

Opinion

MUSKOKA MOSAIC

Introducing Fred Bezley

BY PAULA BOON

Fred Bezley remembers when the world was a different place. Born in 1921 in Toronto, he has memories of seeing milk, bread and goods from Eaton's and Simpson's delivered by horse-drawn vehicles. "It was a totally different atmosphere," he says. "The Union Jack was the flag and the national anthem was God Save the King."

Bezley met his wife Jeanne in high school, but the couple didn't get serious until later. They both joined the air force after Grade 12 and were sent to training locations in different provinces.

After their marriage in 1943, they ended up in the same province, Manitoba, but were still only able to see each other during leaves. "We spent our time off in Winnipeg together," says Bezley. When the war ended, they returned to Toronto and had two children, Brent and Darlene.

Following in his father's footsteps, Bezley joined the Toronto Fire Department, where he worked for 36 years. Bezley witnessed his share of tragedies due to old wooden buildings and crowded rooming houses in old Cabbagetown, but he loved his job. "You knew every day was going to be different," he says. "It wasn't a matter of going there and sitting around. Plus, there was the comradeship."

The firefighters played baseball in the summer and had a bowling league in the winter which included their wives.

After retirement, the Bezleys travelled a great deal, to places such as Greece, Russia, Sweden, Finland, England and Scotland. "We also camped right across Canada," says Bezley. "Our dog Taffy swam in the Atlantic and in the Pacific, which is more than a lot of residents of Canada can say."

Bezley took up painting as well. "After all those years of painting the house, I decided I would take some art classes," he says.

One of his favourite paintings, a copy of a Monet depicting a couple dancing, hangs in the Bezleys' apartment at Rogers Cove. He has also donated some larger pieces for the halls of the retirement residence.

When Bezley had taken classes at a seniors' centre for three or four years, he became involved in the administration of the centre. He remained chairman of the board for 17 years.

Then, a couple of years ago, Bezley's daughter spent some time at Grandview and bought property in this area. "Darlene knew we were going to need somewhere to live and she checked Rogers Cove out," he says.

Bezley's first reaction to the idea of moving into a retirement residence was, "No, I'm not living in a place like that." However, two years ago this June, he and Jeanne agreed it would be a good idea. "You have to look at reality," he says. "You can't live in a dreamland. You have to make a decision. We made the right one; we're sure of that."

They moved to Rogers Cove in March, 2007.

After 56 years in their Toronto home, the move was not an easy one. "It took a month or six weeks to feel at home," he says. "You don't turn on and off like a light bulb. But we came at a good time, when winter was just turning into spring."

Most days Bezley spends his morning catching up on the news



by watching TV, listening to CBC radio and reading newspapers. "In the afternoon we put our feet up for a while," he says. "We also like to just watch the clouds go by."

Bezley notes that there's entertainment at Rogers Cove several times a week, and he likes to follow Toronto's baseball, football and hockey teams — although he stops short of calling himself a Leafs fan. "You couldn't really cheer for the Maple Leafs the last few years," he says. "You watch in frustration."

Bezley says he is very content with the course his life has taken. "I feel sorry for the people coming behind, what they're facing," he says. "They're not going to have as stable a time as us even though we came through a couple of wars. People trying to bring up young families today have really got a problem."

With all the social problems in the world, Bezley thinks everyone would be better off if they could escape for a while through entertainment. "The world's being blown up, and you go to the movies and see the same thing happening there," he says. "In the Depression, we had musicals and comedy. You knew it was fantasy, but it let you escape. You have to have a bit of hilarity — time to laugh and forget your problems."

Is there someone you would like to see profiled in this space? Please call Paula at 789-5541 or e-mail pboon@metrolandnorth-media.com.

LETTERS

It's not too late to keep community-based lab services

I do not agree with the substance of the article on lab services and with the negative tone of the headline. The attached letter that I sent to Sven Miglin, our representative on the Muskoka Algonquin Healthcare Board, sums up the conclusions of my reading of the RPO report. Here are some specific problems on the content of the article:

- From all comments I have read there is no reason for stating that there is "slim hope for the continuation of the service in Muskoka." There is only a consensus that a pilot test of 10 years' duration should be enough to judge the merit of conducting within the MAHC hospitals the community-based component of the lab services, about 40 per cent of the total services. Mr. Lockhart clearly states that the current operating deficit (\$150,000 or less than 10 per cent of the project cost) requires some change, but the objective is "still to deliver the service locally through the hospital."

This objective appears financially feasible because the alternative recommended in the report would result in an operating cost 67 per cent higher than the current model (page 102 of the report).

- The report observed that only some of the projects appear to be "financially unsustainable," but that conclusion cannot be confirmed without a marginal cost analysis, which has not been carried out by the consultants.

The one project that has been terminated with sufficient experience on the impact on patients and the provincial system, is significantly different from Muskoka: it is within 50 km of Ottawa in an area of a much larger population and alternative services. Hence its "minimal" impact on patients and system cannot be blindly assumed to apply to Muskoka, as implied by the comment on the clinical needs of the communities.

- The main point of the article should be

aligned with Mr. Lockhart's understanding of the report: "all the hospitals that are involved in the pilot, like us, think it's a good model in terms of service delivery; we just need to have a better control over the funding of it." That should be evident since the control of the recommended alternative model province-wide has resulted in greater escalation of testing cost and testing volumes than we have achieved in MAHC under the pilot model over the last ten years.

Please do not charge this issue with even more gloomy passion than it already raised last year!

My daughter asked me to comment on the Final Report of the Laboratory Pilot Project Review as a patient (and taxpayer), because of the apparent lack of input by patients in the consultants' work. However, I feel that the report is too important to the future of health services in Huntsville and Ontario for restricting my comments to her; hence, this message to the newspaper and others.

The key findings of my review of the report are:

- Services have been delivered effectively from the point of view of patients, and all other stakeholders, through fixed funding and a locally-negotiated partnership of public and private interests. This has been confirmed by the five-year accreditation awarded since the completion of the report.

- The cost escalation under the pilot agreement has been lower than under the OHIP funded model: minus 15 per cent versus plus six per cent, respectively (see p. 102 of report). Even if a further 10 per cent increase is allowed to cover the last publicized deficit in the MAHC pilot, the advantage remains significant: minus five per cent versus plus six per cent.

- The pilot project has not caused an increase in volume in community-based lab testing within MAHC: the increase for the pilot was 50 per cent

versus 52 per cent for the provincial average (see p. 55 of the report). This is particularly remarkable given the influx of retirees and the loss of young families (because of the growing scarcity of affordable housing), within the MAHC catchment area in the last 10 years.

- A locally-negotiated public/private partnership may be hard to manage, but the challenge was well met by the MAHC administrators. By copy to the lab senior line management, I'd like to acknowledge a job well done.

- A pilot project lasting a decade is more than enough piloting of innovation! What is disappointing, however, is that the positive lessons learned were ignored in setting up the provincial

model and its enabling legislation. By copy to the minister responsible and to our member of the provincial parliament, I'd like to remind them that it is never too late to correct an obvious oversight. I also want to urge the province not to force an inferior model for bureaucratic convenience (a.k.a. alignment).

- Finally, by copy to the mayors of the affected towns (Huntsville and Bracebridge), I'd like to point out that the bottom line of the recommended alternative in the report is a loss of well-paid jobs in our towns, for the benefit of a corporation based in southern Ontario.

John Brenciglija
Huntsville

'Cottager Clement' not talking like national health minister

Re: Protest over injection site closure targets MP, Huntsville Forester, May 28.

I must have got it wrong. I thought cottager Clement was the minister of health as well as the guy who keeps filling my mailbox. I'm confused because of his reason for wanting to close the Vancouver needle exchange. Cottager (Clement's) scientific and health-based reason: "There is not a lot of sympathy for it in my riding."

So that's how he runs the health system of the entire country? Whether there's sympathy for a policy in his Parry Sound-Muskoka riding? Bit of a worry.

But at least the BC Supreme Court used a slightly more appropriate gauge to debunk and deny the cottager and his fellow Conservatives.

The judge used his very own brains. Imagine. In his ruling, Justice Ian Pitfield granted Insite, North America's only supervised safe-injection facility, an exemption from federal drug laws until June 30, 2009.

Pitfield said drug addiction is an illness and that the services Insite provides — reducing risk of overdose and infection and providing access to counselling that may lead to rehabilitation and abstinence — are considered health care.

I hope the cottager will use more than the alleged sympathy — or lack of it — of his riding to guide him the next time a topic a national significance needs some heavy brain-work.

John Scully
Dwight



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HDMH Foundation AGM

You are invited to attend the Annual General Meeting of HDMH Foundation on Thursday, June 19 at 7 pm. The meeting will be held in the boardroom at Huntsville District Memorial Hospital.

This is your opportunity to review the annual audited statements of the Foundation, hear news of the Foundation and to participate in the future of your healthcare facilities. 2008 HDMHF Bursary recipients will be announced; including the Dr. David Allan Health Sciences Award. 2008/2009 Directors of the Board will be nominated and elected by the membership. If you gave a minimum of \$50 to the Foundation between April 1, 2007 and March 31, 2008, you qualify as a voting member of the Foundation.

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