



COSCO News

Council of Senior Citizens' Organizations of B.C.

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



SUMMER OF OUR DISCONTENT

A Message from Sheila Pither, COSCO President

Please excuse the rather negative title of my article. Usually I am contented to follow the rules in our by-laws: *No meetings of the Executive or Delegates during July and August unless the President calls one.* Will I do that? Not if I can help it, but the issues we are dealing with are urgent. Here are some of them:

- We are firing off letters to both the federal and provincial governments regarding the horrifying discovery at what was formerly the Kamloops Indian Residential School. The pain of that tragedy is shared by many of our members and we stand beside them as the tragedy unfolds.
- We have asked to meet with the President of Doctors of BC to learn more about the way in which health care is changing. As the pandemic winds down will there be a return to the system where patients visited their doctors for in-person care? We need to know a great deal more about how the doctors view the changes, which were put in place when COVID struck.
- The shocking incidences of *Islamophobia* which have recently occurred have deepened our awareness of the hate and violence that fuels the underlying emotions of those who do not want to accept a nation where equality rules and people of many races are able to live in harmony. COSCO has several multiracial organizations among our affiliates and we value each of the 65 organizations that make up our membership. Our goal is to protect and improve the wellbeing of every older person in the province. That work has many facets.
- Many of our members are concerned about their pensions. We must continue our efforts to get legislation that protects employee pension funds from being at the bottom of the heap when a company files bankruptcy. This goal is looking a bit more possible to achieve but we still have a long way to go.
- Then there is *Pharmacare*. We thought this might be the year, but it isn't. Perhaps the federal political parties will include this in their election platforms. They have before. The proof that shows that a plan could be put in place in a cost-efficient way is ignored.

These goals will not be put on hold during the summer. Thus the discontent. Big problems with no easy solutions in sight. September will be here soon enough. Meanwhile, my best to you.

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 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

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“British Columbia needs a plan for healthy ageing,” says COSCO

In *BC Budget 2021*, COSCO looks for:

- 1) A ***continuum of care for older adults*** to enable seniors to age in place in their communities. BC needs larger investments in home care to help reduce demand for long-term care. Community Health Centres provide one-stop shopping for a range of health and social services which address the social determinants of health. A great deal more work is needed to achieve this goal.
- 2) Provincial and federal governments must work together to implement ***national standards for long-term and home care*** with regulations, inspection and enforcement, and accountability to ensure government subsidies result in quality care and not profits for shareholders. Care models need to ensure care that respects individual autonomy and human rights. Budget 2021 provides for more care workers directly for Long Term Care but only a limited increase for home care workers. COSCO is looking for a better balance of investments between long term and community care for older adults.
- 3) ***Pharmacare***: BC has the opportunity to be seen as a national leader in the implementation of a public universal single-payer pharmacare plan to support health care in the community. Seniors are major consumers of drugs but are often over-medicated. Extended health care plans for retirees, when available, are under increasing pressure from the high cost of drugs. Pharmacare is needed to ensure our older adults aren't having to choose between paying for their medications or their food.
- 4) A greater supply of all forms of ***seniors housing*** and accommodation. Social housing with rents-geared-to-income is desperately needed to meet the needs of the 80,000 renters with incomes of less than \$30,000 per year. The SAFER program requires review to keep up with rising rents across the province. All accommodation should be designed and built with accessibility in mind and programs should be put in place to enable renovations. The mix of tenants and the ability to provide supports when other groups in need of housing are mixed in with senior tenants needs ongoing attention.

5) **Improved incomes** for our lowest income seniors: While we welcome the increase from \$49.30 to \$99.30 per month in the Seniors Supplement, this will still leave many seniors living well below the poverty line. A wider consideration of income security for people living on less than the median income of about \$28,000 is needed.



6) **Seniors Centres and planning tables:** Many seniors rely on their community seniors' centre for help in maintaining their physical, emotional and social health. These non-profit groups are key to mobilizing community resources to address social isolation, and provide much-needed nutrition programs to address food insecurity, yet many lack core funding. At the same time, they encourage the full participation of older adults in their communities. This budget does not address social isolation.

7) **Age-friendly community design** that considers housing, health care, transportation, Internet communication and income supports. With the partitions of government into a range of departments, COSCO does not find a coherent strategy supported by measures in this budget and calls for more integration of programs and services, which are largely accessed by older adults.

Persons aged 65 and over now number close to one million or nearly one in five British Columbians. Those aged 85 and over account for about 120,000 residents. COSCO asks that we value the billions of dollars worth of volunteer time, talent and treasure that older adults contribute to their families, their communities and to our province.

COSCO represents about 70,000 older adults across British Columbia through more than 60 affiliated organizations. COSCO is devoted to the well being of all seniors and believes in planning with seniors not for them.

*Sheila Pither, COSCO President,
and Leslie Gaudette*

National Seniors' Strategy



Dr. Samir Sinha

Overarching the seniors' strategy is the concern that of all the people who died from COVID, 60% of them lived in Long Term Care homes and 90% were part of Canada's older population, and money, of course. The average Canadian has about \$3500 in savings. Keeping these two issues in mind, the *National Institute on Aging*, in the person of *Dr. Samir Sinha*, presented the following 4-part strategy in a recent webinar.

1. Seniors are to be valued. We want to help older Canadians to remain independent, productive and engaged. How do we do this?
2. Health. How do we support older Canadians to remain healthy? One is a national, public Pharmacare program where seniors can get access to medications that will improve their lives. Another is to see that seniors are vaccinated. These vaccinations include the annual flu shot, the pneumonia vaccine and possibly the shingles vaccine.
3. Care closer to home. 100% of seniors want this. Yet our federal and provincial governments underfund home and community care. Canada's spending is much less than other OECD countries. One example is Denmark where the country spends double what Canada spends on seniors' care. And while Canada spends 87% of the seniors' budget on Long Term Care, Denmark spends 66% of its budget on home support programs. Denmark has a wellness and prevention model. One example is that once a person reaches 75, they automatically receive a visit from the public health nurse.

We need to ask ourselves 2 questions: how do we get more money to spend on seniors' care and where are the right places to spend that money.

4. Support for care-givers. 8.1 million Canadians provide care for seniors, mainly done by family and friends. The dollar value is \$24 billion in largely unpaid care. The only support we have from government is the newly created Caregiver tax credit. This whole issue has to be rethought and dollars put towards it.

Secondly, we need to support actual paid caregivers, who are among the lowest paid members of our society. And we need to regulate and monitor the conditions in Long Term Care centres.

Presentation by *Dr Samir Sinha*
Director of Geriatrics,
Mount Sinai Health System
& University Health Network,
at the ACER-CARP webinar, June 2021

National Standards for Long Term Care and Public Accountability

A priority for COSCO is the implementation of national standards for long-term care (LTC). The good news is that it looks like national standards are going to be developed. The bad news is that public accountability may not be part of the plan.

After a great deal of advocacy for immediate and fundamental change in LTC by seniors' groups, labour unions, and others throughout 2020 and 2021, the federal government announced in its April 19 Budget 2021 that it would spend \$3 billion over 5 years for seniors and long term care starting in 2022-23. According to some media reports, Provinces and Territories, which have the primary responsibility for administering health care and thus for implementing fundamental change in LTC, are insisting that any federal dollar for LTC come with no strings attached. Seniors advocacy groups like COSCO and experts believe with good reason that public accountability for new federal spending on LTC needs to be built in to any agreement and is enforced.



Another emerging concern is that the federal government seems to be taking a hands-off approach to the development of new standards for LTC and so lines of accountability to the public appear to be absent. A non-profit group, the Health Standards Organization (HSO) recently announced that it is developing revised standards for long-term care in Canada and that it will work together with two older entities, Accreditation Canada and the newer Canadian Standards Association (CSA).

Both HSO and CSA are accredited by the Standards Council of Canada (SCC). The SCC website states that it is “one of Canada’s leading accreditation organizations.” The governance and management of this overarching body, SCC, appears to be almost entirely drawn from the private sector.

A well-known physician, *Dr Samir Sinha*, Director of Geriatrics at Sinai Health in Toronto, now chairs a ‘Technical Committee ‘ of HSO’s National Long Term Care Services Standards Committee. Dr Sinha is also a new member of the federally appointed National Seniors Council, which advises the federal Minister of Seniors. This committee is planning a public consultation process.

A major concern of advocates for long-term care reform is that the process be transparent and publicly accountable. So far, that is not what is happening.

~ *Kathleen Jamieson* ~

Seniors and the Digital Divide – A recent report

Many seniors rely on Information and Referral (I & R) services for information and assistance. A recent report 'In Community -Information and Referral Services for Seniors in British Columbia' by *Sixsmith, Remund* (of 411 Seniors Society) and *Wong*, and the *SFU STAR Institute* (Science and Technology for ageing research) summarizes I & R activities in the first phase of the COVID pandemic and helps identify the key issues and areas affecting seniors in order to shape future support and service delivery in the context of the rapid shift from in-person activities to the digital realm.

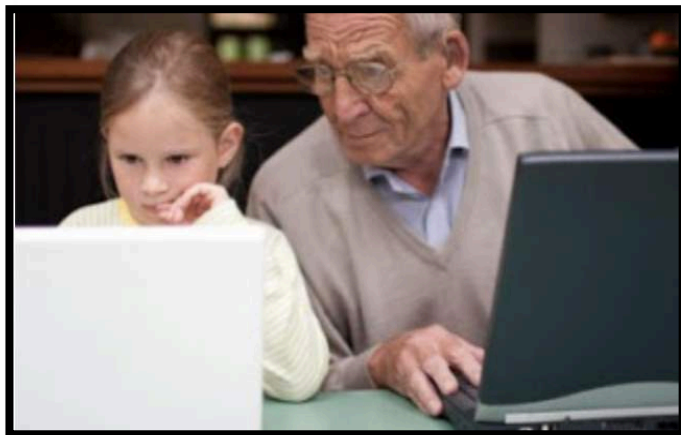
Digital technology is rapidly transforming every aspect of people's personal and civic lives, including those of seniors. Seniors are often on the wrong side of the digital divide. "In Community" highlights the importance of addressing the impact of the digital divide on seniors. With the rapid advancement of technological change and the shift to online-based provision of services and information, and in the context of the COVID-19 pandemic, focus on this divide is paramount.

Information gathered in this study makes clear that addressing the digital divide is crucial to allow seniors to be informed, and to fully participate in their community.

This is a must read. It is free and can be downloaded from:

<http://www.sfu.ca/starinstitute/about/institute-activities/new-411-seniors-sfu-star-report---information-and-referral-servi.html?fb>

*~ Marion Pollack ~
411 Seniors Centre President*





Keep your Eye on the Money

Well Health of British Columbia is a private for-profit clinic operation. It is the largest network of physicians in primary and specialist care, telehealth (done by computers) and diagnostic services in the country.

Well Health's corporate strategy is to buy up many smaller companies. CTV reports that this year alone it bought up 10 companies, including CRH Medical Corporation of Vancouver which makes medical equipment.

And it's not finished yet. It is presently making a deal to buy My Health Partners Inc of Toronto, for \$266.3 million. 75% of consultations will be done online.

What does this mean to Canadians? Is telehealth going to largely replace our visits to our doctors? Could this company reveal the many gaps in the delivery of medical services whereby various provincial governments (that deliver health services in the country) have not paid attention to how appointments are made, and with whom? While it's worth noting that our public, universal health care system opens the door to this kind of for-profit activity, it has been happening all though the system.

~ Linda Forsythe~

Homelessness and Short-Term Housing in BC

BC needs safe and affordable housing now. The time for investigation and discussion on the issue of housing and homelessness is long over. Housing prices are continuing to dramatically rise across Canada, driving affordable housing out of reach for more and more residents. The constantly escalating price of housing is putting increasing numbers of people at significant risk of homelessness.

Emergency shelters are not part of a long-term solution. They should barely be considered part of a short-term solution. There needs to be recognition that many homeless and shelter challenged people have pets and personal belongings that they would like to keep when they move to some form of permanent housing. Most shelters don't allow pets and few have facilities where patrons can store their belongings, even overnight. If shelter beds are available, they give homeless people a place to warm up and sleep for the night, but they do nothing to solve the actual problem of homelessness.

Some US cities and states have constructed a different form of emergency shelter that give homeless people a warm, dry place to live until more permanent solutions come on line. Seattle and Portland have constructed "tiny house" complexes that have individual sleeping rooms, with shared bathroom, laundry and food service. These complexes include proper security and other on-site services for the residents. They have shown that it is possible to get homeless people out of "tent cities" or other unacceptable accommodation, while permanent solutions are constructed.

Serious concerns have been expressed that any "temporary" solutions of this type will morph into long-term or permanent solutions, similar to what happened with many of the SRO rooming houses in Vancouver. Any solution of this type must mandate independent systems that report on the status of any of the emergency accommodation facilities and their residents on a regular basis. This is necessary to ensure that these facilities don't become "permanent" by default.



Emergency modular housing units constructed in BC by the Province are a much better solution, and much quicker to get in place than traditional housing. However, the timeline for planning and construction can be too long for emergency housing unless municipal and provincial governments work together to plan and construct them quickly. The initial units of this type of modular housing in BC were put in place very quickly, but since then there seems to have been little progress in completing additional units. In the meantime, the problem of homelessness continues to get worse.

The BC government seems to recognize this problem, and has been trying to speed up the process of getting homeless people into some form of more permanent housing by purchasing hotels and motels and converting them to supportive housing. This can significantly speed up the process for getting better housing for homeless people, and initiatives like this that will address the homeless crisis in a timelier manner must be applauded and encouraged.

Some people live in accommodation that is often considered temporary, such as campers, travel trailers and other types of “recreational vehicles”. These residents are sometimes known as “nomads”. Most of these people are not truly homeless. They often move to a new location to accept temporary employment opportunities. They often cannot find affordable accommodation and their recreational vehicles ensure a warm, dry place to live. These people only become truly “homeless” when there are no proper facilities for them to locate their homes in the municipality where they live. Unfortunately, most municipalities refuse to recognize this type of housing as legitimate. Few cities have facilities to accommodate this type of housing, and many have in fact made it illegal to try and live in this type of housing, even temporarily.

For example, the City of Vancouver, rather than seeking solutions that would allow these residents to live in the city where they work, is instead determined to make all residents who live in this type of non-traditional housing simply go away.

Vancouver is not the only municipality that sees this type of non-traditional housing as undesirable. The Regional District of Nanaimo enforces bylaws that make it illegal for residents to live in this type of housing, even on their own property, unless they are in the process of building a “real” house on the same property. However, the City of Nanaimo has recently voted to explore if there are ways that this type of housing could be accommodated within the City limits. While this may not be the most desirable option for long-term affordable housing, it is certainly an option that should be explored, especially for temporary or short-term workers.

In the long term, there appear to be only two ways to mitigate the housing crisis in BC.

One is to ensure that wages of workers are sufficient to ensure that they can afford decent housing options. In Metro Vancouver, this would require an annual income of nearly \$80,000 per year (\$40/hr) for a single person working full time. Based on 30% of income for housing, this would translate as \$2000/month for accommodation in Metro Vancouver, but few workers earn close to this wage.

Another option would be to assist local governments with the development of affordable not-for-profit rental housing or co-op housing options via long-term lease on city owned land. This option has been undertaken in several municipalities, including New Westminster, and appears to show much promise over the long term.

There are numerous options available to mitigate the problem of homelessness. They should all be considered and undertaken where appropriate. But there is no time to waste. Action on homelessness is needed now. It cannot wait.

~ Wilf Brodrick ~



Lessons Learned

Like other mass upheavals, (wars, economic depressions, floods, fires etc) the past 16 months have been difficult on everyone, especially seniors in the country. We've had to learn new behaviours, stay home, and skip visits with our friends, children and grandchildren. We have had to keep distance from everyone.

But like other crisis, there have been some great lessons learned and some opportunities to change the very structure of inequality in our society. As we 'open up' again, many do not want to go back to the old ways, but want to take our learnings and make a better and more inclusive society.

What have we learned? The structures of inequality have been laid bare. We saw that many working people lost their jobs and livelihoods while the large corporate sector reaped huge profits. We saw that minority groups were particularly picked on and blamed by everyday people. We saw that our media did not tell the whole story of these inequalities.

For seniors, the gaps were seen in a deadly manner in Long Term Care Centres. We learned of the overcrowding, the unmanageable workloads of the workers in these homes, the lack of decent pay for the workers so that they were forced to seek 2 and sometimes 3 jobs just to make ends meet. We learned that once the pandemic took hold in care homes, seniors were left on their own in deplorable conditions. Left alone. Our most vulnerable citizens were left alone.

There has been a great deal of handwringing about the deplorable conditions. Many seniors and our advocates have called on government to develop national standards with regulations and enforcement of these standards. We have seen governments bend to the will of the private care-home owners and water down the steps necessary so this situation never happens again. We must not accept this situation.

We also saw those invisible workers who are vital to our lives. The nurses, care workers, paramedics, grocery store clerks, the drug store workers, garbage collectors and maintenance workers who repair our homes. The large majority of them are racialized people, working for low wages. Hopefully our appreciation will not evaporate once our society opens up.

A positive lesson we have learned is that practically no one got the winter flu since the pandemic began. What accounts for this?

Hand washing, masks and social distance! Wonderful, now we know.



We learned that vaccines can be developed in short periods of time, not the years that was the standard practice. Scientists set to work and developed and tested the vaccines in months. But we also learned that besides the 'western vaccines' developed by the big pharmaceutical companies, other vaccines were developed and essentially blocked from use in the west. We learned that big pharma charged Canadians \$60 per vial of vaccine. And we have 80 million vials in this country! We learned that we once produced our own vaccines in publicly owned labs and that we could do it again without the large corporate involvement. Sadly, we learned that privately owned factories in India produced millions of vaccines and shipped them out of the country, all the while Indians were dying in the hundreds of thousands from the virus.

We learned a great deal about technology. None of us had heard of Zoom, but now many are old hands at it. We have been able to connect to our members all over the province to include their voices in our regular meetings. We have been included in webinars from all over the country and the world. Our world has become more connected and smaller. On the other hand, we learned that some people have no access to this technology because they either don't have the money to purchase the computers and equipment or they live in areas where the infrastructure for the technology doesn't exist.

We have learned how to use technology to visit with family and friends in long term care homes, even if it isn't the same as being able to touch and hold each other. And this technology has allowed some of us the heartbreaking task of saying goodbye to family who were dying in hospital.

Another area of technology is the teleconferencing with our doctors during the pandemic. This for some has been a lifesaver. Teleconferencing has been used to provide medical visits for people living in remote areas of the country and expanded during the pandemic. There are some problems with this type of medical delivery so we will need to wrestle with the implications.

These are only a few of the lessons learned during this unusual time. Please feel free to write to us with lessons you have learned, and any solutions you think might work.

~ Linda Forsythe ~

Postal Workers Deliver

Throughout the COVID pandemic, postal workers have continued to sort and deliver your mail. On weekdays you can see letter carriers or Rural and Suburban Mail Carriers bringing your letters and parcels.

The pandemic has highlighted the need for Canada Post to remain as a universal public postal service. We all need and use Canada Post services during this difficult period.



However, Canada Post can and should do much more. The Unions at Canada Post are pushing for postal banking. In smaller and more remote communities there are post offices but often the banks have skipped town. It does not make sense, especially for seniors that people have to drive to another city to bank. They could do their banking at

their local post office like people do in France, Australia, Japan, India, etc.

Canada Post could also protect our climate. The Post Office has one of the biggest fleets in Canada. They could transition to hybrid and electric vehicles. Retrofitting Canada Post buildings to make them greener makes sense, too.

Seniors want to live at home. Canada Post could follow the lead of post offices in countries around the world and provide a service where the mail carrier could check in on seniors living in the community.

It would be great if seniors' organizations could endorse (or re-endorse) the Developing Community Power Campaign.

Here is a link: https://www.deliveringcommunitypower.ca/our_plan

*~ Marion Pollack ~
411 Seniors Centre President*

United Nations International Day of Older Persons (UN IDOP) 2021



Once again, COSCO will be inviting BC's provincial and municipal governments to make declarations/proclamations and fly the UN IDOP flag in recognition of the 2021 UN IDOP on **October 1st**.

Quite often, the councils like to have a local person present, usually at a council meeting, to receive the official document on behalf of COSCO. I would be interested to hear from any COSCO associate

member or member of a COSCO affiliate who would like to participate in such a ceremony.

I also ask you to start considering what you, and any senior organization that you belong to, do or could do to increase awareness of seniors' issues and to increase awareness of the significant contributions of seniors to our society, in recognition of the UN IDOP 2021.

The theme of UN IDOP 2021 is not yet posted on the internet. I will be checking for it and will post it on COSCO's new improved website ASAP. Last year, UN Secretary-General Antonio Guterres said, *"The world marks the 30th anniversary of the International Day of Older Persons as we reckon with the disproportionate and severe impact that the COVID-19 pandemic has wrought on older persons around the world - not only on their health, but on their rights and well-being."*

~ Agnes Jackman ~
agnes.jackman@gmail.com

Living

IN THE 21ST CENTURY

A SENIORS' STRATEGY

Choices. Solutions. Join us. Registration opens Aug. 1

Major challenges and opportunities face seniors, our families, and our communities

WE MUST find the best way forward. That's why the Council of Senior Citizens' Organizations of B.C. is organizing this important virtual conference.

Ideas. Facts. Leading edge research on issues that affect us all. You'll hear all that and more as world class speakers outline their visions for the future.

Equally important, conference participants will choose webinars where they can share their experiences, their ideas about what the future should look like and how *Living in the 21st Century: A Seniors' Strategy* will be a real achievement.

We invite you to participate, to learn and to contribute your insights as we work to build inclusive, sustainable, age-friendly communities.

September 2021

Sunday	Monday	Tuesday	Wednesday...
26	27	28	29
	<i>COSCO conference</i>	<i>COSCO conference</i>	

Who should participate?

THIS VIRTUAL conference will be of particular interest to:

- Seniors and seniors' representatives.
- Municipal councillors and planners, parks and recreation, and health authority representatives.
- MLAs, MPs and First Nations.
- Federal and provincial departments dealing with seniors.
- NGOs such as social planning councils, community centre representatives, advocacy groups, and everyone who works with seniors.

To register:

- On or after Sunday, August 1, visit our website: www.coscobic.org
- The fee is \$25.

For more information:

- **Sheila Pither**
604 684-9720
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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
Box 81131 South Burnaby, Burnaby V5H 4K2 Telephone: (604) 444-4300

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



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

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