



COSCO News

Council of Senior Citizens' Organizations of B.C.

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<https://www.facebook.com/COSCOBC/>



Looking Ahead for COSCO



As we look forward to 2021, I know that everybody's first wish for the New Year is that we destroy the virus that is wreaking havoc all over the world. It is a determined little beast and, just as people are thinking that the worst is over, along comes another wave.

For COSCO, our wishes are linked to our work. For 70 years our organization has been active as a focused protector of the welfare of seniors in British Columbia. It isn't just a matter of identifying a need, it's a pledge to do something about it.

Top of our list this year is long term care. We know it has been a dreadful time for many fragile and vulnerable people. It has been a nightmare and it still is. Nothing short of a reform will do. A few cosmetic changes, which will soon be eroded by those who have profited from their investment expectations, cannot placate our outrage. COSCO has been trying to move both the federal and provincial governments to recognize their obligations and to act on them. Many other strong organizations have made the same demands. We will continue to hammer away.

Then there is Pharmacare. It looks as though we may finally get a universal program that will benefit all Canadians. It has been a long road and the arguments are well known. Big Pharma is fighting tooth and nail to keep things the way they are. What else would one expect? As Yogi Berra said, "It ain't over 'til it's over."

Does \$49.30 ring a bell? That's how much low-income seniors received decades ago as a BC supplement to help them with their financial needs. It was still the same amount when the pandemic began. The provincial government raised the amount to \$300.00 and continued to provide it since then. However, the government is planning to stop this benefit at the end of the month. COSCO is trying to persuade the government to keep that supplement into the future.

Housing continues to be an on-going problem for many low-income seniors. We have asked to meet with the Minister holding that portfolio to talk about what is being planned. This is quite a complicated matter and the solution will not suddenly appear.

Those are just four of the goals we will be pursuing in 2021. COSCO will continue to strive for what our motto says:

Don't plan for seniors. Plan with them.

Sheila Pither

Council Of Senior Citizens'
Organizations Of BC (COSCO)

Visit us at www.coscobc.org &
<https://www.facebook.com/COSCOBC/>

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About COSCO

COSCO is an umbrella organization that brings together 70 different seniors groups, representing approximately 80,000 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

We Want Delegates...

We have noticed that many of our affiliates don't list the names of Delegates for their organization on their renewal forms. It is understandable that people outside the lower mainland don't see it feasible to attend our Delegates' meetings that have taken place in Vancouver. But now, during the pandemic, we have been meeting through Zoom. And we would like to see you there. Please send the names of the number of delegates you are entitled to, plus the name of an **Alternate**, to membership@coscobc.org. We will send you **Zoom** invites.



We are also thinking about holding some of our meetings post pandemic via **Zoom** so that we can include seniors throughout the province. Anyone from our Affiliate organizations can attend our Zoom meetings along with all of our Associate members.



Mohinder Grewal has stepped down from his position both as the delegate from Metro Vancouver Cross Cultural Seniors Network and as a member of the Executive of COSCO. Mohinder has advocated for many years on issues for seniors, most recently as a huge help with the health committee. We will miss his attention to detail and his understanding of issues.

Thank you Mohinder. But at the same time we are glad Mohinder will attend COSCO meetings and work with Kathleen Jamieson on the Health Committee. Kathleen has been named by the MVCCSN as the delegate to COSCO.



Mohinder Grewal and Kathleen Jamieson, Regina 2018.

Reviewing the protocols

As we are deep into round 2 of the pandemic, we thought it useful to review some of the protocols and see where we can get help when needed.

Health: Call 811 for anything related to health. Nurses can answer your questions, giving up-to-date information on the best practices. If you are deaf or hard of hearing, call 711. You can connect with an English-speaking health service navigator (ask for other languages if you need) who can connect you to dietitian services, nursing services, pharmacist services and physical activity services.

Personal responsibilities: there are a number of things you can do: wash your hands regularly; avoid touching your face, eyes, nose and mouth; keep a distance of 2 meters from others; and avoid handshakes and hugs; wear a mask when out of your home and if you have symptoms and live with others, wear a mask at home.

Food: Go to the grocery store once a week or less often. If you can, order by phone and have groceries delivered to you. If you must travel by public transportation, go in off-hours to avoid numbers of people travelling. If you can afford it, order from restaurants that offer delivery.

Social contact: try to keep your potential exposure at a minimum. Ask someone to do shopping and other errands for you. Do not have visitors. Use the phone or computer to keep in touch with family and friends. Call your local Seniors' Centre to see what they have running or if they can put you in contact with services like cleaning, dog walking, repairs etc. Do the same with your community centre. Call your library and see how you can get books delivered, or at least held for you (or a designate) to pick up. Attend the COSCO delegates' meetings (done on zoom), we have some amazing speakers and lots to do. You can contact us to get the invitation for zoom.

If you can use a computer you will find huge amounts of information but try to find reputable sites. For medical information go to www.healthlinkbc.ca

Edited and enhanced by COSCO. *Original from 'The Pen' - newsletter for the BCGREA*

BC Recovery Benefit

Benefit is \$1,000 per family (or couple) and \$500 per single person.

Eligibility:

- Families or couples earning a net income of less than \$125,000
- Singles earning net income of less than \$62,500

To apply, you will need to have ID, your 2019 Notice of Assessment from CRA, your Social Insurance Number (SIN) and your banking information close at hand. Apply online to <https://www2.gov.bc.ca/gov/content/economic-recovery/recovery-benefit> (after December 18, 2020). By phone call 1-833-882-0020 (after December 21, 2020).

Health

Virtual Health and Telemedicine – what to look out for

Probably most of us have been amazed at how quickly our medical providers have pivoted to virtual care. A telephone or video consult may be much more convenient as we are isolating at home. Some of telehealth capability has been in place to serve remote areas of the country for ten years or more, but its development has been accelerated by the demands of COVID-19 safety protocols. Yet while there are many positive aspects to this new capability, concerns are being raised regarding for-profit delivery of health care.

BC Family Doctors are calling for more regulation. While recognizing that “appropriate use of Telemedicine can enhance patients’ access to care and enrich the doctor-patient relationship”, they have developed a position statement to address challenges related to gaps in quality and continuity of care.

Key principles are:

1. Telemedicine is best used within a patient-physician relationship
2. One-time Telemedicine services should only be provided as an infrequent alternative to a patient’s family doctor
3. Evidence-based guidelines and regulatory standards should be developed and expanded for use of Telemedicine in primary care and
4. The encroachment of private, for-profit Telemedicine should be regulated and controlled.

As outlined in a series of articles in the Tyee, issues with corporatization of primary care include conflicts between patients and profits, along with the difficulty in doing a full medical assessment over the phone for an episodic (one-time) visit. Other concerns include lack of continuity of care, inappropriate or over-prescribing, potential conflicts of interest with pharmaceutical company involvement, and duplication of care if the patient is referred back to their family doctor. COSCO is monitoring these developments through its involvement with the BC Health Coalition’s Working Groups on Anti-Privatization and on Primary Health Care Reform.

For more information see <https://thetyee.ca/News/2020/09/07/The-Corporate-Push-Into-BC-Primary-Care/> and <https://bcfamilydocs.ca/telemedicine-in-primary-care/>

Submitted by Leslie Gaudette

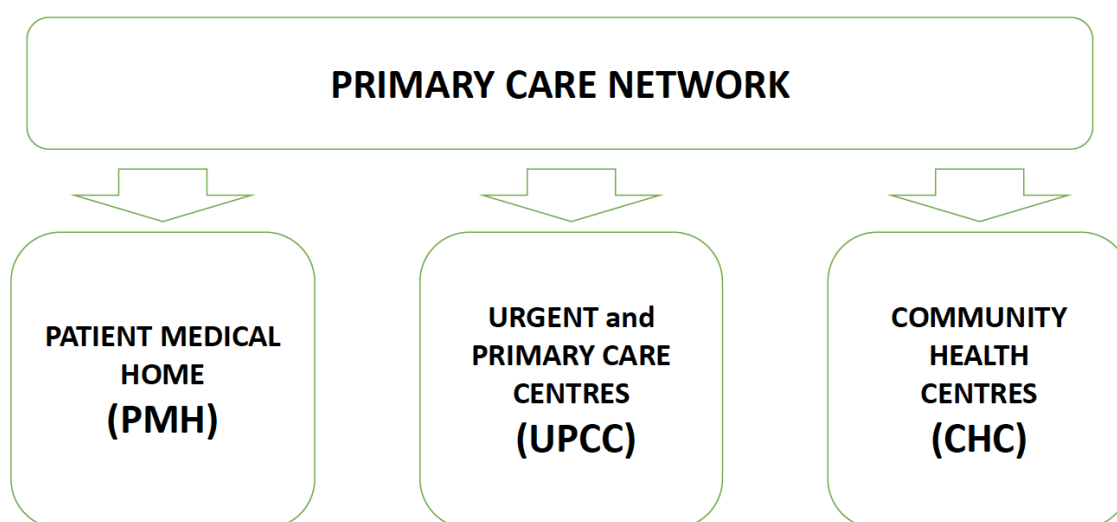
A road map to Primary Health Care Reform – What does it mean for an older adult in BC?

According to the World Health Organization, primary health care is “a whole-of-society approach to health and well-being centred on the needs and preferences of individuals, families and communities.” By considering the broader determinants of health and well-being from physical, mental and social aspects, it “provides whole-person care throughout the lifespan.... ranging from health promotion and prevention through to treatment and palliative care.”

Effective delivery of primary health care in Canadian communities has been a concern for decades. Our health care system was designed more than fifty years ago to meet the needs of a younger population requiring treatment for acute conditions, which could be quickly resolved. Today we have an aging population prone to developing multiple chronic conditions, which require management over a long period of time. This reality requires new approaches whereby community-based-care complements hospital care. This care needs to be just as comprehensive in terms of services provided – such as prescription drugs, occupational and physical therapy, and mental health services.

When physician services were first covered through federal provincial agreements in the late 1960s, many physicians worked in solo practices or small groups, with perhaps the assistance of one nurse. All records were kept on paper; computers and even faxes did not exist.

Fast-forward to 2020 and what is happening in BC right now. We hear about Primary Care Networks, Urgent Primary Care Centres, Patient Medical Homes, and Community Health Centres, along with the emergence of telemedicine. How do these all fit together to help older adults get the right care by the right provider in a timely manner? The following is a description of types of the different options available and how they will work together to ensure patients have the most complete care possible without having to go to many places.



Patient Medical Home (PMH) is a family practice or clinic that provides patient-centred care through a personal family physician (FP) or nurse practitioner (NP), which patients may access 24/7 through their regular provider or another team member. In other words, it is your doctor's office. Comprehensive care will occur through relationships, which support both continuity and coordination of care. The PMH will generally include or be linked with an inter-professional team and will also be linked to broader community services through the Divisions of Family Practice in each municipality. Access to information technology to support Electronic Medical Records (EMR) and virtual care will support the clinical work.

Urgent Primary Care Centres (UPCC) provide same day or next day care to patients who do not have access to a family doctor or nurse practitioner; care is available on weekends and after-hours. A UPCC may become the regular clinic for some patients until another family doctor is found. Also if a person attends the UPCC on a one-off basis, continuity of care is ensured by communicating information back to the patient's regular doctor or nurse practitioner. UPCCs are seen as particularly important in larger urban centres where they fill a gap between doctor's office, walk-in clinics and hospital emergency rooms for minor pain or injuries, as well as fevers or infections.

Walk-in-clinics are available in many communities and are another way to access care quickly if a patient's regular doctor is not available. These clinics are subject to regulation by the College of Physicians and Surgeons of British Columbia. Physicians working in these clinics are obligated to provide comprehensive primary care shared among all the physicians working in the clinic. The clinic must keep a single medical record to support care over time. If you use a walk-in clinic be sure they have your family doctor's contact information and ask to have details of your visit sent to your family doctor.

Community Health Centres (CHC) aim to meet the unique needs of the communities they serve and be fully integrated into the local primary care networks. According to the BC Association of Community Health Centres, CHCs are health organizations that deliver integrated, people-centred services and programs that reflect the needs and priority of the diverse communities where they are located. Operating as a non-profit organization, a CHC provides inter-professional primary care and integrates it with health promotion and community wellbeing. Key to CHCs is the community-governance that actively addresses the social determinants of health and commits to health equity and social justice. CHCs have been shown to be cost-effective while providing superior management of chronic disease. Presently more than 25 are operating in BC.

Primary Care Networks (PCN) coordinate all these health care services. They bring together primary care service providers in a geographic area including Patient Medical Homes, Urgent Primary Care Centres and Community Health Centres. Connections forged among the local Division of Family Practice, the regional Health Authority, local community organizations and allied health providers will support integrated community health care.

The good news in BC is that as Primary Care Networks are created we will break down the silos of health care through integration of public health, mental health and substance use, pharmacy services, home care nurses and First Nations involvement, among others. The BC provincial government has committed to establishing more UPCCs and Primary Care Networks as stated in the mandate letter to Health Minister Adrian Dix.

Submitted by Leslie Gaudette

Dr. Day gets a Christmas boost from a BC Court: Update on Cambie Private Surgery Clinics Court Case



Although Dr. Brian Day lost his 3½ year legal challenge to our public health care system in September 2000 in the BC the Supreme Court, he has appealed the decision and the appeal will be heard in the BC Court of Appeal mid 2021. Dr. Day argues that, not giving people the right to pay privately for 'medically necessary surgery', is contrary to the provisions of the Canadian Charter of Rights and Freedoms.

In the meantime, two setbacks have emerged for those opposed to the public/private, two-tier health care system Dr. Day is pushing for:

- 1) *Joe Avray*, the brilliant lawyer who successfully fought the case brought by Dr. Day, died suddenly in early December;
- 2) A judge has agreed with Dr. Day that the decision of the Supreme Court be suspended until the appeal is heard giving an exception to Dr. Day "in respect of privately funded surgeries for patients whose medically necessary surgery has been scheduled for a date beyond the Ministry of Health wait time benchmarks ... for reasons of insufficient incapacity in the public system."

So, it's business as usual for Dr. Day right now.

Indeed, business may be better than usual for BC private surgery clinics. The issue is further muddled by the BC government's decision in summer 2020 to use private surgical clinics to catch up with the backlog of elective surgeries postponed because of COVID-19. The BC government was actively involved in the fight against Dr. Day and private surgery clinics.

Kathleen Jamieson, COSCO chair of Health Committee

The application deadline for the **Disability Tax credit** is **Dec 31st** and may entitle you to the top up of the lump sum COVID benefit payment to seniors with a disability. You must apply in order to receive this top up payment to the benefit you would have received in October 2020.

Download the application form, visit your doctor and apply. Should you be denied, please contact us to compile stories of those denied as we consult government on this program. info@npfmail.ca

The NPF and affiliated organizations have written to the Federal government to question why seniors are not entitled to both COVID benefits for seniors and persons with disabilities. The answer to date is that the programs were not designed to check both boxes but to be inclusive to all vulnerable populations. The seniors whom are disabled and in receipt of the disability tax benefit will receive the appropriate top up benefit payment.

Please review this link.

<https://www.canada.ca/en/employment-social-development/news/2020/10/government-of-canada-extends-deadline-to-apply-for-the-disability-tax-credit-to-receive-the-covid-19-one-time-payment-for-persons-with-disabilities.html>

Download the disability tax credit form, take it to your doctor to have it filled out as per your condition (there may be a small fee) and mail it in before Dec 31st.

West End Seniors' Network Called into Action: Community Response Hub



WESN volunteers shopping for shut-in seniors
Article and photo by Bonnie Quan (COSCO
delegate from WESN)

Last March West End Seniors' Network (WESN) became one of COVID-19's Community Response Hubs of the **Safe Seniors, Strong Communities** program*. WESN will continue in this role until at least March 31, 2021.

This important province-wide initiative bolstered supports for older adults to stay safe at home. WESN has provided services such as grocery shopping and delivery, prepared meal delivery, and prescription medication pick-up and drop-off. In addition, WESN has provided volunteer services to seniors, such as regular check-in phone calls or virtual visits.

Volunteers have come from BC211 and WESN directly. *Anthony Kupferschmidt*, Executive Director of WESN, stated, "We had waves of new volunteers contacting us directly and through BC211 to help us rise to the challenge. In fact, over 250 volunteers have worked countless hours supporting the older adults who have approached us".

In the initial phase of the pandemic, WESN reached out to over 1300 of its members and regular clients. This provided them with an accurate picture of the needs. WESN tried to match older adults with interests in certain areas with volunteers with similar interests to encourage longer-term phone relationships. Volunteers with ready access to vehicles were called upon to help pick up food from the food bank for clients unable to travel that far when the local Food Hub location closed. Since then hundreds of older adults have received services from WESN.

Almost overnight, WESN started serving a much larger geographic area than normal. While WESN members come from throughout Vancouver, the biggest membership base is from the West End, Coal Harbour and Yaletown neighbourhoods. Kupferschmidt stated, "As a Response Hub agency, we also began receiving service requests via BC211 from older adults in Kitsilano, Arbutus Ridge, West Point Grey, and UBC."

In order to deal with the expansion of services like prepared meal delivery, WESN worked with its partners at Kitsilano Neighbourhood House to serve older adults on the other side of False Creek and English Bay. "We also partnered (yet again) with our 'old' friends at *Gordon Neighbourhood House* and our new friends at *Shift Delivery Co-op* to create a new prepared meal delivery service for our community", Kupferschmidt said.

Kupferschmidt continued, "WESN is here for you. This time has been one of the most intense and most rewarding in the history of WESN. Kudos to the amazing team we have." And indeed the clients have said, "We deeply appreciate all that you have done for our community!" and "Thank you for what is such a gift to me during this time!"

**The program is sponsored by the office of the Seniors' Advocate and United Way of the Lower Mainland, with money coming from the provincial government.*

Housing

Core Housing Needs

You might have heard the term **Core housing** when government officials are speaking about housing needs in Canada. This term, used in Canada since the 1980's, refers to an indicator developed by Central Mortgage and Housing Corporation (CMHC) in discussions with provinces and territories in Canada. 'Core housing need' happens when repairs are urgent and residents don't have the money to repair their homes; if there are not enough bedrooms; or when the current home costs more than residents can afford and don't have means to move or find affordable, acceptable local housing.

Of the 13.4 million households in Canada, 1.7 million Canadian households are in core housing need. Statistics Canada in a recent report identifies groups with core housing needs. They are more likely to be apartment dwellers, persons living alone, renters, visible minorities and seniors living alone.

The Canadian Housing Survey, sponsored by CMHC reports information gathered by Stats Canada about housing. They report those in core housing need are 'Persons who live in inadequate (requiring repairs), unaffordable or crowded homes are housing disadvantaged if they cannot afford a local home that is suitable.' The number of senior households in *core housing need* rose to about 30% of all households in core housing need. The highest core housing need is in Nunavut for both senior and non-senior households, according to CHMC in February 2019.

The survey reported that renters are more than 3 times as likely to be housing needy than owner households. Almost one in four renter households live in a home that does not suit their family size or budget but only 6.5% of owners are considered housing disadvantaged.

People living alone are more likely to be in core housing need. Almost 22% of one-person households were deemed housing disadvantaged, compared to 7.6% of two person households and 5.9% of couple households with children. The survey reports uneven affordability across Canada. RBC Economic Research report on housing trends says that less than 20% of Toronto and Vancouver families earned enough to buy an average home in their communities, while more than 50% of families living in Saskatoon, Halifax, and Quebec City did earn enough to buy a recently sold average home. www.statcan.gc

Given this rather bleak picture responses need to be made quickly to enable housing issues to be addressed, especially for seniors who are feeling the effects of COVID-19, a double concern. As well their housing needs may compound their mental health. Inadequate housing, tent cities, restricted shelter options and insecurity in changing their accommodation affect vulnerable populations. All levels of government need to prioritize and build affordable permanent housing all over the province.

Barb Mikulec, COSCO Housing committee chair

Strata Insurance in the news again

The BC government has told the insurance industry that, as of January 1st, 2021, they will no longer set their premiums on 'best terms pricing'. This practice replaced the system where premiums were set by the average price of bids for insurance to one where premiums were set using the highest (best) bid.

The regulator, Financial Services Authority (FSA), is responsible for regulating private insurance in BC. In metro Vancouver where 50% of the population lives in Stratas 'best terms pricing' has created a big financial cost on homeowners, especially since all Stratas are required to have insurance. The FSA has identified the 'best terms pricing' as negatively impacting 94% of the properties. They also identified the premiums as costing 27% more than average pricing bids -- quite a windfall for the insurance industry.

The insurance industry has given various reasons for using 'best terms pricing'. Among them is that they have to pay for natural disasters (floods, storms etc). Now they state that the cost of claims has gone up because of poor building construction and maintenance practices. There likely is some truth to these latter complaints, something the government regulatory bodies need to look into, especially their inspection and enforcement practices.

Edited and enhanced by Linda Forsythe (Original from Vancouver Sun, December 2, 2020)

Patrick (Pat) T. Brady, CD, B. Ed.

President, BCRTA 2000 – 2003
President, ACER-CART 2005 – 2006



Patrick T. Brady attended high school in Abbotsford in the 1950s and then attended the University of British Columbia where he earned his Bachelor of Education degree. Pat's diverse skills and strong personal qualities brought a combination of professionalism, practicality and inspiration, wit and knowledge, vast experience and exemplary leadership skills to many sectors. As an active teacher, Pat served as president of the Prince George District Teachers' Association, President of the BC Teachers' Federation (1977 - 1978), and President of the Canadian Teachers' Federation (1981 -1982).

Pat Brady, 1937-2020 R.I.P.

In the community, Pat was involved in local government: four years as Alderman on the Prince George City Council; Regional Director for the North Central Regional District; Interior University Society for UNBC; Director of the Fraser-Fort George Regional Hospital; and Regional Museum societies. In retirement, Pat served his alma mater for 15 years on the UBC Senate.

Pat has a long-standing involvement in the military. During his undergraduate days he served as adjutant of the UBC Officer Training Corps. While teaching in Prince George, he was commanding officer of both the Rocky Mountain Rangers Cadet Corps and the Rocky Mountain Rangers Militia Company. He served on the Executive Committee of the Aldergrove, BC branch of the Royal Canadian Legion, spending many hours furthering the goals of that organization.

After retiring in 1997, he attended an AGM of the BC Retired Teachers Association where he envisioned the prospects of positive organizational change. He chaired the Finance Committee and later became President of the BCRTA from 2000 to 2003.

Recognizing the strength of partnership, Pat encouraged the BCRTA to join actively in COSCO, the Council of Senior Citizens' Organizations in BC; and with two national organizations – the National Pensioners and Senior Citizens' Federation (NPSCF), now NPF and the Canadian Pensioners Concerned (CPC).

At the national level Pat held positions in the Canadian Association of Retired Teachers (ACERCART) serving as President (2006 – 2008). A strong proponent of our Medicare system, Pat pressed for improvements in the laws governing patent rights and the availability of generic drugs and for the establishment of a national Pharmacare program.

As a further national voice, Pat served many years as secretary of National Pensioners Federation, concurrently with General Vice-President of COSCO, and Director at the BCRTA Board table.

Every organization he touched became better organized, more financially sound, more focused on its philosophical goals, and more cognizant of the needs of its individual members. He was a trusted mentor; a respected leader, and a delightful friend." *Joanne Lauber*

What a resumé! What a man!

His friend and fellow COSCO member, *Jerry Gosling*, spoke on a personal level...

I met Pat several years ago and we later decided to travel together to attend COSCO meetings in Vancouver and Burnaby. Twice a month, I would drive to Pat's residence and we would drive into town together. There was never a silent second on our commute as we chatted about the meeting or growing up in Abbotsford. Pat was very knowledgeable in running meetings and expressed his knowledge at meetings, which was appreciated by all the members in attendance.

Pat often invited me in for refreshments after our drive and always gave me fresh vegetables when in season. This was produce that Pat grew in his garden on his spacious property. Pat was also an accomplished piano player and I always enjoyed the music. Personally I will miss Pat for our friendship and social times together. On behalf of COSCO, I would like to offer condolences to his family.

Mable Elmore has been named as the **Parliamentary Secretary for Seniors** and Long-



Term Care under the new Provincial government. Elmore has been an NDP MLA for Vancouver-Kensington since 2013 and has brought a commitment to community and working people to her work. *The Tyee* claims that 'Elmore will play an important role in liaising with researchers, seniors and their families and advocating with the government for action in response to their concerns'.

Please direct your questions, concerns, gripes or suggestions to mable.elmore.MLA@leg.bc.ca

She can be reached by post at Parliament buildings, Victoria, BC, V8V 1X4 or at 6106 Fraser Street, Vancouver, V5W 3A1.

She also can be reached by phone at (604) 775 1033.



6 reasons...

1 COSCO's mandate is to promote the wellbeing of seniors and their families, advocating for policies that allow seniors to remain active, independent, and fully engaged in the life of our province. The organization is non-partisan, but politically active, advocating for seniors' needs no matter who is in power.

COSCO represents approximately 80,000 seniors in British Columbia.

COSCO is run by volunteers, with activities coordinated through an Executive Committee.

2 Ensure that we have an organization that speaks with one voice to promote welfare of seniors and advocate for seniors

3 Receive up-to-date information monthly through the COSCO's bulletin, '*Highlights*'.

4 Receive **four** issues of the COSCO News

5 Get up-to-date information about financial and health coverage.

6 Take advantage of **group insurance rates** from Johnson with options for home, life, dental, extended health, and travel insurance

Check out: www.coscobc.org

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
706 – 4221 Mayberry Street, Burnaby, BC V5H 4E8 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>



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comparison shop!**

<http://cosco.johnson.ca/> toll free: 888.412.8822



*Wishing you a very Merry Christmas and a happy and healthy 2021
~ COSCO Executive~*

