

@Stats_Canada

Bad Joke

The biggest thing that makes me truly embarrassed to be Canadian, and specifically from Quebec, is Just for Laughs Gags.

—**Zoe Whittall**, TORONTO

Plus Ça Change...

Only in Montreal can you leave for three months and return to see every traffic cone in the exact same spot.

—@brandonprust8

Riddle Me This

What do you call a French Canadian who can speak English? Bilingual.

What do you call an English Canadian who can speak French? A miracle.

<REDDIT.COM>

Quebec Quirks

We're on day four of rain in Montreal today. I just saw a guy out walking his goldfish.

—**David Acer**, MONTREAL

"If this vaccine gives you a fever, have a glass of red wine." —A nurse in Quebec

—**Jess Salomon**, MONTREAL

Over the years, people in Montreal have embraced me with open arms.

And those who didn't, well, those are the people who traded me.

—**P.K. Subban**, TORONTO



NEW BRUNSWICK

Land of the lobster, the sea and some very funny people

Dad: Did I tell you my joke about New Brunswick's population?

Child: Nope.

Dad: Actually, never mind. It's getting pretty old.

<THEMANATEE.COM>

Mr. Dress-Up

New Brunswick is like the provincial equivalent of an elderly man in a sweater vest.

<REDDIT.COM>

We're thinking of changing our motto: New Brunswick—if you've hit Nova Scotia, you've gone too far.

—**Brian Gallant**, SHEDIAC, N.B.

Through and Through

They ask me at the border why I don't take American citizenship. I could still be Canadian, they say. You could have dual citizenship. But I say no, I'm not dual anything. I'm Canadian.

There's a maple leaf in my underwear somewhere.

—**Donald Sutherland**,

SAINT JOHN, N.B.

Seasons of Change

In New Brunswick, we get four seasons: almost winter, winter, still winter and construction.

<REDDIT.COM>



NOVA SCOTIA

High tides and hilarity

The best thing about my status card is that I can fish wherever, whenever I want. I was in Loblaws the other day and dropped my line in the fish tank.

—**Janelle Niles**, TRURO, N.S.

Danger Zone

We have a place in Nova Scotia called Peggy's Cove, where not long ago a woman went over the edge—and she lived. But this is a pet peeve for me, because they talked about it for weeks after on the radio: "Maybe we need to hire students with little orange vests that say it's dangerous to go out on the rocks," they said, "or maybe we need to put more signs up." Apparently the ocean slamming

I feel like all Nova Scotia tourism has to say is, “Dude, you can ride your bike, then walk through the woods, then jump in a lake.”

—Ellen Page, HALIFAX



into the continent and shooting spray 45 feet in the air does not say “danger!” to some people.

—Candy Palmater, HALIFAX



PRINCE EDWARD ISLAND

The smallest province with the largest laughs

Celebrating History

I’m from Charlottetown, where the country was formed in a blurry stupor by the Fathers of Confederation. You know, Charlottetown is so proud

of its place in our history that every Thursday, Friday and Saturday night there are still re-enactments of the drinking that went on during that fateful gathering.

—Jonathan Torrens,
CHARLOTTETOWN

Know Thyself

Writer **Ivy Knight**’s book *You Know You’re an Islander When...* offers an insider-joke tome for Prince Edward Islanders. Here are some highlights:

- You get excited when you hear P.E.I. mentioned on any news outlet other than Compass
- When you see the sign for Vogue Optical, you automatically sing in your head, “Your second pair is free”
- You know the difference between “out west” and “up west”
- Crapaud: to others, it’s a joke; to you, it’s home

Did you ever hear the joke about the woman who moved to P.E.I. when she was two years old? She lived her whole life on the Island and died here on her 90th birthday. But her obituary still read, “Woman from away died peacefully in her home.”

—Teresa Wright, CHARLOTTETOWN

You know you’re in P.E.I. when there are seven empty cars running in the parking lot of your local Canadian Tire at all times.

<CANADAKA.NET>



NEWFOUNDLAND AND LABRADOR

Famed for its beautiful landscapes—and side-splitting humour

Radio just reported that a pregnant woman in labour drove herself to the hospital on a Ski-Doo. I hope they are okay. I'm pretty sure this child will grow up to be the future premier who will lead us to prosperity.

—**Mark Critch**, ST. JOHN'S

Legend has it the Macarena originated in Newfoundland when a fisherman got up out of his chair and started anxiously searching his shirt and pants pockets for a pack of smokes.

<REDDIT.COM>

According to a recent Dominion Institute poll, a majority of Canadians have no idea how Parliament works. Which is fine. We're a very busy people—we have lives to lead, families to raise. Not to mention we're all on hold with Rogers.

—**Rick Mercer**, ST. JOHN'S

Common Misconception

I'm so sick and tired of Americans misunderstanding Canadians: "Aww,

"[Newfoundlanders are like] a genetic pool the size of a pudding bowl. So I always think that the first two who came were really funny, and it just went on from there."

—**Mary Walsh**, ST. JOHN'S



isn't that cute. He's from Canada. Hey, Bob! They just got electricity up there." There are so many things they don't know about us. Like, first of all, we've had electricity since the early '80s.

—**Shaun Majumder**,
BURLINGTON, N.L.

Canadian tweens spend 81 per cent of geography class laughing at names of towns in Newfoundland.

—SATIRICAL TWITTER ACCOUNT
@Stats_Canada

Apocalypse Later

The world will end at midnight...
Twelve-thirty, Newfoundland.

<REDDIT.COM>



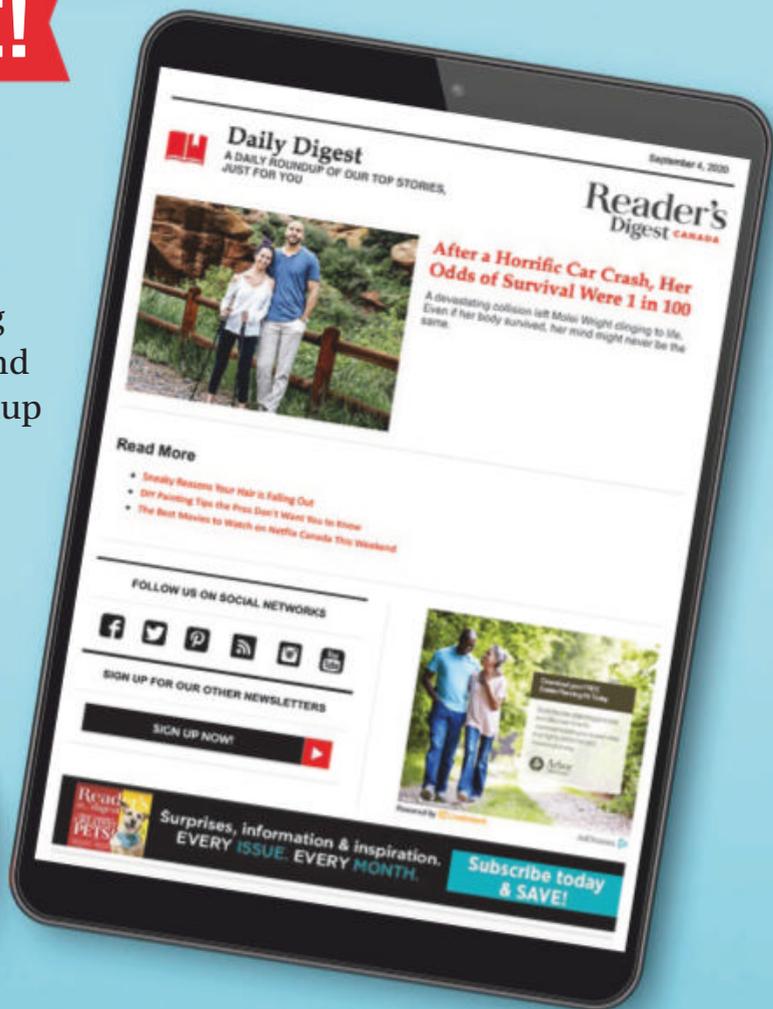
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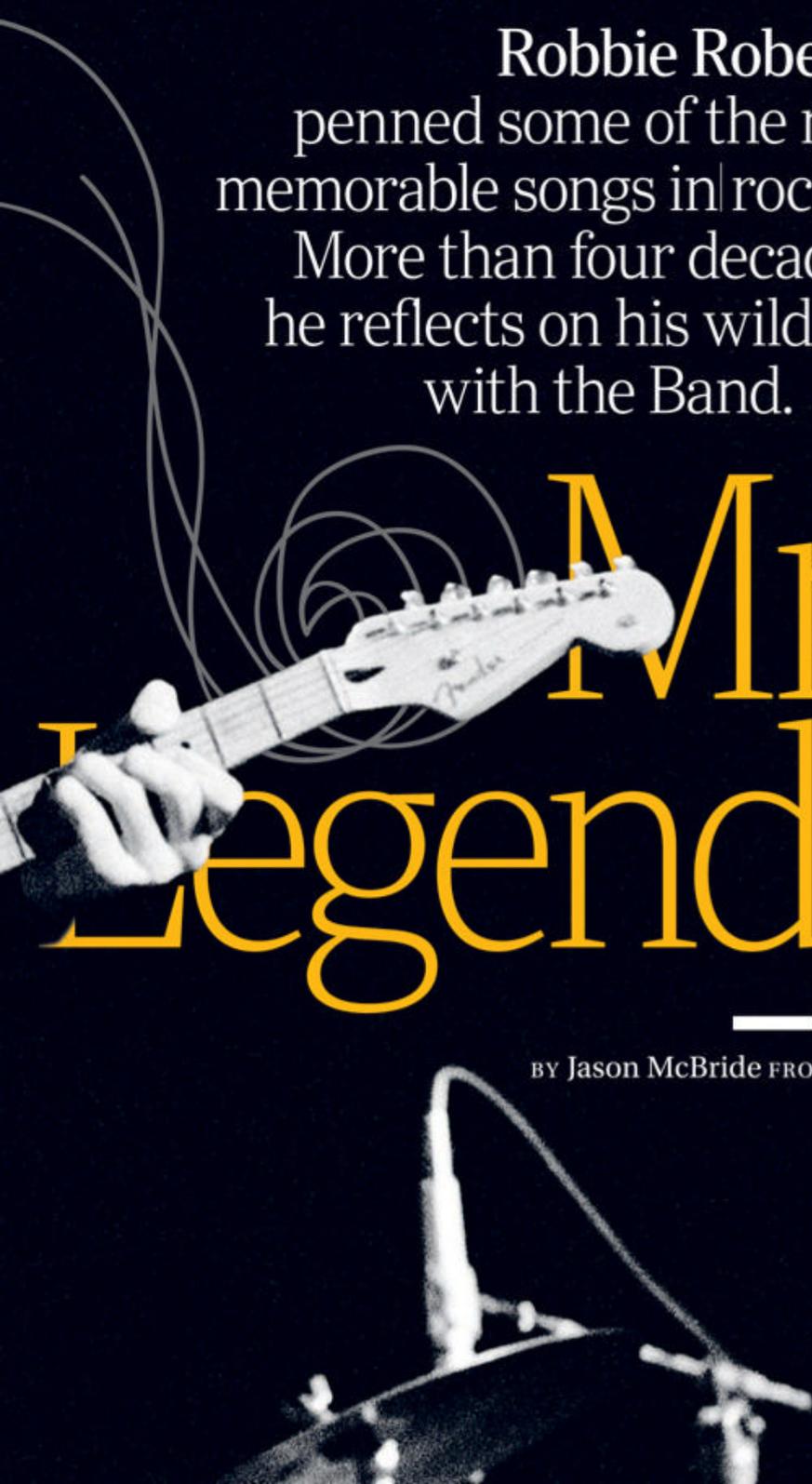


PROFILE



Robbie Robertson
penned some of the most
memorable songs in rock.

More than four decades later,
he reflects on his wild days
with the Band.

A black and white photograph of a hand holding the neck of a Fender electric guitar. The guitar is positioned diagonally across the frame. In the background, a microphone is visible, and there are some abstract, swirling lines that look like tangled wires or light trails. The overall aesthetic is that of a classic rock magazine spread.

Mr. Legendary

BY Jason McBride FROM *TORONTO LIFE*

When Robbie Robertson was a kid growing up in Toronto, his mother, who was born and raised on the Six Nations reserve near Brantford, Ont., often took him back home to visit her family. For Robbie, each trip was like a voyage to another dimension. His relatives had a profound understanding of the natural world and, most important to him, a great love of music. Everyone played an instrument or danced or sang, and Six Nations jam sessions, often held around a roaring campfire, were like small festivals of sound, light and colour.

Something even more transporting—and transformative—happened when he was nine. After lunch one day, Robbie joined a gathering at a longhouse. An elder sat in a large wood chair, draped in animal pelts, and recounted, with vivid imagery and riveting suspense, the tale of the Great Peacemaker who founded the Six Nations Iroquois Confederacy. Robbie was mesmerized. He told his mother that one day, he was going to tell stories like that.

It didn't take long. Robertson began telling stories—or writing songs, same thing—when he was a teenager, then kept on telling them. There were the gentle puppy-love melodies he wrote for the rockabilly supernova Ronnie Hawkins, then the hits that he later wrote for himself. Robertson's life story is something else, the story of rock music itself, its ups and downs, its

evolutions and revolutions, its undeniable ascent and arguable decline. He is a one-man zeitgeist, a player, both major and minor, in some of popular music's most defining moments.

He's still best known, of course, for the groundbreaking songs he created with the Band, the wildly influential roots rock group—songs like “The Weight” and “The Night They Drove Old Dixie Down.” The Band was renowned for its industry-defying lack of a front man. Eventually, and enthusiastically, Robertson took on that central role, to the enduring ire of his bandmates. And while his career with the Band lasted only a decade—1968 to 1978—his position as the group's self-appointed chronicler has lasted about four times as long. Unlike the elder he first encountered as a child, however, the myth he's recounting now is all his own.

I MET ROBERTSON IN 2019, the day after a new documentary about him and the group, *Once Were Brothers: Robbie Robertson and the Band*, premiered at the Toronto International Film Festival. He was tanned and tall and relaxed, his eyes hidden behind signature tinted glasses. Age diminishes us all, even Robbie Robertson, but he's still ridiculously handsome. In conversation, he is as courteous as a courtesan or as winkingly elusive as his long-time comrade Bob Dylan.

Robertson was born Jaime Royal Robertson; Robbie was a neighbourhood

nickname, derived, not so originally, from his last name. His mother, Dolly, was Mohawk and Cayuga, and his biological father, a Jewish man who was killed in a hit and run before Robertson was born, was a professional gambler. He was raised from birth by Dolly and his stepfather, Jim Robertson, a factory worker and war vet. Robertson's home life wasn't easy—his parents drank and fought, a lot. Jim would beat up Dolly, then turn his violent attention to his son.

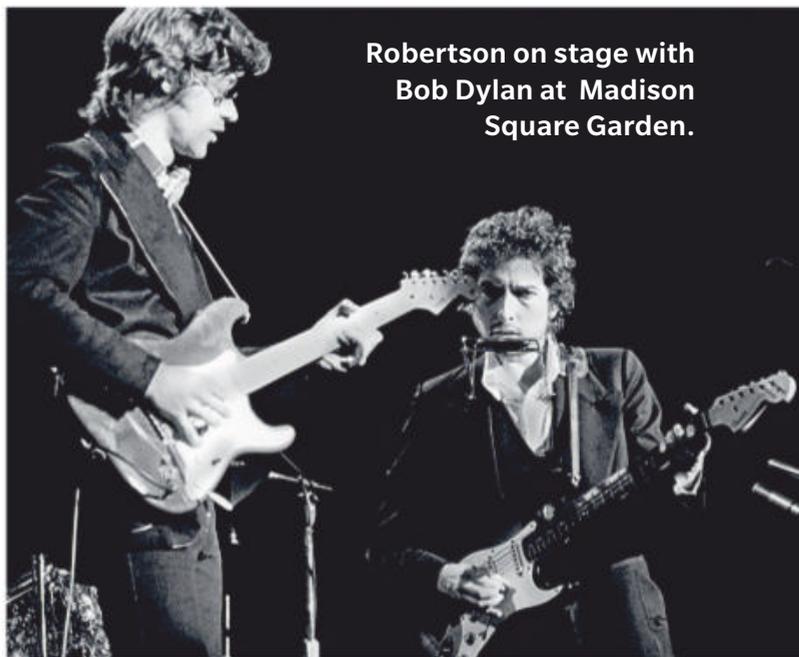
After his relatives at Six Nations introduced him to music, he devoted himself to the guitar, and by 13 he had formed his first band, Robbie Robertson and the Rhythm Chords. Rock and roll had arrived: the radio was alive with Chuck Berry, Elvis, Buddy Holly and Little Richard. Robertson, who describes the discovery of rock as his “personal big bang,” was completely in its thrall. Everything changed: the way he dressed and talked and moved, the way he combed his hair, the way he strummed his Fender. Like it was for millions of teenagers, rock was an escape hatch that could propel him into an unknown future.

For Robertson, rock also looked like it could be a job, one where he could make some money and have a lot of fun doing it. At the time,

Toronto seemed like a good place to start. Everyone from future Guess Who guitarist Domenic Troiano to Little Stevie Wonder and the Supremes partied at the city's raucous clubs.

When Robertson was 15, his band the Suedes was invited to open for Ronnie and the Hawks. It was a revelation. Ronnie Hawkins had Kirk Douglas looks and James Brown moves. He was renowned for his acrobatic stage antics. Robertson had never seen anything like the Hawk, and Hawkins was likewise impressed by Robertson. He told his drummer, Levon Helm, “He's got so much talent it makes me sick.”

When a spot for a bass player opened up in the Hawks, Robertson dropped out of high school, quickly taught himself the bass, and took a bus down to Arkansas, where Hawkins was currently



Robertson on stage with Bob Dylan at Madison Square Garden.

living, to audition. He knew he was just a kid from Toronto. He worked as hard as he could, which was 10 times harder than everybody else. He learned the set list inside out—the bass and the guitar parts. He rarely slept, and when he did, he slept with his instruments.

“What I was trying to do was impossible,” Robertson told me, still somewhat awed by his own audacity. “I’m 16 years old. I’m too young to play in any of the places they play. I’m too inexperienced to play lead guitar in this group. And there’s no such thing in a Southern rock and roll band as a Canadian. With all these odds, it was impossible. And it was my job to overcome the impossibility. And win.”

He got the job. He won.

LEVON HELM quickly became Robertson’s best buddy in the band, the big brother he never had. A few years older, Helm was, in some ways, Robertson’s opposite—short, Southern, hotheaded, with a devilish grin and white-gold hair. As other Hawks left, the rest of the band—Rick Danko, Richard Manuel, Garth Hudson—suddenly became Canadian. They were a wild, impossibly talented bunch, and Hawkins worked them hard. They played six days a week and practised all night.

Hawkins, they soon realized, was holding them back. They craved independence, wanted to try new things. By 1964, they had split from Hawkins and abandoned the matching suits he

made them wear. Soon after, they met a titanic musical force: Bob Dylan. Dylan had notoriously gone electric in 1965 and was looking for a band that could back him. It was the big time, but it was also an unexpected, dispiriting gauntlet. Betrayed folk audiences dismissed Dylan as a fame-hungry sellout. They booed his shows. Many blamed the Hawks, claiming they were ruining Dylan’s music.

By that point, Robertson was 22 and living in New York. Dylan had opened up his world. Robertson got a suite at the Chelsea Hotel. He was meeting everybody: Allen Ginsberg, Salvador Dalí, Carly Simon. On a movie set, he palled around with Marlon Brando, who kindly opened a Coke bottle for him with his teeth. At Dylan’s first wedding, he served as best man. A world tour took him off the continent for the first time, and he travelled to Hawaii, Europe, Australia.

Dylan, however, was exhausted. A motorcycle accident in 1966 gave him the opportunity to, as he said, “get out of the rat race.” He retreated with his young family to Woodstock, in upstate New York. The Hawks followed, with Danko, Hudson and Manuel settling in a ranch house they dubbed Big Pink. Robertson and his future wife moved into their own place up the road, and Helm, who had temporarily left the Hawks, rejoined the gang. They transformed the Big Pink basement into a recording studio.

The basement became one of the most legendary laboratories in the history of rock. Here, the group created the quasi-field recordings and oddball ditties that became known as *The Basement Tapes*. Here, they composed their first record, 1968's *Music From Big Pink*, including one of the most indelible songs in the American pop canon, "The Weight." They then defiantly renamed themselves the Band, mainly because that's what everyone in Woodstock called them.

If Robertson's discovery of rock and roll had been a big bang, now, at long last, he had formed his own galaxy.

A YEAR LATER, the Band cut their self-titled sophomore record, and it too contained instant classics, including "Up on Cripple Creek" and "The Night They Drove Old Dixie Down." The songs sounded like hymns written in the back-room of a 19th-century saloon, boogie-woogie ballads. They were woven from each of the group's different singers, and no voice seemed more central than another. This was part of the Band's secret, Helm said.

It would also be its undoing. Despite their ostensibly democratic configuration, the story of the Band soon became, as it did for so many musical acts, the story of who was the



Robertson and members of the Band jam at the fabled Big Pink studio.

true voice of the group. Robertson and Helm vied to be the soul of the Band—or at least to be recognized as such. As the Band became more and more successful, the question of who was responsible for that success became an issue.

Robertson had written fewer than half the songs on *Big Pink*—Manuel was the other principal songwriter—but by the Band's third album, *Stage Fright*, he was writing all of them. Initially, the Band had shared the publishing royalties equally, but by their sixth studio album, 1975's *Northern Lights–Southern Cross*, Robertson had bought out Manuel, Danko and Hudson's ends. He had written these songs, so why shouldn't he get paid for them?

At least this is how Robertson tells it. In 1993, Helm published his own

memoir, *This Wheel's on Fire*, a rollicking, occasionally vitriolic tell-all that praises Robertson in one paragraph and excoriates him in the next. "The old spirit of one for all and all for one was out the window," Helm wrote. "Resentment just continued to build."

That resentment spilled over when Robertson proposed, in 1976, after seven studio albums, that the Band stop touring, regroup and figure out what to do next. He was tired of the road, which he'd never liked much to begin with. Plus, he was plotting his next move, which he hoped would be the movies: producing them, writing music for them, starring in them.

He befriended Martin Scorsese, a man who loved music as much as Robertson loved movies. They agreed that Scorsese would film the Band's last concert, to be held at the Winterland Ballroom in San Francisco, where they'd played their first show. "The Last Waltz," as Robertson referred to the show, was electric, transcendent and joyous, and the ensuing movie is among the best concert films ever released. Afterward, Robertson refused to tour with the Band again and would never again make a record with them.

ROBERTSON KNOWS he's been vilified. But he's a guy more inclined to self-mythologizing than self-reflection. I asked him how it felt to be known as the guy who had put the Band together but who had also torn it apart. "I was

the one who wanted the Band to continue," he said. "I was the one who was the driving force in this group, and I drove it and I drove it until there was nothing to drive anymore."

He didn't care if I believed him, or what other people said. They weren't there. And they aren't here now. Except for the reclusive Hudson, Robertson is the only original member still alive. He was the one who'd survived, he was the one who got the last word, and here he was getting it again with me. He insists that he made peace with Helm before he died in 2012. "I thought to myself, what all he and I did together and all the things we came through and the music we made and this life experience, nothing can compete with that."

It must be strange to be an elder, though, at this point in rock's history, when so many of your musical brothers are no longer with you and others are blinking in the twilight. It must be strange when, like Robertson, you talk and talk about the past, and the stories from the past keep informing the story of the present. Robertson didn't see it that way. "My natural mode is moving on, moving on, moving on," he said. "What I'm doing with my life has to do with today and tomorrow. So these things, it feels good to go there because I don't go there very often." That wasn't quite true. It was another story. But I sat and listened. 

© 2019, JASON McBRIDE. FROM "ROBBIE ROBERTSON'S LAST WALTZ," *TORONTO LIFE* (NOVEMBER, 2019), TORONTOLIFE.COM

LAUGHTER

THE BEST MEDICINE

If I were Maria in *The Sound of Music* and I heard them sing “How Do You Solve a Problem Like Maria” at my wedding, I would be like, “Why are you singing that mean song about me, and why do all of you know it?”

—[@BROTIGUPTA](#)

I didn't know how to say “pigeon” in Japanese, so I just said “bird of garbage,” and I think I got the point across.

—[@UNBURNTWITCH](#)

In Bad Taste

A vegan said to me, “People who sell meat are gross!”

I said, “People who sell veggies are grocer.”

—ADELE CLIFF, *comedian*

The Power of Youth

I admire how when babies don't want to hold something anymore, they just drop it.

—[@MIXEDMEDIAPAPER](#)

Avocadon't

Me: I'll take this goth pear.

Cashier: That's an avocado.

—[@CASHMAN](#)

Protect Your Home

I saved a lot of money on a home security system by hanging a picture of my paycheque on the front door.

—[@TBONE7219](#)

My sunglasses are prescription so if they're stolen, it becomes two people who can't see.

—[@KIMTOPHER22](#)

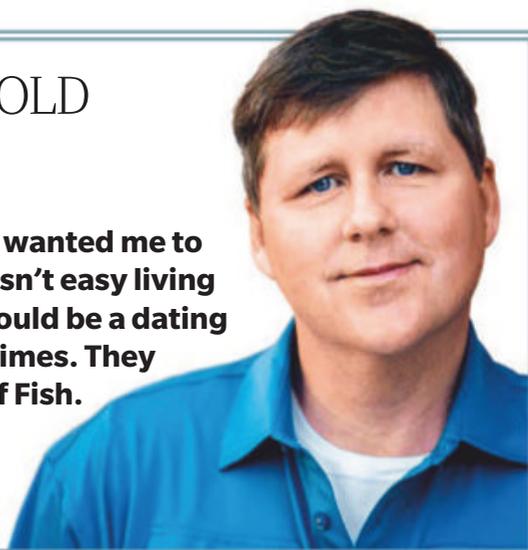
Send us your original jokes! You could earn \$50 and be featured in the magazine. See page 9 or rd.ca/joke for details.

THE BEST JOKE I EVER TOLD

By Darryl Purvis

I'm from the East Coast and my family wanted me to date a nice East Coast woman, which isn't easy living in Toronto. That's why I think there should be a dating website just for people from the Maritimes. They could call it We Used To Have Plenty Of Fish.

Find Purvis online at DarrylPurvis.ca, or on Twitter and Instagram [@dpurcomic](#).





Cooking Through Grief

BY Wendy Litner

ILLUSTRATION BY EMILY PRESS

After her husband died, my mother-in-law found solace in sharing his favourite meals

MY MOTHER-IN-LAW tells me she's coming over, so I lock the front door. My four-year-old twins stand with their hands and faces pressed against the window. Their excited breath fogs up the glass, and they write their names to pass the time. I need to keep them inside—it's early April and Toronto is in lockdown. I know they won't be able to resist hugging their grandmother without being restrained.

"She's wearing a mask," I hear one whisper to the other as she gets out of the car.

They've never seen such a thing, their bubbe wearing a mask, and they're unsure, a little afraid. But as she gets closer, they see her holding a large dish in her gloved hands and an old Tortuga rum-cake box piled with cookies.

"Is that for us?" the boys ask.

She puts it down on the porch as the boys hold up their drawings for her to see through the door. Her bright eyes are still visible, and you just know she's smiling under her N95.

We are grateful to have dinner brought to us tonight. A crisis really calls for a casserole. And a global pandemic forcing us to isolate at home indefinitely? That calls for Carol's broccoli-cheese casserole, with its layers of melted cheddar, mushroom soup and soft vegetables, sprinkled with bread crumbs. It's a recipe she learned at a cooking class hosted by a synagogue sisterhood 45 years ago.

"But I add an extra layer of cheese," she tells me.

That's the kind of person she is—the kind to go rogue with cheese when the situation calls for it. She's also the kind of person who continues to care for her loved ones while in the middle of deep personal grief.

In January, Carol lost her husband of 50 years. Yet each week she offers meatballs, chicken soup or blueberry muffins—still warm from her oven—inside of yogourt containers she sets aside for such deliveries.

CAROL AND MY father-in-law, Ron, were set up on a blind date in December 1966, while she was still in high school and he was studying engineering at the University of Toronto. Two and a half years later, they married and eventually had four kids. Even later in life, when I met them, their partnership was filled with the joyful energy of a good hora and the soulfulness of a mezinke—the dance performed at Ashkenazi weddings when a youngest child is married off. The mezinke was done at my wedding to their fourth, and last, child. I can still vividly remember seeing Ron and Carol on the dance floor wearing floral crowns and big smiles, encircled by friends and family clapping and singing and celebrating them.

When Ron died, Carol took great comfort in the Jewish tradition of

shiva, a week-long period of mourning where people visit the family home of the deceased. She's always been a social person, collecting people like the dozen dreidels displayed in the glass case in her dining room. But when COVID-19 struck, no one could be there by her side any longer.

Meanwhile, she feels Ron's absence every day in their apartment. At meals, his seat at the table is empty. He's not on the balcony to share a cup of coffee as she watches the city go by. And he's not on the couch next to her at night to watch a show on television. But, she tells me, since she made all their meals for them when he was alive, she still feels connected to him when she cooks. And so, she cooks.

"I talk to him while I cook," she says. "I'm making kugel now and I'll say, 'Ronnie you loved this kugel. You loved putting sour cream on this kugel. Too much sour cream. I'm sorry you won't be here to eat it.'"

I FIND MYSELF thinking about Carol alone in her kitchen, preparing food. I think about all the steps that go into making the casserole. I imagine her standing over the counter, grating the cheese, and then the extra cheese, opening the soup cans, washing the

broccoli and cauliflower, chopping them into florets, dividing them into four separate dishes for the families of her four children.

"Do you steam the veggies first?" I asked her at one drop-off, although what I was really asking was: how are you doing this? How are you grieving in such uncertain times without even the comfort of being surrounded by the people who love you?

"Yes," she says. "Just enough to make them soft."

Then she tells me she'll be dropping a kugel off later in the week. My boys will savour the sweet forkfuls of pasta and ricotta. I will too, even though I'm lactose intolerant, because the constancy of her deliveries eases the stress and anxiety of trying to raise small children during a pandemic.

From Carol I've learned that grief is love and love is food and none of that stops just because we are all separated, by quarantine or more. We still eat and we still love and we still mourn.

This is what I want to tell my boys when they ask where their zeda has gone, and why is their bubbe standing so far away. Instead, I give them muffins. And as they peel off the heart-paper wrappers, I tell them, "Bubbe made those specially for you." R



Still Reigning

In ancient times cats were worshipped as gods; they have not forgotten this.

TERRY PRATCHETT, AUTHOR

WORLD WIDE WEIRD

BY Suzannah Showler



Frog in Your Throat

In June, one lucky bidder took home Sir Isaac Newton's meditations on causes and cures for the common plague. The manuscript, which sold for \$108,083, is believed to have been written shortly after Newton returned to Cambridge after nearly two years in self-quarantine to avoid the plague. The document is unlikely to be of much use during the current pandemic, however: it includes, among other things, a prescription for driving away disease with lozenges made from a mixture of toad vomit and powdered toad.

On the Lam(bo)

When Trooper Rick Morgan pulled over an SUV going about 51 kilometres per hour

and drifting across lanes on Highway 15 near Ogden, Utah, in May, he expected to find a driver who was either severely impaired or having a medical emergency. Instead, Morgan discovered a five-year-old boy perched on the edge of the driver's seat, his feet barely reaching the pedals and his head just clearing the dashboard. The child, who had taken the keys to the family car while his teenage sister was napping and driven three kilometres across town before getting on the freeway, later told baffled officers that he was planning to make it to California and buy a Lamborghini. While he only had \$3 in his wallet, he was, at least, driving in the right direction.

I Believe I Can Fly

On three occasions this past summer, Songshan Airport in downtown Taipei allowed 60 passengers the chance to check in, collect their boarding passes, clear security, wait at their gate and board a China Airlines Airbus. The plane's destination? Nowhere. The groups were the lucky winners of a contest that let people role-play a day at the airport—satisfying their nostalgia for a time when air travel was still a fun and easy prospect. Once the passengers boarded, though, their trip came to an anticlimactic end. After being greeted by flight attendants, buckling up and sitting on the tarmac, fantasy travellers deplaned and went home. **R**

UNCLASSIFIED

September

The Honorable
Director
Central Intelligence
Washington

Dear Sir:

You will
be glad to
hear from
me.

It was
very
kind
of you
to write
me.

I don't
know to
whom to
write.

Frankly
I don't
know
anyone
in the
State
Department.

Very
truly
yours,
Walter Osipoff
Chairman

to Prohibit

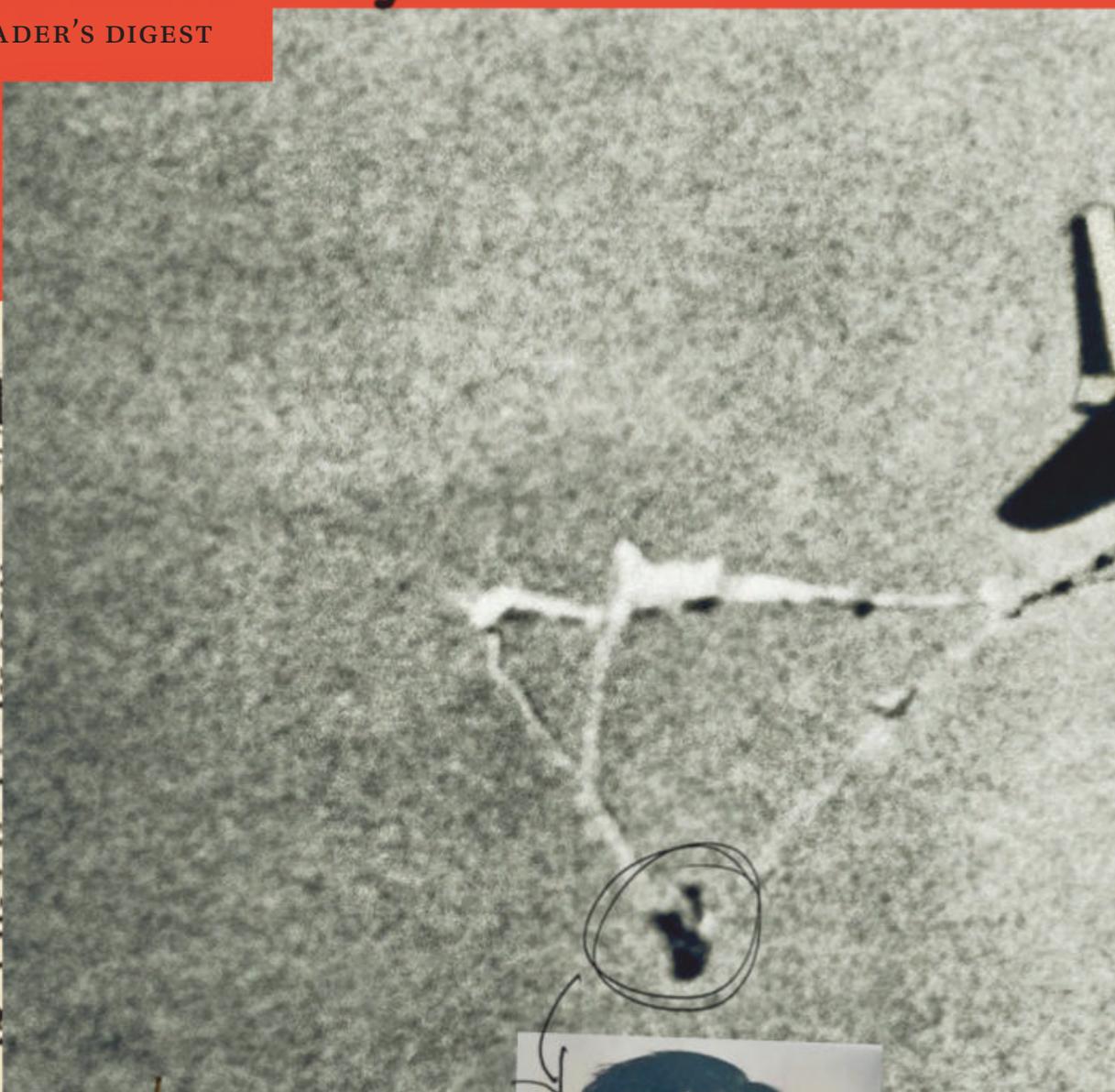
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NAME:
Walter Osipoff

DOB:
Sep 16, 1917

INCIDENT DATE:
May 15, 1941

Classified / Released on 2/21/11
after provisions of E.O. 12958
Exempt, National Security Council



SUBJECT NO#: 15344

Sky Fall

When Walter Osipoff's parachute caught on his plane's tail, leaving him dangling high above San Diego, his only hope was a daring mid-air rescue.

By Virginia Kelly

It began like any other May morning in California. The sky was blue, the sun hot. A slight breeze riffled the glistening waters of San Diego Bay. At the naval airbase on North Island, all was calm.

At 9:45 a.m., Walter Osipoff, a sandy-haired 23-year-old Marine second lieutenant from Akron, Ohio, boarded a DC-2 transport plane for a routine parachute jump. Lieutenant Bill Lowrey, a 34-year-old Navy test pilot from New Orleans, was already putting his observation plane through its paces. And John McCants, a husky 41-year-old aviation chief machinist's mate from Jordan, Montana, was checking out the aircraft that he was scheduled to fly later. Before the sun was high in the noonday sky, these three men would be linked forever in one of history's most spectacular mid-air rescues.

Osipoff was a seasoned parachutist and a former collegiate wrestling and gymnastics star. He had joined the National Guard and then the Marines in 1938. He had already made more than 20 jumps by May 15, 1941.

That morning, his DC-2 took off and headed for Kearny Mesa, where Osipoff would supervise practice jumps by 12 of his men. Three separate canvas cylinders, containing ammunition and rifles, were also to be parachuted overboard as part of the exercise.

Nine of the men had already jumped when Osipoff, standing a few centimetres from the plane's door,

started to toss out the last cargo container. Somehow, his backpack parachute's automatic-release cord became looped over the cylinder, and his chute was suddenly ripped open. He tried to grab the quickly billowing silk, but the next thing he knew, he had been jerked from the plane—sucked out with such force that the impact of his body ripped a 76-centimetre gash in the DC-2's aluminum fuselage.

Instead of flowing free, Osipoff's open parachute now wrapped itself around the plane's tail wheel. The chute's chest strap and one leg strap had broken; only the second leg strap was still holding—and it had slipped down to Osipoff's ankle. One by one, 24 of the 28 lines between his precariously attached harness and the parachute snapped. He was now hanging some 3.5 metres below and 4.5 metres behind the tail of the plane. Four parachute shroud lines that had twisted themselves around his left leg were all that kept him from being pitched to the earth.

Dangling upside down, Osipoff had enough presence of mind to not try to release his emergency parachute. With the plane pulling him one way and the emergency chute pulling him another, he realized that he would be torn in half. Conscious all the while, he knew that he was hanging by one leg, spinning and bouncing—and he was aware that his ribs hurt. He did not know then that two ribs and three vertebrae had been fractured.



Lt. Col. John J. Capolino, a Philadelphia artist, painted this scene of Osipoff's rescue in the 1940s. It belongs to the National Museum of the Marine Corps in Quantico, Virginia.

Inside the plane, the crew struggled to pull Osipoff to safety, but they could not reach him. The aircraft was starting to run low on fuel, but an emergency landing with Osipoff dragging behind would certainly smash him to death. And pilot Harold Johnson had no radio contact with the ground.

To attract attention below, Johnson eased the transport down to 90 metres and started circling North Island. A few people at the base noticed the plane coming by every few minutes, but they assumed that it was towing some sort of target. Meanwhile, Bill Lowrey had landed his plane and

was walking toward his office when he glanced upward. He and John McCants, who was working nearby, saw the figure dangling from the plane at the same time.

As the DC-2 circled once again, Lowrey yelled to McCants, "There's a man hanging on that line. Do you suppose we can get him?" McCants answered grimly, "We can try."

Lowrey shouted to his mechanics to get his plane ready for takeoff. It was an SOC-1, a two-seat, open-cockpit observation plane, less than eight metres long. Recalled Lowrey afterward, "I didn't even know how much

fuel it had." Turning to McCants, he said, "Let's go!"

McCants and Lowrey had never flown together before, but the two men seemed to take it for granted that they were going to attempt the impossible. "There was only one decision to be made," Lowrey said later, "and that was to go get him. How, we didn't know. We had no time to plan."

OSIPOFF WAS HANGING BY ONE FOOT. THEY HAD TO BE CAREFUL HE DIDN'T SMASH INTO THE PROPELLER.



Nor was there time to get through to their commanding officer and request permission for the flight. Lowrey simply told the tower, "Give me a green light. I'm taking off." At the last moment, a Marine ran out to the plane with a hunting knife—for cutting Osipoff loose—and dumped it in McCants's lap.

As the SOC-1 roared aloft, all activity around San Diego seemed to stop. Civilians crowded rooftops, children stopped playing at recess, and the men of North Island strained their eyes upward. With murmured prayers and pounding hearts, the watchers agonized through the mission's every move.

Within minutes, Lowrey and McCants were under the transport, flying 90

metres off the ground. They made five approaches, but the air proved too bumpy to try for a rescue.

Since radio communication between the two planes was impossible, Lowrey hand-signalled Johnson to head out over the Pacific, where the air would be smoother, and they climbed to 1,000 metres. Johnson held his plane on a straight course and reduced speed to that of the smaller plane—160 kilometres an hour.

Lowrey flew back and away from Osipoff, but level with him. McCants, who was in the open seat behind Lowrey, saw that Osipoff was hanging by one foot and that blood was dripping from his helmet. Lowrey edged the plane closer with such precision that his manoeuvres jibed with the swings of Osipoff's body. His timing had to be exact so that Osipoff did not smash into the SOC-1's propeller.

Finally, Lowrey slipped his upper left wing under Osipoff's shroud lines, and McCants, standing upright in the rear cockpit—with the plane still going 160 kilometres an hour, a kilometre above the sea—lunged for Osipoff. He grabbed him at the waist, and Osipoff flung his arms around McCants's shoulders in a death grip.

McCants pulled Osipoff into the plane, but since it was only a two-seater, the next problem was where to put him. As Lowrey eased the SOC-1 forward to get some slack in the chute lines, McCants managed to stretch Osipoff's

body across the top of the fuselage, with Osipoff's head in his lap.

Because McCants was using both hands to hold Osipoff, there was no way for him to cut the cords that still attached Osipoff to the DC-2. Lowrey then nosed his plane closer and closer to the transport and, with incredible precision, used the propeller to cut the shroud lines. After hanging for 33 minutes between life and death, Osipoff was finally free.

Lowrey had flown so close to the transport plane that he'd nicked a gash in its tail 30 centimetres long. The parachute, abruptly detached along with the shroud lines, immediately fell downward and wrapped itself around Lowrey's rudder. This meant that Lowrey had to fly the SOC-1 without being able to control it properly and with most of Osipoff's injured body still dangling outside.

Five minutes later, Lowrey somehow managed to touch down at North Island, and the little plane rolled to a stop. Osipoff finally lost consciousness—but

not before he heard sailors applauding the landing.

Later on, after lunch, Lowrey and McCants went back to their usual duties. Three weeks later, both men were flown to Washington, D.C., where Secretary of the Navy Frank Knox awarded them the Distinguished Flying Cross for executing "one of the most brilliant and daring rescues in naval history."

Osipoff spent the next six months in the hospital. The following January, completely recovered and newly promoted to first lieutenant, he went back to parachute jumping. The morning he was to make his first jump after the accident, he was cool and laconic, as usual. His friends, though, were nervous. One after another, they went up to reassure him. Each volunteered to jump first so he could follow.

Osipoff grinned and shook his head. "The hell with that!" he said as he fastened his parachute. "I know damn well I'm going to make it." And he did. **R**

THIS ARTICLE FIRST APPEARED IN THE MAY 1975 ISSUE OF READER'S DIGEST.



Things to Do

Everybody's a mad scientist, and life is their lab. We're all trying to experiment to find a way to live, to solve problems, to fend off madness and chaos.

DAVID CRONENBERG

I can't play bridge. I don't play tennis. All those things that people learn, and I admire, there hasn't seemed time for. But what there is time for is looking out the window.

ALICE MUNRO

AS KIDS SEE IT



During a summer-camp singalong around the campfire, I grabbed my guitar and accompanied the kids. After five or six songs, I asked, “Okay, what should we sing next?”

One 10-year-old requested, “A cappella.”
— GEORGE HEROUX

My daughter got really into the baseball game we’d attended, doing all the chants. One of the cheers has horn-tooting followed by yelling “Charge!” After doing this with me for almost half the game, my daughter turned to me and asked, “Who is

George and why do we keep cheering for him?”
— WHATTOEXPECT.COM

Just after my son turned three, his little sister was born. He was delighted to see her but didn’t really know what a newborn baby was like. He observed her

for a while, then said, “She doesn’t move... She needs a battery!”

— YU HINTON,
Kelowna, B.C.

Three-year-old: Can I tell you a question?

Me: You’d fit in well at an academic talk.

— [@JESSICACALARCO](#)

During our “careers” meeting at Brownies, the girls were sharing their aspirations: nurse, teacher, chef, vet. Then an odd one: manager. Curious, I asked the seven-year-old why she wanted to be a manager. She responded, “My daddy says his manager doesn’t do anything all day, so I want that job.”

— HANNAH BARKLEY,
Morrisburg, Ont.

A dark day for parents is when their child learns what “hypocrite” means.

— [@RODLACROIX](#)

My dad took my four-year-old brother and five-year-old sister fishing on his boat. They

Self-confidence is my four-year-old asking me to turn off the ceiling fan so he can show me how high he jumps.

— [@HENPECKEDHAL](#)

were asking about his fish finder, and he explained that it showed how deep the lake was. He mentioned the water was 20 feet deep. Looking amazed, my sister asked, “Whose feet? Yours or mine?”

— [WHATTOEXPECT.COM](#)

Attempting to stay calm, I asked my five-year-old if there was a spider on my back. He gave me a quick once-over, screamed and ran away.

— ASHLEY ASHFIELD,
Hampton, N.B.

Me, to my eight-year-old: Why do you watch YouTube videos of other people playing video games when you could play them yourself?

Eight-year-old: Well, why do you watch TikTok videos of people dancing when you could do the dances yourself?

— [@SIX_PACK_MOM](#)

Teachers share the funniest things their students have said:

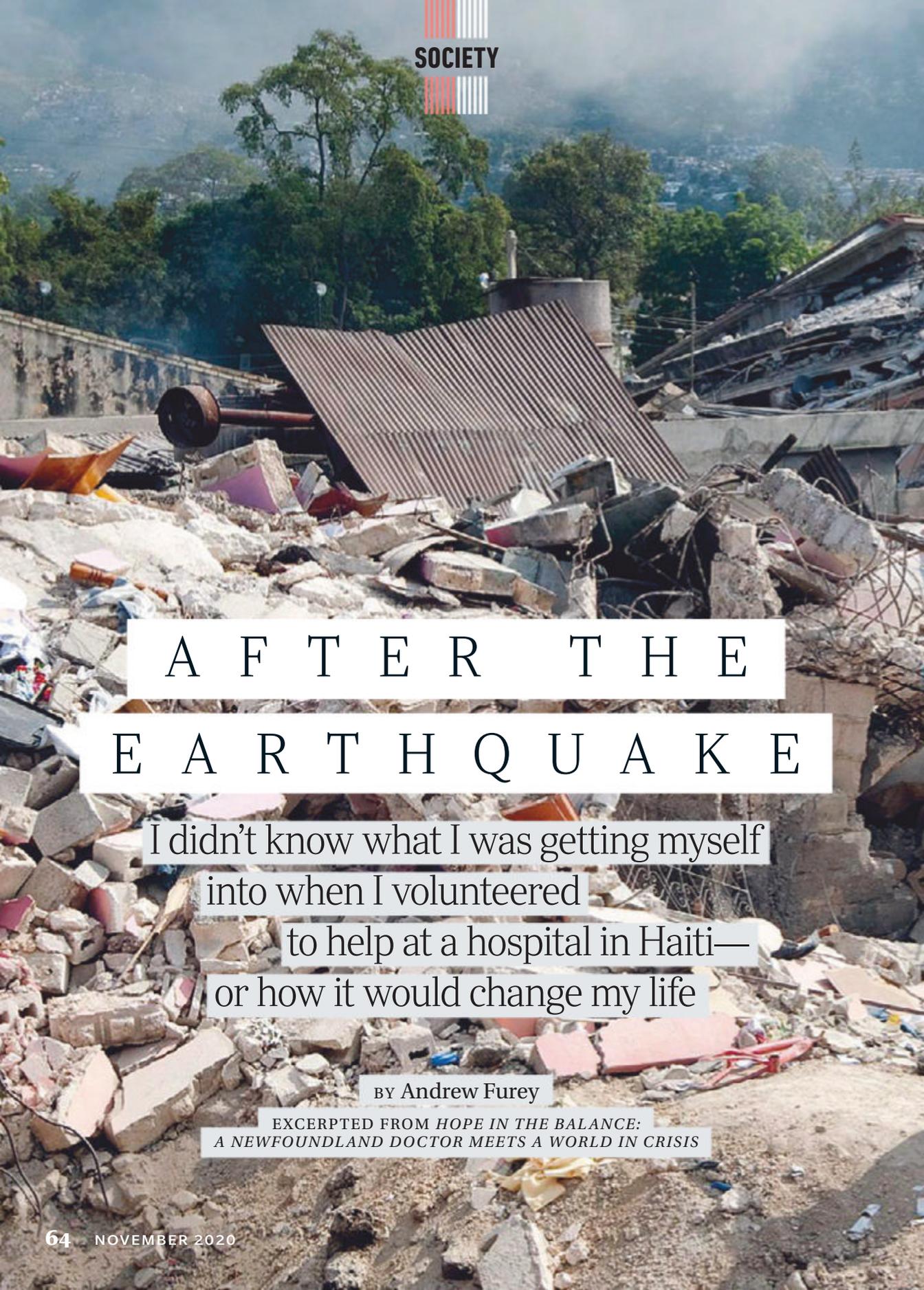
◆ I wrote this on the whiteboard during discussion, “William Shakespeare (1564-1616),” and a sixth grader asked me, “Is that Shakespeare’s real phone number?”

◆ I once overheard a student say, “I used to write my name in cursive. Now I just write it in English.”

◆ I commented in class that if your parents have glasses, then you will probably end up having to get glasses, too. One of my students yelled out, “Oh no! My mom has glasses! Oh, wait. I’m adopted!”

— [WEARETEACHERS.COM](#)

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A F T E R T H E
E A R T H Q U A K E

I didn't know what I was getting myself
into when I volunteered
to help at a hospital in Haiti—
or how it would change my life

BY Andrew Furey

EXCERPTED FROM *HOPE IN THE BALANCE:
A NEWFOUNDLAND DOCTOR MEETS A WORLD IN CRISIS*



PORT-AU-PRINCE, JUNE 2010

The plastic door creaks on hinges rigged with paper and tape. Inside, the floor is plastic, with three sweaty concrete-block walls. There are a couple of operating tables and an anaesthesia machine. Two procedures could be done simultaneously, one with a ventilator and one with spinal anaesthesia. There are two oxygen-saturation monitors and multiple large cylinders of oxygen. The surgical beds are old and feel cold. Just as I am thinking that the room is well-lit, the lights flicker and dim.

I'm being taken on a tour of the trauma hospital at which I'll be working for the next week. I'm volunteering here as part of the relief effort after the earthquake devastated Haiti the preceding January. Travelling with me from St. John's are my wife, Allison (a pediatric emergency doctor) and my colleague Dr. Will Moores, a resident orthopaedic surgeon.

An overworked air conditioner hums somewhere. An anaesthesia machine beeps. Two Haitian nurses stand by in silence. All I can see is their eyes. Quiet eyes. Thousand-mile-stare eyes.

The anaesthesiologist on our team mulls over the machine, the general surgeon examines the trays of tools and our nurses look around the room. With Will, I begin poking around what would be our side of the room, looking for things we might need in the next few days. We leave the operating room and pass through a corridor into what

used to be a birthing suite. It feels like a prison cell: four concrete walls, a small window and a small door.

There is no air conditioner, and it's dark. There's enough room for a single bed and little else. We could use this, but only for minor procedures such as suturing wounds. I leave the building, my nose stinging from the odour of formaldehyde.

The sun is cutting through the tree-top canopy that covers the waiting area outside the operating-room building. It's around 10 a.m. and it's getting hotter by the second. We proceed to tour the rest of the facilities.

We quickly pass through the tent wards, listening like interns. The tents are jam-packed with people. Beds line one or both walls, leaving narrow corridors for nurses, doctors and families to pass along.

By a desk at one end of the second tent sits a single woman who appears cachectic—a word we use for emaciated—fatigued and quiet. From afar, she looks to be in her late 50s, but as we get closer, I see that she can be no older than 25. She sits in a chair by a bed with no sheets on it, the green plastic mattress fully exposed. She leans against the bed, and her white nightgown is falling off her now-visible skeleton. Her eyes are far different than the large, silent eyes I have seen in others. They are sunken and yellowed. She looks so alone. The bustle of the other tent is eerily absent.

Later on, after we see the other patients in the front of the tent, we step outside, and the local medical staff tell us that the lone girl has AIDS and likely TB. It's horrifying to think of this poor girl's fate—the disease, the accompanying solitude. Where is her hope? Her sunken eyes are ingrained in my mind forever.

As soon as rounds are over, the group disperses and the surgical team retreats to the corridors of the operating-room building. The team is nervous; you can sense the tension. We had only just met

great friends, exchanging stories of family members and daily routines. Worrying about your kids feels universal in these moments. Wicharly eventually tells us that he is a painter, and at the end of the week he gives Allison one of his paintings. It still hangs in our kitchen in Newfoundland.

The blue booties and gown are on, the patient is placed on an ancient gurney, and we roll into the OR. The air conditioner is still not fully working, but it's cooler here than in the other rooms. There is a procedure already

**WE TRY TO PRIORITIZE AS BEST WE CAN.
THERE'S NO LIGHT BOX, SO WE HOLD
X-RAYS UP TO THE SUN.**

the local crew and I can barely remember their names. Yet here we are. Will and I sit, my legs bouncing rapidly up and down, as the next patient gets ready in the pre-op assessment area. We review the X-rays of the fractured hip and take pictures to document the case.

Everyone's a bit anxious as we wait for the beginning of the series of steps that routinely lead to an operation. Allison is introduced to her translator for the week. Wicharly Charles is a young man of short, slim stature. He has a big smile and a bouncing energy that seem to lift everyone around him. Over the week, Allison and Wicharly become

under way, with the general surgeon repairing a trapped hernia on the table with the anaesthesia machine. The hip will be partially replaced on the other OR table, under spinal anaesthesia. This will be a first for me. It's like a scene out of *M*A*S*H* where the surgeon at one table can talk to another across the way, nurses circulating to help both patients.

The gurney wheels screech to a halt and the patient is transferred onto the OR table and placed on his side. He winces with the move but is otherwise stoic. We firmly attach the patient to the table so he can't move or fall, and

the nurses do the prep. Will and I leave the OR to get ready. The masks go up, eye protection goes on, and as we stand in silence and scrub methodically, all the potential things that can go wrong rush through my head. Then there is a calm and all doubt leaves. One benefit of surgical experience is that, as gut-turned stressed as I am, my hands are steady. The knife confidently and firmly goes through the skin.

The surgery is over, and thankfully it was not a particularly tough one. But I still have this lingering excitement, as if it is the first time I have ever walked

into an operating room. We replaced a patient's hip in conditions I would never have dreamed possible. I keep repeating in my head: I can do this. I can do this. The heat reminds me of where I am, and there is no escaping the sweat. My scrubs are drenched, and it looks like I just showered in them.

Outside the OR, the lineup of patients stretches out of the courtyard. Allison and the rest of the team are working feverishly to push through as many patients as possible, and there's a subset of patients with broken bones for us to triage.



Dr. Andrew Furey examining a patient in Haiti.

We go through the cases and try to prioritize them as best we can. There's no light box, so we hold X-rays up to the bright sun to illuminate their findings. Will and I know we have our work cut out for us with each broken, cracked or shattered bone we see. It's a mess, and these people have been in severe pain for a long time with not so much as an Aspirin. We organize the list with the nurses and settle an order for the cases this week.

Next up is a man whose leg was broken in the earthquake. He has been struggling to walk for five months, and

My focus is redirected as the team leader tells us we need to plan to leave the site in 10 minutes. There is an urgency, as we are all aware of the setting sun and what dangers—robberies and kidnappings among them—come with darkness.

We wend our way through the streets of Port-au-Prince, slowly tracing our way back up the hill to our home for the week. I'd fallen asleep, but I stir when the convoy pulls to a stop, and we proceed, with our armed escort, back into the heavily guarded house that feels more like a compound. We all sit

JUST AS THE TOURNIQUET GOES ON, ALL HELL BREAKS LOOSE. WE LOSE POWER, NURSES DASH OUT OF THE OPERATING ROOM.

we think we can help him, and save the leg, with routine surgery.

Just as the tourniquet goes on, all hell breaks loose. We lose power. The local nurses dash out of the operating room, knocking things over in the dark, their screams filling the room and the hall. It gets worse. There's a bleeding artery. We have no control, no light, no help. The room feels 10 times hotter. Panic. Blood moving in the dark. Focus returns before the lights. Muscle memory kicks in again. Deep breath. Keep it together till the bleeding is under control and the surgery is finished.

exhausted. Tonight we will sleep on a bed under the hum of a generator and the scent of the mosquito net. I lather up in fly repellent, grab a slice of pizza and a cold beer, and within minutes I am nodding off again. The lights are still on, and everyone else is still awake.

As I drift off, some faces from the day revisit me. I wonder where the despondent girl with AIDS is tonight. What was her life like before all this? Where, if anywhere, does she find joy?

I think about some of the faces in the lineup outside the OR—the pain they are in, but the smiles they somehow

manage to find. I have never witnessed hope in the eyes of patients like I have in Haiti.

THE NEXT DAY starts on a positive note. It feels like some order is making its way into the disorder. We wake, shower and descend toward the hospital. It takes about 45 minutes in the endless traffic, and we decide to set out earlier tomorrow to avoid the craziness. As we pull through the hospital gates, the funeral home is present in the background. We spend less time getting ready today and jump in right away as the team scurries to their duties.

well-worn rope that hangs off the end of the bed with a bucket containing rocks at its end.

It's primitive traction. It catches me off guard, and I find myself staring at it as if it's a display in a medical museum. Traction is a form of treatment used years ago to prevent broken bones from moving so they would heal. It was usually rigged with a series of pulleys and wasn't meant to be used for long—you could die from blood clots and infections. But this man had been lying flat on his back with the bucket pulling on him for months. If left much longer, it will pull him to his death.

A GIRL IN PIGTAILS WITH THE SERIOUS EXPRESSION OF SOMEONE FAR OLDER WOULDN'T LEAVE THE SIDE OF HER INJURED GRANDFATHER.

Will and I begin rounds, checking on patients we operated on the day before. We still haven't mastered expediently getting through patient rounds in tents; more time with patients means it takes far longer than we would like. It is now almost 11 a.m. and we have not operated yet.

The first surgery case is another hip replacement. The patient, we are told, has had a broken hip since the time of the earthquake and has been in a tent hospital since. He is lying there with a pin in his shin attached to a

His granddaughter is his bedside companion. She can't be any more than 11, in a dirty dress, pigtails and the serious expression of someone far older. She did not leave her grandfather's side the entire time.

Will begins explaining the surgery to the patient and the girl through an interpreter. Once we are finished the explanation, the granddaughter nods her head, there is a conversation in Creole, and they agree to go ahead. She walks alongside her grandfather while he is carried on the stretcher to

the operating room, then waits outside in the courtyard.

Things go smoothly. The procedure is routine, and I'm confident in the outcome. Will and I escort the patient to the makeshift recovery room. We will wait until he is stabilized before making the journey through the collapsed portion of the hospital to get his post-operative X-ray done.

The surgery has taken a few hours, but as I walk out of the building, the young girl is still sitting there. There is no translator near. When she sees me, she leaps to her feet. I slow my pace and smile. She smiles and for the first time she looks her age. I give her the thumbs-up, and she sits back down with the smile still on her face.

All I can see is my own daughters sitting there, waiting for news from a surgeon. I get fidgety and I'm suddenly uncomfortable with my emotions, so I turn away and wait for Will.

We take the patient across the uneven pavement of the courtyard. On our way, other team members stop us to look at X-rays and hear of patients to be seen. We balance the stretcher carefully as we pass through a makeshift gateway that leads into one of the most damaged areas of the hospital, through

a room where a large chunk of rubble has collapsed directly onto a hospital bed, the green walls still bright.

On the other side of the room lies another outside courtyard. Standing among garbage and rubble is one building that looks relatively well-preserved. It is the X-ray suite. Outside the doors, in the direct sun, are X-ray films hanging to dry.

There is a delay in the doors opening, as the X-ray personnel are busy listening to a soccer match on the radio. Eventually our patient is taken in, and the doors close. Around the corner, there's a room that is collapsed except for one intact wall with windows. Peering through a broken window, I see that it is—or was—a cafeteria.

The disturbing image of life at the time of a disaster is replaced by the smile of the young girl as we return her grandfather to his bed. The smile, the hope in her eyes, the commitment to her grandfather—she smiles in spite of her surroundings.

I am buoyed by this case, and it sustains me for the remainder of the days of that first week-long trip. 

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Where the Wild Things Are

There's something in human nature that says we need to have at least one symbolic place where chaos and dark desires can live.

ANDREW PYPYER, NOVELIST

The Benefits of Self-Care

Simple ways to boost your
resiliency during tough times

BY Kate Carraway

ILLUSTRATION BY SALINI PERERA

LAST MARCH AND APRIL, I woke up every morning trying to shake off a bad dream—something grey and heavy, something about a virus. Every morning, I'd realize it was, somehow, real. But even as I have integrated the “new normal” of lockdown and social distancing into my consciousness, the stress, fear and grief of the situation can still overwhelm me.

A difference-maker throughout this time, however, has been my self-care routine, a set of practices and habits that I've followed since my 20s, before I even knew there was a “self-care” movement.

While the term “self-care” might bring to mind Instagram hashtags and spa days, it has two legitimate origins. Before it went mainstream, “self-care” was used to describe guidance on what



sick people and their caretakers should do to support the work of getting healthy. And, women and Black people used the term to describe the kind of care not provided by a white, patriarchal medical establishment.

It's fortunate that self-care is now more widespread, as people of any age can make use of the movement's lessons during this pandemic. Here are some starting points.

Settle Your Mind

Even before COVID-19 arrived in Canada, we had been experiencing a mental health crisis. According to the Mental Health Commission of Canada, mental health challenges cause around 500,000 people to miss work each week. And in a recent Morneau Shepell survey, 36 per cent of Ontarians reported their mental health has suffered since the pandemic began.

One pillar of self-care that can help ease the mental burden—and which also happens to be simple, efficient and free—is meditation. The positive impact of meditation on anxiety, depression, focus and even physical pain has been so well-established that it is now used in schools, on sports teams and in corporate offices.

Still, it can be difficult to create and maintain a regular meditation practice. Light Watkins, a nomadic meditation teacher who's settled in Atlanta for the pandemic, says that a lot of people don't meditate because, at first, "It doesn't feel

all that relaxing." That's partly because meditators are encouraged to sit upright on a mat or cushion on the floor; I like to meditate in bed. Watkins says, "You want to sit in a way that feels absolutely comfortable, like you're watching television," and he notes that a sofa or reading chair works well enough.

And while various meditation practices involve focusing on something specific—the breath or a visualization—Watkins suggests to instead try mental "roaming." With your eyes closed, let yourself think about the past, the future, conversations, songs—whatever comes up. "You don't want to wrestle with your thoughts," he says. "The practice is to adopt an attitude of complete nonchalance." Counterintuitively, letting your mind wander freely allows it to settle.

Meditation won't reverse decades of accumulated stress, Watkins warns. But with time, you're more likely to become resilient when you need to be.

Roll Away Stress

When you're under stress, overwhelmed or, yes, living through a pandemic, regular exercise can be one of the first healthy habits to go. Yet moving your body is a core principle of self-care and one of the best defences against stress. For anyone who feels that squeezing in a workout is too much right now, Melanie Caines, a yoga teacher in St. John's, Nfld., suggests movement needn't mean doing a serious workout every day. "A little

goes a long way,” she says. In fact, some targeted, gentle exercises can do a lot to relax your entire body.

Since the average person is inclined to hunch their shoulders when they work, read or even walk, Caines recommends taking a break for shoulder rolls. To do this, start by inhaling, lifting the shoulders toward the ears, exhaling and “smoothly and gently” rolling the shoulders back and down. Caines advises to do this without any “jerky movements,” but instead with “fluidity and ease”—and only if it feels good and there’s no pain.

Another activity that people often don’t make time for is intentional breathing. “We breathe just enough to stay alive and stay conscious,” says Caines, “and we don’t use this incredibly powerful tool that we have in our back pockets.” For a reset at any time during the day, she suggests taking a breath in through the nose, opening the mouth and sighing. “Physically, you’ll start to release tension and soften.”

Get Your Vitamins

It’s easy to resort to unhealthy foods as a comfort or distraction during a difficult time, which only makes it harder for your body to deal with stress. An important self-care tactic is to be mindful about what you’re eating and consider adding some nutritional support.

In general, this means a balanced diet that is right for your needs. But one commonly overlooked piece, according

to Toronto naturopathic doctor Nikita Sander, is vitamin D. She notes that the nutrient is protective in many ways and is key for mental health: “Vitamin D helps regulate adrenalin and dopamine production, and prevents the depletion of serotonin in the brain, making it important for protecting against mood disorders like depression.”

Vitamin D also supports the immune system. Sander notes that deficient levels of it have been associated with certain cancers, autoimmune disease, obesity, diabetes and cardiovascular disease. “This suggests that vitamin D has a much greater role in our overall health than we yet understand.”

Sander also encourages people to consider taking an adaptogen, which is an herbal supplement that helps the body cope with stress. She likes ashwagandha, which can help balance cortisol, a stress hormone. “When our cortisol is high, that can often wreak havoc on other aspects of our health, including our energy levels, our ability to sleep and our ability to stay calm,” she says. As always, however, discuss any new supplements with your doctor first to avoid any contraindications.

Self-care can extend in many directions. Over the last few months, I upped my own routine by starting a running program with a friend, taking barefoot “grounding” walks in the backyard and keeping a daily journal. Self-care, as the name suggests, is whatever you make it. **R**



SOCIETY

Westworld

In her new book *Along the Western Front*, the photographer Leah Hennel captures the ranches, rodeos and romance of Southern and Central Alberta



Leah Hennel's love affair with rural Alberta life began around age nine, when her Calgary parents would send her and her brother to spend part of the summer at the family's ancestral ranch. There were horses, open fields and—memorably—the time her great aunt Phyllis showed her how to slaughter and pluck her own chicken for supper.

Hennel became an esteemed photojournalist, working for the *Calgary Sun* and the *Calgary Herald*. Her favourite assignments took her out of the city to farms, working ranches and annual rodeos. She was attracted to the vistas and the magical quality of the light, as well as to the history of these places (including one where the Sundance Kid trained horses) and the drama of an afternoon of cattle branding.

This year, she collected her favourite photos into a book, *Along the Western Front*. The pictures introduce us to the pride of the families who run the storied ranches, the beauty of their horses and the bravery of the riders who compete at the rodeos. It documents a way of life that's changed little in the last couple hundred years—and with any luck will last 100 more. —MARK PUPO **R**



ALL PHOTOS: © 2020, LEAH HENNEL



Rodeo world: (clockwise from left) bucking horses at a ranch near Hanna, Alberta; sidesaddle racer Sam Mitchell at the 2018 Calgary Stampede; backstage at a 2014 bareback bronc event; a young steer rider.







Cattle call: (clockwise from top left) steer rider Bailey Schellenberg; practising lassoing; roping calves; a bull rider at a 2014 Calgary pro rodeo.





On the ranch:
(clockwise from top left) riders preparing for branding at the Lazy U Ranch near Pincher Creek, Alberta; Lilian Gross helps hold a calf during branding at a Pincher Creek Hutterite colony; Tate Chattaway tends to horses at the Bar S Ranch; ranchers Cobie and Dana Herr with their daughter Reata.



I ACCIDENTALLY BOUGHT A BAG OF NO-PURPOSE FLOUR. NOW WHAT???

BY Sophie Kohn

ILLUSTRATION BY JOREN CULL

LOOK. LISTEN. WHEN you're a busy career woman and mom of 17 who's always on the go and just trying to have it all, grocery trips need to be quick, efficient affairs. I've learned to anticipate well in advance that at some point, my 284-week-old triplets will once again want to make ferret-shaped cupcakes. And I've learned to be prepared. Or so I thought.

I can't explain how it happened. I remember being in the grocery store. I remember grabbing the bag of flour off the shelf. No I did not, quote, "HAVE TIME" to check if the bag said "All-Purpose," "Some-Purpose," "Undisclosed-Purpose" or "Still Searching For Its Purpose." But when I got

home and dumped my groceries on the kitchen island, it became clear: the bag said "No-Purpose." It was one of the most chilling moments of my adult life, perhaps second only to the night my three toddlers informed me in unison that they needed to make ferret-shaped cupcakes. They were standing over my bed when they said it. It was 4:12 a.m.

Okay, so: no-purpose flour. Could just be a mistake on the packaging. Why would such a product even exist if it had *no* purpose? My first impulse was to disregard the label entirely. I see now how deeply foolish that was.

I quickly whipped up a test batch of cupcakes alone in the kitchen. But when I took them out of the oven, the flour had become rock hard. It cost me 91 per cent of my teeth to make this discovery.

Whilst sitting in my dentist's waiting room, I solemnly promised a terrible oil painting of some boats on a wall before me that I would not panic just yet. Okay, so maybe the flour had "no purpose" within the realm of baking, but surely it had a purpose in the realm of, like, the *world*. I didn't want to just *throw it out*.

I rushed home with a brilliant, waste-conscious idea: I would use the remaining bag of flour as a doorstop. The kitchen door is always swinging and flinging about, and this was the perfect solution. Except, it wasn't at all. I'm dismayed to report that the bag disintegrated within 10-12 business minutes and the flour seeped out into

a soft and useless pile on the linoleum.

I attempted to use the remnants of the pile to make some homemade play-dough for the kids, but the nanosecond the substance was ready, it formed itself into letters that spelled "GET LOST." It then evaporated instantly before my eyes. No, I have not been enthusiastically celebrating legalization; this really happened.

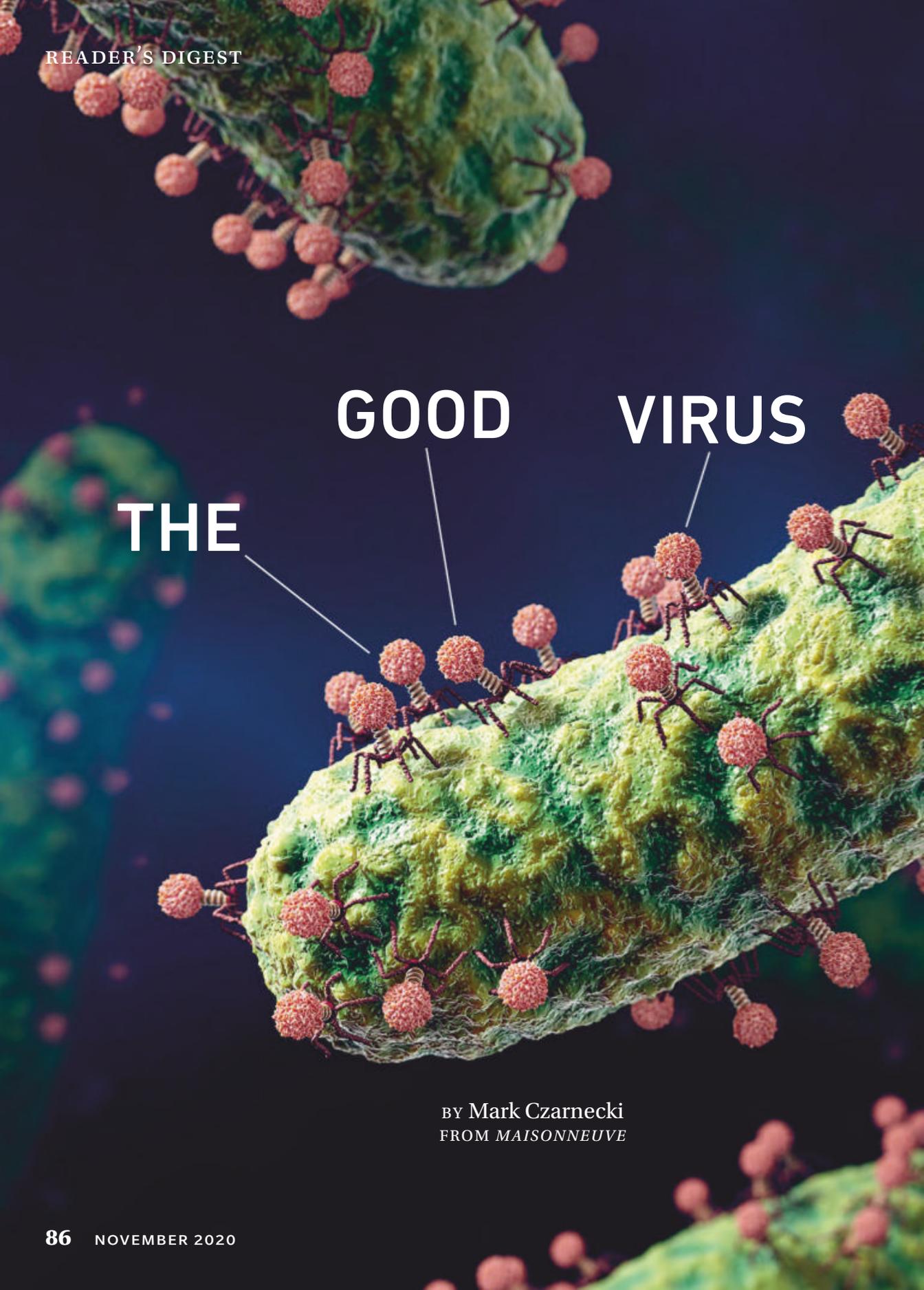
**I HAVE DEVOTED
THE REMAINDER OF
MY NATURAL LIFE TO
PROVING THE FLOUR'S
PURPOSELESSNESS.**

I then returned to the store and purchased a *new* bag of no-purpose flour, determined to start fresh and use it as a hand weight during my home workouts, but it inexplicably became lighter than the air itself.

At the time of this writing, there is no known purpose for this flour. I have now quit my job as a popular horse psychic and devoted the remainder of my natural life to the pursuit of proving the flour's purposelessness to any and all doubters.

How is that working out so far? Let's just say it's time to strike "dry shampoo?" off my list because I tested that theory 10 minutes ago and am now legally bald as a result. **R**

THE GOOD VIRUS



BY Mark Czarnecki
FROM *MAISONNEUVE*



EDITORS' CHOICE

Way back in 1917,
a Canadian scientist
pioneered
PHAGE THERAPY.

The tiny bacteria-eaters
may hold the answer
to today's increasingly
powerful superbugs.

Jeff Summerhayes knew the drill. The bleak hospital corridors, the calls on the intercom, the IV tubes in his arms dangling from their holders like chandeliers—all have been familiar since childhood. But the bug was still in him, and all the antibiotics had failed. In September 2018, at age 56, he was lying in a bed at Vancouver General Hospital with his sister sitting beside him, both expecting to hear, once again, that he didn't have long to live.

Summerhayes has cystic fibrosis (CF), a life-shortening genetic condition that thickens mucus, renders breathing laborious and transforms your lungs into prime breeding grounds for bacteria. For the last 40 years, Summerhayes had lived with a strain of *Burkholderia cenocepacia*, one of the deadliest of all CF infections, lodged in his lungs. A double lung transplant that September had left him with a fifty-fifty chance of extending his life for another year, as long as the bug didn't return. But it did, immediately, and the doctors were out of options.

Fortunately, Summerhayes's sister, Heather Summerhayes Cariou, wasn't. The 68-year-old author had done her homework. When the infectious disease doctor arrived for the consultation, Cariou urged her to scour the globe for new, off-the-wall antibiotics. Then she asked something she had asked many times before: "What about phage?"

Phage therapy is a controversial treatment that uses a type of virus to defeat bacterial infection. (Phage is pronounced like "page"—the "h" is silent.) The treatment has likely saved thousands of lives worldwide over the decades and is still used throughout Eastern Europe. In North America, however, phages were all but abandoned after World War II. Although phage therapy is now starting to make a comeback in the United States, it hasn't been legally used in Canada since 1949, even though a Canadian scientist pioneered the treatment.

Today, the story behind the field is barely known to most Canadians. That's now changing as the world faces a new scare big enough to outweigh some of the doubts: extremely antibiotic-resistant bacteria like Summerhayes's *B. cenocepacia*, otherwise known as "superbugs." And, after all this time, Canadian researchers are still poised to be at the field's forefront, if only they can get the necessary support of their government.

As Cariou tells it, the doctor dismissed her suggestion: "We don't do that here." The doctor warned that, even in the U.S., phage had been used only a handful of times. "It's very experimental," she told the siblings. "There has been no clinical trial." Politely, Cariou rejected this caution. "If Jeff is willing to take the risk, then we're asking Vancouver General to join him in taking that risk."

SINCE THE INCEPTION of life eons ago, bacteria have been evolving and mutating to counter threats to their survival from various antibacterial agents that occur in nature. This conflict carries on daily in the sea, on the land and in our bodies.

Antibiotic medicine is essentially made of natural antibacterials redesigned to deal a knockout blow to infectious bacteria. But it hasn't quite worked out that way. Global over-prescription of antibiotics and their misuse as preventive measures have spurred superbugs to mutate and defeat virtually all antibiotics.

ONE DAY SOON, EVEN STREP THROAT OR A SMALL INFECTED CUT COULD HAVE NO CURE AND MIGHT BE FATAL.



The World Health Organization and United Nations estimate that antimicrobial resistance (AMR)—the ability of all varieties of superbugs, including bacteria, viruses and fungi, to defeat human treatment—annually causes 700,000 deaths worldwide. It's a number some researchers believe is far too low, and is predicted to rise to 10 million per year by 2050, resulting in more deaths than those from cancer.

Meanwhile, the curative power of

antimicrobials continues to decline, with some experts predicting that by 2050, 40 per cent of infections will not respond to the drugs generally used to treat them. If the trend continues, common strep throat or even a small infected cut could have no cure and might be fatal. Recruiting phages is one of the few viable solutions remaining to defeat these killer bacteria.

Bacteriophages (literally “bacteria eaters,” called “phages” for short) are viruses that destroy bacteria. From a human perspective, viruses are considered either good (like phages that attack superbugs) or bad (like COVID-19), but in nature the distinction is irrelevant. Wherever there are bacteria—and human intestines contain billions—even tinier phages exist, as well; phages are, in fact, the most ubiquitous life form on the planet and probably the oldest antibacterial found in nature. The advantage of phages as bacteria-killers is that, unlike antibiotics—which nuke many bacteria in the body, both bad and good—a phage attacks only one species or strain.

Thousands of researchers around the world are studying phages, but very few are focused on phage therapy. Jonathan Dennis, a microbiologist at the University of Alberta and one of Canada's leading phage therapy researchers, has an even narrower focus: compassionate-use cases, in which a patient's life is on the brink. Moved by the plight of *B. cenocepacia*

sufferers like Jeff Summerhayes, he has made conquering the bacteria and its relatives his life's work.

The core of every phage researcher's lab is its phage bank or library. Dennis's phage bank, a large sliding-door refrigerator, preserves hundreds of phages at different stages of preparation. It also contains about 300 environmental samples from sources rich in bacteria where healing phages might be found: the soil around plant roots, bird droppings and sewage outlets, especially from hospitals, where the excrement from recovering infectious disease patients may contain curative phages.

Researchers have their "aha" moments when they watch, on a petri dish, as widening circles of phage devour a bacterial culture. Behind those moments lie weeks, months, even years of work spent isolating a likely phage, sequencing its genome and determining where and how it attacks the bacterial cell. As a phage is being identified as a match for a bacterial strain, it must also be purified of possible toxins that might trigger a damaging response in the patient.

When Dennis views individual phages through an electron microscope, he sees a geometric head, like a lunar lander, perched on incredibly delicate legs. These legs surround a long probe that pierces the bacterial cell and injects the phage's DNA into the host. In most cases, this hijacks the host's replication mechanisms, forcing

it to produce many copies of the virus at the cost of the host's life. These phages then burst out of the host cell to attack surrounding bacteria.

After an isolated boost of funding for his phage therapy research early this century, Dennis now struggles to overcome knee-jerk opposition from government funders to every grant proposal. These funding woes frustrate Cariou: "This man is doing breakthrough research," she says. "My God, what's wrong with you, Canada?"

THE METHODS DENNIS relies upon today— isolating the bacteria and testing phages against them one by one—have hardly changed since the viruses were first discovered over a century ago. The man who co-discovered and named phages was also Canadian: Félix d'Hérelle, born in Montreal in 1873.

In 1917, working at the Pasteur Institute in Paris, d'Hérelle made an interesting observation. When he applied a solution from the stools of recovering dysentery patients to a culture of dysentery bacteria, the bacteria disappeared. Though not the first to observe the phenomenon, d'Hérelle drew a new conclusion: a virus in the stools had attacked the bacteria in these patients and triggered their recovery. Noting the phage in his petri dish spread out to destroy the whole bacterial culture, he also deduced that the virus was reproducing itself in the process of killing the bacteria. The cocksure



Jeff Summerhayes is prone to antibiotic-resistant infections. He wants phage therapy approved for people like him.

d'Hérelle was convinced he'd found a cure for dysentery—and a form of microbe that could cure other infectious diseases, as well. These conclusions were a milestone in humanity's war on bacterial infections.

D'Hérelle's knowledge of phage biology was basic; genes had barely been named, and molecular biology was not yet born. His goal was to heal, and his approach was pragmatic. When several young people with dysentery recovered after he'd treated them with phages, d'Hérelle's main concern wasn't to prove beyond a shadow of a doubt that phages were responsible for the cure. For him, their recovery was enough to justify the method, and he became its flamboyant promoter.

Once d'Hérelle published his results, interest in phage therapy spread quickly, especially in countries where infectious diseases like dysentery, cholera and typhoid fever were rampant. These were garden-variety pathogens, so his success was partly due to filling a big basket with low-hanging fruit.

D'Hérelle was soon recognized as a pioneer. In 1925, he was awarded the Leeuwenhoek Medal in microbiology, a prize given only once every 10 to 12 years. Three years later, d'Hérelle, a passionate socialist, allowed the commercialization of his most effective remedies but reinvested his share of the profits in his research facility. By 1930, commercial preparations of phages were available throughout

Western Europe and North America, and d'Hérelle also helped his one-time student George Eliava found a microbiology institute in Georgia (then a republic in the Soviet Union). Working with d'Hérelle's treatments, staff at the Eliava Institute quickly became experts in phage therapy and continue to administer phage treatment today.

“BECAUSE OF PHAGE THERAPY, I WAS CURED OF SOMETHING THAT WAS NOT OFFICIALLY CURABLE.”

Unfortunately, the treatment's success planted the seeds for its own downfall. The vast numbers of patients claiming cure by phages overwhelmed the need to examine their biology and chemistry more closely, which meant that when the treatment failed, explanations were sometimes lacking. And with little regulatory control of their contents, the remedies often contained insufficient amounts of phage, or none at all: accusations of snake-oil medicine cast shadows on the whole method.

Soon, d'Hérelle's alleged Communist sympathies, combined with a lack of proper clinical trials and supporting evidence for the efficacy of phages, had a chilling impact. Once penicillin and other antibiotics were readily

available after World War II, the treatment was mostly abandoned, except in France, Poland and the Soviet Union. Although nominated dozens of times for the Nobel Prize, d'Hérelle ended up a footnote in the history of 20th-century bacteriology.

THE CONTROVERSIAL treatment began a slow return to Canada thanks, in part, to a painful accident. In 1996, a Toronto stand-up bass player named Alfred Gertler fell and broke his ankle so badly that the bones protruded from his skin. When the cast was removed, the bones had mended but were severely infected. Eventually, the infection spread so deep that no antibiotics could reach it, leaving an open wound that refused to heal: despite trying everything, all his doctors could offer to relieve his suffering was amputation.

"I was told to give up hope, but I didn't," Gertler says. In early 2000, he found a *New York Times* article titled "A Stalinist Antibiotic Alternative" about how phage therapy was practised in Georgia. Gertler noted a reference to a biannual international phage biology meeting, which was being held in June of that year in Montreal. Gertler scraped together the money to go and register as the only non-academic attendee.

There, he met an American phage researcher who urged him to go to Georgia. Two other researchers at the conference, one from the Eliava Institute and one from an Israeli biotech

firm, both offered to find matching phages. Gertler was doubtful, but he ducked into a washroom and took swabs from his infection, which the two took home to compare with phages in their libraries.

Both researchers were successful: the Eliava researcher invited him to Georgia for treatment, while the Israeli sent him the phage solution. Back in Toronto, Gertler knew that only a qualified doctor could administer the phage to the gaping hole in his foot. He sent a request to Health Canada for compassionate-use approval, but it failed on the grounds he wasn't dying. Gertler was reduced to hobbling around to doctors' offices toting the phage and supporting documents to plead his case.

But the doctors were spooked. A year before, in Toronto, a woman had acquired an antibiotic-resistant infection in hospital and had been secretly treated with phages. The infection disappeared, but she died from other complications. The doctors involved risked censure from the College of Physicians and Surgeons, and possibly losing their licenses, for administering a drug that didn't have regulatory approval.

With all doors closed to him, Gertler became the first North American to take the midnight plane to Georgia for phage therapy treatment. At the Eliava Institute, the phage treatment doctors administered into his foot was essentially the same mix as one that d'Hérelle had brought to the institute

in the 1930s, regularly maintained and updated every six months, as d'Hérelle had advised. One year from the time Gertler first read about phages, his foot had largely recovered. "I'm standing here. I'm not in pain. I'm healthy," says Gertler. "I was cured of something that was not officially curable."

CANADA COULD TAKE a cue from other nations whose initiatives are riding the current wave of phage therapy. In 2018, Belgium became the first country in Western Europe to officially allow phage therapy without requiring extensive testing in clinical trials: pharmacists there can now sell phages upon prescription and approval by a physician. Cost projections for the plan also ensure that researchers' work of characterizing and purifying phages is adequately compensated. Some researchers believe the Belgian approach would also work in Canada if this country had a centralized system for manufacturing and testing the phages.

Different critics have different theories of exactly why Canada continues to lag. Toronto-born epidemiologist Stefanie Strathdee founded the American non-profit Center for Innovative Phage Applications and Therapeutics (IPATH) after she convinced doctors to treat her husband with phages and helped save his life. In a blunt *Globe and Mail* op-ed in March 2019, she wrote, "Canada should take a leading role, not a back seat, in the prevention and treatment of

AMR and should be scaling up research and programs to address it."

Strathdee argues that Canada has lagged in funding phage therapy research partly because it has simply failed to catalogue the enormity of the need for it. "Without the scientists really knowing the scope of the problem, the public doesn't know either," she says. "And without the public knowing, there's no impetus for dedicating research support to that problem."

Regulators are another major hurdle. Physicians and researchers had petitioned the U.S. Food and Drug Administration and Health Canada to adjust their clinical trial requirements to take into account the special problems raised in treating humans with phages. A standard clinical trial has four phases and can involve hundreds or thousands of patients and control participants. Unlike antibiotics, however, both the phage and the host bacteria often evolve during treatment, making each case unique. One basic requirement in a standard clinical trial is consistent application from patient to patient, but administering phages to large numbers of people makes this virtually impossible.

Despite these obstacles, two new and hopeful methodologies recently helped save the life of a 15-year-old CF patient in the United Kingdom. The first was a holy grail: genetically engineered phages, two of which were successfully used in the girl's treatment.

**Jonathan
Dennis' Alberta
lab houses a
phage bank
with hundreds
of samples.**



Engineered phages, unlike phages in their natural state, can be patented along with other ways to replicate phages' power, such as synthesizing their bacteria-destroying enzymes. They are of great interest to biotech firms, and by the time these products are ready for clinical trials, the regulatory regime may be more flexible.

The other breakthrough in this case relied on crowdsourcing. The third phage used in the girl's treatment was found in 2010 in the soil scraped from a rotting eggplant by an undergrad student in South Africa. Her discovery stemmed from a novel project at the University of Pittsburgh that encourages interested students to locate phages and characterize their properties. Dennis and other researchers in Canada have proposed a similar project, Phage Canada, three times in recent years—but their grant applications were rejected.

MAYBE IT'S THE grim risks of not following through that will ultimately motivate change. The UN's most recent report on AMR says an unprecedented effort by all nations is required to avert disaster. Bacterially infected patients are dying daily by the thousands in high-income countries and by the tens

of thousands elsewhere. Dennis believes superbugs are the most urgent threat to humankind. "Climate change can be terrifying and very real," says Dennis, "but long before we succumb to climate change, multidrug-resistant bacteria will decimate us."

Dennis, for one, hasn't given up. COVID-19 has put on hold a phage therapy working group he'd formed with several lung transplant doctors, and the research funding roller coaster has ground to a halt. But he is still in his lab matching phages to superbugs, ready to help save a life when called upon.

That doesn't yet include Jeff Summerhayes. Two years ago, despite his sister's push for phage therapy, his doctors treated him with an experimental antibiotic. So far, he's OK. His doctors don't know if the superbug is gone forever or is hiding, undetected, in his body. But regardless of the outcome of his battle with *B. cenocepacia*, Summerhayes says he has no doubts about the value of his case and of the need for more patients to have access to phages. "If I can, by speaking up, help somebody else get phage therapy that will save their life," he says, "that would be absolutely amazing." **R**

© 2019, MARK CZARNECKI. FROM "PHAGE CRUSADE," MAISONNEUVE (WINTER, 2019), MAISONNEUVE.ORG



Light the Way

I am not a person who reaches for the moon as long as I have the stars.

GERTRUDE EDERLE, FIRST WOMAN TO SWIM ACROSS ENGLISH CHANNEL

DOWN TO BUSINESS



“Altogether, including the discount, your rewards card, the coupon you brought in, your store credit and today’s blowout sale, after tax it’ll still be unaffordable.”

I was browsing in the men’s department at Neiman Marcus when a knitted black designer blazer caught my eye. Although the tag said it was on sale, it still cost more than I cared to spend. Tempting fate, I tried it on. Just then, a saleswoman appeared. “It fits you perfectly,” she said.

“Yes,” I said, “but I really don’t need it.”

Without missing a beat, she replied, “We don’t sell things that people need.”

— JOE CAPUTO

Customers can take advantage of a generous return policy at REI, a camping-gear company. How generous?

Here are return claims/ excuses that employees have had to deal with:

“I dried these boots by the fire, and the soles melted.”

“I bought a different car, and this roof rack doesn’t fit.”

“A bear slashed my tent.”

“These river sandals aren’t sexy enough.”

— ADVENTURE-JOURNAL.COM

Funny Bones

If I were an X-ray technician, after I took the first X-ray I’d say, “Okay, now let’s do a goofy one.”

— BROTI GUPTA,
comedy writer

Courier Problems

What happens when you rearrange the letters of MAILMEN? They get really upset.

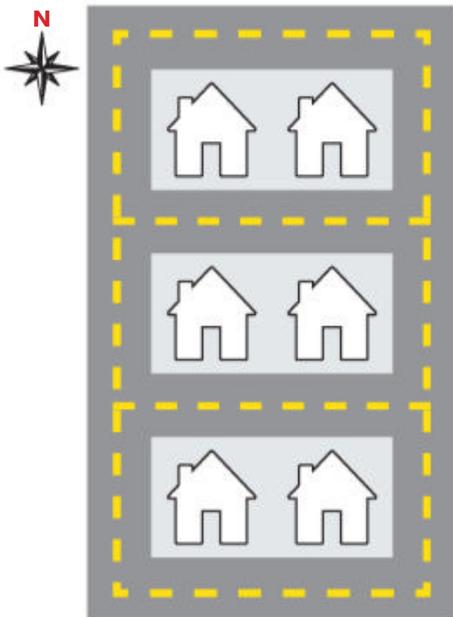
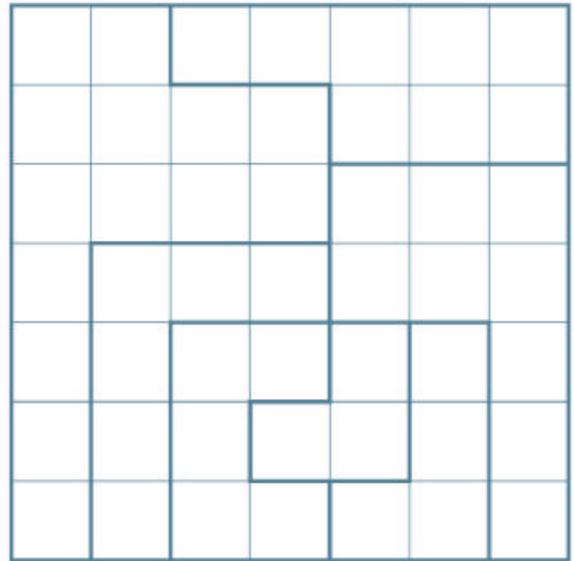
— @DADSAYSJOKES

Are you in need of some professional motivation? Send us a work anecdote, and you could receive \$50. To submit your stories, visit rd.ca/joke.

BRAINTEASERS

Star Search

Moderately difficult Place stars in seven cells of this grid so that every row, every column and every bolded, outlined region contains exactly one star. Stars must never be located in adjacent cells, not even diagonally. Can you find the solution?



A Friendly Neighbourhood

Moderately Difficult Astor, Basuri, Cruz, Derringer, Erikson and Feng each live in one of the six houses in the neighbourhood shown. The houses are purple, brown, green, blue, yellow and orange. From the statements below, see if you can determine where each neighbour lives and what colour their house is.

Astor: I can walk to a brown house without crossing any streets.

Basuri: My house is northeast of a yellow one.

Cruz: There is a green house southwest of mine.

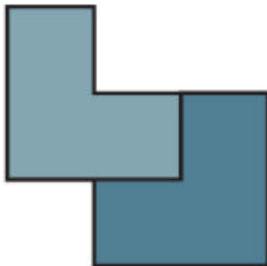
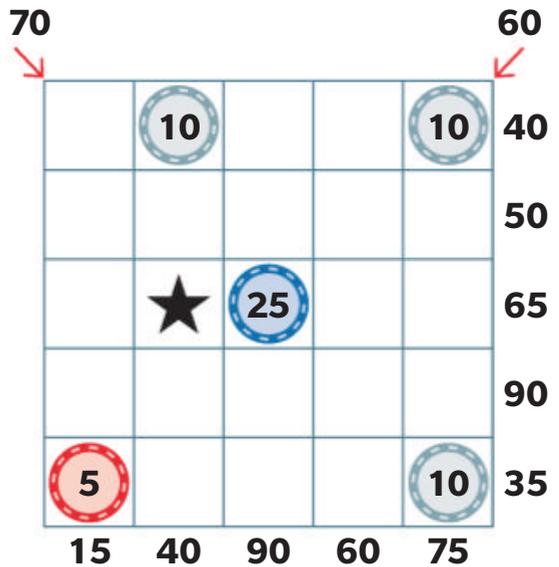
Derringer: I live directly between a green house and an orange house.

Feng: I can't see the purple house from mine because Cruz's house is directly in the way.

(STAR SEARCH) FRASER SIMPSON; (A FRIENDLY NEIGHBOURHOOD) RODERICK KIMBALL - ENIGAMI.FUN

Place Your Chips

Easy You have a stack of poker chips that are each worth \$5, \$10 or \$25. You need to place them on the squares of this grid—but no more than one chip per square—so their value totals the amount of dollars shown for each row, column and long diagonal. Not every square needs to have a chip on it. Several chips and one blank space (designated by a star) have been placed to get you started. Can you finish the grid?

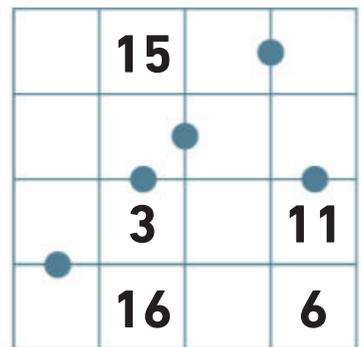


Fill in the Block

Moderately difficult Here are two identical shapes. How many more of them do you need to make the smallest possible rectangle with no holes in it? You can't move the two shapes already in place.

3-2-1 Contact

Difficult Enter the numbers from 1 to 16 into the grid (some of them have been given). No two numbers that share a common factor may be in horizontally or vertically adjacent boxes. For example, 4 and 6 can't be in adjacent boxes because they share a factor of 2. We're not counting 1 as a factor, so 1 may be adjacent to anything. Every pair of adjacent boxes that contain adjacent numbers (4 and 5, for example) is marked with a dot. With these rules, there's only one solution. Can you find it?



For answers, turn to PAGE 103



BY Beth Shillibeer

1. BBC sports commentator Andrew Cotter has made popular home videos featuring contests between whom?

2. The 2020 winner of the Oscar for Best Documentary (Short Subject) features Afghan girls performing what sport?

3. What geographic features does IKEA usually name its bathroom products after?

4. According to a 2013 survey, what demographic asks nearly 300 questions per day?

5. What board game is purportedly not played by the British royal family because it makes the players too vicious?

6. The international cosmetics retailer Lush sells “naked” products, which don’t include what?

7. After a hiatus in gospel, who returned to rock ‘n’ roll in the early 1960s, with The Beatles as his opening act?

8. Which Canadian province or territory has the highest proportion of elected female legislators?

9. Where did South Korea recently send coronavirus-protection gear, out of gratitude to Korean War veterans?

10. Who said: “A man dies when he refuses to take a stand for that which is true”?

11. In which city can you ski down the sloped roof of an electricity-producing incinerator?

12. NASA has tested equipment in Chile’s Atacama Desert, because it’s similar to which planet?

13. Which poses a greater threat to under-sea fibre-optic cables: sharks or fishing boats?

14. Which country called its 2019 national budget “The Wellbeing Budget” because it focused on areas such as mental health?



15. What cartoon character drew inspiration from Charlie Chaplin and turns 92 this November?

Answers: 1. His two dogs, Olive and Mabel. 2. Skateboarding. 3. Scandinavian bodies of water. 4. Young children. 5. Monopoly. 6. Packaging. 7. Little Richard. 8. The Northwest Territories. 9. The Navajo Nation. 10. Martin Luther King Jr. 11. Copenhagen. 12. Mars. 13. Fishing boats. 14. New Zealand. 15. Mickey Mouse.

WORD POWER

A strong grasp of election terminology gives power to the people. See if you can pick out the winning definitions.

BY Linda Besner

1. barnstorm—A: tour an area for a campaign. **B:** dominate the rural vote. **C:** speak at length on tangential topics.

2. manifesto—A: handshake photo op. **B:** public declaration of aims. **C:** figurehead.

3. muckraker—A: politician who purposely sows division. **B:** official opposition. **C:** someone who seeks and publicizes scandals.

4. grassroots—A: of ordinary people. **B:** fundamentalist. **C:** prioritizing the environment.

5. first past the post—A: system in which the candidate with the most

votes wins. **B:** survey taken as voters leave the polling station. **C:** opening debate question.

6. incumbent—A: income distribution within a riding or district. **B:** person holding an office. **C:** debate moderator.

7. psephology—study of A: voting-machine design. **B:** elections. **C:** persuasion.

8. caucus—A: rowdy discussion. **B:** a party's elected members. **C:** coalition government.

9. turnout—A: exposé. **B:** politician who switches party allegiance. **C:** percentage of registered voters who cast ballots.

10. dark horse—A: little-known candidate achieving surprising success. **B:** controversial legislation. **C:** black limousine.

11. canvass—A: suppress votes. **B:** compare political platforms. **C:** solicit votes.

12. proportional representation—A: designating seats for members of minority groups. **B:** system where parties gain seats in proportion to their votes. **C:** giving shorter speaking times to smaller parties.

13. suffrage—A: persecution. **B:** tax hike. **C:** right to vote.

14. acclamation—A: victory because there is only one candidate. **B:** voting by calling out "Aye" or "Nay." **C:** voter apathy.

15. sortition—A: selecting public officials by lottery. **B:** making a voting decision. **C:** spoiling a ballot.

WORD POWER ANSWERS

1. barnstorm—A: tour an area for a campaign; as, The party leader *barnstormed* the province's northern towns.

2. manifesto—B: public declaration of aims; as, Lord Buckethead, a satirical candidate in Britain, published a *manifesto* proposing to nationalize the singer Adele.

3. muckraker—C: someone who seeks and publicizes scandals; as, A *muckraker* discovered the leading candidate's marriage was in trouble.

4. grassroots—A: of ordinary people; as, Black Lives Matter is a *grassroots* movement with no formal hierarchy.

5. first past the post—A: system in which the candidate with the most votes wins; as, If there are more than two options, *first past the post* can result in leadership supported by a minority of voters.

6. incumbent—B: person holding an office; as, The Canadian House of Commons has a transition program to help defeated *incumbents* find other jobs.

7. psephology—B: study of elections; as, After founding a *psephology* website, Éric Grenier was hired by the CBC.

8. caucus—B: a party's elected members; as, The MP voiced her concerns at a *caucus* meeting behind closed doors.

9. turnout—C: amount of registered voters who cast ballots; as, *Turnout* at Quebec's 1995 referendum was 93.5 per cent.

10. dark horse—A: little-known candidate achieving surprising success; as, Stéphane Dion was a *dark horse* for the Liberal leadership.

11. canvass—C: solicit votes; as, The campaign office organized teams to *canvass* each street.

12. proportional representation—B: system where parties gain seats in

proportion to their votes; as, British Columbia has rejected *proportional representation* three times.

13. suffrage—C: right to vote; as, Although the Inuit gained federal *suffrage* in 1950, few ballot boxes were placed in Inuit communities before 1962.

14. acclamation—A: victory because there is only one candidate; as, In 2012, six of Saskatchewan's mayors won by *acclamation*.

15. sortition—A: selecting politicians by lottery; as, Practiced in Ancient Athens, *sortition* has present-day supporters.

CROSSWORD ANSWERS

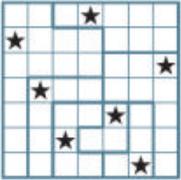
FROM PAGE 104

R	C	A	F		E	L	I	D	E	D
T	H	A	I		R	E	O	I	L	S
S	E	A	L	E	D	A	D	E	A	L
				T	R	O	V	E	S	
W	I	T	H	I	C	E		O	L	D
A	C	H	Y					M	F	O
S	K	I		A	T	R	I	F	L	E
				R	E	G	I	N	A	
K	I	S	S	A	N	D	T	E	L	L
G	E	T	S	I	T		A	D	E	E
B	R	Y	A	N	S		S	W	A	K

BRAINTEASERS ANSWERS

FROM PAGE 98

Star Search



A Friendly Neighbourhood

- Erikson orange Basuri purple
- Derringer yellow Cruz blue
- Astor green Feng Brown

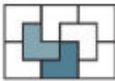
Place Your Chips



Fill in the Block

Six more.

One possible arrangement is shown.



3-2-1 Contact

2	15	8	7
13	4	5	12
10	3	14	11
9	16	1	6



BY Jeff Widderich

	7		9		1		8	
8								1
	5		2	8			9	
		8	6			4		
4								9
		7			2	6		
	4			9	7		1	
6								5
	2		5		6		4	

To Solve This Puzzle

Put a number from 1 to 9 in each empty square so that:

- ◆ every horizontal row and vertical column contains all nine numbers (1-9) without repeating any of them;
- ◆ each of the outlined 3 x 3 boxes has all nine numbers, none repeated.

SOLUTION

3	4	8	9	1	5	6	7	2
5	7	6	4	2	3	1	8	9
9	1	2	7	2	7	8	3	4
8	5	9	2	1	4	7	1	3
6	1	2	9	8	1	3	7	4
7	3	7	4	3	6	5	9	1
4	6	7	3	8	2	9	5	1
1	9	6	3	5	7	4	2	8
2	8	1	5	6	9	4	7	3



Word of Mouth

BY Barbara Olson

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		

ACROSS

- 1 The Snowbirds mil. org.
- 5 Omitted, as a syllable
- 11 Pad ___ (noodle dish)
- 12 Tends to a squeak again
- 13 Had fruitful business talks, say
- 15 Treasure collections
- 16 On the rocks, at the bar
- 19 Like yesterday's news
- 22 Feeling a workout

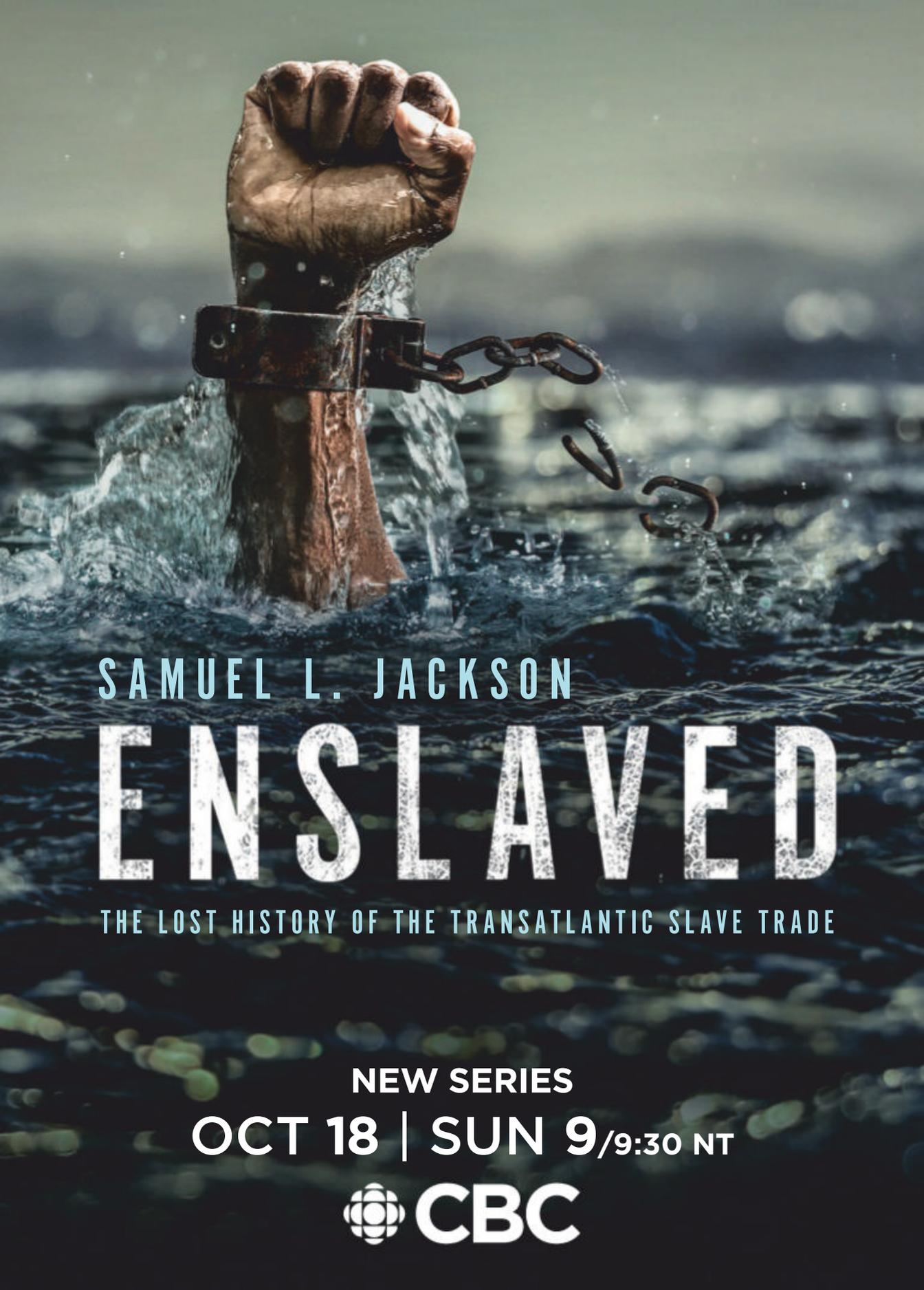
- 23 Dial ___ Murder
- 24 Go cross-country, say
- 25 The merest amount
- 28 Saskatchewan's capital
- 30 Blab about one's love life
- 35 Doesn't need the joke explained
- 36 "Bump bump ___" (The Wiggles song lyric)
- 37 Hockey player Hextall and singer Ferry

- 38 Love letter letters based on the first words of 13-, 16-, 25- and 30-Across

DOWN

- 1 Some CFL positions
- 2 Revolutionary Guevara
- 3 Skinny battery size
- 4 Like a pigsty
- 5 Brian Goldman at Mount Sinai Hosp.
- 6 Soldier's sabbatical
- 7 Women's charity org.
- 8 Peters out
- 9 It might be the end for Pam?
- 10 Alternative to cable or fibre
- 14 Verdi's "Eri ___"
- 16 Follower of "Fuzzy Wuzzy"?
- 17 "Eww!"
- 18 Needing a drink
- 20 Digital chuckle
- 21 Dr. of rap
- 23 Sporty Mazdas whose name means "reward"
- 25 From the top
- 26 Colourist's array
- 27 Sphere-shaped: Abbr.
- 29 Fem. "it", in Italy
- 30 Soviet spy agcy.
- 31 Suffix with cloth or cash
- 32 Part of P.E.I.: Abbr.
- 33 Perrins's partner in the sauce
- 34 Albanian coin

For answers, turn to PAGE 102



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