

Reader's digest



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MOST TRUSTED
MARCH 2017

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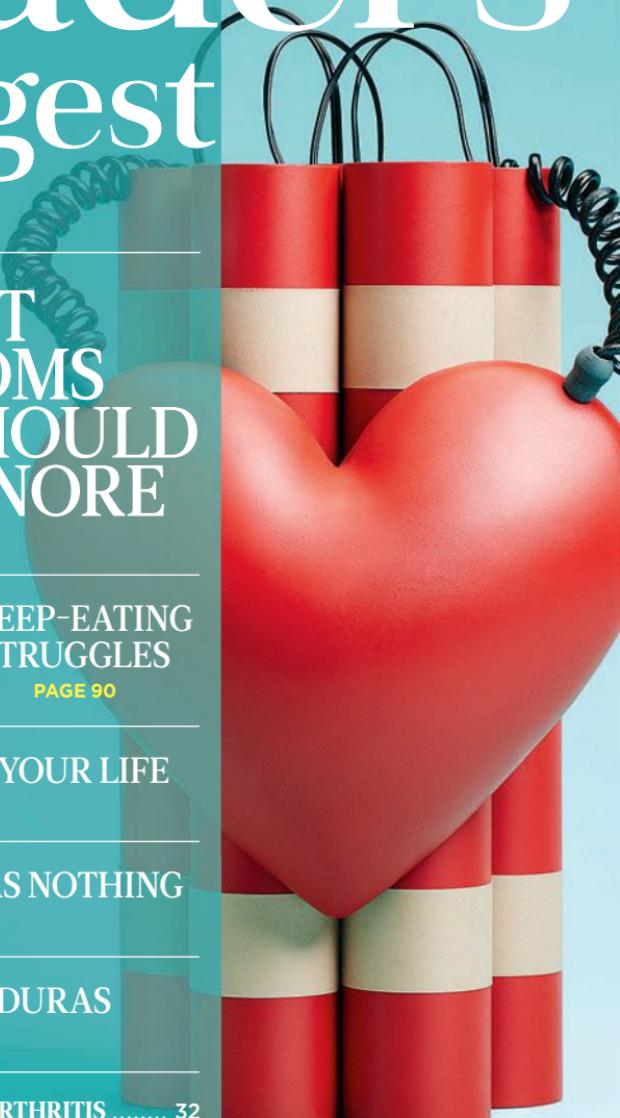
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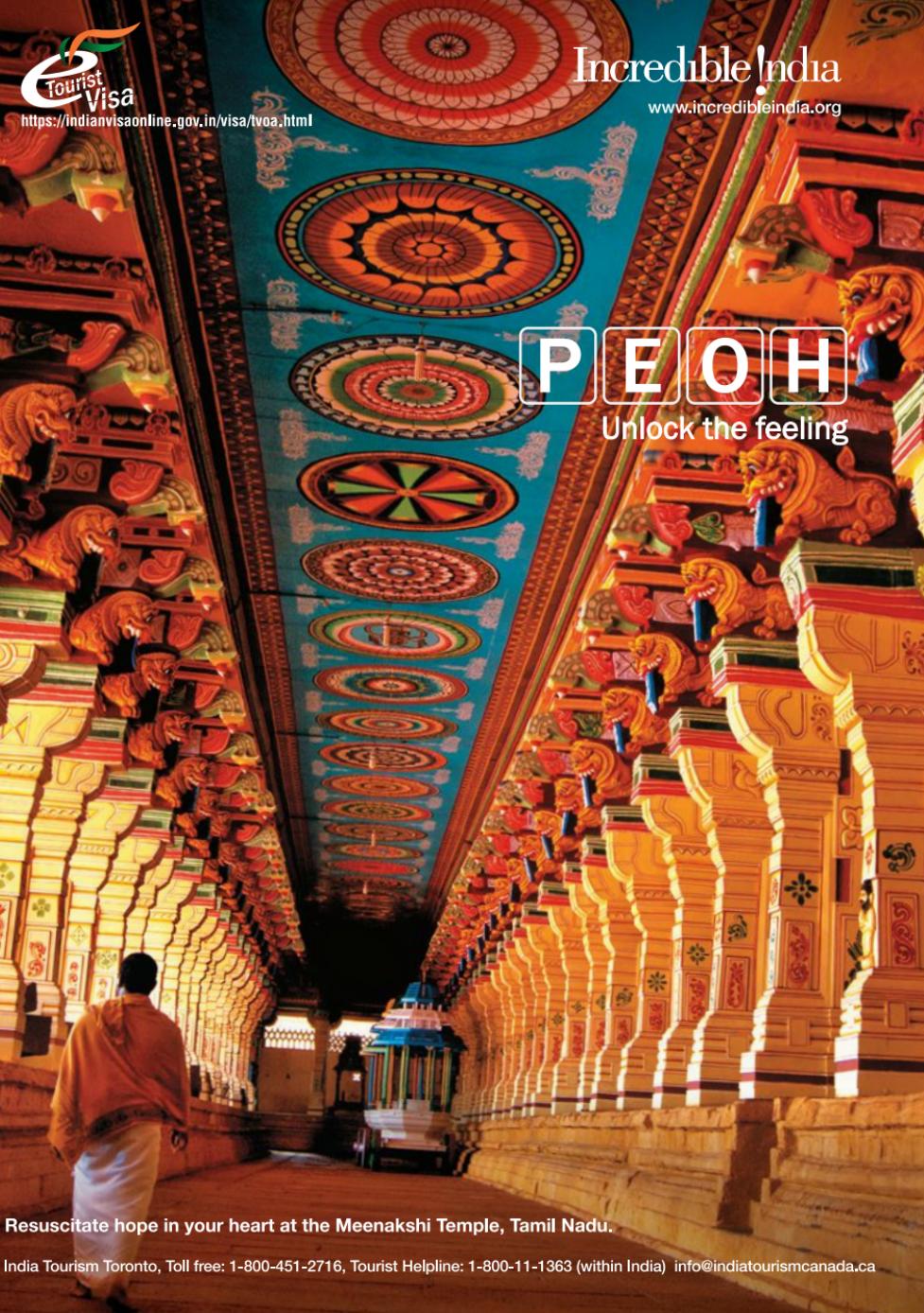
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BY GABRIELLE
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(PROP STYLING)
PAR HASARD



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Editor's Letter

Heart Stories

WHEN I WAS A CHILD, my grandmother accompanied my family to the Laurentians in southern Quebec for a vacation. On the second day of our holiday, she complained of feeling unwell, suspecting a bad case of indigestion. Luckily, my aunt, a nurse, recognized the symptoms of a heart attack, and an ambulance was called. Without her daughter's assistance, my grandmother would likely have died that day.

Heart attacks present differently in female patients than in male ones; as a result, too many women are unable to spot the warning signs. Because of this, they fail to seek help, according to our cover story, "A Silent Killer," by health writer Sydney Loney. For information on why cardiovascular disease is the leading cause of death for women in Canada and how to mitigate the risks, turn to page 40. This knowledge could save a life.

As I mentioned in my last note, *Reader's Digest* has been publishing in Canada for 70 years now. We've built up quite a collection of stories! Each month, we'll pick one of our best-loved articles and reprint it as an RD Vault. If there's a feature you think should reappear in our pages, send us an email with the details at letters_ca@rd.com and we'll do our best to bring it back. Please help us celebrate seven decades of excellence! □



Robert Sayre

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Reader's digest

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To see more about the financial life stages of older Canadian, go to cdic.ca



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Contributors

**ROGER AZIZ**

(Photographer, "Petal Pusher," page 12)

Home base:

Montreal.

Previously published in *Hour and Vice*. **Whenever I'm photographing someone**, I try to tell their stories by capturing their emotions. **I'm inspired by** Richard Avedon's work. It's beautifully lit and technically sound, but beyond that, his portraits reveal his subjects' souls.

**CAITLIN AGNEW**

(Writer, "Less Is More," page 66)

Home base:

Toronto. **Previously**

published in *The Globe and Mail* and *Fashion Magazine*. **I would describe myself as** an organized person. I'm a Virgo and love when everything is in its right place. **If you want to declutter**, start small and invite someone over for a glass of wine or a cup of tea to help. Moral support is key, and it'll make the process more fun.

**ALEX MLYNEK**

(Writer, "To Err Is Human," page 20)

Home base:

Toronto. **Previously**

published in *Today's Parent* and *Best Health*. **I have perfectionist tendencies.** They mostly surface in my work, but also with my kids, whom I occasionally micromanage. **If children are afraid** to make mistakes, that may stop them from trying new things. Messing up can be valuable—it's how we learn.

**BYRON EGGEN-****SCHWILER**

(Illustrator, "The Curious Case of the Mysterious Hum," page 80)

Home base: Calgary. **Previously**

published in *The New York Times* and *The Walrus*. **With this illustration,** I wanted to demonstrate the eeriness of the sound some Windsor residents experience, and others don't. **There's something captivating** about the unsolvable. Deep down, I think we all love the spine-tingling feeling of the unknown.



Letters

READERS COMMENT ON OUR RECENT ISSUES



In honour of our 70th anniversary, we reached out to readers to ask, "What does *Reader's Digest* mean to you?"



A COMPELLING READ

About 60 years ago, I picked up a copy of *Reader's Digest* in the waiting room of my doctor's office. I can't remember what I was reading, but it must have been interesting—I hadn't finished when I was called in, and at the end of my appointment, I asked the receptionist if I could stay and wrap up. She suggested I take the magazine home instead. I was hooked.

I've read every issue of *Reader's Digest* since then. The jokes always make me laugh, and the stories are relatable. They feel like a slice of Canadian life. I've subscribed to different publications and haven't felt the same attachment—other magazines have come and gone, but I've always stuck with *Reader's Digest*.

JOANNE CAVALIER, Belleville, Ont.

PROFESSIONAL INSPIRATION

I wanted to express my appreciation for "The Kids of Bus 3077" (October 2016). In addition to warming my heart, the piece also showed the importance of the organizations, volunteers and families who enrich the lives of children with special needs. As a volunteer, I serve on the board of directors for such an organization and stories like these validate what we do.

BRIAN DE HAAN, Edmonton

SPEAKING MY LANGUAGE

I recently took a moment to start the article "The Truth About Cats and Dogs" (October 2016). Just as I was reading point #43, "I'm bored! I want your attention! Please get off your smartphone and play with me," I felt a tap on my arm. It was my cat, reminding me that it had been too long since I'd last given her a pat. She might be the boss in my house, but thanks to point #33 (about cats presenting their bottoms), I know that she loves me very much!

Thanks, *Reader's Digest*, for continuing to provide good reasons to be distracted for a few minutes.

CHRISTINE CARRILLO, North Vancouver

SELF-CARE STRATEGIES

I'm almost 87 years old and have been a caregiver for my husband for several years. It's caused the worst stress I've ever experienced. While I'm physically fit, my mental health is under tremendous strain. But your article "Mind Games" (November 2016) helped. The tips were laid out in a way that was very easy to understand. I tried some of them, and within minutes, I felt a bit better. No medication, no appointments, no cost—just simple ways to take charge of your own health.

B.K., Nanaimo, B.C.

COUNT YOUR BLESSINGS

I loved the December 2016 Editor's Letter. I remember my grandmother explaining the benefits of "an apple a day" as she'd pack one in our lunches. All those apples made that once-a-year orange at Christmas-time that Robert Goyette mentioned special! Thanks for the reminder of how blessed we are to enjoy different fruits from around the globe.

LYNN LEHMAN, Orillia, Ont. R

Published letters are edited for length and clarity.

We want to hear from you! Have something to say about an article you read in *Reader's Digest*? Send your letters to letters@rd.ca. Please include your full name and address.

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

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One thing I'd like to cross off my bucket list is...



...touring the west coast

down to Mexico.

CATHY SAMBELL,
REILLY, LONDON, ONT.

...living to the age of 100,

so I can get a letter from the Queen.

LISA TREMBLAY,
CEDAR SPRINGS,
ONT.



...meeting Sidney Crosby!

JOANNE WATERS, CONSECON, ONT.



...visiting all 50 American states.

CHERYL MacMILLAN ASHTON, CALGARY

...travelling to Scotland

to look into our family history.
ASHLEY BARCLAY,
PONOKA, ALTA.

Visit the Reader's Digest Canada Facebook page for your chance to finish the next sentence.



ART *of* LIVING

Floranthropie founder Christine Law
brightens seniors' lives with blooms

Petal Pusher

BY STÉPHANIE VERGE

PHOTOGRAPHY BY ROGER AZIZ

CIT TOOK MULTIPLE weddings and a funeral for Christine Law to realize what she needed to do. In the summer of 2014, her calendar was packed with friends' marriage celebrations—blossom-filled occasions that got her thinking, Where do all the flowers go after the party? More often than not, they were thrown out. Law, then 27, was confident she could find a better use for them.

By August, the Montreal-based commercial analyst had a plan: convince couples and companies hosting events to donate their bouquets, which she would pick up and deliver within 48 hours to seniors across the city. She was drawn to the prospect

of bringing beauty into the lives of older people—and finding opportunities to forge relationships with them. Having lived with her grandparents between the ages of seven and 14, when her beloved grandfather died, Law knew how valuable an intergenerational connection could be. She drew on her experience volunteering with non-profits in order to set up her own organization, which she called Floranthropie.

The inaugural delivery—20 tropical arrangements—was to a long-term care facility in Montreal's east end, where a friend's mother worked. Not having enough bouquets for all 150 residents, Law ➤

Thinking of You: Since launching Floranthropie, Christine Law and her team of volunteers have delivered more than 4,000 bouquets to the elderly throughout Montreal.



asked the staff to provide a list of patients who needed cheering up the most, whether it was because of a rough patch or a lack of visitors. "The first woman I approached thought it was a mistake, that the flowers couldn't possibly be for her," says Law. "I said they were a gift, and we talked for a half-hour."

One man followed Law around, gazing at the blooms, even though he remained silent. "He wasn't on my list, but I offered him a bouquet and he brought me to see his room," she says. "There were floral decorations and artificial flowers everywhere. That's when I really understood that all kinds of people, men included, like something lovely to look at."

In addition to long-term care facilities, Floranthropie focuses on seniors' residences and community groups dedicated to the elderly. Laëtitia Thélème is a volunteer coordinator for Les Petits Frères, an organization that aims to help isolated elders who don't have a support system. The group receives monthly deliveries of a dozen or so bouquets from Floranthropie, then redistributes them. "Our motto is 'flowers before bread,'" says Thélème. "We aren't focused on primary care, but rather on nourishing the spirit. Floranthropie helps us do that. It's amazing what a big difference a small bouquet can make."

Those small bouquets are possible thanks to a seven-person crew comprising mainly Law's family and friends, including her close pal, Diana Ocvirek. "The act of offering a flower is a symbolic one—it can represent gratitude, joy, love or friendship," Ocvirek says. "It's also a simple gesture that provides hope."

In the beginning, most of Floranthropie's donations came through word of mouth: friends of friends who were getting hitched, a Concordia University staffer who had organized an event for the school. These days, Law receives inquiries from strangers via her organization's Facebook page and has connected with corporations and flower wholesalers. The group was finally able to buy a delivery van last fall and is currently looking for rental space. (Previously, Law used her car for transport, or booked a truck if necessary; flowers were often stored at her apartment.) Law hopes to expand Floranthropie nationally, but at this point is happy to be able to oversee each delivery personally.

"One of my cousins recently told me she thinks our grandfather would have been proud of what I'm doing," she says. "He's guided me—it's as if he's been following me this whole time. Flowers are lovely to look at, but more importantly, they're a tool to kick-start a conversation and foster a connection. That's my real priority." R



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Veteran actor Graham Greene on paying the bills, dancing with wolves and channelling a higher power

Divine Inspiration

BY COURTNEY SHEA

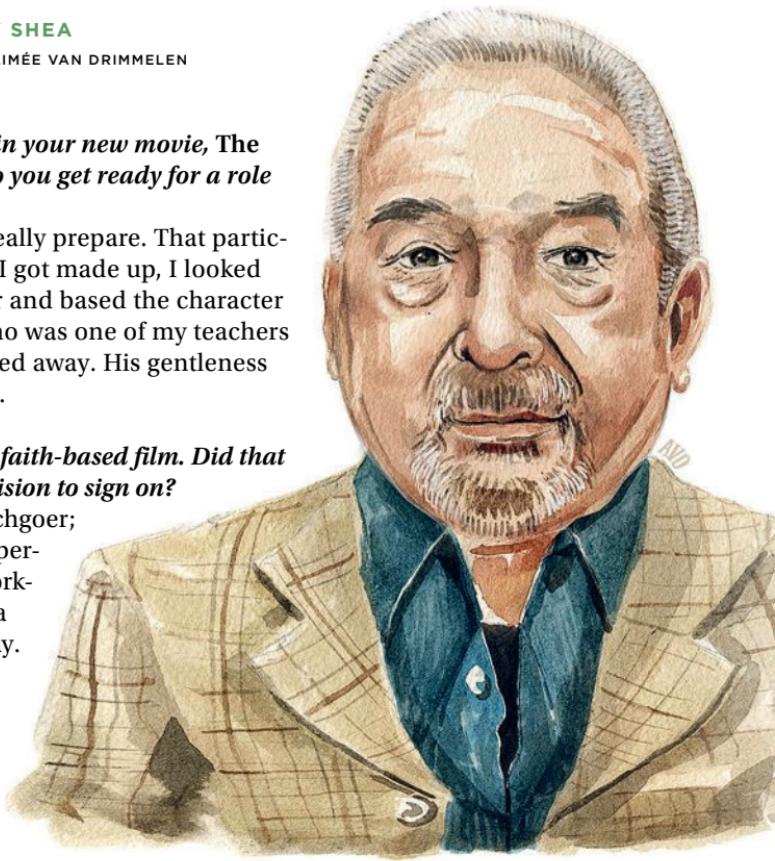
ILLUSTRATION BY AIMÉE VAN DRIMMELLEN

You play God in your new movie, The Shack. How do you get ready for a role like that?

Well, I never really prepare. That particular day, after I got made up, I looked into the mirror and based the character on an elder who was one of my teachers before he passed away. His gentleness was incredible.

The Shack is a faith-based film. Did that affect your decision to sign on?

I'm not a churchgoer; my beliefs are personal. I'm a working actor with a mortgage to pay. If I don't work, I get edgy and miserable. To make themselves interesting, a lot



of performers come up with horse-poop ideas about why they took certain parts. The role looked intriguing; it was offered to me and I accepted.

Many people know you from your Oscar-nominated performance in Dances With Wolves. More than 25 years later, what do you remember most about that experience?

My horse. He and I got on like a house on fire. On the last day I was shooting, this kid came up and told me it had been his—turns out he'd had to sell it. After filming, I went to the producers and said, "Make sure this kid gets his horse back. Take it out of my salary if you have to."

You also starred opposite wolves in Twilight. You clearly don't subscribe to that adage about how a smart actor never works with animals or children.

I also did a TV series called *Wolf Lake* with Lou Diamond Phillips.

Any advice on dealing with vulpine co-stars?

Don't. The ones in *Dances With Wolves* were pretty unpredictable. They were supposedly trained, but you never really knew what they were going to do. They were wild animals.

You recently appeared in *Te Ata*, a biopic about a Native American entertainer in the early 20th century.

Is it important to you to tell the stories of First Nations people?
Not particularly. I've played old Jewish men, New York police officers, French soldiers. I'm a fan of diverse casting. I hate that phrase, "Graham Greene, Native actor." You don't hear people say, "Denzel Washington, black actor," or "Kevin Costner, white actor."

Maybe it's a reflection of the fact that there aren't enough working First Nations actors.

I don't know about that. There are a lot more Native actors out there than there were 40 years ago, when I started. When kids ask for advice, I say learn how to wait tables, get your cab licence and develop a thick skin.

You've said you never intended to be an actor. What would you be doing now if you hadn't chosen this route?

I'd probably be a welder. I started out as a carpenter, a welder, a draftsman, a carpet layer, a roadie and an audio tech. I stumbled into acting and I thought, These people keep me in the shade, give me food and water, take me over to where I say what I'm supposed to say, then they take me back. Wow—this is the life of a dog!

R

The Shack is in theatres March 3.



How to make the most of your solo vacation

Leaving Alone

BY TIM JOHNSON



CHOOSE THE RIGHT COMPANY FOR YOU

Some tour operators, like Australia-based Peregrine Adventures and its sister company, Intrepid Travel, have reported up to a 40 per cent increase in solo travel in the past five years, with the most substantial growth in vacationers who are 65-plus. Companies are noticing and creating more options. Peregrine

Adventures caters to a 45-plus audience and offers an array of solo-only trips, while Intrepid Travel unveiled three new single-traveller offerings this year. "On these trips, you likely won't know anyone when you start, but that is rarely the case at the end," says Leigh Barnes, director of Intrepid Travel in North America. "Travelling on your own creates an openness that can enhance the experience."



CUT COSTS

Vacationing alone is inherently more expensive than splitting costs with a fellow traveller. For one thing, many resorts and cruises bill on a “per-person double occupancy” basis, meaning they charge a fee for each member of a couple staying in a room or cabin. Since they’re alone, solo travellers are often forced to pay the dreaded “single supplement,” which can range from 10 to 100 per cent of the advertised price. Seek individual rates online or call the resort or cruise line to negotiate. You can also avoid hotels altogether by house swapping through sites like homeexchange.com. Save on cabs by taking buses and subways whenever it’s safe to do so, and if you find yourself surrounded by singles at a guest house or restaurant, form your own group for a tour—banding together can lead to big discounts.

SIT AT THE BAR

Eating alone can be intimidating. Relocate to the bar, where your neighbours might be more open to conversation. You can sometimes save a few bucks by doing this, too—a number of restaurants offer a bar-only, cut-rate menu.



STAY SAFE

A few steps can increase your security. Lebawit Lily

Girma, author of the Moon travel guides on the Dominican Republic and Belize, advises those travelling solo to book rooms at small hotels and guest houses, where employees can provide valuable local intel. Let staff know whenever you go out for the evening (so they’ll notice if you fail to return), and rather than hailing a cab on the street, stick to official taxi stands or ask for names of trusted drivers at the front desk. As a bonus, staff-recommended drivers “are often some of the most knowledgeable guides,” says Girma.



FIND FRIENDS ONLINE

The Internet offers a plethora of places to meet fellow travellers. Travelbuddy.com will help you meet friends on the road, while thelmandlouise.com is a club for female vacationers.



KEEP CONNECTED

Should you start to feel isolated on your journey, Leyla Giray Alyanak, who runs Women on the Road, a site geared toward women who vacation alone, advises you to shift your attention. Keep a journal about your experiences, get in touch with folks at home via social media or simply head outside. “Go for a massage or to a museum or wander around on foot,” says Alyanak. R



Why you shouldn't try to raise the perfect kid

To Err Is Human

BY ALEX MLYNEK



EVEN THE MOST well-intentioned parents can sometimes subject their charges to unrealistic demands. By keeping expectations in check, we can nurture happier, healthier youngsters.

Why We Seek Perfection

The drive to bring up accomplished kids comes from two places, says Boston-based child psychologist Lawrence Cohen, who's written several books, including *Playful Parenting*. The first is an internalized desire to make up for something we feel was lacking in our own youth. If you

were bullied, for instance, you might believe it's extra important to raise a child who is kind to others.

We might also be motivated by a compulsion to keep up with the neighbours, leading us to pressure kids to master skills—like reading or sharing—before they are developmentally ready.

High Standards Hold Kids Back

Striving for excellence in too many realms can affect your child's ability to learn. If they are putting in the work required to be a top performer



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in multiple ways—at school, swim class and piano lessons, say—it can leave little room for downtime. But breaks are essential, especially for children, since we all learn better if we give our brains a chance to rest, Cohen explains. Free time allows us to integrate and digest what we've learned in order to fully comprehend and build on it.

Mistakes Are Valuable

Giving your child space to make and resolve errors helps them gain confidence, says Sara Marlowe, a Toronto-based clinical social worker whose recent book, *My New Best Friend*, is about teaching kids self-compassion. "Where appropriate, letting children sort out problems helps them trust that they can figure things out for themselves," she explains.

Another reason to hang back? A 2016 study out of the National University of Singapore found that assisting youngsters when they don't need it can lead to maladaptive perfectionism—that is, it might cause children to become overly anxious about mistakes or to beat themselves up for failing to meet expectations. During the study, kids were asked to solve puzzles within a time limit, while parents watched. Researchers identified self-critical attitudes in children whose parents impatiently interfered, even when they weren't showing signs of struggling. Gently leading

a child when they required help didn't have the same impact.

Striking a Balance

To get ahead of a tendency toward perfection, Marlowe suggests parents praise effort rather than achievement. "Instead of saying 'That's a great picture,' say 'You really worked hard on that,'" she explains. Setting clear standards for behaviour and accomplishments is useful, but when your child falls short, avoid responding with anger—that will only cause them to avoid you or lie to cover up their mistakes. Marlowe suggests focusing instead on helping kids determine what they might do differently in the future.

Finally, consider what kind of role model you are. Little ones must see their parents being open about their mistakes, Cohen insists. We all mess up occasionally: saying something we don't mean, raising our voices at loved ones, forgetting important occasions. But these moments can become teachable ones. "If we swear, blame others or deny mistakes, our children will do the same," Cohen says. Instead, acknowledge how you might have acted differently to produce a better outcome. Go easy on yourself and make a point of showing your kids you're doing so. It will go a long way toward setting them up for success. R



Binge Eating Disorder: It's a real medical condition

You're not alone.

In a multinational survey, almost 2% of people experienced Binge Eating Disorder.[†]

Binge Eating Disorder (BED) isn't just overeating. It's a real medical condition, and one that's quite common. In fact, in a multinational survey of over 24,000 people, the prevalence was higher for BED than bulimia in all countries surveyed.[†] Characterized by repeated episodes of binging (eating a large amount of food in a short period of time), BED may be accompanied by feelings of distress, disgust and a sense of a lack of control.[‡]

There is help.

BED can be managed, but it can also be a very sensitive topic. You might not be comfortable discussing it, or maybe you've hidden it from your loved ones. But now, there's more information and understanding about BED than ever before.

Getting the support you need starts with a simple conversation. If you think you might have BED, reach out to family, friends or your doctor for the help you deserve.

**Reach out. Ask for help.
Start the conversation.**

[†] A survey to assess BED was performed using the DSM-IV[§] diagnostic criteria across 14 countries including the United States, Belgium, France, Germany, Italy, the Netherlands, New Zealand, Northern Ireland, Portugal, Spain, Colombia, Brazil, Mexico and Romania.

[‡] This does not represent the full diagnostic criteria as per the DSM-5[¶].

[§] DSM-IV is a registered trade-mark of the American Psychiatric Association.

[¶] DSM-5 is a trade-mark of the American Psychiatric Association.



Our top picks in books, movies and TV

RD Recommends

BY SARAH LISS



1  **BELLEVUE** In the blue-collar town of Bellevue, neighbours look out for one another and everyone knows everyone else's business. It's the perfect setting for a moody whodunit, which is how we meet a local police detective played by Anna Paquin; she's conducting an investigation into the disappearance of a transgender teen. The search for the truth inevitably supersedes community spirit, as presaged by moody whodunit predecessors such as *True Detective* and *The Killing*. Feb. 20.

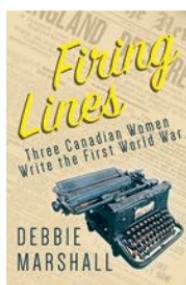
DID YOU KNOW? After earning a Best Supporting Actress statue at the age of 11 for her work in *The Piano*, Winnipeg-born Paquin became the second-youngest Oscar winner in history.



2 FIRING LINES

Debbie Marshall

Even military-history buffs will find plenty of revelations in this fresh take on the First World War. Marshall draws on her background as a playwright to create vivid accounts of the conflict as seen through the eyes of three female journalists who were working as foreign correspondents for Canadian publications at the time. *Feb. 18.*



(BELLEVUE) CBC



3 THE PERPETUAL NOW

Michael D. Lemonick

Imagine if your past simply ceased to exist. That's what life is like for Lonni Sue Johnson, a 60-something American artist who lives in a kind of suspended present tense, due to a bout of viral encephalitis in 2007 that left her with chronic amnesia. Lemonick, a science journalist, uses this deeply personal story to explore big questions about memory and the nature of self. *Feb. 7.*

(THE ZOOKEEPER'S WIFE) 2016 ZOOKEEPER'S WIFE LP. ALL RIGHTS RESERVED.
(BEAUTY AND THE BEAST) 2016 DISNEY ENTERPRISES INC. ALL RIGHTS RESERVED.



4 THE ZOOKEEPER'S WIFE

Though less well-known than Oskar Schindler, Antonina Żabińska—played here by Jessica Chastain—is no less inspiring. In 1939, she convinced her husband, the director of the Warsaw Zoo, to make their home a haven and, over the next six years, helped more than 300 Jews evade death by sheltering them among the furry and feathered creatures on-site. *March 31.*



5 BEAUTY AND THE BEAST

As the song goes, it's a tale as old as time, but this live-action version of the iconic 1991 Disney cartoon contains some charming updates. Harry Potter heroine Emma Watson tackles the role of Belle, the plucky bookworm who volunteers to take her father's place after he's imprisoned by a monstrous captor in an enchanted castle, while Emma Thompson and Ian McKellen are the voices of, respectively, a teapot and a clock. *March 17.*





Points to Ponder

BY CHRISTINA PALASSIO

My journey through the hockey world was a roller coaster, and there were times when I was left bitter. [My wife] Kina has taught me balance. She has taught me how to let go of negative feelings. Since the time I started playing pro hockey until today, my life is as good as it's ever been.

Former NHL player ERIC LINDROS,

in a speech he delivered after being inducted into
the Hockey Hall of Fame

I was very much, like any little kid, afraid of the dark.

Astronaut CHRIS HADFIELD, in

conversation about his children's book, *The Darkest Dark*

If you control the seed, you control the food system. And you control people, ultimately.

Farmer TERRY BOEHM, in

The Globe and Mail, responding to the proposed merger of conglomerates Bayer and Monsanto



I am a mother of four, a wife, an Olympic athlete, a writer, a speaker, a change-maker. I am also someone who has experienced mental illness. I hope that we have the imagination to define one another in our complexity.

SILKEN LAUMANN, in the *Huffington Post*

PHOTOS: (LAUMANN) BETH HAYHURST PHOTOGRAPHY; QUOTES: (LINDROS) SPORTSNET (NOV. 14, 2016); (HADFIELD) THE GLOBE AND MAIL (SEPT. 16, 2016); (BOEHM) SEPT. 16, 2016; (LAUMANN) SEPT. 29, 2016.

For me the task is to tap every young Canadian on the shoulder, offering the prospect of learning at the post-secondary level.

Former foreign affairs minister LLOYD AXWORTHY,

on his belief that all Canadians should have a chance to attend university, in the *National Post*



I met Coco Chanel on my second trip to France, and at first she wouldn't speak with me. But then she looked at my pictures and said suddenly that she could speak perfect English.

Photographer DOUGLAS KIRKLAND,

in *The Globe and Mail*

I love, love, love what I do. I don't need to be this big, huge superstar that's on the side of every bus and on every billboard in New York. Maybe this comes with age, but I know what I can do and what I'm good at. I've finally found out at age 47 where I fit in.

Soprano SON德拉 RADVANOVSKY,

in *The Globe and Mail*



In cultural terms and in film and television terms, I live in an occupied country. When I walk out of my home, I look up, and nine times out of 10, I look into the eyes of an American film star.

Actor ERIC PETERSON,

on CBC Radio's *q*

You need a token self out there—that self is the one that people hate or love. That's the self that people feel they own. But you don't put your real self out there—that would be far too painful and difficult.

SACHA TRUDEAU, on what he

learned from watching his late father, former prime minister Pierre Trudeau

I wanted to create a sensation in fiction that you get when you're online and you fall down a rabbit hole and you're like, What the hell just happened? And you fall down another rabbit hole.

DOUGLAS COUPLAND, to

The Globe and Mail, on his new book, *Bit Rot*

I went to Loblaw's yesterday and an old gentleman came up and said, "Oh, it's you! You're one of the original Canadian actors." I said, "Well I didn't go to auditions with John A. Macdonald!"



Actor GORDON PINSENT,

in *Zoomer Magazine*

R



Why they happen and how to treat them

Itchy Eyes?

BY SAMANTHA RIDEOUT

SUCH AN ITCH THAT'S difficult to scratch quickly escalates from a mild distraction to a major vexation, so it's little wonder that itchy eyes are a frequent complaint at ophthalmologists' offices. One likely cause: an allergic reaction. If your peepers are bothering you, consider whether you've recently used any new products (creams, makeup, soap) that could have irritated them. Eyes also commonly react to pollen, dust mites and pet dander. Avoid suspected triggers, if possible, and use saline eye drops to flush out any leftover particles. You can also take antihistamines, in pill or drop form, to ease allergic symptoms. Don't wear contact lenses until the warning signs go away.

Contact lenses can actually lead to itchiness,

especially if they're damaged, not replaced often enough, improperly cleaned or a poor fit. (An imperfect fit may be the culprit if you feel like you have a foreign object in your eye or if you experience vision fluctuations when wearing contacts.) Follow the replacement schedule given to you, and make sure you wash and disinfect your



ISTOCKPHOTO

lenses according to the instructions that were provided with their cleaning solution.

Another possible reason for itchiness is dry-eye syndrome, which can be caused by insufficient eye-moisture production (due to aging, laser-eye surgery or medications such as decongestants and antidepressants) or eye moisture that evaporates too quickly (caused by smoke, dry air or blinking less often). Over-the-counter saline drops, also known as artificial tears, will replace the

missing lubrication and can often relieve the discomfort.

If you have additional symptoms, such as eye discharge or a sore throat, if you're in a lot of pain or if your vision declines, you may have an infection or another problem requiring professional care. "There are many complaints that may present with red, itchy and watery eyes," says Holly Shaw, a nurse advisor for Allergy UK. "As

some of the rarer eye conditions have the potential to be sight threatening, it's good to seek advice." R

Up to half

of the world's contact lens wearers experience dryness, itchiness and other forms of discomfort.

News From the World of Medicine

Abstinence Easier Than Controlled Drinking

Some medical professionals think problem drinkers can learn to cut down on alcohol, while others advocate avoiding it completely. A recent Swedish study followed up with 201 alcohol-dependent



patients who started treatment two and a half years earlier. When people agreed with their caregivers about which goal to pursue, about 90 per cent of those who were attempting abstinence were successful, versus only 50 per cent of those aiming for moderation.

Tick Bites Triggering Meat Allergies

A newly recognized allergy to red meat is emerging in tick-endemic areas around the world, causing symptoms ranging from hives to anaphylactic reactions. Reports from Australia, Europe, North America, Central America, Asia and Africa suggest that some tick bites train the immune system to identify a carbohydrate called alpha-gal—found in many mammals—as a threat. The allergy can be confirmed with the help of a blood or skin test. Sufferers are encouraged to avoid beef, pork and other red meats; some are also sensitive to dairy.

Fast-Food Swamps Raise Diabetes Risk

Living in an area with many fast-food restaurants and few healthier options, also known as a fast-food swamp, increases the risk of developing diabetes by 79 per cent, according to a study out of the University of Toronto. Fast-food joints did not greatly affect the risk when there were enough cafés and sit-down restaurants for people to frequent instead.

Health Affected by Work Relationships

Having a job suited to our personality and skills is nice, but it's not

only what we do at work that will affect our well-being. It's also how we relate to the people there. An analysis of 58 studies in 15 countries found that people who experience a strong sense of belonging at the workplace tend to have better overall health and a lower risk of burnout. We derive purpose and meaning from membership in groups, the researchers explained, and the benefit is even more pronounced when our colleagues also identify with the organization or team.

R



TEST YOUR MEDICAL IQ

A chalazion is a...

- A.** benign genetic anomaly.
- B.** cramp in the foot.
- C.** person with two different blood types.
- D.** lump in the eyelid.

Answer: D. A chalazion is a lump-like cyst that appears in the eyelid, usually because the oil-producing glands are blocked. This common problem often goes away by itself, but you can help the healing process along by holding a clean cloth soaked in hot water over the eye for five to 10 minutes three to four times a day.

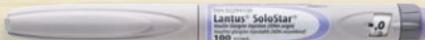
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HEALTH

How to deal with psoriatic arthritis

Easing Inflammation

BY LISA BENDALL

 CLOSE TO ONE MILLION Canadians have psoriasis, an autoimmune skin disorder. Perhaps 20 per cent of them will also develop an inflammatory form of arthritis, for reasons that aren't fully understood. "We know it's a combination of environmental and genetic factors," says Dr. Lihi Eder, a staff rheumatologist at Women's College Research Institute in Toronto. Typical triggers of psoriatic arthritis include obesity and stress on the joints.

Researchers have also found links between psoriatic arthritis and later cardiovascular disease, partly because the chronic inflammation causes changes in blood vessel walls. That's why it's critical that people with psoriasis seek a diagnosis if they notice joint pain, swelling and prolonged morning stiffness, says Eder. "If sufferers aren't treated early enough, there's more damage and disability, and even an increase in mortality."

Medications (including cutting-edge biologics) can help control joint inflammation. Eder says that becoming physically active, losing weight and eating better can mitigate future risk of heart disease and increase the chances that a patient will respond well to drug treatment.

R



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Case History

BY SYDNEY LONEY

ILLUSTRATION BY VICTOR WONG

THE PATIENTS: Katie, 26, and Ella, 24, of Boston

THE SYMPTOMS: Late-onset speech and motor-skill delay

THE DOCTOR: Dr. David Sweetser, chief of medical genetics and metabolism at the MassGeneral Hospital for Children

WHEN KATIE WAS BORN in 1988, everything seemed fine. Her mother, Laura, worried that Katie's baby babble and motor skills weren't as advanced at seven months as those of some of her friends' kids, but the pediatrician reassured her. It wasn't until Laura was pregnant with her second daughter, Ella, that it became clear that something was amiss.

Although bright and happy at one and a half, Katie still hadn't taken her first steps and only said a few words: "Mama," "Dada," "dolly," "bubbles." The family's lives became a blur of



trips to various therapists. Laura had undergone an amniocentesis in her first pregnancy, but nothing unusual had surfaced; Ella was subjected to precise tests in utero to look for chromosomal abnormalities. The results were normal.

Ella's first 12 months were uneventful, but then she, too, showed signs of developmental delay. As time passed, the gap between the girls' ages and abilities continued to widen. They were referred to an autism specialist, who diagnosed them with an atypical variant; their social interactions and sustained eye contact set them apart from the standard presentation of the disorder. Laura quit her job as a professor to devote her time to caring for her daughters—and finding a definitive diagnosis.

At age six, Katie's speech began to deteriorate. She lost interest in play and withdrew. Laura was terrified.

To her relief, Katie's condition stabilized within a year. But over the next decade, developmental pediatricians and six geneticists were consulted. Every few months, the girls underwent different exams. Their blood and urine were analyzed; they had muscle and skin biopsies and were tested for mitochondrial disease, Angelman syndrome (which affects the nervous system), Rett syndrome (a severe brain disorder in girls) and a host of other conditions. The results were all negative. The girls struggled with constipation, urinary tract infections and insomnia. Katie would periodically hyperventilate, while Ella began having seizures at age 13. Otherwise, their symptoms were fairly identical.

In April 2011, when the sisters were in their early 20s, the family met Dr. David Sweetser, the chief geneticist at the MassGeneral Hospital for Children, where the girls were being treated. "It was daunting to look at their medical sheets," he says. "It was a decades-long diagnostic odyssey."

Sweetser tried a new sequencing test that looks at every gene (all 23,000) and discovered a mutation in a single one (TCF4) that plays a crucial role in brain and nervous system development. This glitch causes Pitt-Hopkins syndrome, a disorder discovered in 2007 that's only been identified in about 350 people worldwide.

At last, the family's quest for an answer was over. A Pitt-Hopkins diagnosis often comes as a relief, says Sweetser, because it's typically a random genetic mutation that's unique to the child and not detected in the parents. (Because Katie and Ella share an identical mutation, one parent also carries the gene in a small subset of egg or sperm cells.)

The clinic has created a community for those who spent years seeking answers.

The best news? Pitt-Hopkins isn't progressive. Katie and Ella—now in their mid-20s—are doing well. Their cognitive age ranges from two to five years, depending on the skill area. They love music and playing in the sand on the beach. "They're happy, friendly young women," Sweetser says.

After the diagnosis, MGH launched the world's first Pitt-Hopkins clinic, to improve quality of life for patients and spearhead research that could lead to targeted therapies. The clinic has created a community for families who, like Laura, had spent years searching for answers. "Just knowing what the defect is can lead to better treatment—and hope for the future," Sweetser says. R



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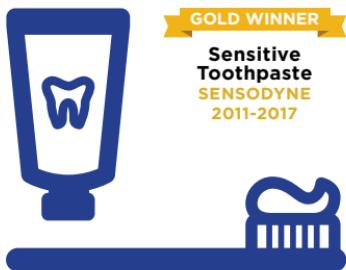


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ABOUT THE SURVEY

In an independent opinion poll, commissioned by Reader's Digest, Ipsos Canada conducted an online survey of over 4,000 Canadian adults from Sept 9-16, 2016. Quota sampling was used and the sample was stratified by language (English n = 3,053 and French n = 956.) Respondents were asked for their most trusted brand within each category, in an open-ended question format. Results were weighted to census data to be representative of the population. Using a credibility interval, the overall results are considered accurate to within +/-1.8 percentage points, 19 times out of 20, of what the results would be had the entire population of adults been polled.

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It hits women harder than it hits men, and it's more dangerous than breast cancer. Here's what you need to know about heart disease.

A Silent Killer

BY SYDNEY LONEY

PHOTOGRAPHY BY GABRIELLE SYKES



COVER STORY



HOPE SARFI WAS SITTING at her desk in an Ottawa office the day she decided it was time to go to the hospital. She hadn't felt well for almost a year but had blamed her busy job as a business analyst for the anxiety, fatigue and heartburn that seemed to become more persistent with each passing month. This time, though, was different.

"I started perspiring and I couldn't catch my breath," Sarfi says. "I was going to drive myself to the ER, but then I asked a colleague to take me." It was a good thing, too—it turned out Sarfi was in the middle of a massive heart attack.

It was February 10, 2014, and she had just celebrated her 60th birthday. Sarfi had several risk factors for heart disease—she was overweight, didn't exercise and was under a lot of stress at work—but no doctor had ever highlighted them as red flags. When she'd asked her GP to find out why she felt lousy and periodically experienced shortness of breath, heart disease never came up; the physician attributed her symptoms to everything from work to a lack of physical activity.

A lack of discussion about heart disease is just one of the things that frustrates Wendy Wray, the director of the Women's Healthy Heart Initiative, a nurse-led clinic at the Royal Victoria Hospital in Montreal that provides individualized care for women, with a focus on healthy lifestyles.

"It's an ongoing problem," Wray says. "Research shows that when

GPs see men and women with the same risk factors for heart disease, they're more likely to talk to men about symptoms and reducing their risk than they are to women."

The fact that women don't know their risks or recognize their symptoms has a lot to do with a gender gap surrounding heart disease, says Lisa McDonnell, the program manager for the Canadian Women's Heart Health Centre in Ottawa. This inequality may be the reason why women have much poorer outcomes and are 47 per cent more likely than men to die in the five years following a heart attack.

McDonnell says that a combination of biology—women's reproductive cycles have a tendency to affect study results—and clinical bias means that heart disease in women is under-researched, and therefore underdiagnosed and undertreated. "These sex-based inequities have been attributed to a lack of public and professional awareness of women's coronary risk; knowledge gaps regarding symptom presentation; suboptimal screening and diagnostic approaches; and disparities in

the application of evidence-based therapies."

All of this is especially worrisome when you consider that the American Heart Association states that one in three women die of heart disease each year—compared to one in 36 of breast cancer and one in 100 of ovarian cancer, according to the American Cancer Society. That's also more than the one in four men for whom cardiac events are fatal. "But we hear very little about it," Wray says. If women don't know their risks, they can't do anything about them—and 80 per cent of heart disease is preventable.

HOW DO YOU KNOW IT'S HEART DISEASE?

When Sarfi arrived at the hospital on the day of her heart attack, she was surprised when doctors wouldn't let her leave. "I couldn't believe that I'd actually had a heart attack," she says. But an angiogram (an X-ray test that takes pictures of the blood flow in an artery) confirmed that her coronary artery was 90 per cent blocked. Sarfi was immediately booked for a double bypass.

In 2014, a national survey in the *Canadian Journal of Cardiology* found that not only do women not believe they're at risk (40 per cent



were at high risk for cardiovascular disease, yet 78 per cent considered their risk to be low or moderate), but close to 50 per cent can't identify the disease's major symptoms.

The classic Hollywood moment where a man suddenly clutches his chest and drops dramatically to his knees isn't how most women experience heart attacks. Yes, women do experience chest pain in 60 per cent of cases, says McDonnell, who led the national study, but that's often not their primary symptom. She notes that women are more likely to report so-called atypical symptoms, such as unusual fatigue, shortness of breath,

back pain, anxiety, flu-like symptoms and indigestion. "This convolutes the issue, as both doctors and patients tend to think it could be something else," she says.

In fact, heart disease symptoms are unrecognized in women up to 54 per cent of the time, according to a 2010 study in the journal *Heart*. "If symptoms are dismissed in as many as half of all cases, it's no wonder women have worse outcomes," McDonnell says. (For men, misdiagnosis only occurs up to a third of the time.)

Because they don't suspect they're in danger, women will delay going to the hospital. The national survey on heart health behaviours found that almost 50 per cent of women wouldn't call an ambulance out of fear, embarrassment or a desire not to bother anyone. "Timing is very important," Wray says. "The sooner we get our hands on a patient, the more heart muscle we can save."

DIAGNOSTIC DILEMMA

Coronary heart disease presents differently in women than it does in men. This is problematic because most diagnostic tools are designed to find blockages in the major coronary artery, but women are more likely to have issues with the smaller, narrower arteries (known as microvascular dysfunction). "The angiogram is the gold standard for diagnosing heart disease, but it's designed for

larger arteries and won't pick up disease in small vessels," says Karin Humphries, scientific director for the BC Centre for Improved Cardiovascular Health in Vancouver.



WHEN IT COMES
TO TREATING HEART
DISEASE, WOMEN
DO BEST IN REHAB,
BUT THEY DON'T
ALWAYS GET THERE.

Even when a woman's arteries are blocked, the plaque that's causing the problem is frequently smoother and harder to see than it is in men's vascular systems. It's also usually more difficult to tell when a woman has suffered a heart attack, because her body produces less of a particular biomarker (in this case, a protein released in the blood when some of the heart muscle dies).

"Women are seven times more likely to develop heart disease, but 70 per cent of what we understand about the condition is based on research conducted on men, because women have only been included in about 30 per cent of cardiovascular clinical trials," McDonnell says.

Fortunately, there is a relatively new procedure in which doctors can inject dye to identify problems with

blood flow in the smaller vessels—and it can be performed at the same time as an angiogram. It just needs to become standard clinical practice, Humphries says.

GET TREATED RIGHT

Ten days after her surgery, Sarfi was sent home. “That was the scariest part for me. I felt safe in the hospital,” she says.

She went to rehab, changed her diet (more vegetables, less meat, sugar and salt), started a walking program and took up yoga. Over the next two years, she lost 24 kilograms. Still, recovering physically was the easy part. The psychological recovery was harder.

Then Sarfi heard about the peer-support program at the Canadian Women’s Heart Health Centre in Ottawa. Even though she doesn’t consider herself a “group person,” she went every two weeks for six months. “Being part of that program helped me move on,” she says. “We could talk about what medications we were on and discuss how we were feeling and what we were scared about.”

When it comes to treating heart disease, women do best in rehab, but they don’t always get there. “There are a greater number of barriers for women, who have many family and caretaking responsibilities, especially if they must go to a clinic or hospital outside their communities,”

McDonnell says. She also highlights the rarity of a female-centred approach: “The traditional rehab model is male-centred, and the focus is on exercise alone,” she says.

At the Women’s Heart Health Centre, new patients are put in small groups led by women who have recovered mentally and physically from heart attacks and are managing the disease well. “Women tend to respond to support from people outside their immediate networks because they don’t want to burden their families—the added stress has a negative impact on their cardiac recovery,” McDonnell says.

“

DEPRESSION AND
ANXIETY CAN
INCREASE THE
RISK OF A SECOND
HEART ATTACK BY
50 PER CENT.

Women-centred peer programs help patients cope with the psychosocial distress that accompanies the condition. After a heart attack, women are twice as likely as men to suffer from depression and anxiety, which can increase their risk of a second episode by 50 per cent. It also helps them face the fact that they have an incurable disease—but that

even a few lifestyle changes might be all it takes in order to prevent another heart attack.

REDUCE YOUR RISK

The best news about heart disease is that so much of it is within our control. In November, a study in the *New England Journal of Medicine* found that even the increased danger due to genetics (which can nearly double risk in some cases) can be modified by lifestyle changes.

The big challenge is educating patients about what it is that puts them in danger, McDonnell says. Both men and women have a greater chance of having a heart attack if they're obese, smoke, have diabetes, high blood pressure or high cholesterol, but some of these factors are heightened in women. Smoking puts younger women at a 25 per cent greater risk than men, and women with diabetes are seven times more likely than men to have heart disease, as well.

Marital stress can be another factor: researchers in Sweden found that a combination of work and family pressures was accompanied by the highest risk and the worst prognosis in women's coronary disease.

Then there are the things men don't need to worry about, like menopause and pregnancy. Most women don't know that if they had pre-eclampsia (high blood pressure)

during pregnancy, it doubles their chances of developing heart disease five to 15 years post-partum. "The disorder goes away after delivery, and they're just sent home; no one talks about heart disease," McDonnell says. She is involved in a post-partum program in Ottawa where mothers with pre-eclampsia are flagged by their OB/GYNs and sent to the Women's Heart Health Centre for a one-year cardiac-prevention program. "The initiative has reduced the risk of the women involved by 45 per cent. Now we're training teams to launch a similar program in Alberta," she says.



HOPE SARFI'S SYMPTOMS HAVE NEVER RESURFACED, BUT SHE NOW KNOWS NOT TO WAIT TO GET HELP IF NEEDED.

Once women have the information they need, the next step is to talk to their doctors, says Wray. "Don't wait for your GP to initiate the conversation. Ask about your blood pressure, your cholesterol, your BMI, what activities to do and how much." Then, if you do have a symptom you're not sure about, don't hesitate to seek assistance. "If you get sent home,

so what?" Wray says. "At least you can rest easy knowing you've been checked out."

Sarfi's symptoms have never resurfaced, but she says she now knows better than to wait to get help when something feels off. She's still in touch with the friends she made in her peer-support group, and they occasionally meet up. "My life is a lot different now," she says. "When I started the program, it was really hard to face the fact that I'd had a heart attack. This is the first year when I've actually dealt with it and am okay with calling it heart disease."

Although she feels healthier and has an increasingly positive outlook, there are days when Sarfi worries about having another attack. Still, her confidence in her abilities has increased, and she's taken up golfing, cross-country skiing and biking. "I no longer use a heart-rate monitor because now I'm able to judge how I'm doing and I'm more aware of how my body should feel when exercising," she says.

Sarfi is also involved in increasing awareness of heart health, participating in research studies and speaking at last year's Women's Heart Health Summit in Ottawa. She plans to do more when she retires. "I learned a lot, and it empowered me to take care of my own health and not wait for the doctor to do it for me. Now I want to help others do the same." **R**



ONE REASON FOR THE RISE

Over the past decade, the incidence of heart disease in women aged 34 to 55 has increased. One explanation is spontaneous coronary artery dissection, or SCAD, a condition that isn't caused by plaque buildup but rather by tears in the arterial walls that occur most often in otherwise healthy and active women.

"We'd been told SCAD is rare, but in 2011, I saw three cases in two weeks," says Dr. Jacqueline Saw, an interventional cardiologist at Vancouver General Hospital.

For the past six years, Saw has made SCAD the focus of her research and is currently following 350 patients. Her goal is to improve diagnosis (upgraded imaging tools, such as intravascular ultrasound, allow doctors to see tears inside the arteries), outcomes and management. As with other forms of heart disease, lifestyle changes can help—the key in this case is reducing stress. "I tell my patients that stress isn't benign," Saw says. "Managing it is crucial to both your mental and your cardiovascular health."



HEART

Three stories about joyous discoveries
made at unexpected moments

MIRACLES IN REAL LIFE

"I Don't Know if He Realizes How Lucky He Was"

BY LISA MILLER

IT WAS 5:45 A.M. on a morning in March 2011. As Michael Shannon drove along California's Pacific Coast Highway, he could smell the sea. The pediatrician was heading to meet a friend for their regular Tuesday walk on the beach in Dana Point Harbor, in Orange County. Suddenly, a blanket of white interrupted his vision. A semi-trailer truck had pulled onto the road, and the doctor had no time to react.

"I remember the wham and the sound of breaking glass, and then everything stopped," he says.

In the quiet after the collision, Shannon's first thought was that he was alive. His second thought was that he had to get out—fast. His legs and feet, wedged beneath the crumpled dashboard, felt hot. But he was pinned.

Help arrived almost instantly. Engine 29, a four-person unit from the Orange County Fire Department that includes two paramedics, was on the scene in less than two minutes.

Paramedic Chris Trokey immediately realized how urgent the situation was. The front end of the Chevy Suburban SUV was stuck under the body of the semi. He could see the engine smouldering and knew it

could explode within minutes, yet the man inside the vehicle appeared remarkably calm.

The firemen doused the engine fire and called for backup: they needed jaws of life to pry open the SUV. After 20 minutes, with a second crew's help, the man was extracted and Trokey put him on a gurney. As he sat with the crash victim in the ambulance to Mission Hospital in Laguna Beach, Trokey began to meditate on the man's name: Michael Shannon.



THE BOY GREW UP
HEARING THE LEGEND
OF THE TIME THE
DOCTOR WATCHED
OVER HIM UNTIL
HE WAS SAFE.

The paramedic wondered if this could be the same person who had saved his own life 30 years ago, when he was a preemie and arrived, with panicked parents and a perilously high temperature, at the very same ER they were headed to now.



After he helped save the life of Dr. Michael Shannon (right), paramedic Chris Trokey realized the man had been his childhood pediatrician.

CHRIS TROKEY ENTERED the world 10 weeks early in June 1986. Mike Trokey and his wife, Dee, went to Mission Hospital after her water broke. From there, they were rushed by ambulance to the hospital at the University of California Irvine, some 40 kilometres away.

Weighing 1.4 kilograms at birth, the baby could fit in the palm of

Mike's hand. But he was tough, breathing on his own within hours. While he was in the NICU, his parents commuted between Irvine and their home in Dana Point. During those anxious first weeks, Mike and Dee searched for a local pediatrician who was skilled enough to cope with the health problems that premature babies often face. When

they went for a first meeting with Dr. Michael Shannon, they liked him right away, from his capable manner to his shoulder-length hair and denim shirt.

After seven weeks, the baby was discharged in good health, but within a fortnight, he developed what Shannon coolly calls “a pretty good-sized fever”—dangerous for a newborn but exponentially more so for a preemie. As the fever soared, Shannon suggested the family meet up with him at Mission Hospital.

There was no infant ICU at Mission at the time, so the doctor took Trokey’s blood himself and did a spinal tap to rule out meningitis. Then he put the baby on an IV antibiotic drip and had the parents go home to sleep. Shannon stayed with Trokey for two nights. On the third day, the boy was discharged—and he grew up hearing the family legend of the time that Shannon slept in the hospital with him until he was safe.

AFTER THE CAR accident, in an echo of what had happened three decades earlier, Trokey remained by Shannon’s side in the trauma room for a few minutes. “I asked, ‘Do you remember me? You stayed with me when I was really little,’” says the paramedic. Shannon had suffered a perforated small intestine, had second- and third-degree burns on

his feet and needed to have part of a toe amputated. Shards of glass were also embedded in his skin.

Shannon recognized Trokey’s name at once. Although he’s treated more children over the decades than he can remember, it’s the ones who need him most who stick.

EVERY YEAR ON
THE ANNIVERSARY
OF THE ACCIDENT,
THE TWO MEN
GET TOGETHER
TO SHARE A MEAL.

The day after Shannon’s surgery, Trokey and the crew from Engine 29 went to visit the doctor in the ICU. This was unusual. As firefighters and paramedics, they save lives as a matter of course. But this case was different, because it was such a close call—“I don’t know if he realizes how lucky he was,” says Trokey—and such a coincidence.

Both men still marvel at the connection. They’re busy people, but every year on the anniversary of the car accident, they meet for a meal. And in 2015, Trokey became the father of a baby boy. His name is Porter, and he’s had no major health problems so far. Michael Shannon is his pediatrician. R



*Mother and
child at last:
Jeanne Kerr (left)
and the author.*

"I Want to Make You My Daughter"

BY REGINA LOUISE FROM NARRATIVE.LY

"MAY I SPEAK with Jeanne Kerr?" I asked, crossing my fingers.

"Who's speaking?" the voice crackled.

"It's Regina Louise. I think we may have met a—"

"I don't believe so," said the voice. The line went dead.

I crossed out another entry on my long list. I'd last seen the woman I was seeking in 1977, when I was 15. That day, I'd stood in a juvenile courtroom prepared to speak about what it would mean to me for Jeanne Kerr, my beloved counsellor, to adopt me.

I'd met Jeanne when I'd arrived at the Edgar Children's Shelter in Martinez,

Calif., on May 1, 1975—a day before I turned 13. I was confused by her excitement regarding my impending birthday. Then came balloons, cake and strangers singing to me as if I were a big deal. I had prayed to meet someone who could see that I was worth the trouble I was born into. In no time, it felt good to be where Jeanne was.

In court, my social worker presented evidence of how I had sabotaged foster-care placements so I could return to the shelter, to Jeanne. "It's unnatural, Your Honor, how much she loves this woman," she said.

The judge agreed, and Jeanne's petition to adopt me was denied. I

believe my social worker objected because Jeanne was white and I was black. The National Association of Black Social Workers had issued a statement against trans-racial adoption, seeing it as an attack on black families. I was put in a residential treatment centre for severely emotionally disturbed girls. From there, I'd go through 30 placements before landing in a group home in San Francisco. I stayed there until the age of emancipation, after which I flailed through life. Then I became a mother, and everything changed. Now I had someone else to love and to think about.

BY 2002, I co-owned and operated two hair salons, and my teenage son was thriving. I decided to write a book about my life from ages 13 to 15, a journey that included meeting Jeanne and losing her.

"Your memoir claims abuse and neglect, so you need someone to verify what you've written," my editor said. I had two weeks.

My writing coach suggested I find Jeanne. I couldn't bear to tell her that I'd spent years ordering phone books from Nova Scotia to Hawaii, the number of times I'd been hung up on, the dead ends I'd followed. But now I could scour the Internet. I began searching on countless sites. Marriage licence? Nothing. Certificate of birth? Nothing. Death certificate?

Hesitantly, I punched in her name. That, too, came back with nothing.

Had I made Jeanne up? But there was the blue corduroy dress she'd hand-sewn for me, with rainbows in my favourite colours. I'd lost it many years ago. There was the way she called me "sweetheart," and the way she smelled of Cream of Wheat, milk, vanilla and brown sugar.

Then I remembered that, as a child, I had been warned that everything I said and did was put in a file. I called the county and asked for it to be sent to me. Inside was a stack of papers filled with legal jargon, incident reports and letters from institutional directors. But there was no road map to Jeanne.

With two days left to corroborate my story, I asked a friend who had access to research databases for help. My deadline passed before she finished her search, so I changed the names of my characters. "Jeanne Kerr" became "Claire Kennedy."

MY FRIEND SENT me the search results a week later. She had an address! I wrote Jeanne a letter, but the day before I left on my book tour it was returned to me, stamped with the words "Addressee Unknown."

In Los Angeles, I was interviewed by a radio talk show host who asked: "You're a spokesperson for foster care, and you have a thriving business and a well-adjusted child. What more would you like?"

I replied without hesitating. "Someone to say they are proud of me."

Afterward, back in my hotel room, I checked my email and saw a message with the subject line: "I am so proud of you, sweetheart!"

My heart stopped. Jeanne. A former co-worker of hers had reached out after reading an article about my book in which the reporter revealed the real name of Claire Kennedy.

I immediately dialed the number Jeanne had included in her message.

"Hello?" The voice at the other end sounded hushed, just as I remembered. Jeanne had a particular way of saying "hello" that softened me from the inside out.

"I can't believe it's you," I said through my bewilderment when she answered. "I never stopped thinking of you."

"You were my first child, and I never stopped loving you," she told me. "They said I was the wrong colour and that I wasn't allowed to love you." Jeanne continued. "I have something I want to give you."

I held my breath.

"I want to make you my daughter."

From the moment I had lost Jeanne, I had known she was the mother I was meant to have in this life. I went on to live as if she'd never left, as if she were there to guide my actions, and I believed that one day I'd have the

chance to thank her. My deepest wish was on the verge of coming true.

THREE WEEKS LATER, I was pacing at LaGuardia Airport in New York City, waiting out a storm that had delayed Jeanne's plane. Finally, a woman rushed toward me, her long grey-white ponytail swinging under a baseball cap. She wore a sweater splattered with gigantic peonies, green polka-dot capri pants and kitty-cat ankle socks paired with a well-worn pair of running shoes. I looked at her, head tilted like a puppy. I would not have worn those pieces together if God himself had ordered me to, and I flushed with mortification. It was then that I knew I was not only a daughter, but her daughter. I earned a full adolescent-hood of stripes in that one moment.

"Hi...Mommy," I said. I felt electrified saying the word for the first time. My entire life I had guarded it, my body a safe-deposit box, holding it until I could give it its rightful place.

IN NOVEMBER 2003, I stood in the same juvenile courtroom in California where Jeanne's adoption request had been denied in 1977. I was 41. After the judge had us swear to honour and love each other as mother and daughter for the rest of our lives, I turned to Jeanne and whispered, "Thank you for loving me when no one else could." R



Reunited on the job: sisters Meagan Hughes (left) and Holly O'Brien.

"I Knew She Was Out There"

BY MARC PEYSER

HOLLY O'BRIEN'S PATIENT was just being nice. She probably didn't know that South Korea has more than 50 million people or that there are over 1.7 million Korean-Americans living in the United States. The patient just thought it was interesting that O'Brien hadn't met Meagan Hughes, another Korean-American nurse working on the same floor—and the same shift—at Doctors Hospital of Sarasota, in Florida. "You should

talk to her," the patient told O'Brien. "Maybe you're from the same town."

After O'Brien and Hughes met, they did begin to notice parallels. They were both certified nursing assistants; they were both orphans who had been adopted from South Korea by American families; and their reason for ending up at the orphanage was the same: abandonment. "So I said to Holly, 'I know this sounds crazy, but what's your

Korean last name?" recalls Hughes, now 45. "And as soon as she replied 'Shin,' I said, 'No way. That's my last name too.'"



AFTER MORE THAN 12,000 KILOMETRES AND FOUR DECADES, HOLLY O'BRIEN HAD FOUND THE MISSING PIECE OF HER PAST.

Suddenly, the coincidences seemed more than merely interesting. For years, O'Brien, 47, sensed that she'd had a half-sister back in Korea. Though her mother had disappeared when she was an infant, and she was only five when a train killed her father, she had a memory of living, briefly, with her dad, his second wife and a baby girl. O'Brien was ultimately adopted by a loving

family from Alexandria, Va., but her Korean childhood never left her.

Hughes wasn't haunted by lingering memories; instead, she was haunted because she didn't have any recollections. Adopted when she was four by a couple in Kingston, N.Y., she couldn't remember either of her biological parents.

Meeting O'Brien offered a chance to fill in the blanks. A little over a year ago, the nurses decided to take at-home DNA tests. They were a match: half-sisters. O'Brien was shocked but also relieved. After more than 12,000 kilometres and four decades, she'd finally found the missing piece of her past, working just a few metres away from her.

TODAY, O'BRIEN—MARRIED with no children of her own—has become an aunt to Hughes's two daughters. And the sisters wear matching necklaces, each with a heart-shaped charm, as a symbol of their bond. R



IT'S ALL IN THE DETAILS

Always remember that you are absolutely unique.

Just like everybody else.

MARGARET MEAD

I always wanted to be somebody, but now I
realize I should have been more specific.

LILY TOMLIN



Laughter

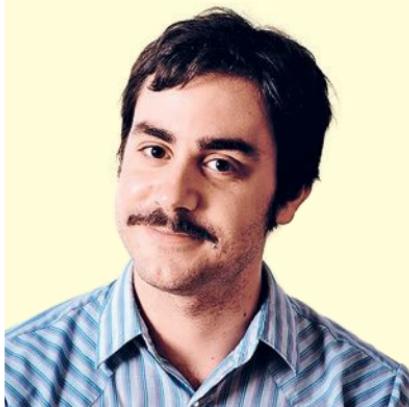
THE BEST MEDICINE



THE BEST JOKE I EVER TOLD BY STEVE PATRICK ADAMS

Judging by all dream sequences in movies, I wonder if anyone in Hollywood has ever actually had a dream first-hand.

Find Adams's stand-up, comic strips and animations at stevepatrickadams.com.



OF ALL STRIPES

"Boop"

Zebra walking past a self-service checkout.

@JAZMASTA

THE WAY THE COOKIE CRUMBLES

While eating Chinese takeout one evening, my son noticed there was no fortune in his cookie. "Oh, how unfortunate!" he exclaimed.

WESLEY MCKAY, Thunder Bay, Ont.

A SCOTTISH MOTHER VISITS

her son at his Toronto apartment and asks, "How are you finding your neighbours, Donald?"

"Mother," says Donald, "the people in this building are so noisy. One won't stop banging his head against the wall, while the other screams and screams all night long."

"Oh, Donald! How do you manage to put up with them?"

"What can I do? I just lie in bed quietly, playing my bagpipes."

reddit.com

[DOGS ON COFFEE BREAK]

DOG 1: "I heard a great joke."

DOG 2: "Oh yeah?"

DOG 1: "Knock kn—"

Dog 2 goes nuts.

@WRITEPLAY

Send us your original jokes! You could earn \$50 and be featured in the magazine. See page 10 or rd.ca/joke for details.





What the brain of the world's greatest free-solo climber, Alex Honnold, can teach us about fear

LIVING ON THE EDGE

BY J.B. MacKINNON FROM NAUTILUS

ALEX HONNOLD HAS HIS own verb. "To honnold" is to stand in some high, precarious place with your back to the wall, staring into the abyss. To face fear, literally.

The verb was inspired by mesmerizing photographs of Honnold in precisely that position on Thank God Ledge, 550 metres off the deck in Yosemite National Park. In 2008, Honnold side-shuffled across this narrow sill of stone to become the first rock climber ever to scale the sheer granite face of the park's iconic Half Dome peak alone and without a rope. Had he lost his balance, he would have fallen for 10 long seconds to his death on the ground below.

Honnold, 31, is history's greatest free-solo climber, meaning he ascends without rope or protective equipment. Above about 15 metres, any fall would likely be lethal, which means that, on epic days of soloing, he might spend 12 or more hours in the "death zone"—the term used to describe the zone in which a ropeless rock-climbing fall would likely be fatal. On the hardest parts of some climbs, his fingers will have no more contact with the rock than most people have with their phones' touchscreens, while his toes press down on edges the width of a stick of gum.

All of this has also made Honnold the world's most famous climber. He has appeared on the cover of

National Geographic, on *60 Minutes*, in commercials for Citibank and BMW and in a trove of viral videos.

He also inspires no shortage of peanut-gallery commentary that something is wrong with his wiring. In 2014, he was part of an expedition team that gave a presentation at the National Geographic Society headquarters in Washington, D.C. The audience was there to hear from climbing photographer Jimmy Chin and veteran explorer Mark Synnott, but above all, they had gathered to gasp at tales about Honnold.

Synnott got the biggest response from a story set in Oman, where the men had travelled by sailboat to visit the remote mountains of the Musandam Peninsula. Coming upon an isolated village, they went ashore to mix with the locals. "At one point," Synnott said, "these guys start yelling and pointing up at the cliff. And we're like, 'What's going on?' And of course I'm thinking, 'I'm pretty sure I know.'"

Up came the photograph. There was Honnold, the same casual dude who was sitting onstage in a grey hoodie and khakis, looking like a toy as he scaled a huge, bone-coloured wall behind the town. He was alone and without a rope. Synnott summed up the villagers' reaction: "Basically, they think Alex is a witch."

When the presentation ended, the adventurers autographed posters for the crowd. Three lines formed. In

one, a neurobiologist waited to share a few words with Synnott about the part of the brain that triggers fear. The scientist leaned in close, shot a glance toward Honnold, and said, "That kid's amygdala isn't firing."

AT ONE TIME, HONNOLD tells me, he would have been afraid—his word choice—to have psychologists and scientists looking at his brain and probing his behaviour. "I've always preferred not to look inside the sausage," he says. "If it works, it works. Why ask questions? But now I feel like I've sort of stepped past that."

And so, on this morning in March 2016, he is laid out, sausage-roll style, inside a large, white tube at the Medical University of South Carolina, in Charleston. The tube is a functional magnetic resonance imaging (fMRI) brain scanner, essentially a huge magnet that detects activity in the brain's different regions by tracing blood flow.

The cognitive neuroscientist carrying out the scan is Jane Joseph, who in 2005 was one of the first people to perform fMRIs on high-sensation seekers—people who are drawn to intense experiences and who are willing to take risks to have them. Psychologists have been studying sensation seeking for decades because it often leads to out-of-control behaviours such as drug addiction and problem gambling.

In Honnold, Joseph initially anticipated the typology of a typical high-sensation seeker, but, some scans later, another possibility arises: the super sensation seeker, who pursues experiences at the outer limits of danger yet can tightly regulate the mind and body's responses to them.

EVEN THOUGH
THERE'S NO ACTIVITY
IN THE FEAR
CENTRE OF HONNOLD'S
BRAIN, HE HAD
BEEN REALLY SCARED.

"I'm excited to see what his brain looks like," Joseph says as the scan begins. "Then we'll check what his amygdala is doing, to see: does he really have no fear?"

OFTEN REFERRED TO AS the brain's fear centre, the amygdala is more precisely the centre of the brain's threat-response and interpretation system. It allows us to, for example, step back from an unexpected precipice without a conscious thought. Its response to stressful stimuli also triggers other sensations familiar to almost everyone: racing heartbeat, sweaty palms, tunnel vision.

Meanwhile, the amygdala sends information for higher processing in

the brain's cortical structures, where it may be translated into the conscious emotion we call fear.

An initial scan of Honnold's brain appears on MRI technician James Purl's computer. "Can you go down to his amygdala? We have to know," says Joseph.

Purl scrolls down until two almond-shaped nodes materialize. "He has one!" says Joseph, and Purl laughs. Whatever else explains how Honnold can bring himself to climb without a rope, it isn't because there's an empty space where his amygdala should be.

Inside the tube, Honnold is viewing a series of images that flick past at the speed of channel surfing. The photographs are meant to disturb or excite. "At least in non-Alex people, these would evoke a strong response in the amygdala," says Joseph. The selection includes corpses with their facial features bloodily reorganized; a toilet choked with feces; and invigorating mountain-climbing scenes.

After about half an hour, Honnold emerges looking sleepily doe-eyed. Raised in Sacramento, Calif., he's intensely laid back—his nickname is No Big Deal, which is his assessment of almost every experience he undergoes. Like most expert climbers, he is leanly muscled, with the exception of his fingers, which permanently look like they've just been slammed in a car door, and his forearms, which bring to mind Popeye.

"Looking at those images, does that count as being under stress?" he asks Joseph.

"Those images are used widely for inducing fairly strong arousal responses," Joseph replies.

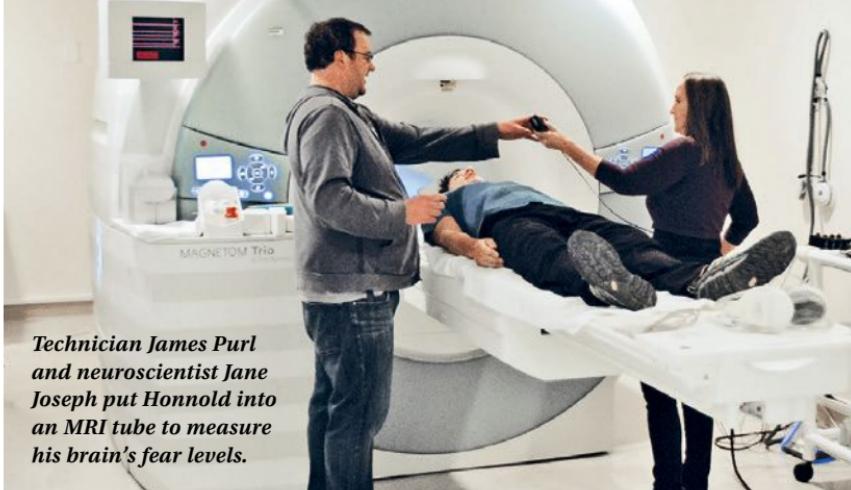
"Because, I can't say for sure, but I was like, *whatever*," Honnold says. The photographs struck him as dated and jaded. "It's like looking through a curio museum."

A MONTH LATER, HAVING studied Honnold's scans, Joseph is on a conference call to Shanghai, China, where Honnold is en route to climb the underbelly of the stalactite-spangled Great Arch of Getu.

"What do all the pictures mean?" Honnold asks, looking at the fMRI images Joseph has sent him. "Is my brain intact?"

"Your brain's intact," says Joseph. "And it's quite interesting."

Even to the untrained eye, the reason for her interest is clear. Joseph had used a control subject—a high-sensation-seeking male climber of similar age to Honnold—for comparison. Like Honnold, the control subject had described the scanner photographs as unstimulating. Yet in the fMRI images of the men's responses, with brain activity indicated in electric colours, the control subject's amygdala might as well be a neon sign. Honnold's is grey. He shows zero activation.



Technician James Purl and neuroscientist Jane Joseph put Honnold into an MRI tube to measure his brain's fear levels.

Could the same thing be happening as he climbs ropeless into situations that would cause almost anyone else to melt down in terror? Yes, says Joseph. Where there is no activation, she says, there is probably no threat response. Honnold really could be feeling no fear up there.

HONNOLD REJECTS THE IDEA that he is fearless. To the wider world, he's known as a figure of preternatural calm as he hangs by his fingertips on the fine line between life and death.

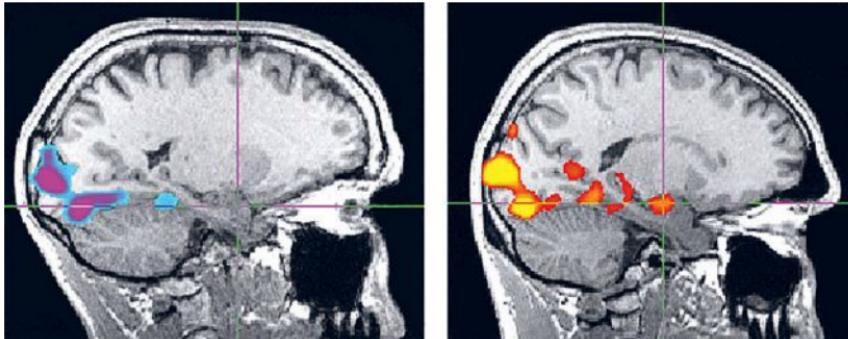
No one was watching, though, more than a decade ago, when he was 19 years old, standing at the base of his first major ropeless rock climb: Corrugation Corner, near Lake Tahoe, Calif. On the arcane grade scale climbers use to describe a route's difficulty, Corrugation Corner is a 5.7—more than 15 points easier than Honnold's maximum skill level at the time. Still, the line is 91 metres high. "You'd fall and die," he says.

But even though the neuroscientist can't spot activity in the fear centre of Honnold's brain, he was scared, really scared, on Corrugation Corner.

He "overgripped"—his word—the big, friendly holds, but obviously, he didn't give up after that first experience. Instead, he donned what he called "mental armour" and crossed the threshold of fear again and again.

Acts that had once seemed outrageous began to appear less so. Moves in which he hangs only by his fingers, say, or, as he did in June 2016 on a route called the Complete Scream, climbing ropeless up a difficult pitch without first rehearsing the movements while protected by a rope.

Without going back in time to scan Honnold's brain before he started as a free soloist, there is no way to know how much nature and how much nurture went into his fearlessness. But to Quebec-born Marie Monfils, who heads the Monfils Fear Memory Lab at the University of Texas at Austin



Scans compare Honnold's brain (left) with a control subject's (right), a rock climber of a similar age. Crosshairs mark the amygdala, a group of nuclei involved in generating fear. Honnold's remains inert, showing no activity whatsoever.

and is also an associate professor in the department of psychology, Honnold's process sounds like an almost textbook approach to dealing with fear.

Until recently, Monfils says, most psychologists believed that memories became "consolidated," or unchangeable, soon after they were acquired. Since 2000, that understanding has shifted. Research shows that every time we recall a memory, it undergoes reconsolidation, meaning we can add new information or a different interpretation—even turning fearful memories into less fearful ones.

Honnold keeps a detailed climbing journal in which he revisits climbs and notes what he can do better. For his most challenging solos, he also puts a lot of time into preparation. To get ready for one 365-metre-high ascent, he even visualized everything that could go wrong—including falling off and bleeding out on the rock below—to come to terms with those possibilities before leaving the ground.

Revisiting memories to cast them in a new light, Monfils says, is almost certainly something we regularly do without being aware of it. But doing so actively, as Honnold does, is better. She calls it "a beautiful example of reconsolidation updating."

Visualization—which we might think of as *pre-consolidation* in lay terms, whereby a person pictures a future event rather than a past one—works much the same way. "To review move after move, you'd expect that he did consolidate his motor memory and as a result probably had an increased sense of competence," Monfils says.

Feelings of competence, in turn, have been shown to reduce anxiety, which helps explain why, for example, people who are fearful of public speaking (as Honnold used to be, by the way) feel less anxious about it as they do it more often, developing and reinforcing their skills in the process.

“THE IDEA OF THE super sensation seeker—who is defined by having this motivation to pursue these kinds of positive and thrilling experiences but at the same time having control and regulation over his responses—is important,” says Joseph. “I think it could teach us a great deal about potentially treating substance-abuse and anxiety disorders.”

For example, many high-sensation seekers’ problematic behaviours involve intense experiences that can be pursued impulsively and without immediate consequences, such as binge drinking or drug use. (Honnold has always avoided alcohol and drugs.) Joseph wonders if that energy could be redirected into high-arousal activities—such as rock climbing, but with protective gear—that by their nature involve constraint, premeditation and specific goals, reinforcing different life patterns.

At the very least, it might be possible for any one of us to work a bit of Honnold’s magic. You may not have the traits of a super sensation seeker or be able to quench your amygdala on command, but with effort and gradual, repeated exposure to what we fear, any one of us might muster courage we didn’t know we had.

THE NEXT TIME I catch up with Honnold, he’s climbing with his girlfriend,

Sanni McCandless, in Europe. I want to know if his new awareness of his atypical brain has affected his sense of self. No, he says, the discovery that his amygdala sleeps in his brain like an old dog in an Irish pub hasn’t changed anything. But that isn’t to say it hasn’t given him pause for reflection.

On a recent rest day from climbing, he says, he and McCandless decided to try a *via ferrata* near Lauterbrunnen, Switzerland. This is a kind of climbing route with artificial holds, such as rungs and ladders. The climber wears a safety harness, which, of course, Honnold didn’t bother with.

“But at a certain point, I was like, actually, this is kind of hardcore. Like I needed to pay attention,” he says. The *via ferrata*, it turned out, climbed across a rock wall on a series of rebar rungs set 914 metres off the valley floor. The weather threatened, McCandless was near tears, and after recent rains, water streaked down the limestone face and onto the handholds, footholds and their heads.

“I definitely thought about how I process fear,” Honnold says. What he realized was that, at least in this case, he didn’t. He’d been in similar situations so many times that it had become normal. There was nothing to process. “This is not scary,” he said to himself, “because this is what I do.”

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Expert tips for
decluttering your home

LESS is MORE

BY CAITLIN AGNEW

ILLUSTRATION BY MELANIE LAMBRICK



FOR MANY OF US, the feeling of having too much stuff can cause panic. Since spring is a season of new beginnings, it can be the perfect time to pare down what's in your home—a daunting task, even if you're organized by nature.

Remember: decluttering doesn't mean getting rid of everything you own. Rather, it involves taking time to consider your lifestyle and recognize what's working for you, what isn't and why you're hanging on to stuff. As the following experts can attest, tackling your house one room at a time can be a winning strategy.

LIVING ROOM

"Look around as if you are a visitor and this is your first time in the space," says Regina Leeds, the Los Angeles-based author of 2008's *One Year to an Organized Life*. "Does the room reflect the reality of today, or has it become a monument to the past?"

Next, sort objects and decide what to keep and what to get rid of. With

each one, ask yourself: does it serve me well? Is it broken? Do I use it? Remote controls can be stashed in a basket; magazines can be recycled. Even something as unwieldy as a collection of VHS home videos can be digitized, says professional organizer Elinor Warkentin of Goodbye Clutter! in Vancouver.

If you've been keeping gifts, heirlooms or anything expensive solely out of guilt, just don't. "Your goal is to make your home comfortable for you," says Cherri Hurst, owner of Toronto's Hurst Class Organizing. "Your affection and love for the person who gave you these objects doesn't change if you let go of them."

KITCHEN

Unless you're Old Mother Hubbard, your kitchen cupboard is likely full of mismatched china, oversized roasting pans and souvenir mugs. Montreal-based Kathleen Murphy of Organizing Options recommends getting rid of anything that's

damaged, neglected or unpleasant to use. "You're the Chagall of your kitchen. You need good tools, and you want to enjoy the experience," she says.

It may be tempting to hang on to objects in case you need them someday, but that's not a valid reason to hoard stained, mismatched Tupperware. "For every 10 things you give up, you may end up regretting one. Save the space for something you're using now," says Hurst.



"LISTS HELP YOU FEEL LIKE YOU HAVE CONTROL, AND YOU CAN SEE PROGRESS," SAYS ORGANIZER KATHLEEN MURPHY.

Once you've pared down those cooking utensils, streamline your kitchen to enhance the experience of making and eating a meal. Anything you use on a daily basis should be easily accessible, says Murphy, who suggests storing items such as baking tools, juicers and giant soup pots on higher shelves or in a closet.

BATHROOM

Expired medication, yellowed Band-Aids, rusty safety pins and personal care products that haven't been

touched in years are some of the things Warkentin has seen lurking underneath bathroom sinks. "If you're not certain where to start, try attacking your vanity from top to bottom," she suggests. Unused prescription medication can be properly disposed of at a pharmacy. Unopened toiletries can generally be donated to a women's shelter.

Group items in clear categories and commit to using everything up before buying more. "That way you're reminded not to buy five tubes of toothpaste at once. To reinforce a new behaviour, you have to live with the consequences of the old one," says Murphy, who recommends going through bathroom cabinets at least once a year. If you want to take advantage of a great sale, reserve a clearly designated shelf or area in your closet for duplicates, so you'll remember to draw on your own supply.

OFFICE

Warkentin often sees home offices full of reference materials, such as books and binders, that are rarely, if ever, consulted. "People have a sense that they need this stuff to function," she says, but in general, they usually do just fine without it. Check to see if any of your hard copies are available online. And if you're holding on to something you haven't consulted in years, consider getting rid of it. Gather items like pens, file folders,

stationery and other office supplies into categories and assess what you truly use and need.

Surplus pens and paper can come in handy while decluttering, as making a list of spaces or item categories that you'd like to tackle may help keep the process moving along, says Murphy. "Lists help you feel like you have control, and you can see your progress." (Just pare down your supplies once you've finished with them.)

GARAGE

The place you park your car can easily become a graveyard for things you don't want in the house, says Murphy. Spare tires for cars you no longer own, paint tins, canned food and boxes belonging to grown children are frequent offenders when it comes to garage clutter.

When deciding what to get rid of, "Rust is a good clue," says Warkentin, who recommends investing in a shelving system to keep things off the floor. If you're sick of storing other people's items, give them a deadline—if they don't pick up their stuff by then, you'll be getting rid of it.

If you've been holding on to bulky exercise equipment in the hopes that you'll finally get in shape, a timeline can help. "Tell yourself, If I don't use this bike in the next three months, I'm going to take up walking," says Murphy.

Above all, remember: decluttering your home won't happen overnight. Enlist a trusted friend or a professional and recognize it may get worse before it gets better. Be realistic about your expectations and stay positive. As Leeds points out, "Empty space is full of possibility." **R**

LOOKING FOR A NEW HOME FOR YOUR OLD THINGS? HERE ARE SOME SUGGESTIONS.

VIDEOTAPES Digital Treasures will convert VHS-based family memories to DVD or electronic format. Visit digitaltreasures.ca for more information.

KITCHEN EQUIPMENT The Canadian Diabetes Association will pick up kitchenware from your house, as well as electronics, clothing and cloth-based items.

TOILETRIES Visit sheltersafe.ca for a comprehensive list of nearby women's shelters, and contact individual shelters to determine whether they'll accept donations of personal care products.

MEDICATION Shoppers Drug Mart and Loblaws have around 1,800 locations across the country that will dispose of leftover drugs; call local pharmacies to ask if they're equipped to collect unused prescriptions.

BOOKS Check with local public or school libraries to see if they're open to receiving donations for themselves or for a fundraising book sale.

SPORTING EQUIPMENT Sell gear in good condition to Play It Again Sports.

After Wally Eamer is shot during a vicious armed robbery in Honduras, it's up to his wife and three young children to keep him alive

TERROR ON THE ROAD!

BY JIM HUTCHISON FROM READER'S DIGEST, 1999



"LOOKS LIKE A BREAKDOWN," said Wally Eamer, swinging his grey Toyota Land Cruiser around the dilapidated truck blocking the road's single lane. His wife, Sharleen Thompson, peered warily at the five men in and around the vehicle. Breakdowns were common on the dusty highways of central Honduras, but so were roadside robberies.

Helping others came naturally to the Victoria, B.C., couple. Sharleen, 45, was teaching first aid in remote Honduran villages, while 48-year-old Wally, a British Columbia parks director on a leave of absence, was using his management skills to aid small businesses. Their year-long stint in a Central American volunteer program affiliated with the Anglican Church of Canada would, the couple had decided, provide the experience of a lifetime for their three children: Gil, 14, Gwen, 11, and Struan, 8.

"What's the problem?" Wally asked the group in Spanish as they drove by on the afternoon of January 3, 1998.

"It won't start," said one of the men. Wally considered the situation: it was 1:15 p.m. and hot—and getting hotter. It might be hours before another vehicle came along. Besides, the local police had assured them their chosen route for a week's holiday in the Caribbean Bay Islands was safe.

"Stay in the car. I'll see if I can help," Wally told his wife and kids, taking the precaution of pulling up 30 metres ahead. Leaving the engine running, he walked over to greet the men.

While Wally checked under the hood, a small, wiry man sauntered up to the Land Cruiser, stopping at the passenger side. Smirking, the stranger drew a .22-calibre semi-automatic from a hip holster and pointed it at the children in the back seat. Gwen threw up her hands to ward off the gun while Struan shrank behind his big brother. "No!" Sharleen shouted as she rolled up the window.

Wally whirled around at his wife's cry. He approached the gunman, who pointed the pistol in his direction. "Come," Wally commanded, walking to the rear of the Land Cruiser. The man followed, his gun levelled at Wally's chest.

"Give me your guns," the man demanded. His assumption was reasonable; anyone in Honduras who could afford an expensive vehicle would likely have a gun to protect it.

"No," Wally said, shaking his head. He figured if the attackers realized the family was unarmed, they'd do as they pleased—robbers were known to kill their victims, leaving no witnesses. The man backed up to the

rear passenger window and again pointed his weapon at the children.

"I want your guns and money," he growled.

Desperate to get the kids out of the line of fire, Wally yanked open the rear door on the driver's side and ordered the children out. They stood by the wheel well, the Land Cruiser's body shielding them from the gunman. Wally walked back behind the car and again motioned the robber over. He had a plan.

Suddenly, the robber became more agitated. A man at the truck grabbed his bag to leave, not wanting to witness what was going to happen. Go now, Sharleen! Wally pleaded silently.

The gunman took three steps back, aimed and fired. Wally spun and dropped to his knees, crying out, clutching his groin as searing pain shot through his body.

Sharleen knew she should speed off, but she couldn't bring herself to leave the man she loved to die. She

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FEW WOMEN IN HONDURAS DRIVE,
AND IT DIDN'T OCCUR TO THE GUNMAN
THAT SHARLEEN WOULD KNOW HOW.

IN THEIR 20 YEARS of marriage, Wally and Sharleen had taken many adventure trips, and their teamwork had gotten them out of tight spots in the past. For their time in Honduras, they had devised a strategy in case they were assaulted: each would try to get the children to safety, even if it meant leaving the other behind.

As the gunman focused on Wally, again demanding guns and money, Sharleen slipped behind the wheel and the kids quietly climbed back in. Her eyes on the rear-view mirror, Sharleen prayed her husband could talk his way out.

ran back to where he lay sprawled on the ground, one arm on the vehicle's bumper and blood seeping from between his legs.

The gunman had turned his back to them, waving his pistol and shouting at the other men. He had disabled the driver and could take his time. Few women in Honduras drive, and it didn't occur to him that Sharleen would know how.

"We've got to go," she urged Wally, dragging him toward the car. With his wife supporting him, Wally hopped to the door on his good leg and climbed in on top of the kids.

Sharleen got into the driver's seat and threw the Land Cruiser into gear. She willed herself not to look back, concentrating on a left-hand bend just ahead. If I'm shot, Gil will have to take over once we're around that corner, she thought.

Looking back, Gil saw the rubber whirl at the sound of the revving motor. The man's face contorted with rage and he sprinted after the vehicle. He caught up to the open rear window and fired wildly. Gil ducked as

bone, severing both the femoral artery and vein. Without pressure on these major blood vessels, Wally would bleed to death within minutes.

"Get pressure on his wound!" Sharleen ordered, flooring the gas. Gil pushed down with both hands on top of his father's. Wally grimaced in pain, his eyes rolling back in his head.

Months of helping out with their mother's first-aid sessions were paying off. Gwen was about to breathe

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SHARLEEN SKIDDED TO A HALT AT A FORK IN THE ROAD. A WRONG TURN WOULD COST WALLY HIS LIFE.

a bullet thudded into the top of the front passenger seat. Another bullet zipped through Sharleen's plastic seat belt cover, just missing her thigh. Empty cartridge casings spewed over Struan as a third slug plowed into the metal window frame. Then the gunman was left behind, still trying to shoot at the Land Cruiser.

Sharleen skidded around the corner and shouted, "Is anyone hit?"

"Nobody," Gil assured her.

The children stared at their father, who was pressing his hand to the widening stain of blood soaking his white shorts. The bullet had glanced off the

air into her father's lungs when, to her relief, his eyes fluttered open.

"Dad's conscious!" Gwen yelled. "Okay, press as hard as you can," Sharleen urged. Gwen jammed her elbow down on top of Gil's and Wally's hands, but blood spurted between their fingers and soon soaked the seat.

Sharleen drove as fast as she dared. After 10 minutes, she skidded to a halt at a fork in the road. A wrong turn would cost Wally his life. Then she spotted a little restaurant with people sitting around. "Which way to Juticalpa?" she yelled, aware that the city was the site of the nearest

hospital. A young man approached. Shocked by the sight of Wally and three children covered in blood, he pointed down the left side of the fork.

Sharleen took off, wheels spinning. God, we really need you now, she prayed. There was nothing she could do for Wally but drive. It was up to the kids to keep their father alive.

WALLY HAD NEVER FELT such pain. "Give me something to bite on," he told Struan. Rummaging around, Struan found Wally's red address book. As he watched his father bite down hard, he bent forward and kissed his forehead. "I love you, Daddy. Please don't die," he pleaded.

"I'll do my best," Wally said, but he knew he was badly wounded. "Roll down the window and put my good leg out," he said, hoping that raising

his right leg would get more blood into his torso. Gil and Gwen struggled to lift his leg and brace it on the window frame. For a few minutes, Wally felt a little better, but soon numbness crept up from his legs into his arms.

After another 10 minutes of driving, Sharleen flagged down a truck, and a passenger volunteered to guide them to the hospital. In Juticalpa, as they raced down side streets, horn blaring, people leaping out of the way, Wally said weakly, "I don't think I can last another five minutes."

"You can do it, Dad. It won't be much longer," Struan urged. Gasping for air, his breathing laboured, Wally felt himself slipping away.

Two blocks from the hospital, Sharleen screeched to a halt behind a pickup truck waiting at a red light. She leaned on the horn. "Get out of the way!" she screamed in frustration. The truck didn't move.

"Hang on," she muttered. Rolling forward, she nudged the truck's rear bumper. It still didn't budge. Revving her engine, she pushed the truck to the side of the road and roared past.

Thirty minutes after the shooting, the family turned through the gates of the small rural hospital.

WALLY'S FACE WAS ASHEN as two orderlies rushed him into the emergency room.



"What blood type are you?" a doctor asked as she cut off his shorts and started an IV drip of saline solution to raise his blood volume.

"A negative," he croaked.

The doctor looked at Sharleen. "I'm so sorry. We don't have any. You will have to go to Tegucigalpa," she said, applying a pressure bandage.

Sharleen was stunned. "But that's over two hours from here!" she protested. The doctor told her there was no other way.

At 3 p.m., after more than an hour at the hospital, Wally was wheeled aboard an ambulance. His leg was tightly bandaged from groin to toe. Two pints of saline—the hospital's last—dripped into his arm. The simple clinic hospital had no attendants for the trip, so Gil and Gwen rode in the back with Wally while Sharleen and Struan followed in the Land Cruiser.

"Whatever you do, keep him talking," Sharleen implored her children. "Don't let him go into shock."

Before they could take off, however, they learned that the ambulance was out of gas. Sharleen paid the \$40 to fill the tank. Then, finally, lights flashing, they roared off through the winding countryside toward the Honduran capital.

The external bleeding had slowed to a trickle, but internal bleeding soon swelled Wally's leg and scrotum, and he writhed in agony. Gwen and

Gil watched the two bags of saline disappear at an alarming rate.

After half an hour, Wally's saline ran dry and his IV line turned red with blood. They had no choice but to turn it off.

Thirty minutes later, Wally began to shiver uncontrollably. Gwen yelled at the driver to pull over. She and Gil saw that their father's face had gone white and his eyes had dilated. They realized he was going into shock. "We need blankets, water and painkillers!" the children called to their mother.

Once they had covered their father with blankets, the ambulance headed off again. Wally gritted his teeth in agony, his leg having ballooned to twice its normal size. Whenever he felt blackness closing in, he heard his children's voices: "You're okay, Daddy. Don't go unconscious."

Wally's head rocked back and forth as he mumbled in Spanish, "God, please protect my family."

"Dad! Dad! Wake up!" Gil shouted. But Wally felt himself being drawn into a peaceful place. He couldn't think of a better way to die, with his family around him. Then he remembered where he was. You promised the kids you'd try, he scolded himself, fighting his way back to consciousness.

SIREN BLARING, THE AMBULANCE sped through the hilly streets of Tegucigalpa. At 5:30 p.m.—more than four hours after the shooting—the family

arrived at the hospital. None of the staff preparing Wally for surgery could believe he had survived for so long. He had lost half the blood in his body.

"I'll do my best," vascular surgeon José Carlos Alcerro Diaz told Sharleen, "but I don't know if we can save his life, much less his leg."

In the operating room, Alcerro Diaz clamped off the bleeding artery and vein. Both were badly torn. He carefully sutured the damaged ends of the vein, then began the delicate task of stitching a four-centimetre artificial graft to join the destroyed ends of the artery.

After more than two hours, the surgeon held his breath as he removed the clamps, then grinned with relief as blood flowed into Wally's swollen leg.

BY THE NEXT DAY, the patient was stable and his children were allowed to see him. They entered Wally's room one at a time, and he gripped their hands. "Thanks for being there for me," he said.

Nine days later, a boil appeared on his buttock. "That's no boil. That's the bullet," Sharleen declared. It was removed, and 24 hours later Wally left the hospital on crutches.

Wally's recuperation in Honduras lasted long enough for Sharleen to oversee another four first-aid courses. By February, one month after the shooting, he could limp a kilometre, and the family drove to the Caribbean Bay Islands—sticking to the main highway—for the holiday they'd missed. They returned home to B.C. in March.

The Canadian Embassy reported the crime to the Criminal Investigation Branch in Juticalpa. Armed with the Eamers' description of the gunman, the police conducted an investigation, but the robber was never caught.

Wally Eamer kept the dented bullet that nearly killed him as a reminder of his good fortune.

"You have to be proud of kids who saved your life," he says, smiling. **R**

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WOMP, WOMP

I constantly tell my nine-year-old twins how important it is to stay in school, and yet every day, they come home.

 @ANDYLASSNER

Started a cover band called A Book so no one can judge us.

 @SHUTUPMIKEGINN



As Kids See It



"We're twins, but he was built 10 minutes before me."

TWO FOR ONE

When I told my seven-year-old daughter we were expecting twins, she said, "You don't need two. Can't you send one of them back?"

goodnet.org

MY DAUGHTER WAS ENJOYING a bedtime snuggle with her three-year-old son, Luka. Making conversation, she asked him, "What makes you happy?"

He eagerly responded, "Chocolate milk."

"And what makes you sad?" my daughter continued.

Luka replied, sombrely and quietly, "The other kind."

ROGER KOWALCHUK, Thunder Bay, Ont.

LOCATION, LOCATION

Many years ago, my husband and I were babysitting our nephew, who was six at the time. He excitedly told us that when his dad arrived, they were going to go watch *Home Alone*, a movie he'd seen advertised. When we casually asked which theatre they'd be going to, he paused. Obviously thinking of all those commercials, he replied, "A theatre near you!"

CATHRYN HNATUK, Provost, Alta.

IF I COULD, I WOULD

My three-year-old grandson sat in the bathroom and watched as I removed my dentures and brushed them. After a few minutes, he asked, "Can you take your ears off, too?"

S.W.

WHO ARRR YOU, REALLY?

I recently retired from the RCMP after 37 years of service, and my wife bought me a regimental sword, which I mounted on the wall in our rec room. The first time our six-year-old grandson saw it, he turned to my daughter, wide-eyed, and asked who the sword belonged to. When she told him it was mine, he replied, "Grandpa was a PIRATE?"

GLEN HANER, *Calgary*

ECLECTIC MENU

THREE-YEAR-OLD CHARLIE: "What did you have for lunch, Leo?"

SEVEN-YEAR-OLD LEO: "I don't really remember."

CHARLIE: "Fish? Toucans?"

JENNIFER WARREN, *Montreal*

MY DAUGHTER LOOKED AT an Etch A Sketch the other day and asked, "Mom, was this an iPad when you were a little girl?"

littlehoots.com

TIME AFTER TIME

While driving with my granddaughter, I grew annoyed with the slow driver ahead of me and said, "Come on, Sam, get moving."

A few days later, we found ourselves on the same road behind another sluggish driver. "Come on, Sam, get moving," I muttered again.

Immediately, my granddaughter replied, "That's not Sam. Sam has a blue car."

gcfi.net



AND ONE FOR THE KIDS

Q: What do elves learn in school?

A: The elf-abet.

babycenter.com

OVER DINNER, I EXPLAINED the health benefits of a colourful meal to my family. "The more colours, the greater the variety of nutrients," I said. Pointing to our food, I asked, "How many colours do you see?"

"Six," volunteered my daughter. "Seven if you count the burned parts."

Facebook.com

BEST DRESSED

We were preparing to go see a film, and my daughter Julie appeared wearing a sparkly tutu and sweater. Me: "Whoa, we're just going to the movies. That's a little too fancy." Julie: "Mom, does the movie theatre say 'No fancy allowed'?"

littlehoots.com

LANGUAGE BARRIER

When my little cousin put perfume in the fish tank, her mom asked her to apologize to the fish.

My cousin looked at my aunt, puzzled, and said, "But Mommy, I don't speak fish."

goodnet.org

Are the children you know fluent in funny? Tell us about them! A story could earn you \$50. For details on how to submit an anecdote, see page 10 or visit rd.ca/joke.



For years, residents of Windsor, Ont., have been plagued by a spectral noise. So far, nobody's been able to explain what it is—or how to make it disappear.

The Curious Case of the Mysterious Hum

BY SIMON LEWSEN FROM THE WALRUS

ILLUSTRATIONS BY BYRON EGGENSCHWILER



SIX YEARS AGO, Mark Letteri, a philosophy professor at the University of Windsor, first heard what he took to be faraway jackhammers outside his window. "I thought, That doesn't make sense," he says. "Why would somebody be doing construction at 10 p.m.?"

When Mike Provost, a retired insurance salesman in the Windsor, Ont., neighbourhood of Old Sandwich Town, first noticed the noise, he attributed it to thunder rumbling over nearby Lake Erie. "I thought, Gee, there must be a storm over the water, but I looked up and the skies were as blue as blue can be."

In October 2015, Liz Paszkowiak-Gillan, a mother in rural Amherstburg, Ont., listened, terrified, as what she thought was a semi truck idled outside her house around 1 a.m. "I'm in the middle of nowhere, and I've got hardly any neighbours around me," she says. "I must have gone to the window a good five or six times that night, and I definitely didn't sleep." There was nothing there.

Industrial noise can be common in Windsor-Essex County, thanks to the local salt mines, the McGregor Quarry and surrounding automotive plants. For most people, these are minor nuisances in a place with affordable homes and tree-lined streets. With any luck, those disturbances follow predictable business hours.

The Windsor hum is different. It's a low-frequency sound that has been

plaguing residents of the southern Ontario city, and surrounding Essex County, since at least 2011. Mysteriously, not everyone can hear it, but those who do refer to the disturbance as a deep, vibratory rumble that's more physical sensation than sound. To them, the hum is invasive and unsettling. It rattles windows, makes sleep unattainable and reportedly sends dogs into fits of hysteria. For years, this small group of Canadians, known as "hearers," has been trying to convince the rest of the world that it exists at all.

PROVOST, THE 63-YEAR-OLD man who first mistook the hum for thunder, has been keeping track of noise disturbances on his property for the past five years. He's a goateed, burly guy, youthful for a grandfather who walks with a cane. In February 2015, at his split-level house, he handed me a binder larger than *War and Peace*. It was full of entries—at least 20,000—noting the time, date, type and intensity of every intrusive sound.

His records mention hums, as well as pulses, vibrations and pressure releases, which he likens to "the *Enterprise* going into warp speed." He grades each sound from one to 10, depending on its volume, and has collected more than 10 terabytes of audio from three digital recorders mounted in his backyard.

Provost is the most active poster on the 1,540-member Windsor-Essex

County Hum Facebook page and has been the group's administrator since last summer. He types and uploads his notes to the forum daily and sends between 150 and 200 pages of records every month to the federal environment minister, the minister of foreign affairs, the prime minister and the two Windsor-area MPs. He's tried to get other Facebook posters to do the same—corroboration could get the government's attention.

The Facebook page has a small cadre of participants: mostly hearers but also a few conspiracy theorists and trolls. One poster laments the "lack of empathy and support from local mayors." Another suggests that the hum may have links to the Russian Woodpecker device, a Soviet radar system rumoured to have been used in mind-control experiments. Yet another tells Provost to "stop doing acid."

WINDSOR ISN'T THE first municipality to be plagued by inexplicable low-frequency rumbles. In 1973, *New Scientist* ran a story about people in Great Britain who were afflicted by "a low, throbbing background noise that no one else [could] hear." Such complaints were most pronounced

around the British port city of Bristol, but by the 1980s, similar noises were haunting citizens of Largs, a Scottish vacation town. The disturbance hit Middle America in the early '90s, first reported in Hueytown, Alabama, and then Taos, New Mexico. Hearer communities now make up a constellation of seemingly arbitrary dots on a map: rural Oklahoma; coastal Massachusetts; southwest Germany; the suburbs around Sydney, Australia; Calgary; and, more recently, Toronto's Leslieville neighbourhood.

The locations seem random, but the narratives are similar. News reports describe the sound as omnidirectional and low-pitched, like a slow-moving train or, as many have put it, "an airplane stuck in the sky." The

phenomenon could be rooted in hysteria, but then why are the complaints so localized? Hum hearers, for the most part, reside in a few specific places. Explanations range from the prosaic (factories and industrial infrastructure) to the outlandish (transmissions from outer space or residual noise from the Big Bang).

In 2002, the Board of Public Works and Safety in the city of Kokomo, Indiana, commissioned a study in

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NEWS REPORTS
DESCRIBE THE
SOUND OF
THE HUM AS A
SLOW-MOVING
TRAIN, OR AN
AIRPLANE
STUCK IN
THE SKY.

response to a decade of hum complaints. Researchers triangulated the noise to two sources: a cooling tower at a DaimlerChrysler factory and an air compressor at a plant owned by metal-alloy manufacturer Haynes International—strong evidence that these noises can come from industrial sources. Those who prefer paranormal theories, however, point out that, although Chrysler and Haynes enacted measures to quell their noise emissions, the Kokomo hum hasn't entirely disappeared.

When hum complaints ramped up in 2004 in Auckland, New Zealand, Tom Moir, an associate professor of electrical engineering with a specialization in signal processing at the Auckland University of Technology, was sceptical. Still, he visited one hearer at her home, where he played low-volume tones below 60 hertz—a frequency near the bottom end of the audibility spectrum.

Moir instructed the woman to turn her back to his controls. He switched the sound off and on and told her to alert him when she heard the changes. "She got it right 100 per cent of the time," he says. Moir returned to his office, where he played the tone to see whether he could develop the

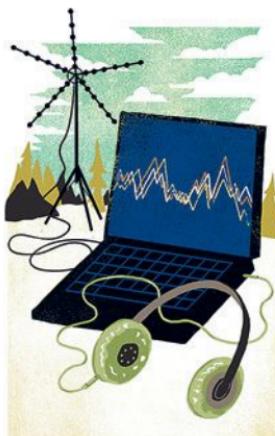
ability to hear it. He couldn't, but hours later, a student walked in and inquired about "the awful noise."

Low-frequency sound permeates concrete walls and travels across extraordinary distances. Seismologists detect earthquakes thousands of kilometres away by measuring low-frequency ground vibrations much lower than the hearing range. It is thought that the brain deter-

mines noise direction by measuring the time lapse between when a sound hits one ear and reaches the other. But low-frequency sound waves are longer than the diameters of our skulls. They seem to reach both ears simultaneously, confounding our ability to figure out exactly where they come from.

Just as there are super tasters, there seem to be super hearers, too. Almost all of us can hear sounds in the 20- to 50-hertz range if they're loud enough, but a few of us can hear them even when they're quiet, which may explain why hum hearers are outnumbered by the happily oblivious.

IN 2011, THE WINDSOR hum became a local media sensation, and in 2012, the community established a hum



hotline. More than 10,000 people called in to complain—enough to convince Ontario's environment ministry to conduct a two-month study that involved placing sound sensors in residential and industrial locations. The federal government hired Colin Novak, a professor of engineering with a research specialty in acoustics and psychoacoustics at the University of Windsor, to further investigate the issue. Based on the evidence available, Novak chose to focus on one of the noisier spots: the banks of the Detroit River, which separates Canada from the United States.

Zug Island, Mich., sits in between those banks. It's owned and operated by the United States Steel Corporation and is home to one of the largest steel mills in the U.S. It's an undeniably creepy place. To get close, you must drive to the southern shore of Detroit's ravaged Delray neighbourhood. You're unlikely to encounter other humans, but you'll pass crooked houses, brick facades fronting non-existent buildings, and the remains of a Roman Catholic church, stained glass long shattered. Despite the ghostly surroundings, the island is eerily alive—a sinister mess of belching towers and twisted tracks on which railcars carry liquid pig iron from soot-black furnaces to a nearby finishing plant.

The area was once an indigenous burial mound containing hundreds

of human skeletons. In 1888, workers detached the island from the mainland to accommodate a shipping canal. Since the Detroit Iron Works took over in 1901, Zug has produced hundreds of millions of tons of steel, been the site of gruesome injuries and deadly explosions and provided fodder for more than a few local legends. The *SS Edmund Fitzgerald*, a giant freighter that inexplicably sank into Lake Superior in 1975, was supposedly destined for Zug, and there are rumours of a top-secret penitentiary on the island. It's here, on this strange strip of land, that some believe the Windsor hum originates.

The United States Steel Corporation tightly restricts access to its 1,900 employees. (US Steel declined to comment for this story.) Adam Makarenko, a Toronto filmmaker working on a documentary about the hum, recalls driving up to the island on the American side with a camera and “getting cornered right away by security guys in Broncos.” On the site, the clamour of industry is all around: jackhammer-like chugging, horn blasts and a faint, omnipresent ring.

To sift through this cacophony, Novak installed two monitors equipped with sound-analyzing software, one on the banks of the river and one that rotated between various hearers' residences. He also made occasional boat trips to the edge of the island, bringing with him

a pentangular array—a spiky gadget outfitted with 30 microphones that produce high-level data on sound direction. During one trip, a boat carrying men with binoculars trailed him in the night.

For the first four months, Novak found nothing. Then, around midnight one evening in July 2013, the exhaust stacks at Zug emitted a ghostly blue flame, and Novak's sensors caught a 35-hertz rumble emanating from the island—one that was detectable at Windsor homes four kilometres away.

The steelmaking process, he says, is "a black-magic art" in which iron and limestone are bombarded with superheated air at temperatures as high as 1,700 C. A blast furnace that hot "will come alive," says Novak, "and the walls will move in and out like a massive speaker, emitting a giant roar." At a remove of several kilometres, that roar could be heard as an oscillating, low-frequency hum.

Clearly, there is a hum in Windsor, although by Novak's reckoning, it isn't as constant as some residents insist. He suspects that in 2011 and 2012, when hum complaints were rampant, US Steel was producing

something that taxed its blast furnaces beyond their normal capacity. After 2013, reports dwindled, suggesting that the company had altered whatever operations were behind the worst of the noise.

But after the disturbance subsided, about 50 people continued to be haunted. They logged complaints at city hall and risked ridicule by posting on the hum Facebook forum. They might have gone unnoticed, except that on April 17, 2016, Windsor-Essex County was besieged by a window-rattling, bone-shaking racket, prompting the *Windsor Star* to proclaim that the hum's noises "were some of the worst in years." This time, many residents—not just hearers—noticed the clamour. Provost

IN APRIL 2016,
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and his counterparts granted interviews to *The Globe and Mail* (and, later, the *Guardian*). Brian Masse, a Windsor-area MP, travelled to Washington last June to discuss regulating noise emissions coming from the Detroit region.

But the mystery still hasn't been solved. Novak's research suggests that the Windsor hum is a sporadic phenomenon, most likely the product of operations at Zug Island. But if

that's true, why do a handful of people hear the noise all the time?

While no one knows for certain, one plausible hum explanation can be found in the study of psycho-acoustics, a branch of psychology that considers how states of mind affect sound perception.

Low-frequency noise is all around us—the by-product of exhaust fans, cooling towers, electric wires vibrating in air and wind swishing over dips in the landscape. Imagine you are a Windsor resident born with an enhanced ability to hear such sounds. In 2011 and 2012, you were bombarded with frightening noises from the direction of Zug Island—noises that, for understandable reasons, you fixated on. By fixating, you trained your brain to distill such sounds from the ambient metropolis, and now you hear them constantly. Are they real or the product of human

obsession? The answer, perhaps, is both. What you hear is, in part, determined by what you listen for.

AT THE END OF my meeting with Provost, we stand on his deck so he can smoke. He tells me that he hears the hum, albeit softly—he grades it a two out of 10—and I confess that I hear nothing except wind and children playing in a nearby backyard. “I’d feel a lot better,” he says, “if US Steel would go, ‘Yeah, it’s us. We’re working on fixing it.’” He acknowledges, however, that without sustained media attention and government interest, there’s little chance a major corporation will admit to a group of Canadians that it’s responsible. “I’ve been told that this has become a hobby, and I guess I’d have to agree,” he admits. He looks down at the log-book in his lap. “It takes up all of my time.” R

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* * *

REST ASSURED

Whenever people tell me “You’re going to regret that in the morning,” I sleep till noon because I’m a problem-solver.

ANONYMOUS

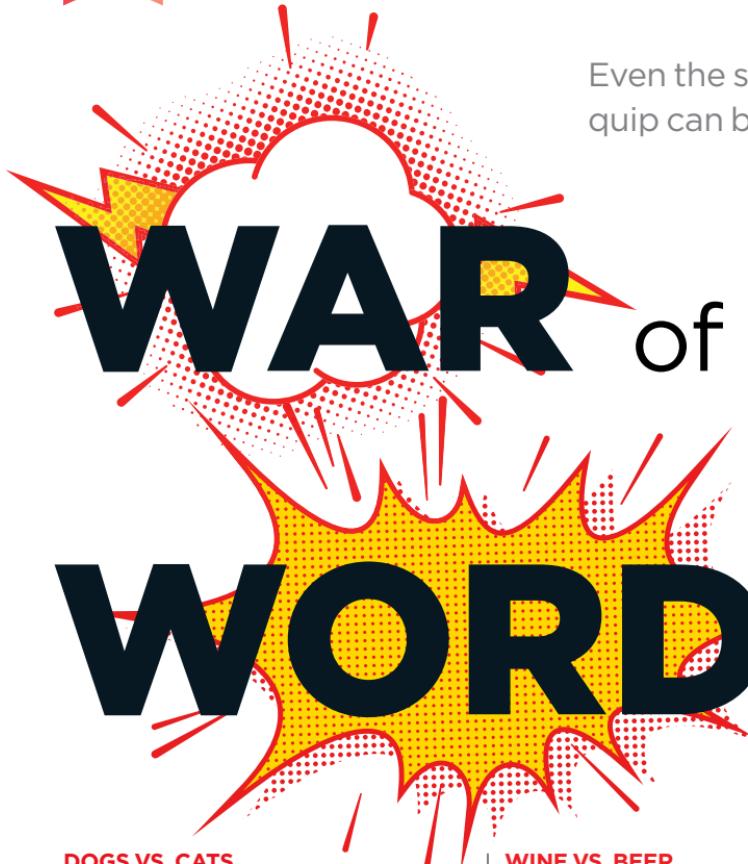
I’ve never understood the phrase “You snooze, you lose.” I’ve hit the snooze button eight times and I feel like a champion.

▼ @DARREN_WILES



Even the smartest
quip can be topped

WAR of the WORDS



DOGS VS. CATS

POINT: "A dog teaches a boy fidelity, perseverance and to turn around three times before lying down."

ROBERT BENCHLEY, *humorist*

COUNTERPOINT: "Cats are smarter than dogs. You can't get eight cats to pull a sled through the snow."

JEFF VALDEZ, *producer*

WINE VS. BEER

POINT: "Wine: a constant proof that God loves us and loves to see us happy."

BENJAMIN FRANKLIN

COUNTERPOINT: "Why beer is better than wine: human feet are conspicuously absent from beer making."

STEVE MIRSKY, *author*

OPTIMISTS VS. PESSIMISTS

POINT: "An optimist is someone who falls off the Empire State Building and after 50 floors says, 'So far, so good!'"

ANONYMOUS

COUNTERPOINT: "The nice part about being a pessimist is that you are constantly being either proven right or pleasantly surprised."

GEORGE WILL, *columnist*

SIMPLIFICATION VS. EMBELLISHMENT

POINT: "If you are out to describe the truth, leave elegance to the tailor."

ALBERT EINSTEIN

COUNTERPOINT: "If you are going to tell people the truth, be funny or they will kill you."

BILLY WILDER, *filmmaker*

APOLITICAL VS. POLITICAL

POINT: "When you have bacon in your mouth, it doesn't matter who's president."

LOUIS CK, *comedian*

COUNTERPOINT: "Just because you do not take an interest in politics doesn't mean politics won't take an interest in you."

PERICLES, *Greek leader*

VIRTUE VS. VICE

POINT: "The greatest wealth is health."

VIRGIL, *poet*

COUNTERPOINT: "I know a man who gave up smoking, drinking, sex

and rich food. He was healthy right up to the day he killed himself."

JOHNNY CARSON

FATE VS. FACT

POINT: "There's nowhere you can be that isn't where you're meant to be."

JOHN LENNON

COUNTERPOINT: "I have noticed that even people who claim everything is predetermined and that we can do nothing to change it look before they cross the road."

STEPHEN HAWKING, *physicist*

OPEN MIND VS. SLIGHTLY LESS OPEN MIND

POINT: "Those who cannot change their minds cannot change anything."

GEORGE BERNARD SHAW, *playwright*

COUNTERPOINT: "By all means let's be open-minded, but not so open-minded our brains drop out."

RICHARD DAWKINS, *scientist*

CRITICISM VS. ART

POINT: "This is not a book to be tossed aside lightly. It should be thrown with great force."

DOROTHY PARKER, *critic and writer*

COUNTERPOINT: "If criticism had any real power to harm, the skunk would be extinct by now."

FRED ALLEN, *comedian* R



ISTOCKPHOTO



Inside the poorly understood disorder that causes sufferers to gorge while they slumber

The Nightmare of SLEEP EATING

BY R.M. VAUGHAN FROM VAN WINKLE'S

IMAGINE GOING TO your new love interest's house for an overnight visit, and when you wake up in the morning, you're mortified at what destruction you might have left in the kitchen.

This alarming scenario is a real-life possibility for Dave. A 50-year-old who lives in Montreal and works in

the film industry, Dave is a sleep eater. In the simplest terms, that designation refers to someone who rises in the middle of the night, in a somnolent or near-slumbering state, and devours whatever they can find. Sufferers are often unaware of what they're doing, despite the fact that it may happen

several days a week—even multiple times in the same night.

As is often the case with sleep eaters, Dave harbours a lot of shame. “How do you explain that you’ve consumed a new jar of peanut butter, a half loaf of bread and an entire carton of milk?” he says. “And if you happen to be up when I’m emptying the pantry, just try to stop me.”



SLEEP EATING IS A PERFECT STORM OF INTERSECTING COMPULSIONS: TO EAT, TO FEEL SATISFIED AND TO SLEEP.

Sleep-eating disorder, also known as sleep-related eating disorder (SRED), is a type of parasomnia—an umbrella term for a group of disruptive sleep-movement disorders—that’s notoriously difficult to treat. Compared to, say, sleep aggression or sleep-related sexual assault (both on the parasomnia scale), devouring the contents of a fridge sounds relatively harmless.

But it’s no mere case of the munchies: SRED, which has nothing to do with bad habits or bingeing, can change everything from a person’s body size to their relationship with loved ones. Dave recalls a mortifying cottage trip with friends where he left a

massive mess in the shared kitchen—and devoured all the bread that had been designated for group meals. In general, he says, he has constant anxiety whenever he winds up sleeping in the same place as other people.

LITTLE IS KNOWN about SRED, which wasn’t officially recognized as a disorder until the early 1990s; even less is known about how to cure it. Those who struggle with it have been written off as uncontrollable gorgers, people unable to tame their own urges.

Even today, sleep eaters are often presented with stigmatizing psychological assessments or told they’re simply not eating properly. Many family physicians don’t have enough information about this condition and thus misidentify SRED as a compulsion that’s not sleep related. A full diagnosis can only be acquired with video polysomnography-based sleep tests—which involve machines to monitor one’s heart rate, muscle activity and other functions—plus psychiatric and neurological testing.

Dr. Carlos H. Schenck, a professor of psychiatry at the Minnesota Medical School and the Minnesota Regional Sleep Disorders Center, was on the team that originally diagnosed SRED in 1991. A specialist in parasomnias, he describes sleep eating and related conditions as a triggering of instinctual behaviours that “emerge inappropriately” during sleep.

SRED, Schenck says, often arises during adolescence or early adulthood in sleepwalkers. Sleep eaters often injure themselves while gaining access to food or preparing meals. And they may wake up to find a terrible mess—piles of wrappers and containers—that serves to heighten the anxiety the disorder causes.

Contrary to popular belief, SRED is not, Schenck says, a hunger-driven behaviour. “Most SRED patients do not have daytime eating disorders, such as bulimia nervosa or anorexia nervosa,” he says. Rather, it is a compulsion to consume: it’s uncontrollable and has nothing to do with hunger. As Schenck explains, the condition is the result of brain cells and circuits that misfire during sleep, leading to problematic behaviours—that is, it’s not a neurological disorder but a neurophysiological one.

SRED is a perfect storm of intersecting compulsions—to eat, to feel satisfied and comfortable and, of course, to sleep, which patients can only achieve after they have fed themselves. Sleep eaters only overeat when they are snoozing. And it’s this aspect of SRED that is perhaps the most perplexing.

WE LIVE IN a culture that shames the overweight by telling them that their body size is entirely within their control, that their shape and fitness levels are physical manifestations of their willpower or lack thereof. Despite all

scientific evidence to the contrary, body size has become a moral issue. Though SRED isn’t caused by a pre-existing eating disorder, it could easily lead to one.

Two of my friends have SRED. They share a common narrative: both started sleep eating at an early age, both were shamed for their “gluttony,” both grew larger as the disorder intensified, and both were misdiagnosed multiple times. Today, neither feels understood, nor have they found a miracle cure.

Bianca, a writer in her 40s who lives in Toronto, began sleep eating at the age of 12. “For the first several years, it was primarily peanut butter on spoons, as evidenced by the lack of spoons in the kitchen drawer and the multitude of spoons under my bed,” she says.

She sought help at a sleep clinic 15 years ago, but the doctors were uninformed and unhelpful. “One focused on what ‘caused’ the disorder and said it was likely linked to the fact that I was denying myself certain foods during my waking hours, so my body was searching those out during sleep,” she says. “If that was the reason, I was happy to eat whatever I wanted during the day. Didn’t change a thing.”

Dave has largely given up on professional treatment options and has developed his own plan, which includes “therapy, locking the fridge at night, leaving a small quantity

of food on the counter, journaling, better eating habits during the day, [seeing] nutritionists and exercising myself to death," he says.

These self-imposed strategies, Dave admits, either haven't worked or have only worked temporarily. He even tried sleeping pills, but they just made him groggier and impaired his motor functions, and the behaviour ultimately became worse.

ACCORDING TO A 2006 study by Dr. R. Robert Auger of the Sleep Disorders Center at the Mayo Clinic Rochester in Minnesota, even those who study SRED can't agree on whether it's a nocturnal eating disorder, a full-on parasomnia or some combination. It's also unclear if patients are actually asleep during outbreaks, why people with sleep-related eating disorders tend to be female, whether the disorder has a genetic component and which, if any, medications are effective in treating it. Scientists can't even agree on what percentage of the global population suffers from SRED, with some citing

approximately one per cent and others suggesting five.

Because sleep eating is so poorly understood, sufferers often just resign themselves to the condition and attempt to minimize its impact. Many, like Bianca, who's given up on seeking out follow-up treatment, simply try to live with it. "Nothing has helped," she says. "It just is what it is."

Though Schenck acknowledges the tremendous toll SRED takes on sufferers, he sees promise in the latest findings. Circadian clocks, for example, represent a new frontier in trying to understand the syndrome. "It could be that the circadian clocks in the alimentary system are desynchronized from the sleep clock and are inappropriately activated during sleep," he says, "thus promoting the drive to eat."

So there is some small hope, at least. And as Dave notes, knowing there's a specific diagnosis, however misunderstood, is helpful. "When you can put a name on a behaviour and learn that you are not alone, it goes a long way to releasing yourself from the shackles of self-loathing and shame." R

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IT'S ALL RELATIVE

Looking 50 is great—if you're 60.

JOAN RIVERS



Life's Like That



"But he's been missing for two whole wash cycles!"

PORTION CONTROL

I'm bad at portioning uncooked pasta, so if you and 110 of your friends want to come over, dinner is ready. @BLACKCATBETTIE

TRAVEL TIPS

[NORMAL LIFE] I've worn the same shirt every day for a week.

[PACKING FOR VACATION] Hmm. I'll probably change a few times a day, so that's...32 shirts.

@JONNYSUN

SELECTIVE HEARING

It amazes me how much exercise and extra fries sound alike.

@INNOCENT_KNAVE

THE BLAME GAME

A client called to report an accident and asked if her insurance rates would go up.

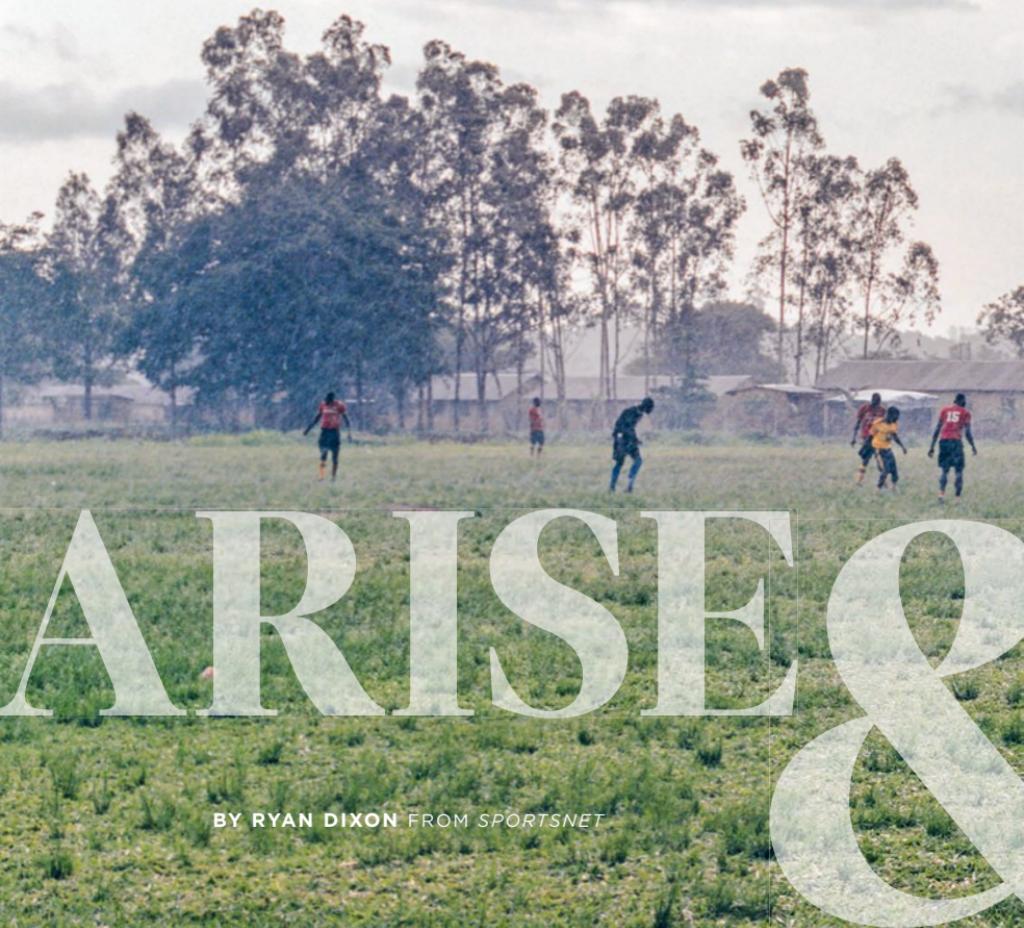
"Our underwriting department determines that," I replied, then asked for her licence plate number. Verifying her information, I said, "NMF? Is that N as in Nancy, M as in Mary and F as in Frank?"

"Yes," she said. "But could you please tell your underwriters that it's also N as in 'not,' M as in 'my,' and F as in 'fault'?"

gcfi.net

Send us your original jokes! They could be worth \$50. See page 10 or visit rd.ca/joke for more details.

EDITORS' CHOICE



BY RYAN DIXON FROM SPORTSNET

In northern Uganda, the Gulu United Football Club is more than a place for kids to play soccer. For its Canadian founder, it's an investment in the future of the country and its children.



Every day before training, a rope is strung between a tree and a signpost at the north-east corner of the big, lumpy field. It doesn't cover much ground, but it serves its purpose, letting the predominantly young observers know that unless they're wearing the uniform of the Gulu United Football Club's youth academy, they should kindly steer clear of the action on all three pitches. The unmoored cows at the far end of the grounds need no such deterrent as they peacefully munch on grass a few metres away from the fury.

On an afternoon in late April 2015, though, the rope barrier is being breached from the inside, as members of United's youth academy leave their drills in packs of four. Preteen players duck under it, while several of the older ones scissor-kick their way over. Greeting them on the other side of the boundary is team doctor Amos Wokorach, who pulls pieces of paper from one of three manila envelopes marked Under-13, Under-15 and Under-17, and matches them to the faces of the youth before him. From there, the players jog along a high school laneway of red African soil, muddied slightly by the rainy season in northern Uganda. Just inside a steel gate adorned with the crest of St. Joseph's College Layibi, each

player hands his paper to a man in a lab coat, exchanging it for a vial. Then the kids squeeze into a dusty, cramped room where two more lab coat-wearing men and three women are drawing blood to be tested for HIV and hepatitis B.

Adrian Bradbury has made it a point to know what's in his players' blood. Figuratively, he's known for a while, and it's what's driving him to think big in a place with which he now has a decade-long, deeply personal history. In 2005, Bradbury became a high-profile advocate for the children of northern Uganda, where Joseph Kony and his Lord's Resistance Army stormed the countryside, turning kids into dead-eyed child soldiers and terrorizing the population. As part of his push to raise awareness of the situation, Bradbury helped spearhead GuluWalk, an initiative with humble roots that wound up garnering international attention. The region is well into a period of recovery now, but Bradbury hasn't gone anywhere. In fact, he's more visible than ever in Gulu, the largest city in northern Uganda, with a district population of about 450,000. The 46-year-old is currently elbow-deep in a push to rebuild Gulu United, largely through a youth academy of 50 kids chosen from more than 7,500 hopefuls around the region. As international and academy director of the club,



(Clockwise from top) Members of the youth academy listen to coaches; academy director Adrian Bradbury; blood is drawn for HIV testing.



*Ocen Genesis
Odiya in the
dorms at Layibi.*

Bradbury believes there's money to be made on the feet of these talented youngsters. And if one of them can ride a confluence of skill, schooling and opportunity to something bigger, the payoff for the club and community could be enormous.

THE PLAYERS BRADBURY IS working with don't spend a lot of time lying on the ground. In Gulu, getting knocked down while playing the game you love isn't really viewed as a hardship by kids who have developed a natural hardness.

Even tiny, eight-year-old Ocen Genesis Odiya never stops to lick his wounds. Bradbury had no intention of taking a player so young when

Gulu United was holding tryouts in 2014, and Genesis didn't seem to have any obvious intention to change Bradbury's mind. He showed up to one of United's camps with some other young friends who, after being tossed a ball, started playing their own game on the sidelines. Having witnessed the pint-sized kid pull some big-time moves, Bradbury sent one of his coaches over to invite him to participate in the tryout. (While all the kids understand and speak at least some English, Bradbury often communicates with them through a local coach during tryouts. The vast majority of people in the region are Acholi and speak the tribal language of the same name.) After watching

Genesis hold his own against players who dwarfed him, Bradbury gave him a spot in the academy.

All the kids who tried out for Gulu United in 2014 did so in bare feet. Bradbury had scarcely tied their first pair of cleats before most of them were trying to kick them off, but they eventually got used to the new equipment. Under-17 defender Eric Wokorach (no relation to Amos, the team doctor) walked 25 kilometres to attend his first tryout. Brothers Yona

Before the academy began training on a daily basis, Bradbury held meetings with parents to talk about his approach and goals for the kids. In Gulu, many family members couldn't care less about the soccer but were thrilled to learn United would cover the costs required to have each child board at either Layibi or Bright Valley Primary School. A Westerner walking into the dormitories can't help but be taken aback by the barn-like building and the decrepit blue bunk beds

IN GULU, MANY FAMILIES DON'T CARE ABOUT THE SOCCER, BUT ARE THRILLED UNITED PAYS FOR THEIR KIDS TO BOARD AT SCHOOL.

Opio, 16, and Abraham Opio, 14, took a 90-minute bus ride to Gulu, landing with no money for food and no place to stay overnight. Bradbury made sure the boys were housed and fed for a couple of days, and both wound up making the club. That wasn't initially the case, however, for 16-year-old Desmond Arop, who was cut from the squad but decided to show up again anyway—he wanted to be around the team to prove he belonged there. The keeper finally wore Bradbury down, and he is now a model student and one of Gulu United's most unabashedly enthusiastic players.

they sleep on. Still, these are the two best schools in the region, and most United parents couldn't dream of sending their kids to either without financial support.

But academics weren't the only topic of conversation at those meetings. One father stood up, declared himself to be HIV-positive and asked if his son could be tested. This drove Bradbury to pay for health-care workers to come out to the field and do blood work on every child in a place where around seven per cent of the population has the disease. (While treatment is readily available,

many people avoid being tested for HIV because they don't want to risk being discriminated against if they're found to be positive.)

Negotiating the contours of a foreign land is only possible for Bradbury thanks to the club's staff of locals, most notably first team director Calvin Okello. A Gulu native, 30-something Okello was a student at Layibi and soccer-obsessed long before his high school years. An employee of Gulu University's finance

of his youth may not have had scheduled start times, but everybody knew the game was over the second they heard gunshots.

For a huge portion of Okello's life, Kony and the LRA brutalized northern Uganda. The rebel group thrived by making soldiers out of children, especially in rural areas where there was no electricity and little in the way of armed forces to stop its advances. For many people, the only defence was to walk into towns like



IN SOCCER, A WELL-SCHOoled SQUAD CAN TOPPLE A MORE SKILLED OPPONENT. BRADBURY IS FOCUSED ON THAT NOTION.

department, Okello will talk all day about the sport he loves.

The man's smile grows broader as he starts reminiscing about his athletic past: no coaches, no age restrictions and no limit to the number of feet chasing a makeshift ball made from plastic bags tightly bound and wrapped with twine. "You'd go for almost 30 minutes without even kicking it two or three times because there were so many people," Okello says. "And bigger guys would come, and they would push you away."

But not every memory in his bank is a happy one. The soccer sessions

Gulu every evening, where they could sleep near a storefront or in a high school where government soldiers kept watch. The next morning, they would make the trek back to their homes and farms, walking for hours each day to survive.

The LRA's initial attacks in the area date back to the late 1980s, meaning multiple generations of Ugandans had the same relationship with abduction and murder that Canadian youth would have with going to Disneyland—if it didn't happen to you, it sure happened to people you knew. "We lost so many good friends and

young kids and parents," Okello says of the war. "It was horrible."

Half a world away, a relatively new father had the same reaction.

ADRIAN BRADBURY GREW UP in a blue-collar home in Oshawa, Ont. He was the first person from his family to attend university. Bradbury played basketball for the University of Ottawa and stayed in the game after school, doing some coaching in Japan, but that quickly started to feel more like a job than a passion. By 2000, Bradbury was married to kindergarten teacher Kim Atwill-Bradbury, and their life in an east-end Toronto neighbourhood gained another dimension with the arrival of Isaac and Owen, now 16 and 13.

Increasingly, the young father's thoughts were ensnared by what he'd read in the news: the approximately 40,000 "night commuters" in northern Uganda. One evening in 2005, he devoured Douglas Coupland's book *Terry*, a tribute to the life of Terry Fox and his Marathon of Hope. By the next morning, Bradbury, who was already determined to do something to help kids in the region, had mapped out a route of his own. Along with his good friend Kieran Hayward, Bradbury decided to call attention to the commute in Uganda by walking west from Toronto's Victoria Park Station towards Yonge Street, then south to City Hall each

evening in July. Once the two-plus-hour journey was complete, Bradbury and Hayward would sleep on a little patch of grass in front of the building, then get up early for the trip back home. The men were hoping to attract some local media coverage; by day six, they were on the front page of the *Toronto Star*, and the story took off from there.

The issue became central to Bradbury's life, as GuluWalks—one-off events aimed at raising awareness of the problems facing northern Uganda's children—were organized all over the world. Bradbury's first of numerous visits to the region came in 2006. Word of this Canadian guy who'd taken up their cause quickly spread through Gulu, and to this day, it grants Bradbury significant credibility.

While Bradbury's metamorphosis into a soccer aficionado was fuelled partly by his boys' love of the sport, there was another, more philosophical aspect to it. With a basketball background, Bradbury was reared on a game in which a team with a couple of elite players stands a fantastic shot at victory. That's not necessarily the case in soccer, where a well-schooled squad can use superior tactics to topple a more skilled opponent. Bradbury couldn't let go of that underdog notion.

By 2008, the LRA's power had been greatly reduced, and Kony was forced into hiding (he remains in South

Sudan and the Central African Republic). As northern Uganda began to heal, Bradbury shifted his focus to raising funds for the region's soccer team, Gulu United, in the hopes that the senior club could climb back into Uganda's premier league and help revive the area. It did, in fact, get to the top division, but money was still incredibly hard to come by, and the success couldn't be sustained. By 2013, however, Bradbury was ready to take another run. This time, he

of 2014, he lamented the dilemma to Kim. Without hesitation, his wife blurted out, "Just tell them you'll be there." After Christmas, the couple, along with their sons (both academy players who are home-schooled by Kim), hopped on a plane to start the new year in a new place.

BRADBURY'S HEART MAY HAVE been what originally led him to Gulu, but today his head pushes things forward. He's become obsessed with



DISCIPLINE IS NON-NEGOTIABLE, BUT BRADBURY BELIEVES IN CREATING A PLACE WHERE KIDS FEEL SECURE AND HAPPY.

wanted to do it right, building from the ground up with a youth academy. Initially, he thought the project might be something he could run from Toronto. At the time, Bradbury was working with corporations and charities on ways to develop advocacy and fundraising campaigns. With that experience behind him, he registered a business called Football for Good to be the vehicle that would generate money for Gulu United. But Bradbury kept running into the same problem: people were hesitant to pony up for a guy who wasn't going to be on the scene. One morning in the spring

counting the beans, and something doesn't add up. Rather than distribute athletes through a draft system, soccer clubs purchase players from all over the world through transfer agreements. At the highest level, wealthy clubs like Manchester United and Barcelona pay astronomical fees to other teams—tens of millions of euros—to acquire top talent. But underneath those mega-outfits is a planet full of mid-size and small ones in the business of developing and selling quality players for more modest sums. The problem in Africa is that many regions lack the resources

*Squad players
watch the team's
game against
the organization
Restoration
Gateway.*



necessary to run leagues and youth academies. No club means there is no transfer fee coming back to the area when one of its talented players leaves for a bigger opportunity. It's tantamount to a country getting no return on a precious natural resource plucked from its land.

Soccer's governing body, FIFA, has rules in place to regulate transfers and protect smaller clubs like Gulu United. Still, larger organizations often find ways to poach talent without any regard for the regulations, especially when dealing with poorer places. "There's a lot of ugliness that goes on," Bradbury says. "It's going to be hard, and there are going to be people who try to take advantage of

what we're doing, or are not going to buy it: 'Why should we have this professional relationship in backwards northern Uganda?' We're going to have to earn that." Bradbury knows it might take five, even seven years to make that first transfer happen. That said, he's hopeful the club can at least get some tryouts in Europe in the near future.

One huge factor in Bradbury's favour is that money goes 10 times further in Gulu than it likely would anywhere else outside of Africa. Because of that, there's less pressure to score a hefty payday. Yes, he acknowledges a few million euros would change the club forever, but he's certainly not banking on that.

He's told Football for Good's investors two things: best-case scenario, he can get them their money back with a small percentage on top; secondly, should United—which costs about \$100,000 to run annually—happen to hit pay dirt, the majority of the funds will be poured back into the club. Profits are earmarked for things such as bringing in high-level coaches, getting the kids into some international tournaments and possibly opening other academies in sub-Saharan Africa. Bradbury also has designs on investing in young community leaders in a variety of disciplines, such as agricultural entrepreneurs.

MANY MORNINGS, BRADBURY has just enough time to pluck a mango from the tree in his backyard before setting out to tackle his to-do list. Daily training sessions with the players don't start until mid-afternoon, but Bradbury is constantly on the go, chasing possible fundraising avenues, checking in with the schools where his players board and trying to get his teams in a few friendlies with any group that can tape together a squad. When they do get matches, the academies' three teams often play older kids and more than hold their own. On Monday mornings, Bradbury meets with his eight full-time coaches to meticulously plan out drills for the week.

Omara Oscar, nicknamed Monday, spent eight years in Uganda's premier league—mostly in the capital, Kampala—before returning to Gulu to begin a new phase of life. The 29-year-old husband and father of two was raising and selling chickens when the opportunity to join Gulu United presented itself. Monday is missing a front tooth thanks to a stray elbow during his competitive days. But while the physical toll soccer takes on players never changes, he believes the mental one can. "All coaches tend to be harsh," Monday says of the default Ugandan mindset. "That's why our football is not growing much. But now, with what Adrian brought, I can see lots of changes, and the kids are picking it up very fast. Even us coaches, we change."

Victor Satei, the club's technical director until 2016, was another force behind that transition. Based in the Toronto area, he runs a consulting company for coaches and, until his departure from the organization, would make a couple of trips per year to Gulu. While discipline is a non-negotiable part of what United is doing, both Satei and Bradbury believe in creating an environment where kids feel secure and happy. The club tries to arrange for the kids to watch European games together on TV and offers a treat—like fresh sugar cane—on Fridays. "After all that

has gone on, United needs to be their escape," Satei says.

While Bradbury has worked to alter some things in his new home, he's also trying desperately to preserve much of what's there, the most precious element being the in-the-bone love of soccer evident all over the country. From Liverpool logos on dump trucks to kids passing around well-worn pictures of pros ripped from magazines, there's no question the sport is king.

A COUPLE OF DAYS after their HIV tests in 2015—there wasn't a single positive result—Gulu's under-15 and under-13 squads get a rare chance to demonstrate what they've learned in actual game action. The opponent is a makeshift squad from Restoration Gateway, an organization that provides education and health care to some of the region's many orphans.

In the under-13 game, Genesis is, as per usual, a little overmatched. But early in the second half, he shows a glimpse of his raw ability and demonstrates what the right player can do with even a sliver of opportunity. As he nears the Gateway goal, a defender steps up to block his path. Genesis is certainly close enough to justify taking a shot, even if the likely result is a ball deflected out of bounds. As the keeper and defender steady themselves for a shot, Genesis instead slides a stealthy pass to his left, starting a play that quickly culminates with the ball rolling into an empty net.

Watching from the sideline beside Bradbury, Satei shakes his head and laughs out loud. "Any other kid would have hammered the ball," he says with disbelief.

But this one didn't. And one might be all it takes. R

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* * *

FROM THE MOUTHS OF BABES

My son on the morning of his prom: "Well, it just occurred to me that I paid \$130 to go to my school at night."

 @CAISSIE (CAISSIE ST. ONGE)

"Sometimes I feel like you don't really listen to me when I talk," said my son or daughter.

 @DANNYZUCKER

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WHEN TAKEN PRIOR TO A MEAL.



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GET SMART!

13 Things a Contractor Won't Tell You

BY MICHELLE CROUCH

ADDITIONAL RESEARCH BY ANDREA BENNETT

ILLUSTRATION BY SERGE BLOCH



1 If your handyperson says they can "do it all," watch out; electrical, plumbing and structural fixes require a licensed professional. A sure sign that you can trust a contractor is if they tell you they're not the best person to do a particular job and recommend someone else instead.

2 Good contractors get work through word of mouth, so they don't really need to advertise. When you're looking to hire someone, says Steve Maxwell, a widely published home improvement coach, ask friends and family for recommendations. If the job is large, consider

several options, ask for at least three references and speak to previous clients before you sign any contracts.

3 Can't rely on word of mouth? Steve Payne, the editor of *Canadian Contractor*, recommends checking out the online review services HomeStars and TrustedPros.

4 Ask a contractor to inspect your house at least once a year. Do you need to caulk around your windows and doors? Are any shingles loose? It's a lot less expensive to hire someone to address those things than it is to replace them after years of neglect. ➤

5 Contractors may charge different prices for the same job. Some ask for more when they're busy. They may also raise their fees for houses that are filthy, so keep yours clean.

6 Many jobs will require about a 10 per cent deposit—this books a contractor's time and is a sign of the homeowner's good faith. But, says Payne, they might require more. If you're having a new kitchen built, for example, your contractor will want to cover the cost of custom cabinets and counters, neither of which will be reusable if the project doesn't go forward.

7 Before you throw something out, ask whether your contractor can repair it. They might be able to fix window frames, furniture and crown moulding—even tree houses and sheds.

8 While many workers will be happy to adjust your sticky door or tighten that leaky faucet, don't act surprised when they charge you. Contractors make a big part of their living from those "while you're here" jobs.

9 You could pay for the material yourself to cut costs, but don't ask if there's any way you can help

out in exchange for a lower price. Payne says that the contractor could be held liable if you get injured.

10 Always include some wiggle room in your budget. "If you've got a contract for \$127,000 and you can really only afford \$127,000, you're nuts," says Payne. No matter how good a contractor is, they don't have X-ray vision—they might find mould, structural issues, plumbing or electrical problems that need to be addressed.

11 While it may be tempting to hire a cash contractor—whom you pay under the table, without a contract, avoiding taxes and getting a cheaper rate—Payne warns against it. "If the job goes south, there's no paper trail," he says. "You're totally unprotected."

12 Establish payment stages in your contract. Possible milestones can include framing, plumbing and wiring, drywall and finishes, and you can give your contractor a certain percentage when they reach those milestones. "It's an incentive to keep things rolling," says Maxwell.

13 Make firm decisions, Payne advises. Changing details like finishes or tiles can prolong jobs and result in money down the drain. R



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That's Outrageous!

PIZZA! PIZZA!

BY LINDA BESNER

ON DEMAND

Every late-night study session needs some food for thought. In September 2016, students at Xavier University in Cincinnati were greeted by an innovation in midnight snacking—a pizza vending machine that delivers piping hot treats 24/7. Called the Pizza ATM, it's a convection oven stocked with up to 75 pizzas that are baked on demand for hungry scholars. The French manufacturer of the machine has been satisfying greasy cravings in Europe for more than a decade, but Xavier's pizza machine means students in the United States are finally getting a slice of the pie.

FOR THE PEOPLE

On a Massachusetts list of citizens' groups that includes the Latino-Vote Party and the Rainbow Coalition, the state also recognizes the Pizza Party. Josh Freeman, 43, founded the political designation in 2011 after gathering 120 signatures—70 more than the required 50—at bars



and restaurants. The Pizza Party has about 476 registered voters—some 42,600 short of the number needed to go from political designation to official party.

While a passion for melted cheese may not provide much of a political platform, the party may have hit on something close to a universal value: a love of pizza.

JUST REWARDS

One day last September, Selena Avalos needed a lunchtime snack. During a break from her job at a mobile-phone store in San Jose, Calif., she ordered chicken wings from Domino's Pizza. When the 21-year-old received her food, however, she found a side dish she wasn't expecting: three stacks of cash totalling \$5,000. A manager herself, Avalos identified the cash as an errant bank deposit and called the franchise. Her good deed was rewarded with free pizza or other Domino's products for a year. Who knew karma could be so delicious?



POST CARD

Dear Fellow Traveller,

In Canada, we've been doing winter for 150 years, and by this point, we know how to do it pretty well. We know when the thermometer dips way (way) below zero it just means more frozen ponds for hockey, and more hills for skiing. And we also know there's nothing better than warming up somewhere familiar, like at Travelodge. You'll find nice rooms and great people, so you feel at home even when you're not.

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Brainteasers

Challenge yourself by solving these puzzles and mind stretchers, then check your answers on page 119.

SEVEN UP (Moderately difficult)

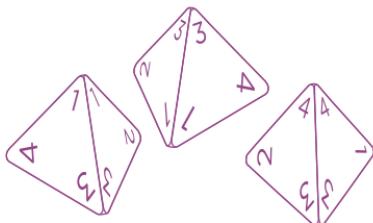
If you wanted to roll a total of seven or higher, which dice would you rather use?



A. ONE 12-SIDED DIE (1-12)



B. TWO SIX-SIDED DICE (1-6)



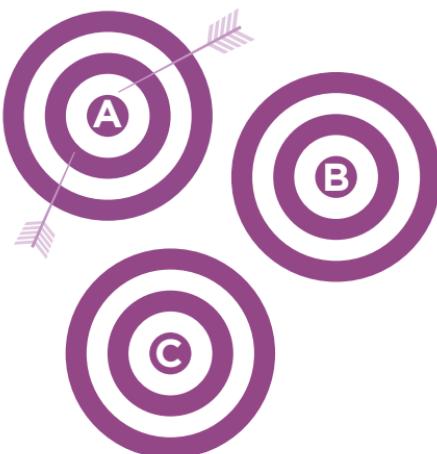
C. THREE FOUR-SIDED DICE (1-4)

ON TARGET (Moderately difficult)

In an archery challenge, there are three targets labelled A, B and C, and each is worth a different number of points.

- Hitting targets A and B scores 20 points.
- Hitting targets A and C scores 23 points.
- Hitting targets B and C scores 15 points.

Kathy shoots two arrows and they both hit target A. What's her score?



FILL IN THE BLANKS (*Easy*)

The same three numbers are missing from the boxes in each operation. What are they?

$$\boxed{?} + \boxed{?} + \boxed{?} + \boxed{2} + \boxed{9} = \boxed{26}$$

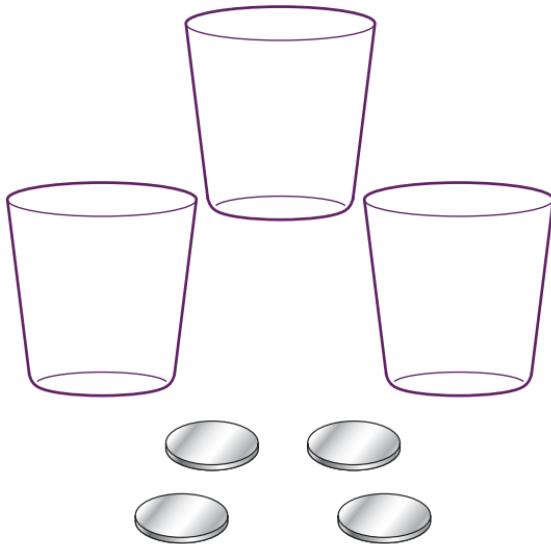
$$\boxed{?} \times \boxed{?} \times \boxed{?} \times \boxed{2} \times \boxed{9} = \boxed{2,250}$$

FILL MY CUP (*Moderately difficult*)

Three cups and four coins are on a table. You must place the coins in the cups according to the following two stipulations:

- No cup can be left empty.
- Two of the cups must contain two coins each.

How would you do this?



LETTER LOGIC

(*Difficult*)

Complete this grid so that 12 of the 16 cells contain a letter, while four are left blank.

Use two copies of each of A, B, C, D, E and F. Four letters are already entered. Fill in the other eight to satisfy these rules:

- No more than three letters may appear in any row or column.
- Identical letters may not occupy the same row, column or diagonal (not even a short diagonal).
- One of the Es is adjacent only to a C. (“Adjacent” means next to it in any direction, even diagonally.)
- No B is adjacent to a C.

		D	
B		E	
	A		



Trivia Quiz

BY PAUL PAQUET

- 1.** Upon accepting her Nobel Peace Prize, what teen said, “I am also the first recipient who still fights with her younger brothers”?
- 2.** What 1998 Disney animated movie was a box office disappointment in China, surprisingly?
- 3.** What name has been adopted by the most popes?
- 4.** Which Spanish city is the setting for Mozart’s opera *The Marriage of Figaro* and Bizet’s opera *Carmen*?
- 5.** What chart-topping singer’s biography says she didn’t find anyone, let alone “Someone Like You,” when she joined a dating site?
- 6.** Although he hunted old Nazis in *The Boys From Brazil*, who played an old Nazi in *Marathon Man*?
- 7.** What form of radiation, emitted from cesium and cobalt, is used for preserving food?
- 8.** James Bond, Hercule Poirot and Phileas Fogg were among the fictional passengers of what real-life train?
- 9.** A 1984 single wondered, “Do They Know It’s Christmas?” Well, they did, since the charity super-group Band Aid was singing for famine relief in what largely Christian country?
- 10.** What American government agency joined Twitter in 2014 with, “We can neither confirm nor deny that this is our first tweet”?
- 11.** What Mexican state shares a name with an internationally sold hot sauce?
- 12.** What British actor took a plunge in a lake in both *Love Actually* and *Pride and Prejudice*?
- 13.** What is the most famous building painted with a colour called Whisper White?
- 14.** What Polish city began as a Stone Age village on Wawel hill?
- 15.** After this player left basketball temporarily in 1993, the Chicago Bulls retired #23. Who was he?



ANSWERS: 1. Malala Yousafzai. 2. *Mulan*. 3. John. 4. Seville. 5. Adele. 6. Laurence Olivier. 7. Gamma radiation. 8. The Internet-Express. 9. Ethiopia. 10. The Central Intelligence Agency (CIA). 11. Tabasco. 12. Colin Firth. 13. The White House in Washington, D.C. 14. Krakow. 15. Michael Jordan.



Word Power

The odd spellings, unusual syllable emphases or jumbled consonants of the words in this list make them difficult to pronounce. No matter if you can't say them out loud, so long as you can guess what they mean.

BY LINDA BESNER

1. anemone—A: ode in iambic pentameter. B: plant of the buttercup family. C: freshwater snail.

2. interstitial—A: of an in-between space. B: woven with more than one colour. C: blending two liquids.

3. isthmus—A: stuttering speech disorder. B: horizon bisected by the setting sun. C: narrow strip connecting two land masses.

4. peremptory—A: imperiously commanding. B: along an area's perimeter. C: adjacent to valuable real estate.

5. mnemonic—A: growing. B: having a citrus flavour. C: memory aid.

6. kinnikinnick—A: northern chickadee species. B: peaty bog. C: smokable mixture of leaves and bark.

7. inimical—A: extremely icy. B: detrimental. C: without spontaneity.

8. inimitable—A: impossible to imitate. B: repetitive. C: all-powerful.

9. banal—A: cross between a banana and a salal berry. B: in poor taste. C: commonplace and boring.

10. autochthonous—A: indigenous. B: speaking many languages. C: having a second toe longer than one's big toe.

11. moiety—A: slight dampness. B: portion. C: fervent feeling of religious devotion.

12. prospicience—A: foresight. B: good fortune. C: disbelief.

13. Worcestershire—A: blue and white china pattern. B: iconic maker of crystal wine glasses. C: English county famous for a dark brown condiment.

14. chimera—A: common rock that resembles silver. B: illusory hope. C: small waterfall.

15. antiphonal—A: alternately sung or played by two groups. B: afraid of talking on the telephone. C: at the time of high tide.

Answers

- 1. anemone**—[B] plant of the buttercup family; as, The forest trail was dotted with raspberry bushes and white *anemones*.
- 2. interstitial**—[A] of an in-between space; as, Some news organizations display *Interstitial* ads on their mobile platforms when users move from one page to the next.
- 3. isthmus**—[C] narrow strip connecting two land masses; as, Chile's Muñoz Gamero Peninsula is connected to the mainland by an *isthmus*.
- 4. peremptory**—[A] imperiously commanding; as, Richard snapped his fingers for the bill in a *peremptory* manner.
- 5. mnemonic**—[C] memory aid; as, The music teacher taught his class the *mnemonic* "Every Good Boy Deserves Fudge" to help them recall the notes on the lines of the treble clef.
- 6. kinnikinnick**—[C] smokable mixture of leaves and bark; as, Nakuset prepared the *kinnikinnick* in the way her Cree grandmother had taught her.
- 7. inimical**—[B] detrimental; as, The current economy is *inimical* to many millennials' dreams of home ownership.
- 8. inimitable**—[A] impossible to imitate; as, The baby charmed the whole room with his *inimitable* toothless smile.
- 9. banal**—[C] commonplace and boring; as, Navneet settled in for another *banal* day at work.
- 10. autochthonous**—[A] indigenous; as, Canada's *autochthonous* tree species include birch, sugar maples and Douglas firs.
- 11. moiety**—[B] portion; as, Fatima gave a *moiety* of her sandwich to the ducks at the park.
- 12. prescience**—[A] foresight; as, Sofia displayed *prescience* in bringing her umbrella to work.
- 13. Worcestershire**—[C] English county famous for a dark brown condiment; as, A Bloody Caesar cocktail usually includes a dash of Worcestershire sauce.
- 14. chimera**—[B] illusory hope; as, The actor's expectation of an Oscar turned out to be a *chimera*.
- 15. antiphonal**—[A] alternately sung or played by two groups; as, The Torah describes *antiphonal* singing as part of ancient Jewish liturgy.

VOCABULARY RATINGS

- 7-10:** fair
11-12: good
13-15: excellent

Brainteasers:
Answers
(from page 114)

SEVEN UP

C. A gives you a 50 per cent chance (6/12). B gives you a 58.3 per cent chance (21/36). C gives you a 68.8 per cent chance (44/64).

ON TARGET

28 points. The sum of the points in the three examples (58) is the score for hitting each target twice. Half of this (29) is therefore the score for hitting each target once. Since B and C together give 15 points, A is worth 14 points.

FILL IN THE BLANKS

$$5 + [5] + [5] + [2] + [9] = \boxed{26}$$

$$5 \times [5] \times [5] \times [2] \times [9] = \boxed{2,250}$$

FILL MY CUP

By placing one cup inside another, the same coins can be in more than one cup:



LETTER LOGIC

	F	D	B
B		E	A
F	A	C	
C	D		E

Sudoku

BY IAN RIENSCHE

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

TO SOLVE THIS PUZZLE...

You have to put a number from 1 to 9 in each square so that:

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

SOLUTION

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



Quotes

BY CHRISTINA PALASSIO

“

MY PARENTS ARE QUITE RESERVED IN ENGLISH BUT FUNNY AND BOISTEROUS IN THEIR MOTHER TONGUES. SOME OF MY BEST MEMORIES ARE OF MY MOM SITTING WITH HER SISTERS AND LAUGHING AND TALKING ALL NIGHT.

MADELEINE THIEN



I DON'T COOK OFTEN. BUT WHEN I DO, I ALWAYS HAVE CEREAL.

LAURA VANDEROORT

Our parents were terrified of cancer when we were younger. My generation is afraid of Alzheimer's.

LISA RAITT



THERE IS A CRACK IN EVERYTHING. THAT'S HOW THE LIGHT GETS IN.

LEONARD COHEN

When we were kids, asking someone if they had an innie or an outie was making conversation. Back then it was like asking, “So, what do you do?”

JONATHAN GOLDSTEIN

Comedy is a pretty cold field. It's very mathematical. In some ways, emotions can get in the way of comedy.

SCOTT THOMPSON



PHOTOS: (THIEN) CREATIVE COMMONS/SIMON FRASER UNIVERSITY; (COHEN) LORCACOHEN/SONY MUSIC; (THOMPSON) CREATIVE COMMONS/GAGE SKIDMORE. QUOTES: (THIEN) *THE GUARDIAN* (OCT. 8, 2016); (VANDEROORT) TWITTER (JULY 3, 2016); (RAITT) YOUTUBE (SEPT. 22, 2016); (COHEN) *THE FUTURE* (NOV. 24, 1992); (GOLDSTEIN) TWITTER (SEPT. 13, 2016); (THOMPSON) CONSEQUENCEOFSOUND.NET (APRIL 12, 2016).



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