



Importance of Socialising!

U3A Dunedin 2023 has started well.

I have been appointed as Chairperson for 2023, my third year in this position. I am delighted to continue in this role for one more year.

Our Treasurer is Evan Taylor, Secretary to the Board, Phyll Esplin, Minute Secretary, Gretchen Kivell.

We welcomed four new members to our team. Elizabeth Wilson, Andre Smith, Graham Corbett, and Jane Malthus. All bring a range of skills and expertise necessary for optimal functioning of the Board and I look forward to working with each and every one of these new Board members.

Series 1 is halfway through the cycle of 6 weeks. Feedback is very positive and many remark on the high calibre of presenters. Whilst we contemplate the topics, the challenges of international politics and political unrest, and in Aotearoa migration patterns, genome



Linda Kinniburgh

sequencing, climate change, poverty and inequality, one aspect that brings us all together is our willingness to socialise and meet new friends.

I thank our course assistants as they welcome you to the course of your choice, who answer your questions and look out for new members ensuring a positive experience.

After all, that's what we do well and why we offer face to face lectures and interest group activities.

Socialising is great for health, both our physical and mental health, having met new friends

we expand our network of supportive people.

I enjoy watching the buzz at break times, a pleasure to observe. We are fulfilling our purpose of education at the broadest of levels.

This year I have had the pleasure of meeting almost all of the convenors of Interest Groups. This group of highly motivated leaders play an important role of facilitation on a wide range of topic areas. Feedback again from members of their enjoyment of these regular meetings and socialising is also positive. Many of our current groups are full. In the next few months we will be seeking your support for leadership of new groups.

U3A Dunedin is thriving and socialising is an important part of our enjoyment. Thank you all for being part of our success.

Noho Ora, Kia Ora, stay safe and well.

Linda Kinniburgh
Chairperson,
Board U3A Dunedin
2021-2022

Programme Committee Report

Our University

s the use of the possessive justified? Well, surely it is.

Not only were we born from the University of Otago, its University Extension in 1993, but through our programme of courses we are heavily dependent on it. Such is the range and depth of up-to-date, willing expertise available there that for many years now we have been able to offer in-depth educational courses across a wide spectrum of knowledge, unparalleled among this country's U3As. It is not only current academics that contribute, but also retired staff within our own membership and without. And in turn we are important to the University.

With over 900 members we are the largest voluntary community education provider in Dunedin and so a crucial means for the University to engage with the wider public, a statutory obligation. The connection is mutually beneficial, as recently formalised by the signing of an updated Memorandum of Understanding; the first one was in 2003. Important provisions there are that university staff are formally

given credit with the university for presenting to U3A, and that where feasible we support university staff and students in their research.

Just how dependent are we? Well, of the six currently under way, only *Memoirs* and *Potpourri* have no academic input from current or retired university staff. Of the remainder, *Haydn & Mozart*, and *Migration* are both 100% academic; *Getting Along* is 85% and *Medical Diagnostics* 66%. In total, well over half, 58%. There are similar figures for Spring last year: *Artists* 0%, *Pandemics* 80%, *Music* 100%, *Sonnet* 100%, *Whistleblowers* 60% and *Sustainable Dunedin* 50%. Even more, 65%. And there is no reason to suppose that this will change in future, as the university is an almost inexhaustible mine of inspiration and expertise for our programmes.

Are we too dependent? Is there a risk of not being sufficiently reflective of the wider community, particularly in relation to social issues, of ignoring wider perspectives, or

bypassing real expertise outside academia? Maybe so, and this is why it is so important that we also draw on expertise elsewhere, at the Otago Polytechnic, in other public institutions, from non-profit organisations, and even the experience of our own members. We have had some good success with this.



A wonderful example was *Delivering Justice*, Winter 2019, that opened to us a whole range of challenging social issues, entirely delivered from outside our university; or courses such as *Inside Allied Press*, *Otago Architects* and *Doug Hart's* superb presentations on individual artists. Even so, for all that, there is no getting round the continuing importance of our university to us. *Philosophy at Otago* and *Let There Be Light* were only conceivable with full university participation. We are so fortunate, and should not want it any other way.

Stuart Strachan

Linda Kinniburgh

Co-Chairs,

Programme Commit

Health

This is how we fix Aged Care

The greatest failing of our nation in residential aged care is we have the knowledge, skills and capability to deliver a world class system [of Aged Care]. Yet the abuse, neglect and substandard care continues, largely unabated.

The most damning is the failure of successive governments to address the physical and sexual violence that occurs in residential aged care. It is perverse that they keep an annual tally... but there's been no action to deliver systemic changes...

Residents who aren't subjected to blatant abuse may still receive substandard care and suffer being over-sedated, falling and fracturing a hip, or developing a large pressure injury. The provider may receive a notice of non-compliance and little else. It's the resident who dies prematurely or has a poorer quality of life.

To improve residential aged care... we first need to address the violation of residents' basic human rights. The future of aged care demands an active human rights legal centre to uphold the rights of aged-care residents at policy formulation and in the courts.

Meanwhile, we must hold providers to higher standards. The current system of weak enforcement and inconsequential sanctions must change. Approved providers, their board members and executives should be held criminally culpable for institutional neglect and abuse, similar to what happens in workplaces.

Without substantive consequences, government ministers, their departments, the regulator and providers will not change their behaviour.

Alongside tackling the abuse and neglect, respecting residents' rights means giving them a say, as well as increasing the accountability and transparency of government and providers. Residents should be the focus — but they're not heard.

In the first instance, aged care must be designed from the perspective of the person it's intended to serve — the older person. Residential aged

care should be a place where older people thrive, not simply where they go to die.

But currently, residential aged care operates according to what's convenient for government, aged-care providers, and hospitals.

We saw an example recently at the height of the COVID-19 crisis in aged care, where some residents with coronavirus were denied access to hospital care. In certain instances, these decisions were made regardless of whether remaining in the facility aligned with the resident's wishes or their best interests...

Participatory decision-making is a fundamental concept in society generally — an example would be public consultations about urban renewal projects — and in health care specifically. But it doesn't exist in aged care.

Governments, many peak bodies and advocacy groups claim to speak for residents, but in reality very few do. We make excuses that it's impossible to include residents because they have dementia, are not interested, or don't understand what's required to operate an aged-care home. But this is not necessarily the case.

Models for engaging consumers are readily available, as is guidance for supported decision-making, which enables people with cognitive disabilities to exercise their legal decision-making rights.

It's aged-care residents who bear the consequences of the failures of the current system.

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Feature Article - John Hale

Language

The Origins of Language

How did language begin? And where, and when? Many answers have been proposed.

A novel recent one is that it began in Africa with the click-sounds celebrated in Miriam Mikeba's "Click Song."

Eden

In the seventeenth century an explosion of interest in languages had made people ask what language the first humans, Adam and Eve, spoke—in their unfallen state, and before the Tower of Babel moved the language-goalposts. One obvious answer was, Hebrew, the language in which the book of Genesis gave Eve and Adam voices. Another was Basque, spoken round the Pyrenees, for it is so unlike its neighbourin



Difference

A great step forward was made in the nineteenth century when the "Indo-European" group of languages was identified as a single connected Eurasian family, in forms and syntax, from Ireland to India to Russia to Persia to Greece. But the world has almost 6000 other languages, and many families. Might any group of people generate a language spontaneously, or would the uniformity of the human body set limits to Babel? Where to look and how far back?

This is reasoning backwards from history to prehistory, from written language to oral. Another route to follow is evolutionary, forwards from the great apes into the hominids and successors. What had to happen before sound signals could become generative—that is, when did language enable us to say new things, by audible signs, without repeats or mimicry? How did words come to dominate communication? After all, animals communicate with ease and speed and versatility, only not by language. Some of them may be taught to mimic words, but not to beget new sentences.

Out of Africa

If we premise that mankind came "out of Africa" as the saying goes, might not a few African speech-habits persist in language itself? So now the clicks are being suggested by George Poulos. But those clicks have not travelled out of southern Africa: they belong there among Kwazulu, and have not caught on, even in Africa.



But clicks ("obstruents") have not travelled well beyond southern Africa. Does their birth and then non-continuance point to the origin of language, in throat-clicks which suit gesture, first as reinforcing it then as disappearing whenever vocal action moved on upwards into the mouth and teeth and lips? Are there reasons why most of us cannot voice the clicks? In Cape Town a kindly Zulu waiter tried to teach us, but no go. Try squashing an air bubble against your teeth...]

Palaeophysiology

The website Comments all rubbish Poulos' suggestion. Is it only a guess, and possibly special pleading? Is this enquiry all guessing? Or is its answer bound up with changes in physiology of mouth and brain? In muscles, lips, teeth, brain, at inferred

stages of development? Give the uvula its moment in the limelight? Must there be one single answer? Do we all learn language the same way, across place and time—"time" meaning prehistory, infancy, history, the whole lot?

Babies

Or (invoking another theory) do children in their early growth repeat the evolution of our species? They learn gesture along with language. Which comes first? Gesture then words, but more inseparably, in the same way that animals make gestures with noises accompanying. Noises turn out to work best, so are developed more, and very quickly. A baby knows what it wants. They certainly use lips and tongue more than throat to articulate: though they do gurgle, they mean business when they say Mamma, Baba, papa [lips]ninna nanna.

What Next?

The debate continues. What is the best evidence? How is it best approached? What does the Dunedin U3A think? Can our collective brain power (and vocal cords) find the missing link?

Tech Edge

Our University

Editor: people for some years now have been speaking of a coming 'singularity' - the point at which artificial intelligence matches our own. *It may have happened* via a device, a programme named ChatGPT. At <https://ai-pro.org/start-chat-gpt/>. It can write a convincing humanistic essay in 5 seconds; can write computer programmes in C++; can write jokes. (Alan Turing - you should be alive at this moment - and perhaps he is!)

Obviously it poses real issues for academic assessment

Medical science students were told to use ChatGPT. This is what it wrote

Christopher Harris, Sydney Morning Herald
March 14, 2023 — 7.30pm

University of Sydney medical science students have become among the first to use artificial intelligence program ChatGPT to compose an essay for their first assignments this semester.

The decision to embrace artificial intelligence stands in contrast to earlier calls for universities to return to pen and paper tests, and use targeted detection strategies in a bid to stop students using AI to do their assignments.

The University of Sydney has asked its medical science students to use ChatGPT to compose an essay.

The University of Sydney has asked its medical science students to use ChatGPT to compose an essay. Oscar Colmannone Martin Brown, course co-ordinator for the subject Contemporary Medical Challenges, said he and his colleagues believed it was impossible to ignore ChatGPT and so they incorporated it into the course.

"You have to work with it," he said. "You can't ban it – it would be crazy to."

The assignment, due last Sunday night, called on 180 students to compose a question about contemporary medical challenges and ask ChatGPT to write an essay on it. Students were asked to read what the robot produced, edit its response, track their changes and submit a final draft for marking.

Brown said the assignment was testing students' ability to exercise judgment and be creative because those were skills that would be required in their professional lives, rather than simply collating information.

ChatGPT raises questions about artificial intelligence.

"There are different types of knowing – one of the basic types is memorising and reproducing information or collating information – that is a stock-in-trade for universities but ChatGPT does that," Brown said.

Successfully manipulating a question for ChatGPT to produce an optimal essay was one of the main criteria for success while the marker would also judge how they had edited the essay to an acceptable standard “We want to make sure the grads are not just getting ChatGPT to do their work, we want them to have discerning judgment, and a curiosity about the future,” he said.

Universities across the nation have been grappling with the advent of ChatGPT since it was released last November.

An essay written by ChatGPT: what are the contemporary medical challenges we're facing?

“Contemporary medical challenges refer to those medical issues that are currently of significant concern and require immediate attention. These challenges span various areas of medicine and healthcare, affecting individuals, communities, and societies. Here are some of the most pressing contemporary medical challenges and their impact.

“1. COVID-19: COVID-19 is a highly infectious respiratory disease caused by the novel coronavirus. It has become one of the most pressing medical challenges of our time. The pandemic has already claimed millions of lives worldwide and has affected many aspects of life, including education, travel, and the economy. The global community is struggling to contain the spread of the virus, developing vaccines and treatments, and coping with the social and economic impact of the pandemic.

“2. Antibiotic resistance: Antibiotic resistance is a growing threat to public health, which makes it difficult to treat bacterial infections. Antibiotic resistance is caused by the overuse and misuse of antibiotics. It is leading to an increase in the severity and prevalence of diseases such as tuberculosis, pneumonia, and urinary tract infections.

“Addressing this challenge requires a multi-faceted approach, including a reduction in the use of antibiotics, the development of new antibiotics, and the promotion of good hygiene practices.

“3. Chronic diseases: Chronic diseases such as diabetes, cancer, and heart disease are among the leading causes of death globally. These diseases are typically caused by a combination of genetic, lifestyle, and environmental factors. The challenge posed by chronic diseases is significant, as they are responsible for a significant burden on healthcare systems and the economy.

4. Mental health: Mental health challenges such as depression, anxiety, and post-traumatic stress disorder (PTSD) are prevalent and have a significant impact on individuals, families, and communities. Mental health issues often go undiagnosed and untreated due to social stigma, lack of access to services, and inadequate mental health infrastructure. The consequences of untreated mental health issues can be severe and can lead to physical health issues, substance abuse, and suicide.

5. Access to healthcare: Access to quality healthcare is a pressing challenge, particularly in low-income countries. Many people lack access to essential health services, including primary care, maternal and child health, and preventive care. The lack of access to healthcare leads to poor health outcomes, and it also contributes to the growing inequalities between rich and poor countries.

“6. Aging population: As the world population continues to age, healthcare systems must adapt to meet the needs of an aging population. This includes not only medical treatments but also social support services and care for people with chronic conditions such as Alzheimer's disease.

“In conclusion, contemporary medical challenges present significant problems that require immediate attention from healthcare professionals, policymakers, and the general public. Addressing these challenges requires a multi-faceted approach, including investments in healthcare infrastructure, research, and public education.”

The University's English department asked students to use it for an assignment analysing the language of Shakespeare.