



# WESTERN AUSTRALIA SELF FUNDED RETIREES INC.

State and Federal Advocates for Fully and Partly Self Funded Retirees

## WASFR NEWS

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### PRESIDENT'S REPORT



Morning Everyone. Well quite a number of things have happened since my last report. We have a new Prime Minister and there have been several Royal Commissions set up. The Royal Commission into Misconduct in the Banking, Superannuation and Financial Services Industry has been in the public eye quite a bit over the past 8 months - an interim report was completed on 28 September 2018 with a final report due on 1 February 2019. We all know that such a review of the Banks and other financial institutions was well overdue, but few of us expected to see the volume of illegal activities being exposed. One matter that is of concern is that the Commonwealth Superannuation Corporation has been excluded from the Terms of Reference for this Commission - the only exclusion in Australia. We did send a letter to the Prime Minister asking that this be remedied, but we have not had a response.

A Royal Commission into Aged Care Quality and Safety was announced on 9 October 2018. This Royal Commission is required to provide an interim report by 31 October 2019 with a final report no later than 30 April 2020. It is evident to everyone that this is a huge task and there are no guarantees that all the current problems will be solved. For example, the huge amount of funding required to cope with an increase in the number of beds required, and the number of Home Care packages available, is almost impossible to comprehend. There are many other issues regarding staffing, education, quality of care, providing care to people with disabilities living in rural and regional Australia, as well as coping with the increasing number of people suffering from dementia.

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You may recall that we have previously mentioned our efforts to get the **MPIR** (Maximum Permissible Interest Rate), reduced to a more realistic level. This MPIR applies to the situation where a person enters into an Aged Care facility but is unable to pay the Refundable Accommodation Deposit (RAD) - which could be up to \$550,000. If the RAD cannot be paid, then the person has to pay a Daily Accommodation Payment (DAP) which can be up to \$89 per day (\$32,485 per year) - this includes the MPIR which is currently **5.96%**. You would be aware that when a resident passes away the RAD is paid to the estate of the deceased - but there is no refund applicable to the DAP. An interest rate of 3.75% is payable, by the Aged Care facility, on the value of the RAD, until Probate is granted. They then have 14 days to make the payment or incur a further penalty rate. It is our contention that this rate of **5.96%**, payable by the resident on the DAP, is too high and should be brought down to a lower level - either similar to rates paid by the Banks for Term Deposits, or, possibly, commensurate with the rate paid by the Aged Care facility (3.75%). Note: The Aged Care facilities do have ways of minimising their exposure to the amount of interest actually payable to the estate, of the deceased, on the refund of the RAD.

As usual, we are finalising our Federal submission for next year - a summary is on page 3. Once again we have combined with the Superannuated Commonwealth Officers' Assn. (WA) Inc. to put this document together. Last year, Retirees WA Inc. advised us that they wished to join in with us on our Federal submissions. Up until now, they have continued to demonstrate their enthusiasm for being a part of our activities but only last week they have indicated that they will not be a part of this submission if we continue to leave in the item calling for a decrease in the MPIR. There is a logical explanation for this in that Retirees WA Inc. operates an Aged Care Facility, together with a number of Retirement Villages, and would be adversely affected if the MPIR was decreased.

Once the submission is finally agreed to, we will then commence to distribute copies to the Prime Minister, the Treasurer and other politicians with requests for a meeting. With a Federal election looming some time within the next 6 months, we expect that there will be a number of politicians willing to meet up with organisations such as ours.

Labor's announcement back in March that, if elected to government, they would cease the current practice of paying cash refunds for franking credits to seniors/retirees who don't have to pay Income Tax, has caused a huge backlash throughout the community. Many organisations, financial bodies as well as retiree organisations (such as ours), have gathered forces and are preparing to fight against this policy. A group of financial advisory groups including the Australian Investors Assn., Australian Shareholders Assn., National Seniors Australia, Association of Financial Advisers, the SMSF Assn. and the Association of Independent Retirees (A.I.R.) Ltd. (plus others), have formed the **Alliance for a Fairer Retirement System** (AFRS). The AFRS was only formed in April/May this year and already has 11 organisations participating in fortnightly telephone hook-ups. WA Self Funded Retirees Inc. joined last month. There is a "Summit" meeting due to be held in Sydney on 30 October where further directions/activities will be formulated. This meeting will cost around \$9,500 and all members will be asked to contribute - unsure what our share might be. WASFR will not be attending but we will be interested to see what develops.

The **WA Seniors Alliance** have their next meeting on 24 October 2018. As you know, there are now 9 different retiree organisations working together to compile a list of issues that we will put to the WA State government prior to their Budget in May 2019. On page 11 there is a summary of what we have at the moment. This list could change once we get some input from the other 8 organisations. Since the last issue of WASFR News we have had 2 meetings and, with a few exceptions, we do seem to be getting somewhere. We hope that a State submission, with 9 logos on the front cover, will carry more "clout" than a submission with only the WASFR logo.

We have previously mentioned the **Seniors United Party of Australia** (SUPA) which is a federally registered organisation. SUPA continues to recruit members and recently amalgamated with the **Pensioners, Veterans and Seniors Party** (PVS) which is based in NSW. At this stage we are mainly keeping ourselves informed as to what degree of success this united group is capable of achieving. We have been advised that they hope to have several candidates contesting the next federal election and it will be interesting to see if anything comes out of that. SUPA has a website [www.supa.org.au](http://www.supa.org.au) which may be of interest to some of you.

In order for us to continue to exist, we do need a regular flow of new Committee members - hopefully, we would like to see some younger volunteers. Where are all these Baby Boomers? Apart from our hard working Treasurer, Secretary and Guest speaker organiser, there is not a lot being asked of you. Hope that you can give it some thought.

There will be no guest speaker at the next monthly meeting on **9th November** - this will be our Xmas Party and we hope to see as many of you as is possible.

May I take this opportunity to wish you all a Merry Christmas  
and a Happy New Year.

Ron de Gruchy  
October 2018



### Summary of Recommendations

Following is a summary of the recommendations included in this submission from the Superannuated Commonwealth Officers' Association (WA) Inc. and Western Australia Self Funded Retirees Inc. We sincerely request that your full consideration be given to each of the issues raised.

#### **Recommendation 1:**

That the Deeming Rates be reduced to 1% up to the current levels of \$51,200 and \$85,000, with 2% for the remainder.

#### **Recommendation 2:**

That retirees be enabled to transfer funds into superannuation, at the prescribed contribution levels, irrespective of their age.

#### **Recommendation 3:**

That retirees be enabled to transfer funds into superannuation, at the prescribed contribution levels, without having to meet any "Work Test".

#### **Recommendation 4:**

That all Commonwealth superannuation pensions, be indexed consistently using the same formula as is used to adjust the Centrelink Age Pension. (Note: Incremental introduction).

#### **Recommendation 5:**

That consideration be given to widening the scope of the NDIS/DisabilityCare Australia parameters so as to include all Australian citizens, including those over the age of 65.

#### **Recommendation 6:**

That the Medicare and Pharmaceutical Benefits Scheme Safety Net thresholds for single retirees be restructured so that access for them becomes available at 65% of the levels applicable to couples/families.

#### **Recommendation 7:**

That the SAPTO Tax Offsets be adjusted annually to account for increases in the cost of living, and that the SAPTO Rebate "shade out" income thresholds should be increased immediately so as to be equal to the Medicare Levy low income threshold. The SAPTO Rebate "shade out" income thresholds should then be reviewed annually so as to always be equal to the Medicare Levy low income thresholds.

#### **Recommendation 8:**

That the interest rate of 5.96% currently being charged for the non-payment of a Refundable Accommodation Deposit (RAD), be reviewed with the intention of bringing it more into line with the Interest rates offered by major banks for term deposits, or, possibly, commensurate with the 3.75% rate payable by the Aged Care facilities.

#### **Recommendation 9:**

That the components of a retiree's income derived from an untaxed superannuation scheme, and from other sources, be assessed separately for taxation purposes as is the case with a retiree who derives an income from a taxed superannuation scheme.

## Remote Western Australia – grey nomad’s wonderland by Sid Breeden

Wife Carole and I travelled the Kimberley over many years using various winged aircraft, helicopters, boat from Broome to Wyndham including up mighty rivers plus years tent camping off-the-beaten track several weeks at a time. Our well-equipped LandCruiser had all safety gear, RFDS long distance radio plus an EPIRB which, thankfully, we never had to use. Being self-contained for extreme remote travel we enjoyed extraordinary experiences the “normal tourist” misses. Any senior can do these things with a little planning and a love for Western Australia. It is particularly rewarding to spend time exploring often overlooked less tourist orientated towns.



One such place is Western Australia’s top town (most northerly) Wyndham which comprises two parts. First is “Three Mile” with Tourist Information Centre, shops and Caravan Park then 3 miles further on is “Port”, the historic area.

Looking below the surface of this frontier town you find delights missed by casual visitors. Stay awhile, poke around, speak with locals and visit the Museum in Port’s old Courthouse to uncover history. The 3-Mile laid-back caravan and camping park boasts the biggest Boab tree in captivity. It was here years ago that a couple push-biking around Australia taught us how to “silent camp” which we embraced and thereafter never used a generator.

Here we also witnessed comically ignorant tourists. Mid-afternoon an eastern states caravanning couple rolled in direct from Kununurra parking in the site behind our tent. We made friendly chat but without having been anywhere they grumbled “Heard Wyndham’s a dusty dirty place so we’re staying right here”. After driving all this way they didn’t even disconnect their caravan. They missed the stunning Bastion Five Rivers Lookout 1,100 feet above Port with sweeping views and spectacular sunsets. This misguided couple chose to eat, probably baked beans on toast, locked in their ‘van rather than enjoying the best ever salt water local wild-caught Barramundi, chips and salad for \$10 at the balmy open air rustic café opposite Port Hotel from where they could have bought a bottle of wine to enjoy with their meal under the stars. Being our state’s north east, the sun sets early by clock time. They missed the old cameleer’s Afghan cemetery with tombstones pointing to Mecca and missed driving around the U-shaped jetty marvelling at the enormous tidal differences and water swirling around the State Ship MV Koolama wreck sunk in WW2 after being bombed by the Japanese.

Next morning at piccaninny dawn we were awoken by creaking sounds. True to form it was the couple winding up their caravan levellers before disappearing to whence they came. Probably nonchalantly telling people back east “Yes, we’ve done Wyndham, what a dusty dirty place”.

The old Meat Works with blood drain and snapping salt water crocodiles has long gone as has Wyndham’s outstanding Crocodile Farm and Meat Works decommissioned power house with its immense engines and generators but the huge-wheeled Werner compressor remains. Unique Moochalabra Dam along the King River Road supplies Wyndham’s drinking water and is worth a visit as is the abandoned historic Chinese Singh’s Garden, established by Ah Singh c1889 to provide fresh produce to the northern goldfields and Wyndham township. Further along is Wyndham’s Prison Tree and Diggers Rest Station.



Proving good things never die – from the 1980s to at least 2007 the old Bakery made Crocodile pies. These were so popular they sold out by 9:00am. In 2018 new owners took over and the modernised refurbished Bakery again bakes Croc Pies plus Barramundi Pies and other local delights. Some say it’s worth visiting Wyndham just for a Croc Pie.

From Port, and only after checking with locals that it is currently safe to drive across the marsh, 4WD around the Bastion along the old Meat Works driving route to Chemooli Dam and onwards to Parry’s Lagoon Nature Reserve with Marlgu Billabong. This area is famous for its multitude of birdlife. Stay awhile at nearby Parry Creek Farm and Resort. Next take the old Wyndham-Halls Creek gold rush track with prisoner marker rocks, stopping at Crocodile Hole. Continue to Great Northern Highway near the Grotto for a swim under the waterfall or turn down the Wyndham end of Gibb River Road.

Most are unaware WA has the longest continuous highway in Australia. Great Northern Highway starts and finishes in Wyndham with a 3,194km peg marking the spot not far from the 1880s Gully Pioneers Cemetery. It stretches from Midland to Wyndham through beautifully varying country and landforms. All these and more were missed by the east coast couple. Rather than stick to the sealed highway they could have driven Parry Creek Road to Ivanhoe Crossing then out onto the highway to Kununurra, Lake Argyle and the Northern Territory or turn off down south. A 4WD can take the short cut across historic Ivanhoe Crossing when water flow is safely “below the marker rings”.

To experience some real Kimberley, don’t underestimate Wyndham and its spectacular *Shire of Wyndham East Kimberley*

## TOUR OF SUBMARINE HMAS OVENS

by Edward Goodchild



HMAS Ovens is a conventional diesel electric submarine of the "Oberon" class, which served in the Royal Australian Navy from the 1970's until the mid-1990's. She is now lying preserved ashore beside the Maritime Museum in Fremantle. The bow section of a sister ship is located close by to show how the torpedo tubes and doors worked. Several generations of torpedo are also there.

The museum runs tours through the submarine at hourly intervals for small groups of up to ten people (\$7.00 for seniors at the time of writing). I was particularly keen to see over her, having been involved in defining some equipment for the Royal

Navy Oberon submarines when they were still in active service but never actually having seen, let alone stepped on board, one.

Warning — this tour is definitely not an attraction for claustrophobes — the inside space is extremely cramped, and once aboard, there is no short cut to the exit! One also needs to be reasonably agile to negotiate the access ladders installed in the torpedo-loading hatches and to get through the hatches through the various internal watertight bulkheads.

The tour starts with a flight of stairs up to the forward casing (deck) from which one descends through the forward torpedo-loading hatch into the forward torpedo stowage compartment. This is where the reload torpedoes are stored. The six torpedo tubes are at the forward end of this compartment with all the paraphernalia for loading, flooding and draining the tubes and firing the torpedoes; all extremely manual. This compartment is also where the crew escape tower and associated equipment is located.

One then moves aft, through a circular hatch through a watertight bulkhead into the crew's mess. This compartment is less than 20 feet long and the full width of the boat. This is where the ratings eat, relax and sleep. Actually, it isn't large enough for them to all sleep in here so there also bunks along the passage aft. This passage runs aft near the port side to the next watertight bulkhead, with crew bunks along the port side and crew boarding hatch/ladder, the petty officers mess, the galley, engineering officers' mess and the wardroom to starboard. These compartments are tiny, more like cupboards than cabins, each with bunks for the occupants and a small sitting space.

Through another bulkhead, the corridor continues past the captain's cabin and some electrical equipment. This opens into the Control Room which is the full width of the hull. The Control Room houses the main diving and steering position, the sonar operator's bay. The twin fire-control stations, the navigation systems and chart table, the attack and surveillance periscopes, the boat trimming control stations, the conning tower ladder and hatch and much else besides. At sea, this room would have been manned round the clock by at least two officers and probably five or six petty officers and ratings. It is hard to imagine them all working in this tiny cramped space! Behind the Control Room are the radar and radio offices and sundry other equipment. The heads and tiny shower cubicles are also located here.

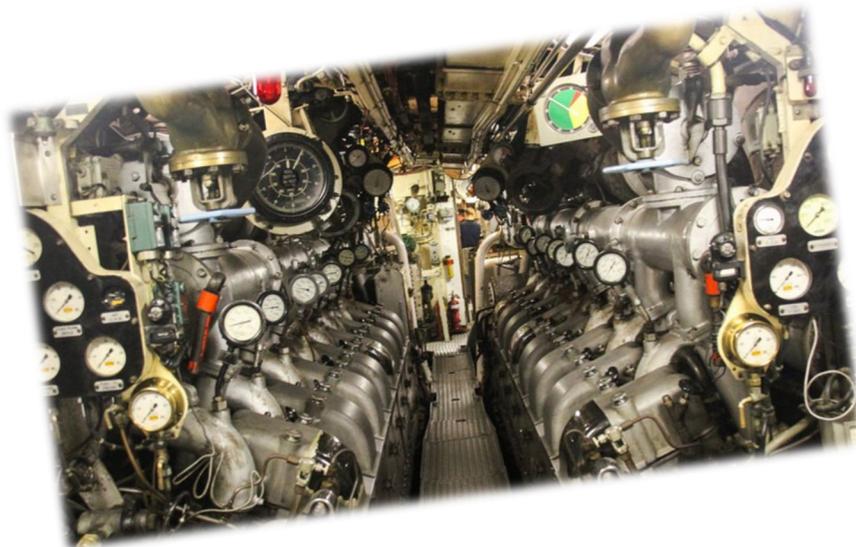
Continuing aft through another circular hatch, one passes the engine control room, from which all the propulsion machinery is controlled on the way to the engine room which houses the two large supercharged 16-cylinder diesel engines and attached generators. These occupy most of the space in this full height compartment with a narrow gangway at deck level between them to allow movement aft. They can be used either on the surface or when "snorting" at periscope depth using the "Snort" (an air inlet/exhaust mast). The diesel engines are not used to drive the submarine but rather to charge the batteries which drive the electric propulsion motors. This space must have been extremely noisy when the engines were running! The electrical switchgear for the batteries and the propulsion motors is situated aft of the diesel engines at the main deck level with the propulsion motors, themselves, in the space below.



## TOUR OF SUBMARINE HMAS OVENS Continued

by Edward Goodchild

Through another circular hatch into the engine room crews mess and then what was originally the aft torpedo room. With the introduction of guided torpedoes, there was no longer a need for aft-facing torpedo tubes so the torpedo handling equipment was removed giving some welcome extra space for the stoker mechanics.



The tour then exits the submarine via another ladder through the aft torpedo loading hatch onto the aft casing and thence to the stairs back to the dockside level.

The tour is confined to the main deck — essentially the upper half of the tubular pressure hull. The lower half of the pressure hull contains various equipment and machinery spaces, storage compartments and, of course, the two main battery compartments. These are all accessed via small grating hatches and vertical ladders. It looks even more cramped down there. Sadly, the tour did not include access to the conning tower, presumably for

health and safety reasons and to keep the tour flowing.

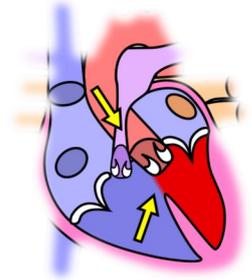
All in all, a very interesting visit, giving a very brief taste of what life and work aboard a conventional submarine would have been like for the full crew (normally 68 officers and men, I believe) and a glimpse of the equipment aboard. The tour lasts for an hour which is probably enough for most people — being an engineer, I could have spent several hours examining the systems and equipment and considering how they would have been used in action. There is also a video of HMAS Ovens's last tour of duty before paying off in 1995 shown on a monitor in the upper gallery of the museum. This is narrated by her last commanding officer.

I will certainly do the tour again when we next go to the museum.



JANET ANDERSON

WASFR GUEST SPEAKER JUNE 2018



We were very fortunate to have the delightful Janet Anderson step into the breach for us when our designated guest speaker (on the CapTel) found herself unemployed through funding cuts. Janet was to have been our October speaker, but she also was to be unavailable after June 30th, so we were very happy that she was able to make her presentation on June 8th.

Janet began her nursing career at SCGH, completed her midwifery course at KEMH, worked throughout country WA, where she was often the only nurse, then moved to more exotic climes like Fiji, Rio de Janeiro and London. In 2000 she completed her Bachelor of Nursing at ECU. She has worked in Coronary Care, ICU, Oncology, Palliative Care and more recently in General Practice and Community Nursing. Janet is a member of nursing's peak professional body, the Australian College of Nursing.

She began by asking if we would recognise symptoms of a heart attack or stroke. What would we do if we were having either? How could we lessen the chances of them happening?

Every **heart attack** differs from person to person, as do the warning signs. If you have had one, there is a higher risk of a second and a third. Being aware of the signs will increase chances of survival.

**Do not wait too long to call 000.** 55,000 Australians, 1 every minute, experience a heart attack; 9,000, 1 every hour, die. 40% of women who have an attack do not experience chest pains!

You will understand the following very easily if you take pen and paper and simply draw as you read:

**The heart** is a clenched-fist sized muscular organ, located in the middle of the chest. Left and right sides are separated by a muscular wall, the septum, and each has an upper chamber (atrium) and a larger lower chamber (ventricle). The atria receive blood while the ventricles pump it out. The right atrium receives blood from the superior and inferior venae cavae, the two largest veins in the body. These return oxygen-depleted blood to the heart - the superior from the upper part of the body, above the diaphragm, the inferior from the lower part and also from the coronary sinus, a clump of veins which collect deoxygenated blood from the heart muscle itself. The blood then moves to the right ventricle from where it is pumped into the lungs. One-way valves separate the four chambers and control the flow of blood between the atria and the ventricles, to keep oxygenated and non-oxygenated blood separate. Oxygen-rich blood from the lungs then enters the left atrium through the pulmonary vein, is pumped into the left ventricle through the mitral valve and then out through the aortic valve to the rest of the body; this is a mammoth job which is why the left ventricle is the larger of the two.

Special fibres, the body's natural 'pacemaker', carry electrical impulses to the chambers, giving us **heartbeat**. The pumping is continuous, about 100,000 beats per day, 3 billion during the average lifetime. An electro cardiogram (**ECG**) measures the heart's sinus rhythm or electrical activity.

The heart itself needs oxygen and glucose from the bloodstream to function. It receives its blood supply from the coronary arteries which branch off from the aorta, the largest artery of the body, beginning at the top of the left ventricle. Coronary (think crown) artery disease is caused when there is a build up of plaques from cholesterol and fats in the walls of the artery – atherosclerosis - which can block the blood flow and cause it to clot. The heart muscle is then starved of oxygen and a heart attack begins. The longer the blockage is left untreated, the more the heart becomes damaged. **The main causes of this coronary thrombosis are high LDL cholesterol, smoking, a sedentary lifestyle and hypertension (high blood pressure).**

The warning signs can be sudden or severe – but they may not be. Many start with only mild pain. Our President gave his own story whereby 25 years ago he went to his doctor because of what seemed to be annoying indigestion. The doctor insisted on a quick ECG, which showed that Ron had had a heart attack. He was immediately ambulanced to hospital where surgery followed. Some people have pains in the chest only, others in other parts of the body, including the teeth!

Symptoms can include heaviness and a tightening in the centre of the chest, general discomfort which can spread to the arms, shoulders, neck, jaw, back - and even teeth. There can be shortness of breath, nausea, cold sweating, dizziness, light headedness.

**What to do?** (1) **STOP**, rest. (2) **TALK** to someone. (3) **Take your ANGINA MEDICATION** if you already have it. Wait 5 minutes then take a second dose, but... (4) **IF SYMPTOMS PERSIST** more than 10 minutes, **call 000 for an ambulance**. Don't hang up; wait for instructions. Why an ambulance? Because treatment starts immediately, and at the hospital you will also be triaged immediately. **DO NOT drive yourself to hospital**. Consider ambulance insurance if you don't already have cover, because it can cost up to \$700 for the trip. Janet also said to keep the Heart Foundation Action Plan on your fridge. I Googled HFAP and found that there are several Action Plans: on **nutrition, exercise, smoking, alcohol, cholesterol, diabetes, recovery**, and more. (I then stopped writing up this report and went to the gym.) Talk to a GP about your risk factors. Janet responded to a query about taking aspirin: "Interestingly, that isn't taught any more".

**Strokes** occur when blood supply to the brain is interrupted. There are two types: (a) where the artery is blocked by a blood clot (Ischaemic) and (b) where the artery bursts and causes bleeding (Haemorrhagic). In Australia strokes are the second biggest killer and the leading cause of disability: 1 in 6 people will suffer a stroke in a lifetime; 1 will occur somewhere every 10 minutes. **Strokes kill more women than does breast cancer and more men than does prostate cancer**. In 2012 there were nearly 130,000 survivors under 65.

**A mini stroke** which rectifies itself within 24 hours is called a **TIA (Transient Ischaemic Attack)**; it occurs when there is a temporary interruption of the blood flow. Often the symptoms present for only a few minutes. But a TIA requires urgent treatment because when one occurs there is greater risk of a stroke within a few hours, or at a future time.

**The impacts of a stroke** can be dire.

- a) Loss of mobility on one side, depending on which side of the brain the stroke occurs. Fatigue is a factor and resting does not necessarily help.
- b) Daily activities suffer from the paralysis and basic skills have to be relearned; even swallowing and vision are impaired.
- c) Relationships and commitment can be sorely tested. Lifestyle changes can be overwhelming. Perceptions are affected and memory may be lost. Sexual activity is impacted through muscle weakness or pain causing discomfort.
- d) Emotional trauma results in anger, grief, depression, frustration. Psychological changes of personality and behaviour follow.

So what can we do **to reduce our risk of a stroke?** Just as for heart attack prevention.

- a) **Lower the BP**. Know the numbers: 140/90 (systolic/diastolic) is HIGH. 90/60 to 120/80 is considered ideal.
- b) **Avoid tobacco smoke** – both active and passive smoking.
- c) **Reduce your LDL cholesterol**.
- d) **Reduce your risk of diabetes**.
- e) **Maintain a healthy weight and make healthy food choices**: half your plate should be filled with vegetables, a quarter with protein and the other quarter with carbohydrates.
- f) **Limit your alcohol intake**.
- g) **Be physically active**: 30 minutes of exercise daily to maintain a healthy body.
- h) **Control an irregular heartbeat**: see your GP regularly. Your resting pulse should be between 60-100 beats per minute; the lower the pulse rate, the less pressure on the arteries of a fit body.
- i) **Drop the salt**: too much can lead to high BP. Choose low salt products, do not add to cooking, nor at table – aim for less than 4 g per day (most Australians consume 9g.)



The signs of stroke: think **FAST**.

**F**ace – parts of it may drop.

**A**rms – lift them up together; they should be equal.

**S**peech – normal or slurred?

**T**ime is critical; call 000.

The impact can be reduced or even reversed.

There is a small window of opportunity, 4-5 hours, depending on the type of stroke. Again, **don't drive yourself to hospital or doctor**.



Cholesterol is a fat-like substance, 75% of which is produced naturally in the body by the liver, the rest coming from food. It is needed to build cell walls and to produce hormones and is carried in the blood by lipoproteins, of which there are two types: the healthy HDL (High Density Lipoprotein) which carries the LDL cholesterol back to the liver to be broken down and disposed of as waste, and the lethal LDL (Low Density Lipoprotein) which leaves the cholesterol in the arteries, forming plaques which can build up and block the whole artery, or bits of plaque can break off and cause clots. And then there are triglycerides, which make up about 95% of all the fats we eat. Bad stuff – but the HDL counteracts it. Both triglycerides and cholesterol are lipids, or fats; a blood test will show the lipid profile, i.e. concentration of HDL and LDL. See your doctor. Know your numbers.

To lower saturated fat: eat less (much less) of all the temptations like cakes and biscuits, chocolate, ice-cream, butter and full fat milk, fatty meats, foods with coconut or palm oil. Have a high fibre diet with plant sterols (wheat germ, wheat bran, olive oil, canola oil, nuts, vegetables, fruit) and have as much physical activity as possible.

If these don't work, your doctor may prescribe cholesterol lowering medication, statins, to which some people may have a reaction such as muscle aches and pain, and possibly other contras.

(I note that the jury is currently out re full fat milk V skim or HiLo.)

We had gone overtime and there was still much interest in the subject. One member spoke briefly about the 5-year STAREE trial – Statins in Reducing Events in the Elderly. Another spoke about taking Colchicine, which is a very old, inexpensive medication with potent anti inflammatory action and safe for long term use. It is widely used in the treatment of gout. Since inflammation is also an important component in the development of heart attacks and strokes, Colchicine has been researched in the LoDoCo (Low Dose Colchicine) trials and found to have remarkable efficacy in reducing the risks of both.

Vera Payne



Vera Payne

## WASFR GUEST SPEAKER OCTOBER 2018 – DAVID BEARD, “EXERCISE IQ”

David Beard is an Exercise Physiologist with post graduate qualifications from UWA and ECU. Awarded a Fulbright Scholarship, he earned a Master's Degree from the Univ. of Arizona. He is a retired basketball player and tri-athlete and still makes time to ride, run, swim and gym (yep, his body shows it) despite a busy schedule with work and family. He is the first Exercise Physiologist to work in the Aged Care industry, and he gave us the benefit of his experience and wisdom in a delightful presentation as our last Guest Speaker of 2018. At the end of which, several people bought one or more copies of his little booklet, "If I'd only known I'd live this long..", which simply and clearly and with chuckle-inducing illustrations 'covers every aspect of a joyful long life'.

**What is "old"?** Add 10 years to your current age, whether that be 8 or 89. The good news is that life expectancy is increasing; the bad news is that the extra years are tacked onto the end. But David saw some outstanding qualities in the 70-100+ year olds he worked with, and here is his summary of how to A.G.E. W.E.L.L.

**Attitude:** Be positive! If you are looking to see something either bad, or good, - that's what you'll see! Don't dwell on what's wrong and on what you can't do; keep doing what you can do. David suggests keeping a Gratitude Diary, writing down 3 positive things from each day, and doing this for at least 3 weeks, until it becomes a habit.

**Goals:** Work towards something, whether it's participating in a fun-run or saving for your next holiday. Get out of bed (or someone' else's! ☐) and get going. Breathe deeply. Keep your sense of humour. Write down your goal for when you reach your 100th birthday!

**Expectations:** Depending on your attitude, you will pretty much get what you expect, so expect the best for yourself. (But don't stop at expecting.)

**Work:** You need things to do. Energy begets energy. Enthusiasm posits positivity. You can work for money, you can volunteer, make a lovely garden, polish up your house... (Dr Camilla Dunlop practised medicine till she was 106, when her eyesight failed; she died at 114.)

**Exercise:** Is just so important. It's what keeps us going as we get older. But not just a couple of times a week, says David; an hour a day! a) Do something which makes you puff – at least every second day. (Tell those who annoy you to get puffed☐). b) Keep your muscles strong. Two simple exercises: (1) Get a chair, then just before you sit down, stand up – and keep doing this till it hurts. Rest, repeat. When this gets too easy, try it on one leg! (But remember, nothing WASFR says is to be taken as advice...). (2) Push-ups against a wall, with your nose touching the wall. When too easy, push your feet out a bit - a bit! not too far. When you have mastered that, try using a bench, and finally, the floor (but remember about WASFR as above). Do all your exercises until they hurt – a bit. But if you have a 'condition', see someone first for advice (e.g. an Exercise Physiologist...)

**Keep Learning.** We now know that the brain can regenerate new cells; the more alternative pathways, the better. Learning a language or learning to play music are two excellent brain stretchers. Working body and brain together is a double goody, so - dance! (Or get an IKEA flatpack and an allen key...)

**Legacy:** We all leave a legacy – nothing to do with money. Our kids at whatever age watch and keep learning from us. Show them how good it is to get old. "Hello! I'm enjoying life! ."

The 174-page booklet is full of further tips on health, nutrition, fitness and activity, relationships, purpose and passion, money, and expectations and attitudes to growing older.



David was thanked in the usual way for his scintillating presentation, and we all went home with an extra spring in our step.

Now...have you made that resolution for your 100th birthday?

## ***WA Seniors Alliance State Submission 2019—2020***



The WA Seniors Alliance State submission for next financial year is nearing completion. There are a few matters that still need to be dealt with, but we are nearly there. We hope to have this finalised before the end of October and then it will be distributed to the State politicians.

Below is the summary page listing 5 requests. If anyone has a good suggestion, that is restricted to seniors/retirees, and is a State issue (i.e. not Federal), then you are welcome to suggest it to anyone on the Committee.

### **RECOMMENDATION No. 1**

That consideration be given to the (once only), conditional waiver of Stamp Duty on the purchase of a place of residence by a Senior, who has reached pensionable age, and is in possession of either one of the Pensioner Concession Cards, a Commonwealth Seniors Health Card or a Department of Veterans Affairs Gold Card.

### **RECOMMENDATION No.2**

That the WA State Government extend the times for free travel on public transport, for WA Seniors, Aged and Disability Support Pension cardholders, Monday to Friday, to commence at 8.30am for zones 5 to 9, in lieu of commencing at 9am (as at present).

### **RECOMMENDATION No. 3**

That all existing Aged Care facilities be fitted with automatic fire sprinklers before 2022. In order to facilitate this request a low interest loan should be made available where required.

### **RECOMMENDATION No. 4**

That retirees holding both a State Seniors Card and a Commonwealth Seniors Health Card, be granted one free return trip per year, within WA, similar to that which is currently available to people in possession of a Pensioner Concession Card, or a DVA card.

### **RECOMMENDATION No. 5**

That a review of Land Tax collections in WA be carried out with the intention being to abolish the policy of aggregation of the values of different parcels of land when calculating the rate of Land Tax that is to be paid. Such review to be limited to those WA residents in possession of a WA State Seniors Card.

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## **Guest Speakers**

We have Peter Devlin talking to us on 8 February 2019 on the benefits of the CyberKnife. This is a new procedure designed to combat Cancer - very important !

Rowan Jones will be our speaker on 8 March and he will be speaking on financial matters.

**APPLICATION FOR MEMBERSHIP**

Name/s: .....

Address: .....

Telephone: .....

Pre-retirement Occupation/Interests  
(optional)

Annual Subscription: Couple \$30.00  
Single \$20.00

Please forward application and subscription

to:

The Treasurer

Margaret Harris

WA Self Funded Retirees Inc.

201 Bagot Road

Subiaco WA 6008

**YOUR COMMITTEE**

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Vera Payne ( Membership and Speaker Liaison)

Rosemary Stevenson

**MEETINGS:**

Meetings start at 10.00 am and are held at Cambridge Bowling Club, Floreat Sporting Precinct, Floreat on the Second Friday of each month excluding December and January.

**DISCLAIMER**

Please note that nothing written or spoken in the course of WASFR meetings, talks given, or in any publication is to be construed as advice to members or visitors.

**THANKS**

To the Cambridge Bowling Club for extending the use of their facilities to us for our Committee meetings, at no extra cost.

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