



COSCO News

Council of Senior Citizens' Organizations of B.C.

**COSCO CONFERENCE
OCTOBER 3-5**

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June 2025

Seniors Week: A Time to Celebrate the Contributions of Older Adults



contributions made by older individuals to our families and communities.

During the first week of June, let us acknowledge the significant volunteer labour provided by older adults, which sustains many community organizations. Let us value the extensive caregiving hours dedicated to grandchildren, elderly parents living to age 90 or beyond, and other extended family members and loved ones. This unpaid labour, freely given, contributes billions of dollars towards societal betterment.

Let us recognize contributions of seniors' organizations, which support social connections among older adults. These organizations provide essential information about changes, programs, and services offered by governments, non-profit organizations, and businesses to maintain the functionality of our bodies, homes, and communities. Recently, I had the pleasure of attending the AGMs of several COSCO affiliate members, learning about their challenges and successes, all contributing to COSCO's focus areas. It was wonderful to meet old and new friends at the BC Government Retired Employees Association, our new member, the Municipal Pension Retirees Association, my home group, Langley Seniors in Action.

It is often heard: "Now that I am older, with grey hair, it is as if I have become invisible." This perception by society exemplifies ageism. It is imperative to challenge this belief and alter the world's perspective. Rather than allowing ourselves to be overlooked, we should value and celebrate the numerous

Our collaboration with the SFU Gerontology Centre on the Connect!Age research project, along with several affiliate members, aims to reduce social isolation among older adults through senior centres. Our involvement with the Canadian Coalition Against Ageism has influenced the UN Human Rights Council in Geneva to commence drafting a UN Convention on the Rights of Older Persons. For the snap Federal Election, we compiled an Election Special for the COSCO News.

Fortunately, there is growing recognition of the importance of older adults' input. At COSCO, we have shared our experiences with telecom companies to the CRTC (Canadian Radio-television and Telecommunications Commission). We participated in Focus Groups from the National Institute of Aging on Income Adequacy and Ageing in the Right Place. Additionally, we were invited to the budget lockup in Victoria in early March and attended the announcement by Housing Minister Ravi Kahlon regarding increases in rent subsidies for the SAFER program (Shelter Aid to Elderly Renters).

Our voices are also heard through our campaigns. See articles on LifeLabs and HandyDART in this issue. Communication is key: Our COSCO News is ever more important as an independent source of reliable information for older adults, especially with the decline of local print newspapers in our communities.

Finally, you are invited to our COSCO conference on October 3-5, followed by the National Pensioners' Federation convention October 6 & 7, both held in Richmond where issues important to seniors will be discussed and debated.

Leslie Gaudette, COSCO President

Council of Senior Citizens' Organizations of BC (COSCO)

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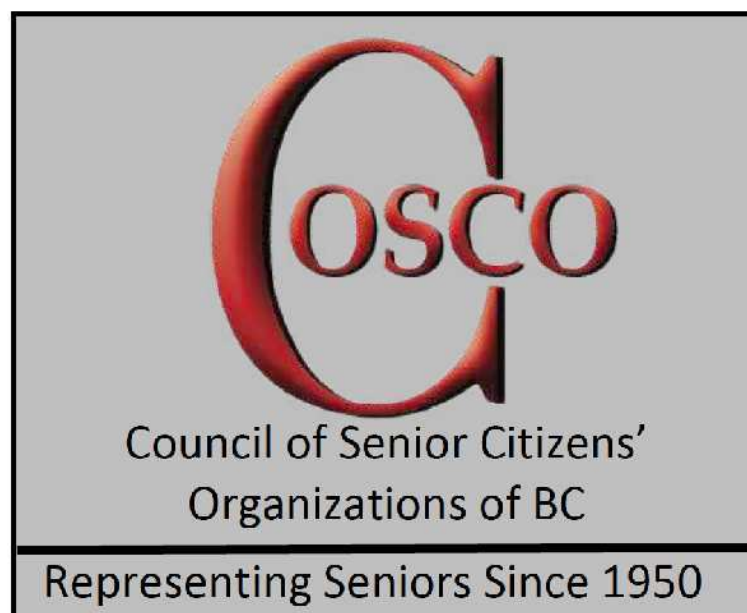
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About COSCO

COSCO is an umbrella organization that brings together older adults to work on common issues. We now have 65 affiliate groups, representing over 80,000 seniors.

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 society.

Send your letters to the editor or other contributions to:

cosconews.editor@coscobic.org

Disclaimer: Unless otherwise noted, opinions, viewpoints, accuracy of facts submitted by the member is the sole responsibility of the writer, and not necessarily the opinion of the Editor, Executive, or Membership of COSCO.

TransLink Board to Vote on Bringing HandyDART In-House



VANCOUVER — TransLink’s Board of Directors is set to vote on insourcing HandyDART operations on June 25, according to Save Our HandyDART Coalition—a network of rider groups, labour unions, disability advocates, and other community organizations.

Transdev, a French corporation, currently operates HandyDART service. Following widespread criticism of service quality and working conditions—including a three-week-long strike—TransLink commissioned a study to compare the cost and benefits of insourcing versus continued private contracting. The BC NDP also included insourcing HandyDART service as part of its campaign platform during the provincial election, shortly after the strike.

Amid recent calls to “buy Canadian” and “invest in Canada,” HandyDART advocates are urging the Provincial government to follow through on its campaign promise, and work with TransLink to bring the service under the public system.

“For more than a decade, riders have called on TransLink to operate HandyDART directly, instead of outsourcing to the lowest bidder,” said Beth McKellar, the co-founder of the HandyDART Riders’ Alliance, which works closely with Save Our HandyDART. “Riders have suffered from years of

safety problems caused by bottom-feeding companies’ lack of accountability.”

A major concern among both riders and workers is Transdev’s ongoing failure to attract and retain enough workers to meet service demands. To compensate, the company has increasingly relied on sub-contracted taxi services—raising further concerns about reliability and quality.

While there’s a place for taxis in Vancouver’s transit system, rider groups have long raised concerns about HandyDART’s subcontracted taxis failing to secure wheelchairs, missing trips, and leaving behind vulnerable passengers due to lack of door-to-door assistance. According to TransLink’s 2023 HandyDART review, taxis were responsible for over twice as many missed trips as HandyDART drivers, despite providing only a quarter of the total rides.

“It’s a travesty that TransLink has spent years sending taxpayer dollars to a foreign company while service quality continues to decline,” said Laura Wylie, Financial Secretary of ATU Local 1724, which represents HandyDART workers and is part of the coalition. “Every decision-maker seems to be passing the buck. It’s time for the TransLink Board and CEO Kevin Quinn to do the right thing—for taxpayers, riders, and workers—and fix the problem at its source: bring HandyDART home under public control.”

Last year, six mayors on TransLink’s Mayors’ Council signed an open letter urging the agency to insource HandyDART service. City Councils in Burnaby, Langley City, Langley Township, Maple Ridge, and North Vancouver also passed resolutions endorsing the call to action.

*By Sarah Maceda-Maciel, 672-377-3752
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How Ageism Affects Seniors

In the aftermath of the federal election, we recognize that seniors and our issues were absent from party platforms and nation-wide leaders' debates. We seem to be invisible even though we represent nearly 20% of the Canadian population. And we vote! In light of the above we think it's time to look again at Ageism, so that we can express our issues and be heard. (Editor's note)



The World Health Organization (WHO) states the following on Ageism:

Age is one of the first things we notice about other people. However, age is often used to categorize and divide people in ways that lead to harm, disadvantage and injustice and erode solidarity across generations. This is ageism: the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) towards others or ourselves based on age.

Ageism is pervasive, affects people of all ages from childhood onwards and has serious and wide-ranging consequences for people's health, well-being and human rights. Ageism can be found

within institutions, in interactions between people and within us. Globally, one in two people are ageist against older people and in Europe, younger people report more perceived ageism than other age groups.

Ageism remains largely invisible despite its wide reach and negative impact on individuals and society. However, it can be combated: policies and laws, educational activities and intergenerational interventions have all been proven to work to reduce ageism. To create a world for all ages, stakeholders across countries, sectors and disciplines must invest in these three strategies, support further research and data collection in this area and join the global movement to change negative narratives around age and ageing.

Ageism has far-reaching impacts on all aspects of our health and well-being when we are older:

- It is associated with earlier death.
- It is linked to poorer physical health, affecting, among others, our ability to recover from disability and our sexual and reproductive health.
- It increases risky health behaviours (e.g., eating an unhealthy diet, smoking).
- It is associated with poorer mental health, including the onset of depression, increases in depressive symptoms over time and lifetime depression.
- It is associated with a lower quality of life and contributes to social isolation and loneliness.



WHO website: <https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2021/03/9789240016866-eng.pdf>

<https://www.seniorsadvocatebc.ca/osa-reports/reframing-ageing-british-columbians-thoughts-on-ageism/>

Global Campaign on Ageism

Ageism also takes a heavy economic toll on individuals and society and exacerbates other forms of disadvantage. The WHO has been requested by its 194 Member States to work across sectors and stakeholder groups to establish a Global Campaign to Combat Ageism.

The Campaign envisions a world for all ages and aims to turn this vision into reality by changing how we all think, feel and act towards age and ageing. To do so, WHO works together with key partners to:

- generate an evidence base on ageism to better understand what ageism is, why it matters and how we can address it;
- build a global coalition to coordinate efforts to prevent and respond to ageism, improve data collection and enable sharing of knowledge in this area of work; and
- deliver and develop awareness raising events, capacity building programs and tools to enable others to spread the word about ageism and challenge it when they encounter it.

The WHO has also completed a large study and survey on ageism. This study helps with the UN

work to create the Universal Declaration on the Rights of the Older Person.

Closer to home, the BC Office of the Seniors advocate completed survey on ageism. A summary of their findings follows.

The report suggests some next steps for individuals, organizations and governments to begin to address ageism including:

- Increasing public awareness and education and working to dispel negative stereotypes;
- Encouraging all levels of government to ensure laws and policies protect and enable older people to live in dignity and security;
- Implementing education and training to ensure health care providers are promoting age-inclusive practices; and
- Creating opportunities for positive inter-generational activities and programs to increase understanding between people of all ages.

<https://www.aworld4allages.org/who-ageism-scale>

Fraud Protection: National Pensioners Federation Reports



The Government of Canada continues to warn us that fraud is the number one crime against older Canadians. With the steep rise in financial fraud targeting personal banking services, the National Pensioners Federation

(NPF) has taken steps to become more actively involved with advocacy. Following consultations with our leading affiliate organizations, the NPF submitted a formal recommendation to the federal Finance Department as part of the 'Status of the Financial Banking Act' review. Our submission highlighted personal experiences and proposed key policy changes to enhance protections for older adults. They included:

- enhanced fraud detection to identify and prevent scams before they cause harm

- improved banking security measures to safeguard personal financial information
- better public awareness campaigns to educate individuals on fraud prevention
- standardised protocols for banking institutions to ensure consistent protection measures
- mandatory fraud prevention training for bank staff to help recognize and assist at-risk customers
- stronger penalties for financial fraud to deter exploitation of vulnerable populations.

The NPF awaits a response.

Trish McAuliffe, NPF President. Information taken from NPF Newsletter, Volume 30 Number 1. Website: [https:// Nationalpensionersfederation.ca](https://Nationalpensionersfederation.ca)

Congratulation to LifeLabs Workers on their New Contract

The BC Health Coalition showed great solidarity with Life Labs workers who belong to the BC General Employees Union (BCGEU) in their struggle to get a decent contract. COSCO is a member of the Health Coalition. Since so many seniors use LifeLabs to get blood work and other diagnostic tests done, this notice may be of interest to you. The following is the Health Coalition's statement.

"After 14 months of negotiations and 10 weeks on the picket line, LifeLabs workers have reached a new collective agreement.

The agreement followed binding recommendations from a neutral mediator. LifeLabs — a for-profit corporation owned by U.S.-based Quest Diagnostics — repeatedly refused to offer a fair deal, believing their corporate power and deep pockets could overpower workers. But they were wrong. Thanks to the determination of LifeLabs workers and the solidarity of BC Health Coalition members, we demonstrated the power of collective action.

The new contract delivers real improvements including wage increases over three years, bringing pay in line with public sector lab workers. That means public dollars once used to line investor pockets will now be redirected to frontline services.

LifeLabs workers took a stand for all British Columbians, challenging chronic understaffing and defending our public healthcare system.

To everyone who stood with them — thank you. Your support sent a clear message: \$300 million a year should not go towards corporate profits. It's time to bring lab services back into the public system, and together with the BCGEU, we'll keep organizing until that's a reality.



Leslie Gaudette speaking at Life Labs rally on a rainy day in Burnaby



Leslie and Barry Jones with friendly skeleton at rally



Workers with banner

Welcome to our newest Affiliate member

The following article provides a description of the Municipal Pension Retirees group. It's a large group (17,000+ members) that is active on seniors' issues.



The Municipal Pension Retirees' Association (MPRA) is pleased to be a Major Affiliate of COSCO BC, and thanks COSCO President Leslie Gaudette for taking the time to attend our recent biennial annual general meeting. With Seniors Advocate Dan Levitt providing a post luncheon address, eighty-five (85) delegates approved reports, debated, sometimes spiritedly, 19 extraordinary/special and 15 regular resolutions, elected officers, enjoyed the musical entertainment at the banquet, and met old friends while making new ones. 30 guests, 8 connecting through zoom, were welcomed to the convention. Gord Ditchburn was elected as MPRA President.

Created in 2003, beginning with six (6) founding members, the MPRA was created as a not-for-profit association to provide a forum for retired plan members to have a voice for their concerns. By the first AGM in September of 2003, the MPRA had 1,775 members, and a constitution was adopted. By the close of 2024, the constitution has stood the test of time, and we now have over 12,000 members.

Knowing that the more members we have, the greater our strength, stronger the voice in advocating for issues of importance, we maintain the goal of increasing our membership to 20,000. Showing our presence with information booths at events attended by seniors has provided success in our recruitment initiatives, and we are now doing the same at union conferences we are invited to. In 2024/25 we have been able to speak with delegates at the BC Fed, HEU, and CUPEBC conventions, speaking to those still employed about the MPRA.

The MPRA continues to advocate for such things as better health/dental plan coverage, and full coverage regular eye examinations, through the Municipal Pension Benefit Trust. We discuss long term care issues, and pharmacare with the government. In the past, we have seen success with elimination of midweek ferry fares for seniors over 65 years of age, MSP premiums, and subsidized shingles vaccines.

View our website at <https://www.mpra.ca> Full of information of interest to plan members, including a handy links section that provides easy access to various websites and phone numbers.

Howard Brown, VP Communications.



Above: MPRA Executive during a presentation by Dan Levitt, BC Seniors Advocate.

Left: Leslie Gaudette receiving a speaker gift from outgoing President Terry Erskine.

Climate Change and its Effects on Seniors



Seniors and young children seem to suffer the greatest effects of climate change. Most of us can recall the Heat Dome of 2021 that took so many lives of seniors.

Lately we've been told that allergies are on the increase. According to a CBC meteorologist this is the result of hotter temperatures where plants create more pollen. People with allergies find they are having more severe reactions and people who never have had allergies now find they do. Also, we are having more lightning strikes which appear to shred pollen into very small pieces that can be inhaled and lodge deep in the lungs.

Some information and study on the effects of climate change on seniors is available. Boyle, from the American Association of Medical Colleges (AAMC), says there is a greater percentage of deaths in older people due to fires, extreme heat and cold, flooding and storms in general. The English medical journal The Lancet "projects that between 2041 and 2060, annual heat related deaths for those over 65 will increase by 370%".

Internal Risk Factors for seniors

- Less ability to regulate temperatures. We have less ability to sweat and cool down during heat events. And less ability to stay warm during cold as we lose body fat that helps insulate us. In general, we have less ability to regulate our body's temperature. Also, the more medications we take, the less our body can regulate heat. And we become

slower at recognising the danger we are in and to act to help ourselves.

- More than one disease or medical condition can weaken our immune system, and it becomes harder to fight off infections. The example is Lyme disease which is on the increase in seniors. Also, respiratory problems like COPD and asthma make us more susceptible to the smaller particulates in the air. Cardiovascular issues arise from stress and blood pressure fluctuations that increase the risk of heart attacks and strokes.
- Cognitive impairment or inability to think clearly can be increased by stress during heat or other severe weather events. Particles in the air due to wildfires or increased pollen can also increase the rates of dementias.
- Our decreased mobility during hot or very cold weather means that it is harder to walk or drive for shopping or attend medical appointments



External Risk Factors

- Isolation. As we age, we become more isolated especially for those living alone or in rural areas.
- Poverty. We can't afford to buy air purifiers to clean up the air in our homes, or air conditioners to cool our homes.
- Lack of access to live saving medications.
- Lack of electricity. Once the electricity goes off, we find our homes are extremely hot. We need to think about an alternate source of energy.

What can we do?

This list is not exhaustive, merely some suggestions.

- Wear masks outside to prevent breathing in pollens.
- Have air purifiers and air conditioners inside your home.
- Stay hydrated. Drink lots of water and perhaps drinks will balance your electrolytes (e.g. sports drinks).
- Check in with others to see if they are ok and they can see that you are ok.
- Get help with shopping and appointments, or have your food and medicines delivered.

- Talk with everyone you know about this issue. See if you can come up with your own individual plan.

Linda Forsythe, COSCO communications chair.

References:

1. Patrick Boyle. AAMC (American Association of Medical Colleges), October 31, 2024. www.aacm.org/news/why-older-adults-are-especially-vulnerable-climate-change
2. Dr. Mehdi Mohammadi (August 17, 2024) <https://ostrowonline.usc.edu/the-impact-of-environmental-factors-such-as-air-pollutions-on-older-adults/>

Property Tax Deadline Looms



It's Property tax time again. Whether you own an apartment, townhouse or detached house, you will have to pay taxes on the value of it. These taxes help pay for municipal services including parks, recreation & culture, policing, fire and rescue, capital construction, roads and transportation, drainage and planning and development. They also go to the province of BC, Translink, Metro Vancouver and BC Assessment, if you live in the lower mainland.

You can pay these taxes online or in person at your financial institution, online with a credit card, or mail a cheque to the City or pay in person. There are a couple of grants homeowners can get for

their primary residence: the regular homeowner grant and for seniors, an additional grant. You can apply for these at gov.bc.ca/HomeOwnerGrant or call 1-888-355-2700.

You can also apply to defer your property taxes until your property is sold. The provincial government offers this program and pays your property taxes for you. Then when your property is sold, that money is paid back, with interest.

Property taxes are due July 2nd. Don't be late with them as you will have to pay interest on your assessed amount.

The Complexity of Ageing in Place



Seniors have said that they don't want to go into care homes. But as we age, we need support to continue to stay at home.

What does this support look like and how is it offered? It's complicated. To untangle and analyze at this issue, Janet Routledge's (MLA Burnaby North) seniors committee invited Jim Sinclair, former CEO of Fraser Health, to offer his insights. It was a useful meeting. Here are some takeaways.

There are two types of support that seniors need to be able to stay at home. First is personal support. This means help with medications, hygiene and other activities of daily living. The second is home support. This means help with your home. It could include house cleaning, laundry, yard work, snow shoveling, some cooking, shopping and visits to the doctor, pharmacy and other health related issues.

Who does this work? Well, for many, family and friends do. They are called caregivers and take on looking after the senior in whatever way possible. However, there are also programs in place to do this home support. The Health Authority operates and coordinates some programs. The United Way's Better at Home program offers help with home support (*see information below). Other smaller organizations (like seniors' centres) also offer home support. These programs are usually free if offered by the above. Private companies also offer to do these chores, but for a price.

The personal care is offered by the health authorities, not-for-profits and by the private sector. In some cases, the health authority personal support has no cost attached to it. But in many cases, there is a sliding scale fee. Not-for-profits can offer these services for free if they have a grant to do so. For profits charge a fee.

So, what is the problem with this model? It's so complicated. The landscape of available services is fragmented and difficult to navigate. It involves government, private companies, non-profits and

individuals. First are the family (and friends) caregivers. They do a huge amount of work. But they don't have a lot of support and often their own health starts to deteriorate as the result of this 'double duty'. So, they begin to look around for some help with their load. That brings in the community and health programs. However, many seniors simply cannot afford the cost of this help. Those living on Old Age Security and Canada Pension Plan only, certainly cannot pay for these services. In fact, we in BC pay more for home support than other provinces in the nation. So, unless the service is free, many seniors are excluded from getting that help. Even if the service is free, there is often a long waitlist.

Staffing for home support can also be a problem. There is a huge turnover in these jobs partly because the pay is so low. Many workers don't get to know their 'clients' as they are moved around a lot. The clients (seniors) also comment on these paid caregivers as 'there seems to be a different one every day'. Consistency of care becomes a problem when a senior gets different workers every day. Furthermore, when a worker does not have an opportunity to become familiar with the seniors they are assisting, they are less likely to be able to notice and report changes in health and functioning.

What can we do? First, we need to decide if home/personal support is part of medicare or not (**see information below). Because of the cost of people entering hospital or Long-Term Care, the health authorities would find it cost-effective to provide the supports for seniors at home. Second, we need to look at a model of 'cluster care' where a team works out of one location. That way, the workers can build relationships with their 'clients' (seniors) and be able to report back to the health authority if things deteriorate with their 'clients'. Finally, we need to bring together a group of seniors who are receiving home care, workers in the field, community groups, health authority and any other entity that has a legitimate interest in this issue. This group could discuss the problems in detail and see if they can come up with a model that would

work and would be adaptable for different regions of the province.

*The BC government has just signed a 5-year expanded agreement with the United Way of BC (UWBC) worth \$304 million. The programs offered by UWBC include Better at Home, Family and Caregiver Support and Therapeutic Activation, Individualized support, sector collaboration, recruitment and retention. Check their website for more information and contact detail: <https://uwbc.ca/program/healthy-aging/>.

**The National Seniors Council's expert panel report in June 2024 stated that the Canadian government "enact legislation on home care within the Canada Health Act and/or new legislation". This would give Home Support a status similar to insured health services under the Act.

Linda Forsythe, with thanks to Jim Sinclair for talking with the Seniors Committee.



Jean Sickman & Rod McIvor at the COSCO/Institute table at Minoru Senior Center, Richmond BC



Barry Jones, Marion Hartley & Barb Mikulec at the COSCO/Institute table at Kitsilano Centre

Safety: Falls Prevention



McMaster University has published some new findings. It appears that vitamin D supplementation at a dose of 800 -1000 IU per day may decrease the risk of older adults experiencing falls. Adding Calcium to it will be more effective. Research also states NOT to take more than 1000 IU of vitamin D as it could increase falls. If you don't take Vitamin D regularly, an irregular dose will not help.

<https://tinyurl.com/4ssz6tnx>

COSCO's Health and Wellness Institute provides workshops in many aspects of Safety.



Topics include Making Homes Safe, Stairs, Fire and Hazardous Materials, Safety outside your home, medication safety, vision and Hearing aids, memory, telephones, First Aid and Emergency Responses. Workshops are free. They are in-person or online.

To see the brochure,

<https://seniorshelpingseniors.ca/workshop-brochures>

A Recovery Shaped by Deprescribing: Micheline's Story



Reducing or eliminating drugs can be a scary process. The following is a personal story of how one woman came off morphine.

Meeting A Healthcare Provider Prepared to Help

Micheline went to see a pharmacist (Julie) who listened attentively to her concerns and asked about her symptoms. In recent years pharmacists in Quebec have been able to help patients reduce or stop certain medications—a process known as **deprescribing**—to improve their safety. Julie offered to support Micheline through the process of deprescribing morphine.

Together, they set up a plan to very gradually reduce her morphine. Every two weeks, they reduced the dose slightly. Before each dose reduction, Micheline and Julie checked in to make sure everything was going well. Because Micheline's pain did not return, they were able to stick to their plan.

And after several weeks, Micheline stopped taking the medication completely.

She noticed many improvements over time: she didn't have to struggle to find her words, could stay awake all day, and felt more energetic. Gradually, she was able to rebuild her family and social life.

Micheline wishes more people were aware of the role that pharmacists can play in adjusting or deprescribing medication. She is also grateful to the other healthcare professionals, such as physiotherapists, whose support was essential throughout her recovery.

Where it Began: Starting Pain Medications After Surgery

In 2023, Micheline underwent a major spinal operation and suffered from intense pain for months. Morphine helped relieve the pain, but it had a major impact on her quality of life. During that time, Micheline suffered from issues with her memory and balance: "On some occasions, I even forgot my children's names!" she says now. Sometimes, she confused the time of day, thinking it was evening when it was the middle of the afternoon. She'd fall asleep standing up in the middle of a conversation, forget words, and even make mistakes writing her own name. "I was scared," Micheline says, "I remember feeling like I was losing touch with this world."

When leaving the hospital after this spinal surgery, Micheline's doctor had told her she would have to slowly stop taking morphine over the coming months. The prospect of feeling that intense pain again terrified her. Without a family doctor, she didn't know who she could turn to for help. Luckily, realizing she couldn't stop taking morphine on her own, she turned to her local pharmacy.

Canadian Medication
Appropriateness and
Deprescribing Network



Réseau canadien pour l'usage
approprié des médicaments
et la déprescription

An expanded version of Micheline's story is published in the Deprescribing Network newsletter. 2025
www.deprescribingnetwork.ca

Pharmacare's future

The *BC Health Coalition* produced the following article by Dr Danyaal Raza on the situation of our Pharmacare program.



Prime Minister Carney

Mark Carney's stance on pharmacare will show whose side he's on — the public's or entrenched private interests'. The night Mark Carney won the Liberal leadership, he used his victory speech

— as the de-facto Prime Minister — to push back against Donald Trump, stand up for Canadian sovereignty, and declare that, in America “healthcare is a big business. In Canada, it's a right.”

With no political track record to speak of, Carney's commitment to national pharmacare will test the substance behind his words.

Canada is the only high-income country with a universal healthcare system that does not have a universal drug plan. This, despite decades of reports, studies, special commissions and calls-to-action to catch-up to the rest of the world.

One of the major stumbling blocks has been the power and influence of those that benefit from an expensive, complicated and inefficient system that leaves millions of people out. Industry balance sheets and government relations campaigns show who these players are lobbyists from the private insurance industry, and brand name drug makers. They're even trying to use Trump's trade war as an opportunity to increase drug prices even more.

Canadians have much to gain from a comprehensive, universal and public pharmacare program. Namely, access to lifesaving medications for millions of people and

reducing billions of dollars of wasteful spending.

Canadians pay some of the highest drug prices in the world. We're getting a raw deal from drug makers. And whether or not you actually have a private drug plan, government subsidies for insurance companies mean you're paying for those who do.

Negotiating fair deals with drug makers and reducing subsidies to already profitable insurance companies are two of the many ways a public and universal pharmacare program can bring down healthcare costs. The type of plan policy experts and advocates have been calling for include these, and other measures too.

There are reasons to be optimistic. It was under the recent confidence and supply agreement between the governing Liberals and opposition NDP that the October 2024 Pharmacare Act was passed. Four provinces and territories (BC, Manitoba, PEI and the Yukon) have already signed on to expanding Medicare to prescription drugs for diabetes and birth control.

But of course, the work is far from finished. Nine jurisdictions remain, and future expansion needs to include other types of medically necessary medications.

Mark Carney is no stranger to the corporate world. When Mark Carney says healthcare is a business, he understands this in a way many of us never will. What remains to be seen is where he will eventually settle on the politics of profit-vs-care issue.

Now Carney is Canada's choice for Prime Minister. If he truly believes healthcare is a right, and not a business, now's his chance to prove it.

Edited version of article by Dr. Danyaal Raza, a family physician at St. Michael's Hospital, and Assistant Professor at the University of Toronto.
www.danyaalraza.com.

Available at www.bchealthcoalition.ca

Congratulations to Leslie Gaudette and Kathleen Jamieson on receiving the King Charles III award medal for community work



Leslie Gaudette (COSCO, NAFR): Leslie is the current President of the Council of Senior Citizens' Organizations of BC and an Advocacy Program Officer for BC-YT with the National Association of Federal Retirees. Leslie's work is driven by her passion for improving the life and general well-being of seniors in BC and across Canada. Photo of Leslie receiving award from John Aldag (retired MP).



Kathleen Jamieson was awarded for her work with indigenous women to eliminate a century-old discrimination against indigenous women who lost their rights within their indigenous nations.

Nominated for this award by BC Indigenous women in recognition of the research, writing, community development and advocacy work she did with them across Canada for several decades. Kathleen writes that she is "grateful for the warm, welcoming, knowledgeable, kind and inspiring leaders such as Mohawk Elders, Mary Two-Axe Early of Indian Rights for Indian Women and Gail Stacey Moore of then Quebec Native Women and Rose Charlie, President of BC Indian Homemakers and Karen Isaac, Executive Director of the BC Aboriginal Care Society as a policy analyst. These women and other Indigenous peoples have all enriched my life in many ways and I will always be grateful for their acceptance and kindness."





National Pensioners' Convention (NPF) is holding its 78th biennial convention in Richmond, BC on Oct. 5-7. If your group is a member of NPF, you may be able to attend as a delegate. If you are an individual wanting to attend, contact Mary Forbes at 647-688-6249 or go the website (www.nationalpensionersfederation.ca) for more details.



Join COSCO BC or Renew Your Membership for 2025



COSCO Associate Membership

Name: _____

Address: _____ Town: _____

Postal Code: _____ Phone: _____ 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. Join on the COSCO website: <https://coscobc.org/> or make cheques payable to **COSCO** and mail with this application form to:

Membership Secretary, Box 228, Mountainview Plaza, #505-8840 210 St. Langley, BC V1M 2Y2

For information about **Affiliate (organizational) Membership**, please contact the Membership Secretary at membership@coscobc.org

Hold the Date - COSCO BC's 2025 Conference

Human Rights and Ageing: *Advocating for an Equitable Future*

We are excited to invite you to help shape the future and celebrate COSCO BC's 75th anniversary at our upcoming conference! This transformative gathering will bring together experts, advocates, and community members to address the issues seniors face and explore how we can build stronger, more inclusive communities.

More details about the program and keynote speakers will be shared soon. In the meantime, you're welcome to register now - and please feel free to share the attached flyer with your networks or include it in your organization's newsletter.

When: October 3 - 5, 2025

Where: Sheraton Vancouver Airport Hotel

Register: <https://coscobc.org/conference/registration/>

Join us in charting the future and celebrating 75 years at our 2025 conference:

Human Rights and Ageing
Advocating for an Equitable Future

October 3 - 5, 2025
 Sheraton Vancouver Airport Hotel

Join seniors from BC and across the country together with policy makers, NGOs and government to address the issues seniors face.
Registration, program and keynote speakers to come.

Contact conference@coscobc.org
 Register coscobc.org/conference/registration

2025 OCT 3-5 HOLD THE DATE

Coscobc.org

COSCO 75 YEARS 1950-2025

For questions, contact us at conference@coscobc.org.

Thank you for your continued support of COSCO BC. Your involvement helps shape a brighter future for seniors across British Columbia. We look forward to seeing you in October!

