



# COSCO News

Council of Senior Citizens' Organizations of B.C.

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## Welcome to Leslie Gaudette, COSCO's new president

*COSCO News wanted to learn more about Leslie and her working style. Here's her response to our questions.*



When I decided to run for President of COSCO, what motivated me most was the opportunity to work together with a team of passionate volunteers committed to improving the lot of older adults. Our society as a whole becomes so much stronger when all people are able to contribute fully to their communities. Having served on the COSCO Board for the past 8 years as well as taking on Executive positions in other seniors' organizations including Langley Seniors in Action and the National Association of Federal Retirees –where I currently also serve as Advocacy Program Officer for the province –has brought me a deep understanding of the major issues facing older adults.

As an epidemiologist with the federal government, my focus was on providing evidence to support policies and programs to control the impact of chronic diseases, particularly cancer. This brought me great familiarity with policies on access to medications, the importance of primary health care in communities to coordinate treatment of diabetes and other chronic conditions, palliative care and so on. It is exciting now to translate that knowledge to work with committed advocates to ensure appropriate care is provided in our communities.

COSCO has agreed to support three over-arching goals over the coming year. Age-friendly communities free from ageism and supporting human rights for older persons are at the top of the list. This includes communities designed to meet the housing, transportation and health care needs to enable persons to age in place in their communities. This will be supported by COSCO's ongoing priorities of person-centred approaches to home and community health care, provided by health care teams, which are integrated through community health centres.

And it means respectful, home-like long term care provided in accordance with enforceable national standard currently under development. Finally affordable and accessible housing and transportation options must be available.

Addressing Social Isolation and the need for dedicated financial support for seniors' centres and planning tables is a second priority. These entities connect seniors in their local communities to the myriad of much needed information, education and social services that older adults may need at different points in time as they age.

Our third focus will be on Elder Abuse. During the September 2022 conference *Living in the 21st Century, a Seniors' Strategy*, we learned much about the nature of elder abuse and the organizations that work to prevent it, including the BC Community Response Network, the Public Guardian and Trustee, and the BC Commissioner of Human Rights. We hope to shed more light on these issues and their relationship to ageism over the next year.

Finally, we will continue to work closely with the National Pensioners' Federation and other groups to advocate for better pension protection for both current workers and pensioners alike. Having adequate incomes allows seniors to contribute to our communities and gives us more resources to assure our rights are respected.

Working collaboratively and in a team-based manner on these major priorities will be an important focus of COSCO Committees and the Executive over the coming year. Backing up this work is an ongoing need to build up our expertise on the technologies that can help us communicate to a wider audience and ensure that the needs of seniors are met.

As we move from paper-based to newer technologies, we must not lose the personal connections we have with so many seniors' groups across the province, and to gain a better understanding of what their needs and aspirations are. Part of our outreach involves programs such as *Stay on the Road*, the upcoming remounting of our popular *Passing the Torch* workshops together with the many workshops provided by the COSCO Health and Wellness Institute.

As I embark on this new challenge, I look forward to working with many of you over the coming years, and at the same time realizing I am greatly indebted to the work of my predecessors including Art Kube, Lorraine Logan, Gudrun Langolf and Sheila Pither. 

Council Of Senior Citizens'  
Organizations Of BC (COSCO)

Visit us at [www.coscobc.org](http://www.coscobc.org) &  
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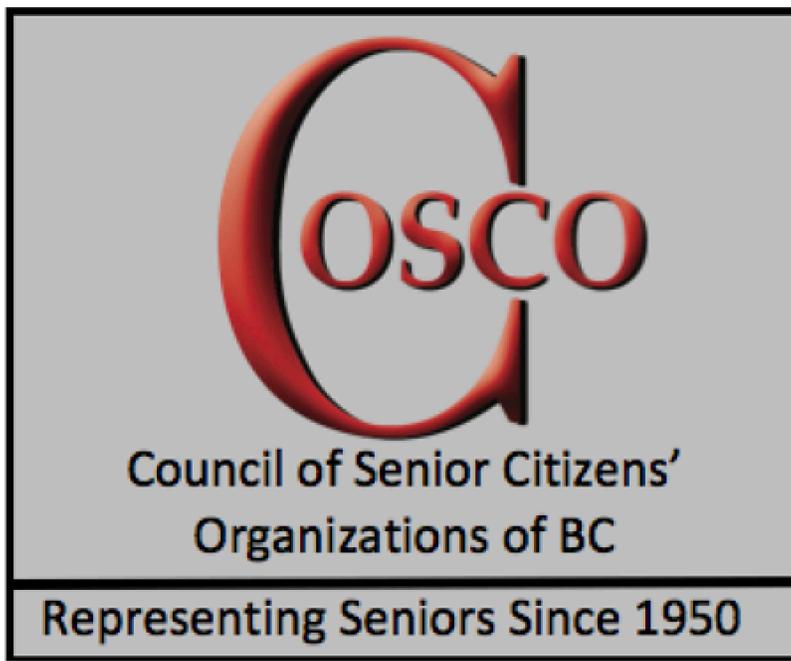
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**About COSCO**

COSCO is an umbrella organization that brings together 64 different seniors groups, representing approximately 70,000 women and men to work on common issues.

COSCO is affiliated with the 1,000,000 member National Pensioners Federation (NPF) which promotes these issues at the national level.

COSCO is a registered non- profit organization.

Send your letters to the editor or other contributions to:

[cosconews.editor@coscobc.org](mailto:cosconews.editor@coscobc.org)

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## Reflections with Past President Sheila Pither



Sheila Pither first joined COSCO 22 years ago after retiring as a Vancouver teacher and a staff person at the BCTF. She was and is a delegate for the Vancouver Retired Teachers' Association. Within a few months of joining COSCO she became the Treasurer, which meant that she joined the Executive. Both Delegate and Executive meetings were held at the Hastings Community Centre, a practice we hope to return to once it is safe to do so.

Sheila says that many of the issues in those early days are the same as the ones we fight for today: bankruptcy and loss of pensions, Long Term care and living conditions in those institutions. Part of the rationale came from the feeling by society that seniors were a burden. COSCO in those days was more rambunctious

with loud meetings, occasional picket line and generally more activist-on-the-street behaviour, perhaps reflecting the urgency of the conditions in which seniors lived.

Sheila says COSCO worked hard to gain the respect of society, to be a voice for seniors in the province. One of the ways that Sheila worked to gain COSCO's respect was to insist that COSCO be at the table when discussing seniors' issues and programs. An example of this practice is the situation with Drivers' evaluations. The Drive-Able program was put in place for those over 80 and had many negative consequences for this group. Sheila along with others in COSCO met with the Superintendent of Motor Vehicles. Together they developed a new approach to licensing renewal. Then Sheila worked with others to develop the Stay on the Road workshop, which included a large and strong role from ICBC road examiners. It also included hands-on learning from Car-fit. The workshop was taken to many parts of BC until COVID put an end to it. Today this Program has been adapted to run online and workshops are always full.

Sheila believes that we must be flexible and when faced with different situations and be able to adapt to them. Thus, the most recent work of putting *'Passing the Torch'* (on building & strengthening seniors' groups) online, is now taking place. This workshop started in 2012 and moved throughout the province. Now we are nearly ready to present an adapted online version.

In 2007, Sheila began to write educational workshops for COSCO, the first being Falls prevention. These early workshops were vetted by experts. Later the Health and Wellness Institute evolved, became a separate society and now has 44 workshops, delivered all over province.

Sheila says that COSCO has evolved to work with specific government agencies to make changes. She believes that seniors be respectful and be respected. She worries now that in light of the virus, things haven't really changed very much. She notes the situation in Long Term Care. She worries about virtual medicine and the private sector's rush to get in on this. She, along with other COSCO members, has met with Doctors of BC to raise concerns. She has also spoken to them about seniors' isolation.

Over the years Sheila has seen a change in the make-up of COSCO members. But she still sees an incredible passion about the work and the belief that we won't give up until things are better for our elders. Sheila says, "There's only one road and there's only one exit. The work we do now is a legacy for those who follow us. We must continue to work for seniors' security, good health and things that allow us to function well. It's a long-term project. And it can be disappointing. But we have to be at the table and have solutions".

Sheila will be the Past President for a year. She realizes she's an activist, but she doesn't plan ahead much, she thinks that we must adapt to circumstances as they come along. Finally, Sheila says, *"We must be spontaneous and seize the day"*. 

# Virtual Medical Care Raises Concerns

Is the rapid expansion of virtual medical care during COVID facilitating the privatization of our health care system and undermining quality of care?



There are three major concerns. First, we don't know the impact on many patients, marginalized people in particular. Second, we are concerned that privatization and corporatization are expanding quickly without checks in place. And finally, we are concerned about the close relationship between the large corporations dominating the virtual care field and the pharmaceutical corporations, both large and small, which may benefit from increased virtual prescribing by doctors.

There are **two models of virtual** care operating in Canada:

- The first is the non-face-to-face meeting (often done on the phone) between doctors and patients with existing long term relationships. They have been helpful during COVID because they allow patients and doctors to communicate without the risk of contracting the virus.
- The second functions as a virtual walk-in clinic where a patient can connect with a doctor on the phone or internet. This is not the patient's regular doctor. These virtual walk-in clinics may act as a prescribing machine and a fee-for-service assembly line. During COVID, provinces, including BC, modified their billing codes to support virtual care. Some virtual care providers bill insurers, both public and private. Others may bill patients directly and charge membership fees for expedited access to care.

Virtual care is not appropriate for a range of symptoms, according to the Canadian Medical Association (CMA). These symptoms include ear pain, cough, abdominal/gastrointestinal symptoms, musculoskeletal issues, most neurological symptoms, congestive heart failure. There are also concerns that it likely isn't appropriate for patients with chronic conditions.

For example, Telus focuses on "episodic care" when a person has one episode of ill health. This raises concerns about continuity of care. Numerous studies emphasize that continuity in the doctor-patient relationship supports important health benefits (especially for patients with complex or chronic conditions), reduces emergency department visits, and results in fewer hospitalizations.

Several years ago, the College of Physicians and Surgeons of British Columbia established an inquiry committee to investigate virtual care walk-ins after receiving a number of complaints about quality of care. It concluded that it is "almost impossible for physicians to meet expected standards (of care) for the majority of patients presenting with episodic concerns in this fashion".

There are other concerns with virtual care. Virtual consults don't appear to be shared with the patient's regular doctor unless the patient specifically requests this. Virtual care relies on artificial intelligence 'symptom checkers' which are known to have serious limitations. There is almost no oversight of these technologies, and given that they are proprietary it is difficult to know if the condition identified by the symptom checker is accurate until an emergency develops. One study in Britain concluded that a private provider did not offer convincing evidence that its symptom checker could perform better than doctors and "there is a possibility that it might perform significantly worse."

**Telus** has bought (so far) 30 surgical and medical clinics across Canada, including Medisys, Copeman Healthcare and Horizon Occupational Health Solutions. They charge high membership fees (up to \$7500 per person per year) for services not covered under medicare.

Telus provides virtual care, private personal health records, mental health apps, mobile health delivery and emergency response tools for seniors. They currently employ 800 doctors at Medisys and are recruiting more doctors who are looking for salaried positions.

Doctor visits are covered under the Medical Services Plan, but the other services are paid for out-of-pocket or private insurance.

Telus has negotiated deals with a number of provinces, including our own. In Alberta, Telus negotiated a physician fee of \$38 per consultation and doctors are being paid \$20 per virtual patient visit.

They provide other services including a free direct billing to doctors, chiropractors, physiotherapists, optometrists, opticians, massage therapists, acupuncturists, naturopathic doctors, psychologists, podiatrists, chiropodists, physical rehabilitation therapists, eyecare centres, dietitians, speech language pathologists and rehabilitation clinics both to public and private insurers. These private insurers include ManuLife, Sun Life, and Union Benefits.

In 2017, Telus was caught in Ontario charging a fee to brand-name drug companies to insert an electronic voucher in every patient's EMR (electronic medical report) that links their prescriptions to those companies' drugs. Telus had been paid by brand-name pharmaceutical companies to have their products digitally insert electronic vouchers into prescriptions. In other words, Telus was selling the patient's information to support marketing campaigns by brand-name drug companies.

#### Recommendations:

- The BC government should ensure that patient health information is protected and that prior to licensing virtual care practices, providers must demonstrate how they intend to protect data. Professional bodies (e.g. College of Physicians and Surgeons of BC) should develop guidelines to ensure such information is protected and privacy standards should be strengthened and maintained.
- The BC privacy commissioner should review privacy concerns.
- Pharmaceutical companies should not have access to any patient medical records. Not ever.
- BC should prioritize virtual care models that facilitate electronic access to one's own doctor, over virtual walk-in clinic doctors with whom patients have an established relationship.
- The electronic platform to support virtual care should be public, not private.

*Presentation to COSCO Health Committee by Health Care Researcher, Colleen Fuller, 2022* 

## Hospital Parking: Update

The Provincial government has reinstated pay parking at hospitals starting in March 2022.



Both Vancouver Coastal Health and Fraser Health have contracts with Impark\* to manage their parking lots. This contract will pay Impark \$14.5 million over 5 years. The contract also allows Impark to keep any and all money it collects in violation revenue. A few numbers: Fraser Health has a budget of \$3.5 billion and the pay parking income is \$14.9 million, which amounts to 0.43% of the budget. Coastal Health has the same total operating budget (\$3.5 billion) and the pay parking income is \$5.5 million, 0.16% of the budget. The income figures are similar for Island Health (0.33%), Interior Health (0.24%), and Northern Health (0.09%). The percentage for parking of the total provincial health budget is 0.28%, or one quarter of 1%; a small amount.

There are over 100 hospitals in BC. It appears that many hospitals in smaller cities and towns do not have pay parking. There are some exceptions in larger towns as the councils of Delta, Mission and Campbell River have banned hospital pay parking.

The government has argued that the revenue from pay parking helps with the purchase of much-needed medical equipment. Since our taxes are supposed to pay the health budget, pay parking then becomes an extra tax on patients and their families.

Problems occur when people try to use the hospital parking lots. These include the set up of payments where there are no longer attendants at the booths. Payments are made by machines that often don't give change and encourage people to use credit cards or smart phones. Also, people find it hard to judge how much time they need to buy, depending on the type of visit. Not having a person to speak to as drivers leave the parking lot adds stress to people suffering personal anxiety or grief.

It is clear that hospital pay parking is a very small percentage of the hospital budget. The revenues should be found elsewhere. And the technology now exists to deal with the cheaters, those who park for free and then go shopping.

\**Impark* is a private company, wholly owned by the government of Abu Dhabi, in the United Arab Emirates.

*Fred Girling, BCForum. Information is the result of FOI (Freedom of Information) requests to government.* 🌀

## Eleanor Collins: Vancouver's First Lady of Jazz

*As we honoured Black History month, we thought you might like to hear about a remarkable centenarian: Eleanor Collins.*



At 95, Eleanor Collins, who currently resides in North Vancouver, received the *Order of Canada*. This year, at 102, her name and face adorn a stamp issued by Canada Post. She has received many other awards during her life, including the Lifetime Achievement Awards from ACTRA.

Born in 1919 in Edmonton to parents of Black settlers from Oklahoma, Elnora Proctor had a keen musical ear and along with her family, sang old time religious songs, anthems and hymns common in their new land. She won her first talent contest at 15. In 1939 she moved to Vancouver and married Richard Collins. They had 4 children. Eleanor wanted to help with the family income so she found work with the CBC. She also was part of a 4-woman group, Swing Low Quartet that sang African American spirituals. By 1954 she had her own variety musical show on CBC entitled '*Eleanor*'. It predated the American '*Nat King Cole Show*' by one year.

Her talents weren't only in music, but she played a significant dramatic role. She fostered the creative development of some of the finest producers, directors, writers, technicians and musical talents in the country. She received many international offers of work but chose to stay here in Canada.

But it hasn't always been easy for this Black woman. She moved to the suburbs in 1948 with her family and faced a neighbourhood petition for her to leave 'their' community. Her response was to do volunteer work. She saw this as a bridge to community acceptance. And she believed that 'wherever you are, you can always do some good'.

As far as her music is concerned, the songs have changed. 'Now that I'm old I don't want to sing about love lost and found. I'm more interested in songs that are an inspiration or that might heal you.'

At 100, she said that she has 'no complaints and no regrets'. A truly remarkable person.

*Edited from the article in BC Black History Awareness Society, written by her daughter. Used with permission. ♪*

## BC Budget 2022 - Little New for Seniors



Budget time demands close scrutiny by seniors to determine how the government views the needs of the one in five persons aged 65 and older in BC.

This year's budget has slim pickings. Overall, as reported by the BC Office of the Canadian Centre for Policy Alternatives, this is a very conservative budget. Alex Hemmingway (CCPA) presented figures showing BC government spending forecasts would be about 18% of GDP, down from as high of 22% around the year 2000. He calculates this decline takes \$5 billion in potential spending off the table, dollars that could be used to upgrade public services.

While there is some movement in the right direction in the areas of housing, poverty, and health care, the pace is on the slow side.

One bright spot for older adults providing child care for their grandchildren is the increasing spending on child care, which could relieve some pressures on families who rely on unpaid child care provided by grandparents. However, seniors are glaring absent in the overview budget documents.

A major challenge in determining how government spending impacts seniors is that key programs are spread over at least seven Ministries – Health, Housing, Transportation, Finance, Social Development and Poverty Reduction, Mental Health and Addictions, Citizen's Services – plus the Parliamentary Secretary for Seniors and Long Term Care. There is no integrated seniors strategy to ensure that the various services older persons need are coordinated together to support age-friendly communities.

Digging deeper into the Ministry service plans offers some encouragement. The plan for Health has a number of objectives that are at least partially aligned with COSCO priorities. These include integrated team-based primary care, effective community services to improve health (and mental health and substance use), timely access to surgical and diagnostic services, effective population health (with emphasis on communities to complete healthy living strategic plans) and a sustainable health sector workforce, among others. And older adults will benefit from the major capital expenditures to build new hospitals and cancer care centres. But these centres will still need staff!

The service plan for the Housing portfolio under the Attorney-General provides less detail than Health. One goal aims to provide safe, affordable and appropriate housing, including objectives to reduce homelessness. A second goal lumps together a wide range of housing options, including an increase supply of affordable market rental, non-profit, co-op, student and supported housing by

committing to build about 3,000 units through BC Housing. The planned increases in supportive housing are welcomed as they may take some of the pressure off social housing aimed at seniors, and which reflects a response to COSCO resolutions on mixed tenancy. But there is no discussion of what affordable housing means to seniors living on less than \$30,000 per year and the pace of building new affordable housing remains slow.

The only mention of seniors in the Social Development and Poverty Reduction Ministry, is that the BC Seniors Supplement had been previously increased to a paltry \$99.30 with not even a cost-of-living increase included in this year's budget. Recent data reported by the BC Seniors Advocate show that about 68,000 seniors with incomes of \$22,289 or less received this benefit. These seniors are also included among the 292,000 seniors who received the Guaranteed Income Supplement due to low income.

Similarly with Transportation. One goal in the service plan included continued development of key transit projects. Little consideration is given to the needs of older adults who, as they age, may need to shift from driving to using transit.

Implementing key COSCO requests for long term care standards and regulations with teeth, along with BC buy-in to a national pharmacare program and ramping up the supply of affordable, accessible housing will require considerable financial investments. What we need is the political will to make these happen.

For more information on BC Budget 2022 please visit the following website.

<https://www.bcbudget.gov.bc.ca/2022/downloads.htm#gotoMediaPresentation>

Leslie Gaudette, COSCO President 

## Breathe Again: A Victory



Bill C12 passed and received Royal Assent March 22, 2022. All financial benefits received from pandemic programs will no longer affect seniors' GIS (Guaranteed Income Supplement) benefits. That means that the crushing claw-backs some seniors faced will be corrected. The pandemic benefits of CERB, CRB and Lockdown Benefit will not affect the Income tax calculation for the GIS. Expect a cheque on April 18<sup>th</sup> for the losses in GIS that took effect last year.

A great deal of thanks to all the MPs and seniors' groups (411 Seniors and others) who fought so hard to get this error corrected. It makes a huge difference in the lives of low-income seniors.

## A Housing Overview



The housing situation continues with a few changes in the past year. For those owning and living in their own homes, they see huge property assessment costs. Many in the more populated areas are paying \$800 monthly or more for property taxes. But there is some relief for the 80% of seniors who own their houses/townhouses/condos. This help is in the form of 'property tax deferrals' where owners can defer their taxes on their homes until the home is sold. In the past 5 years, there has been a 74.1% increase in senior homeowners taking advantage of the program. The increase last year was 21.4%.\*.

But for renters there is no such relief. Renters saw a 23.4% increase in rents in the past 5 years. In the lower mainland this usually translates into 1-bedroom units costing close to \$2,000+ per month. The BC government has promised a renters' rebate, but as yet it is just a promise, not a fact.

Low-income senior renters can apply to live in Seniors Subsidized Housing. In 2021 there were 31,668 units for rent. But applicants only found 714 units available to them. The number on the list for subsidized housing is 9420. Or they can apply for the SAFER (Shelter Aid for Elderly Renters) benefit to help with the costs of rent. The average SAFER subsidy was only \$199 a month in 2021. Not much help. The provincial government needs to increase this subsidy.

Part of the housing crisis problem comes from the lack of homes. The BC government has stated that 53,189 new homes will be built in the province in 2021. But these homes, on the whole, are extremely expensive and will do nothing to help low-and-middle-income seniors find affordable housing. So, an increasing number of seniors are either on the verge of homelessness or are already homeless. For those in the province on the verge of homelessness, the BC government has provided 'rent bank' coverage. These are loans that are available for people facing homelessness. Although this is a good temporary stopgap, it certainly doesn't address the housing price problem.

The government has also decided to build housing for people dealing with addictions (whether alcohol or drugs) and those facing mental health problems. Housing will be provided in Vancouver, Surrey and Abbotsford. This will help to alleviate problems of some 2,200 individuals with complex needs who are taking up space in hospitals, shelters and prisons. The government has also decided to build housing for people dealing with addictions (whether alcohol or drugs) and those facing mental health problems. Housing will be provided in Vancouver, Surrey and Abbotsford.

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*\* One possible solution to the housing crisis is to look to Singapore. Singapore controls housing costs by increased taxation on 2nd and 3rd homes by taxing these owners an extra 17% and 25% on these properties. Foreign owners are charged an extra 30% on any purchase. This could be a disincentive for many potential buyers.*

This will help to alleviate problems of some 2,200 individuals with complex needs who are taking up space in hospitals, shelters and prisons.

The BC government is also looking at building new affordable and social housing units for low-income people in Vancouver, New Westminster, Pender Harbour, Salt Spring Island, Campbell River, Clinton, Vernon, Penticton, Kamloops and Prince George.

Finally there are those who live in long term care. The Seniors' Advocate reports that 94% of seniors (65 and older) live independently, but by age 85, that number drops to 72%.

In many cases Long Term Care and Supported Homes are costly. The Advocate claims that if there was more, better and cheaper Home Support services more of the people currently living in **care homes** would move back to their communities.

The number she gives is 4,200 who presently live in long term care, Long Term Care and Assisted Living are expensive, whether it is the resident who is paying the full cost or the government who subsidizes much of the costs.

Housing is complex. There's much talk about the lack of affordable housing which puts people at risk. It would be helpful if the government provided a clear plan on how to tackle this problem, including input from community, and financial input from the federal government.

*Barbara Mikulec, COSCO Housing Chair*

*Statistics from the Seniors' Advocate Monitor on Housing* ↪





## COVID: Rapid Tests

As of February 25<sup>th</sup>, the BC government has made rapid tests available free for people over 60. This is timely, as mask restrictions have been lifted. In early April, proof-of-vaccine restrictions will also be cancelled.



You can pick up the rapid tests at pharmacies all over the province. The box you will receive includes 5 tests. You can use them personally or use them for family or friends who visit. They are simple to use and take about 15 minutes for results. Every 28 days you can get another box. Be sure to take your medical card with you when you go to the pharmacy.

Caution: These tests aren't 100% accurate.

## We're on TV!

Twice in the last month, CBC reporter, Joe Ballard, has contacted COSCO's President, Leslie Gaudette for comments on stories affecting seniors.

Leslie commented on the high costs of housing for low-income seniors in one clip. The other clip saw Leslie comment on the removal of restrictions of visitors in Long Term Care.



## HELP Wanted



COSCO is looking for a new Treasurer. Betty Bolton has been doing this work for a number of years and is now retiring. If you know of someone who might like to do this volunteer task, please contact COSCO's president *Leslie Gaudette* at [coscobcpresident@gmail.com](mailto:coscobcpresident@gmail.com)



ONLINE WORKSHOP

# PASSING THE TORCH

## Building and Strengthening Leadership

Workshop  
Topics:

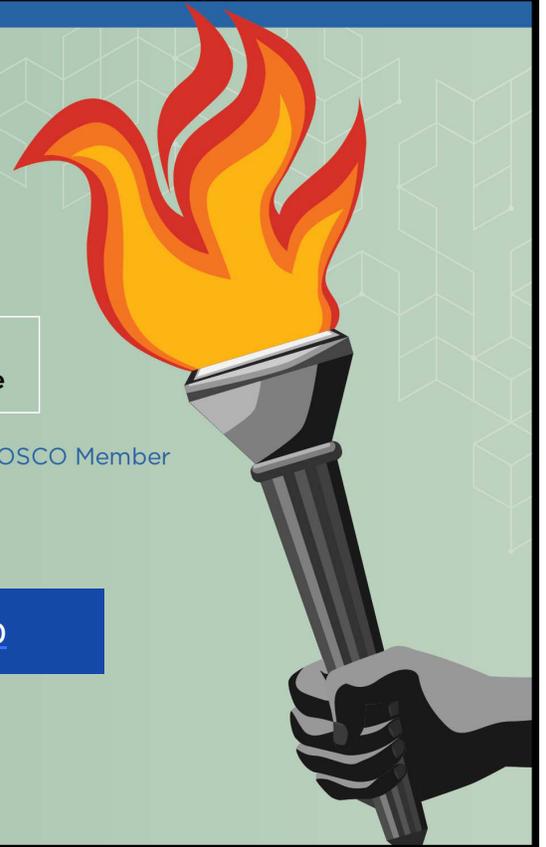
- Leadership
- Effective Organizations
- Volunteer Development
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*"Inclusion in COSCO's webinars and presentations is inspiring."* - COSCO Member  
*"Plan with seniors, not for them."* - COSCO Motto

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## Tax Clinics

*It's tax time!*



We need to fill out a tax return every year to ensure that we get all the benefits on offer. Lower income seniors can often get their taxes done for free at local seniors' centres or community centres.

Two seniors' centres in Vancouver that offer this service are:

- *411 Seniors* (604-684-8171) or online: [411seniors.bc.ca](http://411seniors.bc.ca)
- *West End Seniors' Network* (604-669-5051) or online: [wesn.ca](http://wesn.ca).

Check your local seniors'/community centre for location and hours. Be sure you take your tax forms with you.

## COSCO Associate Membership

In addition to my \$25 Associate Membership fee, I wish to make a donation of \$ \_\_\_\_\_ to COSCO.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



**COSCO does not share mailing lists with third parties, unless we are required by law to do so.**

Associate Membership is \$25 a year. Please make cheques payable to **COSCO** and mail your application to: **Linda Forsythe**, Membership Secretary, E-Mail: [membership@coscobc.org](mailto:membership@coscobc.org)  
Box 81131 Stn S. Burnaby, Burnaby, BC V5H 4K2 Telephone: (604) 444-4300

For information about **Affiliate (organizational) Membership**, please contact the Membership Secretary.

You can now contribute on our website <http://www.coscobc.org>

