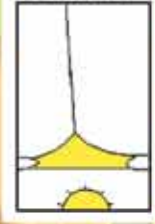


TTARP

... an Association of Responsible Persons



Q50Q

ISSUE NO. 3, 2014

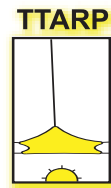


SEASON'S
GREETINGS

from TTARP



Caring For Our Seniors



HEALTHNET CARIBBEAN MEDICAL & DENTAL CLINICS

- Corner of Warner & Picton Street, POS – 2901261/1257
- 112 Eastern Main Road, Barataria – 285-4635/4642
- 91 Eastern Main Road St. Augustine – 663-7635
- 449 Munroe Road, Cunupia – 285-4625/4637
- JTA Complex, Isaac Junction, Couva –285-4641/4643
- LP 13 Caroni Savannah Road, Caroni – 671-4419
- BWIA Boulevard, Piarco –285-4645
- South Coast Medical Centre – 37-39 Princess Margaret Street, San F’do – 285-7262 / 290-7262
- Lab Medica Laboratory – 69-71 Pointe-a-Pierre Road, San F’do – 652-4947/ 653-1409



MY Senior Card
ACCESS TO BETTER HEALTHCARE!

HealthNet, a subsidiary of the Lab Medica Group has recently announced its affiliation with the Trinidad and Tobago Association of Retired Persons (TTARP) to promote a new medical discount program called **My Senior Card**.

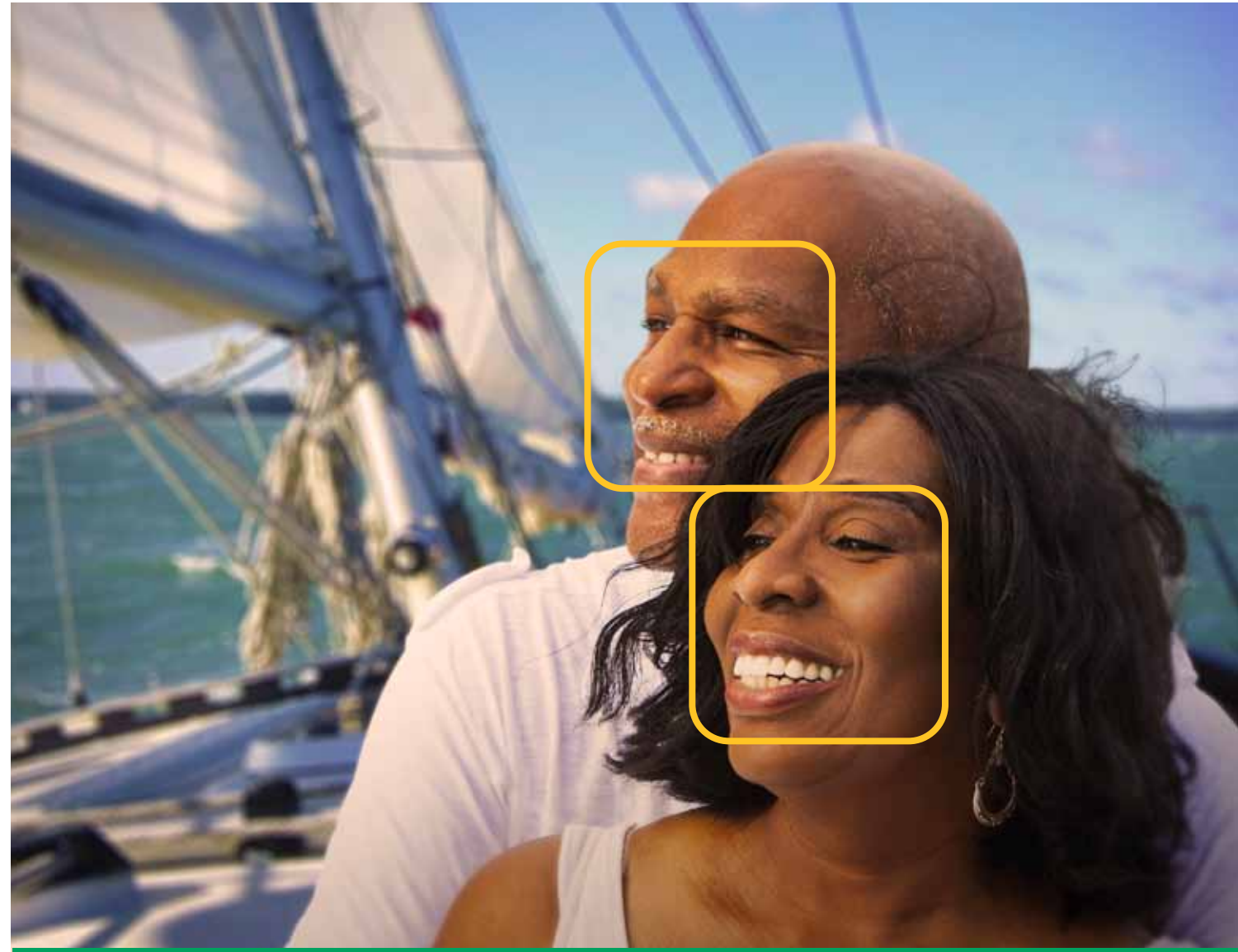
This program is available to all persons age fifty (50) and over, and provides access to affordable and comprehensive medical, dental, diagnostic and clinical care services at all Lab Medica HealthNet Locations.

My Senior Card also offers subscribers a **Free Annual Medical** since both organizations realize the importance of preventative proactive measures in preserving and maintaining a good healthy lifestyle. Follow up consultations will be provided at a fraction of the cost at other medical institutions, with doctors visits costing a mere \$40.

The collaboration with TTARP allows its members to subscribe to the **My Senior Card** program at preferred rates, but all seniors age fifty (50) and over are welcomed.

The Lab Medica Group consists of HealthNet, Lab Medica Services and South Coast Medical Centre, which are conveniently located throughout Trinidad. Services being offered are doctor’s visits, specialist medical consultations, dental, pharmacy, mammogram, MRI, Cardiac Cath Lab, Colonoscopy, Occupational Health Services (OSHA Medicals, Fitness Medical, Annual Medicals Etc), Laboratory & Substance Abuse Testing, X Ray, Ultrasound, Stress ECG, ECG, Vision, Audiometry, Spirometry and Mobile Medical Services.

It is our intention to make superior yet affordable healthcare services available to all seniors!! To get more information, persons may contact **285-4637 / 4636** or **TTARP at 221-7771**.



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050Q Magazine is available at no cost as an integral part of TTARP membership.

MEMBERS ARE INVITED TO ATTEND MEETINGS AT A ZONAL GROUP CONVENIENT TO YOU.

ZONAL GROUPS MEETING SCHEDULE

ARIMA "Angels"

Meeting Place - Arima Tennis Club – Robinson Circular Road, Arima
 Meeting Date and Time
 - 1st Friday of each month - 4:00 p.m. (official meeting)
 -Every Friday from 12 noon (casual/fun evening)
 Chairman - Norma CLARKE, 643-4118 / 687-4929
 Vice Chairman- Lynette MAULE, 306-5050 / 709-0777
 Email - ncda911@gmail.com Colour T-shirt - LIME GREEN

BELMONT "Bees"

Meeting Place - TTARP Bldg., 167-169 Belmont Circular Rd., Belmont
 Meeting Date and Time- 4th Tuesday of each month - 5:00 p.m.
 Chairman - Gloria JONES, 620-1596
 Vice Chairperson - Paulina LAWRENCE, 629-2442 / 753-1860
 PRO - Patricia CROSSLEY, 751-0977 / 625-0592
 Email - patcrossley95@yahoo.com or franlaw@hotmail.com
 Colour T-shirt - GOLD

CENTRAL "Central Pride"

Meeting Place - Relocated in 2015 - Call for details
 Vice Chairman - Janet RAWLINS, 665-5112
 Secretary - Yvonne KNIGHTS, 665-7315 / 687-1062
 Email - y.knights59@yahoo.com
 Colour T-shirt - ORANGE

DIEGO MARTIN "Pearls"

Meeting Place - Central Diego Martin Community Centre, Diamond Vale
 Meeting Date and Time - 2nd Saturday of each month @ 3-5 p.m.
 Chairman- Derek PATY, 678-4139
 Email - derekpaty@yahoo.com
 Colour T-shirt - BURGUNDY

FYZABAD "Evergreen"

Meeting Place- Fyzabad Regional Community Complex
 Meeting Date and Time - 3rd Thursday of each month @ 10:00 a.m.
 Chairman - Bernice JEFFERS Vice Chairman - Neville NAVARRO, 387-9217
 Email - nevillea.navarro@yahoo.com Colour T-shirt - GREEN

LA BREA "Nightingales"

Meeting Place - La Brea Community Centre
 Meeting Date and Time - 3rd Thursday of each month @ 5-7 p.m.
 Chairman - Ezra VAUGHN - 389-8346 / 648-8270
 Email - ezra54@hotmail.com Colour T-shirt - LILAC

PRINCES TOWN/RIO CLARO

Meeting Place - Princes Town Presbyterian School
 Meeting Date and Time - 3rd Saturday of each month @ 2:00 p.m.
 Chairman- Margaret RAMPERSAD, 731-0236 / 656-2831
 Email - shammi.rampersad@gmail.com Colour T-shirt- WHITE

SANTA CRUZ "Cruizzers"

Meeting Place - Bourg Mulatresse Parish Hall, Santa Cruz
 Meeting Date and Time - 4th Friday of each month - 5:30 p.m.
 Chairman- Andre WALKER, 675-4264
 PRO - Brigid TELFER, 676-7353
 Email - gowinso@tstt.net.tt Colour T-shirt- TURQUOISE

SAN FERNANDO "Purple Diamonds"

Meeting Place - Masonic Lodge – Ruth Avenue, San Fernando
 Meeting Date and Time - 1st Tuesday of each month @ 10:00 a.m.
 Chairman - Brenda MILLET-BUFFONG, 763-6300
 Secretary - Lisa MAHABIR, 350-1306
 Email- brendabuffong@yahoo.com or lisamahabir24@gmail.com
 Colour T-shirt - WHITE/PURPLE

TOBAGO (Happy Haven)

Meeting Place- Happy Haven School - Signal Hill, Tobago
 Meeting Date and Time - 2nd Saturday of each month @ 3:00 p.m.
 Chairman - Miriam EDWARDS, 635-0924 / 750-9351
 Secretary - Zilpah EDWARDS-MOORE, 758-0853
 Email- maredwards@hotmail.com
 Colour T-shirt- BLUE/YELLOW

TOBAGO (Pembroke)

Meeting Place - Pembroke Community Centre, Todd Street
 Meeting Date and Time - 2nd Monday of each month @ 3:30 p.m.
 Chairman - Merle ROMEO, 660-4960
 Email - feisty_fiona@hotmail.com Colour T-shirt- ORANGE





The Chairman's Address at TTARP's AGM held at Cascadia Hotel on September 20th 2014.

We are here again members, friends, ladies and gentlemen, to another AGM that demonstrates the viability of our organization, not just the viability of it, but the vitality of it. Seeing the number of people here of varying ages on a Saturday afternoon, certainly gives us, the Executive, a sense of confidence that you are relatively satisfied with how the Organization is growing. But in a nutshell, that is not enough, because I want to present to you an organization that is formidable.

I challenge any other NGO or even outside of NGO's to have 31,000 plus financial members. Such is our organization! We are not talking about 31,000 members on the books, for the books represent a much larger number. We have 31,000 plus financial members, in other words they are people who are in good standing with the organization. So that is in one sense how formidable this organization is.

I was glad to hear some of the things expressed here this afternoon, especially with regard to pensions. I think people are starting to sense that this organization does good things, but this organization could possibly do more formidable things, more aggressively and more quickly as we have demonstrated in the past. I want to commit our organization to precisely that.

When I tell you that this organization has 31,000 financial members, I want to give you a sense of what that means. Those 31,000 members in part took place over the last five years. Back in 2010, we were 20,000 plus members. Our membership has grown in that five year period by 53%. Think of any other organization in Trinidad and Tobago that can boast of that, and what that means in terms of our potential. So we stand at a time of great opportunity. There is a lot of bacchanal, cursing and accusing and counter accusing and lack of accountability in the society at large. Here is this organization of senior members, of mature people, who have grown by 50% over that time and are able to come together in a forum such as this. Here we stand in a most transparent way and are able to show you how your money is being spent. This is something for which you should all give yourselves a round of applause [Applause]

So as we go forward to the next years, our big thrill will be our building. We were able to purchase a building in Belmont when many persons thought we were mad, not realizing that

Belmont in fact was the next big thing. Anybody who has an opportunity to buy property in Belmont, should go and buy it now, and those persons who already have property in Belmont please hold on to your property, and be sure that you maximize that opportunity, because it is in that area that the next grand things will be taking place. So we were very fortunate to be able to make that purchase at the time and to see that property appreciate.

The Treasurer and myself went to see the Bank on the question of funding to construct this building, and they would like us to get all the necessary papers because they are ready and anxious to lend us this money, and they are able to do so because we have a Balance Sheet which is as strong and powerful as anyone could want in terms of any organization. We can go to any bank, any financial institution and say, "This is our Balance Sheet", and they would be happy to do business with us.

I want you all to understand that it is not just the growth of the organization, but the potential power of the organization, and the financial ability, the financial security of the organization and that is a tribute to all of us, to all of you. So next year is going to be an interesting year, and also this year will be interesting because we still have things to do. How do you assess TTARP?

TTARP is involved in four things –

- Enhancing the quality of life of mature citizens. [So ask yourselves whether we are doing that and what more we can do to improve that.]
- Promoting independence and dignity and purpose of mature citizens.
- We are to lead in determining their role in society. [You see how important this is in terms of what we were talking about pensions etcetera]
- To improve the image of our golden years. [My image has improved and I certainly hope all of you all have experienced that]

So when you are thinking of TTARP, do not only think of the benefits that you get when you go to Massy Stores, and medical institutions, also do the assessment in terms of what is the impact that TTARP is having on the quality of the social lives of our mature people, and I dare say you will find that we have done a lot although there is a lot more to be done but we are on the right path. So thank you for the opportunity to share these words with you, and we look forward to going forward together in the New Year. Thank you.

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ANNUAL GENERAL MEETING



On September 20th, the AGM was held at the Cascadia Hotel where despite of the increment weather over 600 members attended..

The main highlights of the meeting were that membership continues to increase significantly; the zonal reports showed strength and growth of these groups; the financial statements reflected stability, the open floor questions focused largely on TTARP's input into National Issues – in particular pension reform; the current board and auditors were re-elected for another term in office.

The meeting ended on a high note with lunch and entertainment.

Next year, we must insist that members register and confirm their attendance for this meeting to better accommodate everyone.



SAVE THE ENVIRONMENT !!!!

If you would prefer an E-copy of this magazine, please send us an email at ttarp@tstt.net.tt

SANTA CRUZ

The Santa Cruz Zone held its AGM on September 24, 2014 and a new team of executives were elected. We thank the previous executives for their time and dedication and wish the new Executive all the best in their term of office.



*Chairperson,
Mr. Andre Walker*



*Treasurer,
Mrs. Naomi McLean*



*Vice Chairperson,
Ms. Brigid Telfer*



*Assistant Treasurer,
Mrs. Grace Walker*



*Secretary,
Ms. Irma Gilalta*



*Trustee,
Ms. Lucy Sheen*



*Assistant Secretary,
Mr. Martin Bazil*



*PRO,
Mrs. Dianne Arrindell*



Ms. Zinn Moolchan, a member from the zone, was awarded the 2nd prize in the 5k held by the Bourg Mulatresse Church group (60-65 age group). The 5k started at the Santa Cruz Fire Station, LaPastora Road and ended at the Bourg Mulatresse, RC Church, on October 23.



Strength at Work for You

Retiring Successfully

Here are some useful tips for this stage of your life:

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Dr. Alan De Freitas

The Importance of a Screening Colonoscopy

FACT : The majority of deaths from colorectal cancer could be prevented if every adult 50 years or older got tested !

If you are age 50 or over, you should give yourself a Christmas Present of a screening colonoscopy.

Regular colorectal cancer screening or testing is one of the most powerful weapons for preventing colorectal cancer, since it can find polyps, which can be removed before they can develop into cancers.

Excluding skin cancers, colorectal cancer is the third most common cancer diagnosed in both men and women, Overall, the lifetime risk for developing colorectal cancer is about 1 in 20 persons.

Colonoscopy is a test that allows your doctor to look at the inner lining of your large intestine (rectum and colon). He or she uses a thin, flexible tube called a colonoscope to look at the colon. A colonoscopy helps find ulcers, colon polyps, tumors, and areas of inflammation or bleeding. During a colonoscopy, tissue samples can be collected (biopsy) and abnormal growths can be taken out. Colonoscopy can also be used as a screening test to check for cancer or precancerous growths in the colon or rectum (polyps).

The colonoscope is a thin, flexible tube that ranges from 48 in. (125 cm) to 72 in. (183 cm) long. A small video camera is attached to the colonoscope so that your doctor can take pictures or video of the large intestine (colon). The colonoscope can be used to look at the whole colon and the lower part of the small intestine

Colonoscopy can visualize the whole length of the large intestines and is able to look up, across and down the length of the colon. This procedure however requires preparation, sedation and carries small risks such as perforation and bleeding.

Bowel preparation techniques vary but the goal is the same, to rid the colon of any stool so that there

is nothing obstructing the doctor's view. Bowel prep begins a few days before progressing to a liquid-only diet, and is followed by a bowel prep solution or strong laxative enema the night before the test. An improperly prepared colon can block polyps and other abnormalities, so following the prep directions carefully is critical. You will be awake, but sedated enough to be comfortable. You may experience cramping when the doctor manipulates the scope and instills air into the colon to better navigate the twists and turns.

Colonoscopy may be done in a doctor's office, clinic, or a hospital. The test is most often done by a doctor who works with problems of the digestive system (Gastroenterologists and Colorectal surgeons) During the test, you may get a pain medicine and a sedative put in a vein in your arm (IV). These medicines help you relax and feel sleepy during the test. You may not remember much about the test.

Again, if a polyp or abnormal looking tissue is found, it is removed or biopsied during the procedure and later analyzed by a pathologist who will generate a report to give to your doctor.

The large intestine is the last organ in the gastrointestinal system picking up where the small intestine leaves off. It is charged with removing water from the leftover solids of digestion and eliminating it as stool. Cancer can form anywhere inside the 5-foot tube that squares the abdominal cavity.

The large intestine extends up on the right side (ascending colon), making a left turn past the liver and across (transverse colon), bending down at the spleen on the left (descending colon), looping to the middle (sigmoid colon) before passing through the rectum and out the anus. (The cecum and appendix balloon off the ascending colon just below the juncture between the colon and small intestine.)

The cells lining the colon are constantly growing and dying in a natural process of cell turnover. If the cells' growth message system fails from faulty or unstable genes, the cells can grow unchecked into a mass of tissue called a polyp. As the cells continue to divide and grow, they can become more and more abnormal. You probably won't feel them growing or have any noticeable symptoms that let you know they are there. Mostly these changes are benign polyps (adenomas), a seemingly harmless bump or tag. But these polyps can also take a turn for the worse and transform into an advanced adenoma or cancerous mass that can not only narrow or block the opening of the tube, but also breakthrough the wall to invade nearby lymph nodes and travel to metastasize elsewhere in the body. Since you won't know if and when they will become a threat, you need to get them removed.

Finding and removing benign polyps can reduce the risk of colon cancer substantially and finding and removing cancer early, at a more curable stage, can save lives. Nearly, 25% of 50 year olds develop polyps and 5% of these are cancerous.

Who is at Risk for Colorectal Cancer?

To put it simply, all adults are at risk for colorectal cancer, even those that live healthily. Some people are at very high risk – those who have a particular gene mutation that predisposes them to developing multiple polyps, those with a diagnosed first-degree relative (mother, father, sister, brother, child), especially if the relative was diagnosed before the age of 50. Ulcerative colitis and Crohn's disease, types of inflammatory bowel diseases, also up the risk.

Other Lifestyle risk factors for colorectal cancer are:-

- Diets high in fat or low in fiber, calcium, or both
- Obesity
- Physical inactivity
- Tobacco smoking
- High alcohol intake

ADVICE

- If you are experiencing bleeding, a change in the frequency and characteristics of your bowel movements, (including constipation and diarrhea) abdominal pain or unexplained fatigue, cramping or weight loss, go to the doctor as soon as possible
- If you are 50, undergo an endoscopic procedure, preferably a screening colonoscopy
- If you have personal risk factors such as colorectal cancer or adenomatous polyps detected in a first-

degree relative before age 60, begin screening sooner (typically at age 40)

- Continue getting a colonoscopy every 5-10 years, and a fecal occult blood test every year
- If you have had a polyp detected and removed, get screening colonoscopy more frequently as recommended by your doctor
- Adopt a mostly plant-based diet, stay physically active, don't smoke tobacco, maintain a healthy weight, and limit processed grains and alcohol (no more than 2 drinks per day)

COLON PREPARATIONS

- One to two days before a colonoscopy, you will stop eating solid foods and drink only clear fluids, such as water, tea, coffee, clear juices, clear broths, flavored ice pops, and gelatin (such as Jell-O). Do not drink anything red or purple, such as grape juice or fruit punch. And do not eat red or purple foods, such as grape ice pops or cherry gelatin.
- Your doctor will recommend a prescription laxative tablet and/or a laxative solution that you drink before your colonoscopy. This solution may taste very salty and may make you feel sick to your stomach.
- You will want to stay home while doing the colon prep, because the colon prep will make you use the bathroom often. The colon prep causes loose, frequent stools and diarrhea so that your colon will be empty for the test.
- Drink plenty of clear fluids during the prep so you will not get dehydrated. This will also help clean out your colon completely after you finish the colon prep.
- Do not eat any solid foods after doing the colon prep.
- Stop drinking clear liquids 6 to 8 hours before the colonoscopy.

Unfortunately, only about half of people eligible for colorectal cancer screening, get the tests that they should. This may be due to lack of public and health professional awareness of screening options. Screening colonoscopy can be arranged at various hospitals and health institutions in Trinidad & Tobago.

The cost for a screening can range from \$3,000 - \$6,000 TTD. For more information, you may contact Centramed at 290-1265, 290-1266 or email info@centramed.co.tt





Treating With The Prevailing Lawlessness In Trinbago - An Awesome Task For Any Government

by Pastor Junior Yuille

as it now exists. Indeed, our Creator was well pleased with the world in its original condition

In creating man in His own image and likeness God gave to him the awesome gift of choice — the ability to decide on his own options, even to the extent of rebellion against the sovereign authority of Divine Law. Subsequent to his creation man disobeyed God and experienced a radical change of his nature. He became ungodly, captive to a sinful and rebellious disposition.

The Bible states that man's rebellion so fundamentally affected all aspects of his being and existence that man's nature was described as being "deceitful above all things and beyond cure. Who can understand it? (Jeremiah 17: 9) Further, Psalm 51: 5 declared that man "was sinful at birth, sinful from the time (his) mother conceived (him)." In other words man is possessed with an inherent, evil, rebellious nature. This is the condition of all human beings at birth. Confirming these declarations regarding the inherent and innate evil within mankind our Lord Jesus Christ declared, "from within, out of a person's heart, ... evil thoughts come—sexual immorality, theft, murder, adultery, greed, malice, deceit, lewdness, envy, slander, arrogance and folly. All these evils come from inside and defile a person." (Mark 7: 20 – 23) Man himself recognizes this indwelling evil disposition - "Deep within the human psyche is an inherent evil malignant disposition which has pervaded all of man's being and has corrupted all of his world. In reality it is a bondage to an evil disposition from which deliverance is impossible through human initiatives and effort. It is a malevolence which rolls over

from generation to generation shaming and corrupting all of mankind. Crime and criminal action therefore will not cease, cannot cease, but will worsen in the course of time. Things are not going to get better. Today is better than tomorrow and yesterday is better than today. And the day after tomorrow will see a level of evil never previously experienced in the history of man. This diabolical evil condition, which generates all manner of crime and criminal action, cannot be neutralized by psychology or sociology, or other human action."

The view that things are not going to get better has been corroborated by the biblical view of the future, "evildoers and impostors will go from bad to worse, deceiving and being deceived (2 Timothy 2: 13) . "There will be terrible times in the last days. People will be lovers of themselves, lovers of money, boastful, proud, abusive, disobedient to their parents, ungrateful, unholy, without love, unforgiving, slanderous, without self-control, brutal, not lovers of the good, treacherous, rash, conceited, lovers of pleasure rather than lovers of God— having a form of godliness but denying its power. Have nothing to do with such people. (2 Timothy 3: 1 – 5)

A 1926 Minnesota Commission on Crime clearly understood the Biblical declarations concerning human nature when it stated inter alia that "Every baby starts life as a little savage. He is completely selfish and self-centered. He wants what he wants when he wants it -- his bottle, his mother's attention, his playmate's toy, his uncle's watch. Deny him

Continue on page 13

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Chikungunya

Chikungunya is a mosquito-borne viral disease first described during an outbreak in southern Tanzania in 1952. The name 'chikungunya' derives from a word in the Kimakonde language, meaning "to become contorted" and describes the stooped appearance of sufferers with joint pain (arthralgia).

Key facts

- Chikungunya is a viral disease transmitted to humans by infected mosquitoes. It causes fever and severe joint pain. Other symptoms include muscle pain, headache, nausea, fatigue and rash.
- The disease shares some clinical signs with dengue, and can be misdiagnosed in areas where dengue is common.
- There is no cure for the disease. Treatment is focused on relieving the symptoms.
- The proximity of mosquito breeding sites to human habitation is a significant risk factor for chikungunya.
- The disease occurs in Africa, Asia and the Indian subcontinent. In recent decades mosquito vectors of chikungunya have spread to Europe and the Americas. In 2007, disease transmission was reported for the first time in a localized outbreak in north-eastern Italy.

Signs and symptoms

Chikungunya is characterized by an abrupt onset of fever frequently accompanied by joint pain. Other common signs and symptoms include muscle pain, headache, nausea, fatigue and rash. The joint pain is often very debilitating, but usually lasts for a few days or may be prolonged to weeks. Most patients recover fully, but in some cases joint pain may persist for several months, or even years. Occasional cases of eye, neurological and heart complications have been reported, as well as gastrointestinal complaints. Serious complications are not common, but in older people, the disease can contribute to the cause of death. Often symptoms in infected individuals are mild and the infection may go unrecognized, or be misdiagnosed in areas where dengue occurs.

Transmission

The virus is transmitted from human to human by the bites of infected female mosquitoes. Most commonly, the mosquitoes involved are *Aedes aegypti* and *Aedes albopictus*, two species which can also transmit dengue. These mosquitoes can be found biting



throughout daylight hours, though there may be peaks of activity in the early morning and late afternoon. Both species are found biting outdoors, but *Ae. aegypti* will also readily feed indoors.

After the bite of an infected mosquito, onset of illness occurs usually between 4-8 days but can range from 2-12 days.

Treatment

There is no specific antiviral drug treatment for Chikungunya. Treatment is directed primarily at relieving the symptoms. There is no commercial chikungunya vaccine.

Prevention and control

The proximity of mosquito vector breeding sites to human habitation is a significant risk factor. Prevention and control relies heavily on reducing the number of natural and artificial water-filled container habitats that support breeding.

For protection, clothing which minimizes skin exposure to the day-biting vectors is advised. Repellents can be applied to exposed skin or to clothing. For those who sleep during the daytime - young children, sick or older people, insecticide treated mosquito nets afford good protection. Mosquito coils or other insecticide vaporizers may also reduce indoor biting.

Source: World Health Organization

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these wants, and he seethes with rage and aggressiveness, which would be murderous, were he not so helpless. He is dirty. He has no morals, no knowledge, no skills. This means that all children, not just certain children, are born delinquent. If permitted to continue in the self-centered world of his infancy, given free reign to his impulsive actions to satisfy his wants, every child would grow up a criminal, a thief, a killer, a rapist."

This ungodly, evil and rebellious nature cannot be regenerated or renewed by psychology, sociology, or even theology, but only through confession and acceptance of all that the Bible declares about Jesus Christ. (Romans 10: 8-10) When man fully accepts the biblical declaration of the Person and work of Jesus Christ, he becomes a new creation. In other words his inner being is re-born with an entirely new nature. No longer is he in bondage

to the ungodly disposition absolutely weighted towards evil. He is now able to respond to the imperatives for life in a God-pleasing manner. As a matter of fact, this is the essential reason for the intervention of the Lord Jesus Christ into the world, that man may experience this new life which is free from the pervasive and corrupting bondage of sin.

Now, although man's rebellious and ungodly nature cannot be renewed or regenerated through human initiatives, it is possible for it to be restrained and controlled to an acceptable degree. In other words the rebellious nature can be tamed to an extent that will allow for the development of a relatively peaceful, safe and secure society

Towards this end a fundamental work of any government is to give leadership in collating, analyzing and subsequently the implementing of strategies for the restraining and the taming of man's ungodly and rebellious

nature – 'the Tiger in man's tank.' Now although a tiger is tamed and trained it still retains its beast like nature, so if the controlling conditions are relaxed its vicious disposition will be readily evident. God gave human government the responsibility and authority to implement strategies, which will restrain the rebellious disposition of man, to punish deviant behaviour, and to promote the formation of a just society.

At this stage it seems that unless strategies are conceptualized and implemented with an affirmative action mindset the foreseeable future of thousands is hopeless. The present unacceptable situation concerning crime offers a great opportunity to unite the country. The political leadership must strive to mobilize the respective sectors of the society and to challenge them as responsible citizens to rally to the need of Trinidad and Tobago as it reels under this vicious criminal onslaught.



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CUBA Trip



On 14th May 2014, eighty four TTARP members left for Cuba.

Our arrival into Havana International went smoothly, we were welcomed at the hotel with sandwiches, cocktails and a gift of a Cuban hat.

Our days were filled with activities, visits to cigar factory touring Old Havana, Christ of Havana, the Cathedral Square, the Arms Square, the Cannon Shot Ceremony in San Carlos de la Cabana Fortress, Revolution Square, Havana Club Rum Museum and the Cabaret Tropical Show.

Shopping was great, beautiful handmade leather bags, shoes, sandals, clutch purse, crochet shawls, blouses, dresses, skirts, jewellery and beautiful paintings were purchased.

On one day, the group split for separate tours outside Havana, one group visited the Valley of Vinales a two and half hour drive that ended at the prehistoric Mural located in the middle of a native rock. The other group went to Las Terrazas located at the western end of the island. UNESCO has declared this as the first biosphere reserve in Cuba.

Free spirited and full of energy, members toured churches, swam in the sea, went grocery shopping and visited a Sea Aquarium.

It was a wonderful experience, and we will return in May 2015.



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Members of the Board of TTARP Central (Central Pride)
 L to R - Front row: Kissoondaye Bassarath, Kenneth Subran, Ann Williams, Lynda Richards, Hyacinth Jackman, Janet Rawlins;
 Back row: Yvonne Knights, Cynthia Amoroso, Reggie Williams, Lystra Miguel, David Cameron (our Liaison Officer) Julianna Guevera.
 Missing from the pic are Patricia Paul, Committee Member and Annette Manick PRO.



Three members of our All Fours Team which came 3rd at the All Fours Fiesta on August 16th. Left to right Mr. Reginald Williams (Captain), Mrs. Bernice Chin Aleong and Mr. Dell Glasgow.



Our fourth All Fours player George Raeburn receives his medal from Mrs. Mayling Younglau, Hon Sect. TTARP

BELMONT "Bees"

TTARP Belmont B'S held a luncheon on Saturday 22nd November, 2014, at TTARP building Belmont. Seniors from the following homes attended along with a caretaker; Dodson home, Salvation Army, Mary Jenny Pool home, St. Andrews home, Cascade Luzze home and Gordon's home.

Pastor Glendon Rudder was in attendance, entertainment was provided by Ms. Joan Rudder, Ms. Claudia John and the now famous Belmont B'S chorale who belted out carol after carol. Prizes were presented for the best ethnic wear, best male and female dancer, best dressed male and female and the oldest male and female in attendance, sponsors included Mr. Alex Medina (2 tickets to Tobago) of Verocity Travel Logistics, Mr. Rawle Sylvester, Mr. Don Farray, Ms. Lydia Carr, Ms. Margaret Padmore, Ms. Corinne Jones-Robinson and Ms. Bernadette Joseph.

M.C. for the afternoon was Ms. Caty Ann Townsend. Persons from as far as St. Anns were invited and all had an enjoyable time in spite of the inclement weather.



Ms Ivy and Ms Brown winners of trip to Tobago



Seniors enjoying their lunch

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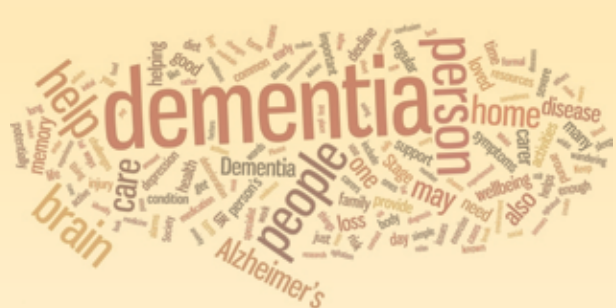
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UNDERSTANDING DEMENTIA...

1. What is an Old Age Psychiatrist?

An Old Age Psychiatrist (a.k.a. Geriatric Psychiatrist) is a Psychiatrist that has undergone specific training to treat the specific ways that older people with psychiatric and psychological conditions present, along with chronic physical conditions. About 50% of what I do is the diagnosis and treatment of illnesses such as Depression, Anxiety, Panic Attacks, OCD, Bipolar Disorder, Schizophrenia and the other half of what I do involves the diagnosis and treatment of people of any age with memory problems/Dementia.

2. What is the difference between Dementia and Alzheimer's?

Dementia is an umbrella term used to describe a group of diseases of which Alzheimer's Dementia is the most common form worldwide. Alzheimer's is a slow, progressive, condition that results from a reduction in certain brain chemicals as well as the accumulation of abnormal deposits that lead to the death of brain cells. Although it is irreversible and there is presently no cure, we can slow down the process and help patients and families cope with any problems that crop up.

The second most common type of Dementia is called Vascular Dementia and this results from damage to the circulation of the brain. This can result from something sudden like a stroke or it can be due to the build up of many tiny blockages in the very small veins of the brain, so slowly that you don't realize.

Other less common types are Parkinson's Dementia and Lewy Body Dementia.

3. What are some warning signs of Dementia?

- Short term memory problems including regularly forgetting appointments, people's names, conversations, misplacing personal items, and repeating oneself over and over
- Difficulty preparing a meal; doing the shopping; paying bills
- Forgetting the names of common things like a pencil or a watch, and substituting them with other similar words or even describing things instead of naming them
- Becoming lost or forgetting how to get to a familiar place or how to get home
- Difficulty understanding that driving has become dangerous or that working is no longer possible or that banking has become too difficult
- The person may become very passive, not wishing to do their usual enjoyable activities, and may need cues or

- prompting to get involved
- The person may become confused, suspicious or withdrawn or act out of character or they may become verbally or physically aggressive
- The person may have very obvious mood swings, from being calm, to sudden tears or anger, for no apparent reason

4. What should a person do if they are worried about their memory?

Make an appointment with a professional who has been specifically trained in the assessment, diagnosis and management of Dementia. The tests that I do include testing of brain function using standardised questions, blood tests (to rule out physical causes of memory loss) and an MRI brain scan. Coming to see me is not a scary experience by any means! Once a diagnosis is made, Alzheimer's Dementia is treated with medication that keeps the person as good as possible for as long as possible. The most important thing is ensuring quality of life and that the person is as happy as can be!

5. What happens after a diagnosis of Dementia?

After a diagnosis life doesn't end. You simply carry on doing all the things you like to do (once it is safe!) but everyone will be more aware and more understanding of the particular problems involved, to be able to help as much as they can. I also refer people to the Alzheimer's Association of Trinidad & Tobago for expert support and advice from these very experienced people who give essential practical guidance. The organisation can be contacted on 632-4791 and has branches in POS, Arima, San Fernando and Tobago.

Dr. James E. Bratt
Old Age Psychiatrist
36 Ranjit Kumar Street
St. James, Trinidad, West Indies
(Tel) 622-9937 (Fax) 622-9705

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We appeal to members to contribute to the TTARP Building Fund. Next year we are hoping to commence construction and any contribution will be greatly appreciated. You can buy 1 brick, 10 bricks, 100 bricks, any amount, it's all up to you. Contributors to TTARP's Building Fund :- *David Rampersad, Diego Martin Zone "Western Pearls", Gail D. A. Stewart, Graciela Margarita, D'Andradea, Henrietta Guevara, Juliet Burnett, Kadiran Nicholas, Leila Chatoo, Marion Borde, Mercia Ramirez, Molly Narayansingh, Ms. Bailey-Mohammed, Netsanet Amare, Russell & Meurise Alexander, San Fernando Zone (Purple Diamond), Shirley Senhouse, Tobago Happy Haven Zone, Yvonne Tobitt*

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Events Programme 2015

ARIMA "Angels"

Meeting place – Arima Tennis Club

For more info contact 687-4929

Jan 2nd – Ends Lime
 Jan 9th – Monthly Meeting
 Jan – Visit to Calypso Tent
 Feb 6th – Monthly Meeting
 Feb 25th – After Carnival Cool Down Lime
 Mar 6th – Monthly Meeting
 Mar – One Day Boat Trip to Tobago
 Apr 3rd – Monthly Meeting
 Apr – Easter Bonnet Parade

SAN FERNANDO "Purple Diamond"

Meeting place – Masonic Lodge, Ruth Ave.

For more info contact 763-6300

Jan – Lecture on Mental Health
 Jan – Planning for Senior Old Mas
 Feb – A trip to Santa Cruz & Valencia Dam
 Mar – Lecture of Mental Health
 Apr – A trip Down De Islands

SANTA CRUZ "Cruizzers"

January to April 2015 Santa Cruz would be visiting

*The Clifton Hill Beach Resort

*The senior Homes in the Valley of Santa Cruz,

* Chaguaramas and West Mall.

TTARP TRAVEL TOURS 2015

The Holy Land Experience - Orlando

Dates: Mon 9th - Fri 13th March 2015 (5 days / 4 nights)

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Cost: \$8,500.00

NOTE: US Visa required

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HEAD OFFICE

For more info contact 221-7771 / 622-9223

January 25th - Carnival All Inclusive Party

March 9th – 13th - Holy Land Experience in Orlando

April (TBA) - TTARP Down de Island Cruise

April (TBA) - Health Seminar

BELMONT "BEES"

Meeting place – TTARP Bldg. Belmont

For more info contact 620-1596

Jan 22nd – Carnival Lime

Feb – Meeting Day – Lecture

Mar 30th – Family Day at the Hollows

April 25th – Know your Country Tour

FYZABAD "Evergreen"

Meeting place – Fyzabad Regional Community Centre

For more info contact 687-9217

Jan 15th – Monthly Meeting / AGM

Jan 22nd – Games Day / Lecture on Health

Feb 12th - Carnival Party

Feb 19th – Monthly Meeting

Feb – Advance Computer Training

Mar 19th - Monthly Meeting

Mar – Tea Party & Fashion Show

Mar – Games Day

Apr 16th – Monthly Meeting

Apr – Visit to Grenada or Down De Islands

Apr – Games Day

CENTRAL

Meeting place – Central Senior Activity Centre

For more info contact 674-1478

Jan 22nd – Meeting/Lecture – 1:00 pm

Jan 29th – Broadwalk Tai Chi / Aqua on the Beach

Feb 12th - 3rd Annual Carnival Lime

Mar – Interactive Meeting / Lecture

Mar 28th – Day Cruise – Boar Ride (Treasure Queen)

Apr 25th AGM – 2:00 pm

Mediterranean Cruise 2015

Date: Mon 17th Oct - Sun 2nd Nov 2015

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Aging Is Living

By Agnes Nydia Punch, Dip Pharm, B.A. Ed, M.Sc. Gerontology



Aging can be defined as the process of growing old regardless of chronological age. Global aging of populations is an accepted phenomenon. We live in a world, a country, a society, in communities in which the numbers of older persons are increasing. According to the United Nations Population Division (2011), Trinidad and Tobago is listed as one of ten nations in the world predicted to have the largest increase in the 60-plus population between 2011 and 2050. The expected increase is from 21% in 2011 to 32% in 2050.

The answer to the question of what age is old as it relates to the provision of services may vary according to employers, bankers, insurance companies, and organizations such as TTARP; ranging from 50 to 65 years. In Trinidad and Tobago, in news media reports on incidents involving persons described as elderly, the ages of the individuals ranged from 62 to 89 years. With global aging and increased longevity, the reality is that the average healthy 60-year-old today may anticipate at least 20 more years.

As generations age, they are being replaced by another that is increasingly better educated, less insular and with greater expectations for this life stage. The generation in gerontological literature called the “baby-boomers” has its parallel in our society. The term “baby-boomers” refers to persons born between 1946 and 1964, who, in 2013, are between the ages of 49 and 67. These persons are more educated than the previous generation, and many women are professionals who have had careers in addition to home making and may have more disposable income. What does aging mean to this group of older persons? And what implications does this group have for our society?

There is a tendency to associate aging with illness and frailty. The focus on aging is therefore on geriatrics (the branch of medicine that focuses on the problems and diseases of the elderly) rather than on gerontology (the study of the impact of aging upon individuals and society and the subsequent reactions of individuals and society to aging). The fact that there is a large proportion of older persons who are vibrant,

healthy, active, skilled and experienced, with much to contribute to societies’ growth and with much growing and achieving still in their future is ignored. The elderly are stereotyped as being frail, disengaged, living a sedentary life style, uninvolved in society. This view results in elder living facilities for example being designed using a medical model of caring, as opposed to a social model of being, places where an older person might CHOOSE to live for various social and other reasons.

An informal survey was done with groups of young persons between the ages of 12 to 25 asking them about plans for the different decades and developmental stages of their life. The results showed ideas for productive activities for all stages until the age of 60. Then, came retirement and a nameless, shapeless void of time that constitutes that period of life that somehow signifies reward for labour, a vague, happy, fulfilling period of grandchildren, a rocking chair and bliss until death.

Aging is sometimes viewed from a social problems perspective. However according to (Hooyman & Kiyak, 2001), “The major problems faced by older people are socially constructed in a capitalist society as a result of societal conceptions of aging.” Estes et al. (1996) argues that the marginalisation of the older population is furthered by the development of the “Aging Enterprise,” a service industry of agencies, providers, and planners that reaffirms the out-group status of older adults in order to maintain their own jobs.

Agnes Punch is a pharmacist, educator and a gerontologist. She combines these disciplines in her passion for helping people. She has been involved in planning and speaking at Seminars in Trinidad and Tobago and in the United States. Agnes worked as the gerontologist on an intergenerational programme that seeks to foster relationships between the youth and the elderly, and works part-time as a pharmacist, periodically. She has served on the board of the Alzheimer's Association of Trinidad and Tobago. She teaches Psychopharmacology and Gerontology at the University of the Southern Caribbean.

Whether we agree or disagree with the above theorists, we can admit that societal conceptions of aging may affect the way older persons live in our society, and that older persons are marginalised.

There are expectations, both personal and societal, for each developmental stage of life – tasks which are to be accomplished from infancy through childhood, through adolescence through adulthood. There are specific roles society expects the individual to play. Each stage is one of growth and development, building on the previous stage. Is this new developmental stage a launch pad for continued growth and new learning experiences or a landing strip from which one exits after completing a journey?

With retirement comes loss of a role that occupied a significant portion of life and a loss of significance and purpose that role supplied. The social status of older persons is defined by the value placed on factors such as their physical frailty, their altered features, their knowledge and experience due to long life, retirement, the attitude towards the old. Ken Dychtwald in Age Power asserts that “a new more productive role for life’s later years – including social contribution, productivity, and intergenerational leadership – needs to be established”. Until that is done, older persons, have to decide if this period will be one of continued growth and new experiences or one of increasing isolation and yearning for what was.

In our society some programmes and organisations exist that are geared to persons over 60. When discussing the political economy of aging, it is stated that “Social class is a structural barrier to older people’s access to valued social resources, with dominant groups within society trying to sustain their own interests by perpetuating class inequities.” Thus some services for the elderly offered by private organisations might only be accessed by persons with higher income levels. The Level I GAPP (Geriatric Adolescent Partnership Programme) of the Ministry of Community Development is an excellent intergenerational programme which seeks to foster caring relationships between older persons over 65 and young persons in communities throughout Trinidad.

Peter Spiers in the book, Master Class: Living Longer, Stronger and Happier, shares research into the lives of active, older persons. He presents four elements which he found common to persons who were successfully navigating this new stage of development. These were socialising, moving, creating and thinking. In his book, The Creative Age, Awakening Human Potential in the Second Half of Life, Gene D. Cohen gives many examples of individuals who had their major accomplishments later in life. Research also shows that occupational productivity peaks in their 60’s and 70’s for scholars.

Building a deeper, broader life in this new developmental stage becomes an individual choice. It can be safely

assumed that of the 252,000 (21% of 1.2 million) persons over the age of sixty, less than 10,000 live in elder care facilities. There are therefore at least 240,000 older persons in our society whose contributions are essential to our society’s growth. To navigate this new stage successfully, older persons can view their aging and entering this new stage as a celebration. There are three basic elements to a good celebration – Purpose, privilege and planning. Every celebration has a purpose; it may be a birthday, an anniversary. Growing old with a sense of meaning and purpose in life begins before old age. However it is never too late to begin living a life of purpose. What would you like to achieve, in specific areas of your life? What are your goals for the next five years? Is there something new you would like to learn? Embrace the concept of lifelong learning remembering that learning is not schooling. Choose to find in society what you need to continue living a life of purpose. Intergenerational relationships are important. Mentoring is one avenue of continuing to use your skills.

Those invited to a celebration are the privileged. Depending on the celebration, receiving an invitation is seen as the measure of a person’s significance. Living to enter this new developmental stage is a privilege that is not given to everyone. Acknowledge and appreciate that you are privileged as an older person. Value this new developmental stage that you have achieved.

There is so much planning and preparation that goes into some celebrations. Wedding celebrations for example are often planned more than a year in advance for a one day event. Preparation for aging often focuses on finances. There is other preparation necessary. How do you prepare for the rest of your life psychologically, emotionally, spiritually?

Older persons must be prepared for the changes that increasing age brings to their lives. How well do you live your older years? Aging is the process of growing old regardless of chronological age. Aging is therefore universal to the baby as to the elder statesman. Aging is living. As with growth, aging is inevitable but living is intentional.

Attention TTARP members !!



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National Organ Transplant Unit

Core Function

The National Organ Transplant Unit provides a continuous, comprehensive and state of the art surgical support to the National Renal Programme.

Target Group

Available to any citizen of Trinidad and Tobago who is in need of a kidney or cornea transplant at no cost to the donor or recipient of the procedure.

About the National Organ Transplant Unit

The National Organ Transplant Unit is located on the Ground Floor, Building 8, of the Eric Williams Medical Sciences Complex. The Unit was established in January 2006 with a mandate to facilitate the safe and equitable transplantation of organs and tissue to patients living with organ failure in accordance with internationally acceptable standards. Trinidad and Tobago is currently the only Caribbean country that has the appropriate legislation that allows transplants to be performed and the only Caribbean country performing the same in a structured manner.

How do I access the services offered by the National Organ Transplant Unit?

A potential recipient must be referred to the National Organ Transplant Unit by a Consultant Nephrologist in order to receive a kidney transplant. At the present time this can be best expedited if the recipient has identified a donor over the age of 18, who has a compatible blood group with the recipient, who has been medically, psychologically and socially cleared to do this altruistic act. The donor as well needs to bring a referral from his/her General Practitioner. To become an organ donor call the National Organ Transplant Unit.

What has the programme accomplished since its inception?

Since the start of the programme in January 2006 ninety five (95) kidney transplants have been done. Ninety –two have been live related and unrelated and three from deceased donation.

Living Donors vs Deceased Donation

Donation from deceased persons is the campaign that the unit is pursuing aggressively, since donation from deceased donors would greatly augment our Donor Pool. Only deceased donors can be considered as corneal donors. In addition, a single deceased donor can provide relief to two persons living with Kidney failure.

The long-term consequences of living with one kidney states that there are no significant long-term medical problems. Nevertheless the issue of performing surgery on a live person, when the operation would not be improving their physical well-being would be avoided.

There will never be sufficient live donors to supply the increasing demands for kidneys and corneas. Without donors, no transplants can occur. In an effort to expand the donor pool, people are encouraged to sign an Organ Donor Card, carry it with them at all times and speak to their family, particularly their next of kin about their wishes at the time of their passing.

ORGAN DONATION: The Basics

Becoming an organ donor is easy, just call 800-DONOR. Read the following for answers to questions you may have regarding organ donation:

Q. What exactly does being an organ donor means?

Being an organ donor means that you have agreed to give life to someone else by donating your body's organs when you die (either by natural cause or in a tragic accident).

As an organ donor, you will be giving part of yourself to help someone who needs an organ transplant and, in doing so, you will be giving them the chance to live longer and to lead a full life.

Q. What is the charge to my family to donate an organ, or recipients to receive a donated organ?

There is NO CHARGE to either organ donor recipient under the Ministry of Health National Organ Transplant Programme.

Q. How do I know my donated organ will not simply be given or sold to the rich and famous?

IT IS ILLEGAL TO SELL ORGANS in Trinidad & Tobago. Recipients for deceased donor are chosen through a matching systems, which selects and matches people based on compatibility criteria.

Q. Will organ donation disfigure my body? Will my family be able to have an open casket funeral for me?

Organ donation is similar to surgery. There will be no disfigurement to a donors' body. Like surgery, all incisions are closed, and you can have an open casket.

Q. Who can become a donor and what are the age limits?

This depends on the organ being donated. Anyone above the age of eighteen (18) years can choose to be a donor. However, people under the age of eighteen (18) years require the consent of a parent or guardian.

Q. How do I make it known that I wish to be an organ donor?

You can join National Organ Transplant Registry by calling 66-DONOR or sign a National Organ Donor Card. Fill the card out and carry it with you all the times!

Most importantly, discuss your wish to be an organ donor with your family members and close friends so that your decision is clear.

(Even though you may have signed an Organ Donor Card, your next of kin must give permission before any of your organs can be retrieved. Remember that, at the time of your death, it may be very difficult for your loved ones to consider organ donation unless you have made your wishes know before.)

Q. Which organ or tissue can I donate?

Initially, kidneys are the only organ to be covered under The Ministry of Health National Organ Transplant Programme since more people require kidney transplants. The tissue that can be donated is the cornea. Eventually, the programme will be extended to include hearts, pancreas, lungs and livers.



Q. How many people in Trinidad and Tobago need Organs Transplant?

Right now, there are approximately 500 nationals who need kidney transplant and the number grows by 40 each year. A very large number people die each year waiting for a kidney transplant.

Similarly, there are hundreds of eye patients in danger of losing some or all of their sight due to corneal problems, which while not life threatening is certainly, life changing.

Q. As a donor, can I determine who receives my organs or tissues?

This is only possible if you are a live donor.

Source: www.health.gov.tt

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Recipes...

Broccoli Stir Fry with Ginger and Sesame Recipe

Yield: Serves 4

Ingredients

- 1 Tbsp sesame seeds
- 1/2 cup chicken stock (or vegetable stock for vegetarian option)
- 1 Tbsp soy sauce (use gluten-free soy sauce for gluten-free option)
- 1 Tbsp dark sesame oil
- Peanut, canola, or grapeseed oil, or some other high smoke-point cooking oil
- 1 pound broccoli florets, rinsed, patted dry, cut into bite-sized pieces
- 2 cloves of garlic, minced (about 1 Tbsp)
- 1 Tbsp minced fresh ginger

Method

1. Toast the sesame seeds by first heating a small, stick-free sauté pan on medium heat. Add the sesame seeds and jiggle the pan so they spread out in a single layer. Let them cook until lightly browned, stirring occasionally, about 3-5 minutes. Do not walk away from them while cooking, as once they start to brown they can easily burn. Once lightly toasted remove from heat and put into a small bowl, set aside.

2. Mix the stock, soy sauce, and dark sesame oil together in a small bowl, set aside.

3. Heat 1 Tbsp of peanut (or canola or grape seed) oil in a large, covered sauté pan on medium high heat. Add the broccoli florets, stir to coat the florets with the oil, Sauté for about a minute. Clear a space in the middle of the broccoli and add the ginger and garlic. Add a little more oil to the ginger and garlic (about a teaspoon) and sauté for half a minute, stirring just the garlic and ginger, until fragrant. Then stir the garlic and ginger in with the broccoli.

4. Add the chicken (or vegetable) stock mixture to the pan. Bring to a simmer, reduce the heat and cover. Let cook for 2-3 minutes, until broccoli is still firm, but can be pierced with a fork. Remove from heat. Remove broccoli with a slotted spoon to a bowl. Return pan to heat, increase heat to high and boil down the liquid until just a couple tablespoons remain. Turn off heat, return broccoli to the pan, add the toasted sesame seeds, toss with the liquid. Put into a serving bowl.



Carrot Ginger Soup Recipe

Prep time: 15 minutes

Cook time: 25 minutes

Yield: Serves 4-5

Ingredients

- 3 Tbsp unsalted butter
- 1 1/2 pounds carrots (6-7 large carrots), peeled and sliced thin
- 2 cups chopped white or yellow onion
- Salt
- 1 teaspoon minced ginger
- 2 cups chicken stock or vegetable stock
- 2 cups water
- 3 large strips of zest from an orange
- Chopped chives, parsley, dill or fennel for garnish

Method

1. Melt the butter in a soup pot over medium heat and cook the onions and carrot, stirring occasionally, until the onions soften, about 5 to 8 minutes. Do not let the onions or carrots brown. Sprinkle a teaspoon of salt over the carrots and onions as they cook.

2. Add the stock and water and the ginger the strips of orange zest. Bring to a simmer, cover, and cook until the carrots soften, about 20 minutes.

3. Remove the strips of orange zest and discard. Working in small batches, pour the soup into a blender and purée until completely smooth. Only fill the blender bowl a third full with the hot liquid and keep one hand pressing down on the cap of the blender to keep it from popping off. Add more salt to taste. (You will need more salt if you are using homemade unsalted stock or unsalted butter.)

Garnish with chopped chives, parsley, or fennel fronds.



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TTARP thinks everyone is a winner and so all participants received a medal and a goody bag. Then, we created thirteen age categories under 15, 16-19, 20-29, 30-39, 40-49, physically challenged and our special age categories for our members - 50-54, 55-59, 60-64, 65-69, 70-74, 75-79 and 80+. Furthermore we divided the sexes, and sourced sponsors to provide prizes for the top 3 male and top 3 female in each age category.

Seventy-eight (78) wonderful prizes. A unique feat that only TTARP can pull off !!

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Overall Male and Female Winners
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LAUGHTER



'Twas the Night After Christmas

'Twas the night after Christmas and all through the trailer, the beer had gone flat and the pizza was staler. The tube socks hung empty, no candies or toys and I was camped out on my old Lay-Z-Boy.

The kids they weren't talking to me or my wife, the worst Christmas they said they had had in their lives. My wife couldn't argue and neither could I, so I watched TV and my wife, she just cried.

When out in the yard the dog started barkin', I stood up and looked and I saw Sheriff Larkin. He yelled, "Roy I am sworn to uphold the laws and I got a complaint here from a feller named Claus."

I said, "Claus, I don't know nobody named Claus, and you ain't taking me in without probable cause." Then the Sheriff he said, "The man was shot at last night." I said, "That might have been me, just what's he look like."

The Sheriff replied, "Well he's a jolly old feller, with a big beer gut belly, that shakes when he laughs like a bowl full of jelly. He sports a long beard, and a nose like a

cherry." I said, "Sheriff that sounds like my wife's sister Sherri."

"It's no time for jokes Roy" the Sheriff he said. "The man I'm describing in dressed all in red. I'm here for the truth now, it's time to come clean. Tell me what you've done, tell me what you've seen."

Well I started to lie then I thought what the hell, it wouldn't have been the first time that I've spent New Years in jail. I said, "Sheriff it happened last night about ten, and I thought that my wife had been drinking again."

When she walked in from work she was as white as a ghost. I thought maybe she had seen one of them UFO's. But she said that a bunch of deer had just flown over her head, and stopped on the roof of our good neighbour Red.

Well I ran outside to look and the sight made me shudder, a freezer full of venison standing right on Red's gutter. Well my hands were a shakin' as I grabbed my gun, when outta Red's chimney this feller did run.

And slung on his back was this bag over flowin'. I thought he stolen Red's stuff while old Red was out bowling'. So I yelled, "Drop fat boy, hands in the air!" But he went about his business like he hadn't a care.

So I popped a warning shot over his head. Well he dropped that bag and he jumped in that sled. And as he flew off I heard him extort, "That's assault with intent Roy, I'll see ya in court."

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On 11th March 2013, one of our patrol officers was contacted by the police to request assistance to locate a stolen Suzuki Grand Vitara. This vehicle was not equipped with the CarSearch system, but the vehicle was stolen with the owner's blackberry phone which had GPS.

Our Control Centre contacted the owner, who stated the last co-ordinates she received from her blackberry showed that the vehicle was in the vicinity of the Holiday Inn Express at around 8PM. Our patrol officers were immediately dispatched to that area to try and locate the vehicle. We contacted the owner again to get more co-ordinates 20 mins later, however she stated the blackberry phone was switched off and she could not receive any further GPS co-ordinates.

Our patrol officers remained in the area and continued patrolling. At approximately 9:16PM one of our CarSearch officers spotted the vehicle abandoned at Oropune Gardens. They proceeded to inform the Police. Our Control Centre contacted the owner who was relieved and grateful to CarSearch for recovering the vehicle. She was so impressed with the service that they installed a CarSearch system.

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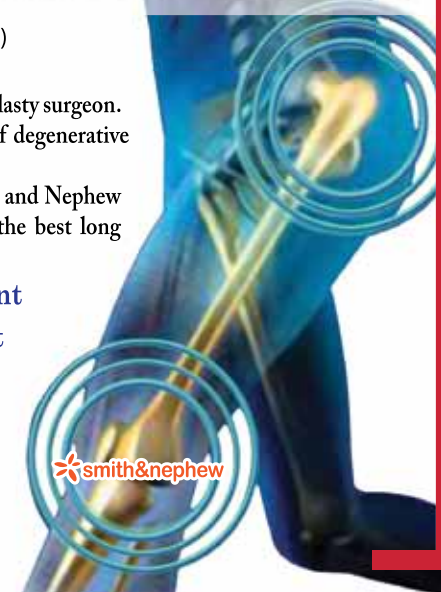
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Colorectal cancer usually starts from polyps in the colon or rectum.

Screening is important, to detect and remove polyps before they turn into cancer.

YOU SHOULD BE TESTED if:-

- ✓ You or a close relative have had colorectal polyps or colorectal cancer.
- ✓ You have inflammatory bowel disease.
- ✓ You see blood in or on your stool (bowel movement).
- ✓ You have stomach aches, pains, or cramps that don't go away.
- ✓ You are losing weight and don't know why.

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