

Towards the seniors' agenda

By Art Kube
COSCO Ombudsman

THE COUNCIL OF SENIOR Citizens Organizations of B.C. has always tried to be at the cutting edge of promoting positive changes to deal with the challenges of our increased longevity.

It has been our position that we should celebrate our longevity, instead of – as many politicians and economists do – wrongly bemoan it as the cause of budget deficits and a rationale for the elimination of social programs.

COSCO sponsored two major conferences which disavowed these myths. They put forward the positive building blocks for programs which would deal humanely with changing demographics without breaking the bank.

The principles which came out of these conferences were that seniors had to be the driving force advocating for these changes, that changes must not be planned for seniors but be planned with seniors, that seniors are a greatly under utilized asset and not a liability, and that seniors are helping seniors.

Since the first conference of six years ago we have come a long way. We have grown in size, scope and recognition. Organizations serving seniors have started to adopt our language and promoting seniors agendas, unfortunately with very



Through organizations like COSCO, seniors are actively speaking out on the issues that affect them and their families. Gudrun Langolf and Art Kube represented our interests at the Feb. 15 "budget lock-up" in Victoria.

little seniors input.

The B.C. government, in response to our strong demand for a universal home-care and home-support program, created a volunteer run sham program of non-medical home support while cutting the budget of accredited home support. It has also denied us real input. We are

spending considerable time and effort fighting these transgressions of the provincial government and its agents; however we cannot allow these transgressions to distract us from continuing to build COSCO and our agenda for seniors.

See "COSCO plans" on page 3

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Carole James distributes posters of good fortune at Chinese New Year celebrations in Victoria in February.

Thank you Carole James

The resignation of NDP Leader Carol James was sad news among activist seniors. For the last eight years Carol James was a real champion for seniors' welfare.

Not only did she fight against moving frail seniors against their will from one care facility to another, but she clearly understood the challenges seniors faced with their increased longevity.

She also knows what is needed in terms of additional programs to accommodate the changing demographics in a human way. She believes that seniors should have available to them a universal home-care and home-support program so they can maintain their independence and stay in their homes as long as possible.

As Leader of the Official Opposition, she spoke out strongly for more geared to income seniors housing to eliminate homelessness among seniors. She also recognized the need to combat ageism in the delivery of healthcare.

She strongly supported the Council of Senior Citizens' Organizations of B.C. programs of health literacy and its support of health promotion and illness and accident prevention.

Carole James would have made a great premier. Seniors in B.C. are poorer for it for her resignation. We only hope that she will stay on and continue her fine public service to the people of B.C.

Carole, you are a true champion for us. Thank you for your great work on behalf of seniors and we love you.

COSCO plans major conference on challenges and opportunities of longevity

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With this in mind the Executive of COSCO is preparing to hold a major conference on Oct. 1 and 2, 2012, on the issues of “The Challenges and Opportunities of our Increased Longevity”.

This conference will build on the success of our two previous conferences.

There are a number of issues which must be explored:

- Is there discrimination on the basis of age in the delivery of health care?
- Have we reached the maximum longevity?
- How have other jurisdictions aging populations dealt with it?
- What are the economics of aging?

These are some of the important issues which require answers and resolution.

The National Pensioners and Senior Citizens Federation has agreed to become a co-sponsor of the conference.

We will also seek to get other kindred groups and government to become patrons of the conference.

We will commission research papers on issues to be dealt at the conference, so as to maintain our high credibility of the outcomes of the conference.

We expect again a fully subscribed attendance composed of seniors, kindred groups, social planners, academics and representatives from the three levels of government.

You might want to mark the dates

of Oct. 1 and 2, 2012, for this important conference.

Hopefully, this conference will provide the remaining building blocks for a comprehensive seniors’

agenda which can deal effectively and humanely with our changing demographics.

We will keep you informed as the conference planning progresses.

Medicare stable, problems loom in private health care

A NEW REPORT ON health care financing demonstrates that the widely repeated concern about the sustainability of public health care is unsubstantiated. Despite comments by Prime Ministers, Premiers, bank presidents and newspaper reporters suggesting that we are in a public health care financing crisis, the facts show that Medicare and public sector health care spending in general has grown little over the last 30 years and shows no signs of rapid future growth. The report, “Neat, Plausible and Wrong”, was released Feb. 28 by Canadian Doctors for Medicare (CDM) and draws on the full range of health care statistics to put the myth to rest.

“It’s a classic case of Chicken Little,” said Dr. Danielle Martin, Board Chair of Canadian Doctors for Medicare. “Once people started saying it, and put bit of spin on the numbers, no one stopped to question the facts.”

The report shows that, contrary to some claims, core Medicare costs have grown little over the years, staying between 4% and 5% of GDP. Other public health care costs have grown slightly more but not markedly, keeping public spending on health care between 5% and 7% of GDP for over three decades.

However, the report shows reason for concern about growth in private sector costs. Canadians are paying more and more for health care, up from 7% of GDP in 1975 to 12% in 2009. But it’s the private sector, where governments aren’t managing costs, that was primarily responsible for that growth. Statistics show that expenditures on drugs are more than 3 times what they were 20 years ago and that private health insurance costs have increased sharply.

“It’s ironic that some politicians are calling for a larger private sector role to help sustain our health care system, when it is the private sector that has been completely unable to control costs” said Dr. Irfan Dhalla, Board Treasurer of CDM.

The report, issued just days before the Canadian Medical Association’s town hall meeting in Toronto on Health Care Transformation and on the brink of a federal election, calls for changes to how we manage health care to address the rising private sector costs and improve our health care system, but cautions policy makers not to undermine the part of our system that is working: Medicare.

The social determinants of health

Alice Edge
Chairperson
COSCO Health Committee

HEALTH IS MORE than a state of being well or not being sick. Health is determined by factors within and outside the health care system. Improving the health of all Canadians will be achieved by addressing and prioritizing the determinants of health by policy makers in all levels of government.

The Public Health Agency of Canada has recognized the determinants of health to be: income and social status, social supports and networks, education and literacy, employment/working conditions, social environments, physical environments, personal health practises and copying skills, healthy development, biology and genetic endowment, health services, gender and culture.

In Canada, health status is tied to socio-economic status.

Over the next few issues of the COSCO News we will continue to highlight a number of the social determinants for which COSCO advocates. Analyzing government policies through the lens of the social determinants will assist in determining how well they address the needs of all citizens of our communities, our province and our country.



Income affects health – and the quality of kids' lives

By Alice Edge

INCOME IS A DETERMINANT of health by itself but it also determines one's quality of early life, education, employment working life, and food security among others. Low income limits people's ability to access transportation to seek services, which might help alleviate their poverty, attend medical appointments, buy medication, visual or medical aids and be socially included in their communities.

Low income produces psychosocial stress and limits people's choices for behavioral change. All of these factors are known to affect health outcomes yet little has been done to remedy them. Research has shown that specific illnesses, such as heart and stroke, are identified as being the most related to income differences. In addition, death by injury, cancer, infectious diseases are all strongly related to income differences among Canadians.

Health improves with each step

up the income and social ladder. Higher income improves living conditions such as housing and sufficient good food. Studies suggest that the distribution of wealth may be a more important determinant of health than the total amount earned by a member of society.

No amount of money or reform within the health care system will improve health status until income and social disparities are addressed. It would mean, among other things, ensuring an adequate income for all citizens through employment wages, pensions or social security, creation of neighbourhoods with mixed affordable housing, education and training opportunities for low income, and childcare for single parents so that they may work or go to school.

If remedies, supported by research, exist then why has all three levels of government not coordinated a plan to address health determinants that will save lives and save money.

Poverty and pensions

By Alice Edge

IN 2010, STATISTICS Canada reported that there were just over 3 million Canadians living in poverty in 2008. This is just at the beginning of the recession and if past experience is reviewed we cannot assume that Canadians will avoid an increase in numbers before the recession is over.

The rate of poverty among seniors has seen a steady decline since the mid-1970s. The poverty rate among seniors 65+ years is now at 4.9% (2007). This “success” story in poverty reduction has been primarily due to rising private pensions. Of

concern was the 18% increase in the incidence of poverty amongst seniors in 2008 during the beginning of the current recession. Is this a sign of things to come? Employers are targeting private pensions in an attempt to reduce the wage bill and more seniors are working longer or returning to the work force to supplement their incomes.

While working, the wage gap between men and women, was 65% in 2008. Women face challenges of accumulating the same pension income as men. In addition, 40% of women work in low quality, low-minimum wage jobs, making it im-

possible to save much, if any, pension income.

The Canadian Labour Congress and its affiliates have been advocating for improvement in the public pension system. In their campaign, “Retirement Security for Everyone”, they are asking for the CPP public pensions to double, increase pensions for poor seniors and introduce a system of pension insurance. While most of the provincial and territorial finance ministers are in agreement, the federal government says, “now is not the time”. For many older adults the time is now because later is too late for them.

Aging in the 21st century

IN MOST SPECIES AGING or senescence happens when you live beyond the warranty period and can no longer reproduce. Humans have extended their lifespan to more than double that of our distant ancestors. Scientists expect that lifespans will increase as time passes but there may be an upper limit. Health problems like obesity, poor food and lack of exercise may reduce life expectancy in the 21st Century. Obesity is a global pandemic. Still the present predictions of longevity for 2050 are probably too low by 3 to 5 years. The benefits and costs will be much larger than present forecasts indicate.

Our society has produced many myths in this age of memes. A MEME is any unit of cultural information (such as a practice or idea) transmitted verbally or by repeat-

ed repetition through the media. Memes spread rapidly and are usually inaccurate or wrong. One such meme is the “Greying Tsunami” that will overwhelm medicare. Health care costs will increase over time, but Canada’s medicare system is not threatened by a silver tsunami of baby boomers. It is threatened by a tsunami of “more, more, more.” It is threatened by an unwillingness to ask if more intense, more expensive care is appropriate or necessary, and a reluctance to reallocate dollars to strategies that work and to cut those that do not.

Thoughtless health inflation is not inevitable. We should lay off senior bashing and make some tough choices.

Health services have increased

largely due advances in medical knowledge. Some examples are screening tests to find causes of health problems, diagnostic tests like CT scans and MRIs none of which treat problems and may cause cancer, pharmaceuticals of increasing numbers and costs. Physician services have also increased and many are delivered by more costly specialists. The Edifice Complex – more hospitals – is another problem. Not all health problems need acute hospital care. Seniors often have chronic diseases that require a different care with the right workforce, the right care, in the right setting, on time, and every time needed.

– Compiled by Sylvia MacLeay from presentations at the Canadian Health Services and Policy Research Conference.

A new COSCO initiative to promote health

The success of COSCO's health promotion workshops has led to new steps to ensure their continued success and expansion to meet the needs of even more seniors. COSCO began the process of establishing a society, separate from COSCO, to fund and promote the workshops, which are presented free of charge.

What started as a rather modest endeavour has developed into a major source of information for seniors who want to stay well and active. To meet this need, COSCO has established the COSCO Seniors' Health and Wellness Institute Society as a charitable institution with the ability to issue tax receipts for income tax purposes.

Frequently asked questions

By Sheila Pither,
Program Coordinator

What is the Institute?

It is an organization that was created in 2010 to take care of the health literacy work that COSCO began to do in 2007. Over the four years since then eighteen health promotion workshops have been developed to encourage seniors to focus on preventing accidents and illness, instead of having to endure pain and suffering .

Why have a separate organization?

We needed to be able to seek

funding from sources that would be closed to COSCO itself. Many foundations give grants only to groups that are designated as charitable organizations with the accompanying right to issue receipts that are eligible for income tax deductions. We applied to the federal government to achieve the necessary designation and were successful in acquiring a tax number.

So the Institute is funded only by donations and grants?

Right. COSCO dues and donations aren't used to fund the work of the Institute, though until we founded the Institute grants were given in the name of COSCO and kept in a separate account devoted to health promotion. COSCO is now donating those funds to the Institute as they are required.

How is the health promotion work carried out?

We began in 2007 with one workshop, Falls Prevention. Since then we have gradually added seventeen more and before the end of 2011 we will be adding a further series of topics. PowerPoint is used to give the presentation and each participant is provided with a handout to take home. Also, everybody is asked to plan how they might change their own behaviours and routines to increase their chances of staying safe and well. The workshops are available free of charge to any group of seniors, anywhere in the Province. Facilitators who are themselves 55 or older are trained to lead them,

thus carrying out COSCO's motto: Seniors Helping Seniors.

How are the workshops developed?

The topics are often chosen because of suggestions and requests that are made by people attending workshops but many times our knowledge of the health and safety issues that seniors face are self-evident. Then we consult experts to be sure that the information we are giving is up-to-date and accurate. In some cases graduate students in gerontology have written the workshops. As program coordinator I have written some others. Lately we have been approached by professors in medical faculties to work with their students to develop workshops. One on continence is being piloted in the next short while. Usually the workshops take from 60 to 90 minutes to present.

How can I find out what workshops are available?

In addition to being listed here, you'll always find the most up-to-date list on the COSCO website which is www.coscobc.ca. Also you can email me and I will send you a detailed list of the workshops.

Is there much demand for the workshops?

Yes, and it's constantly increasing. So far we have presented 270 separate workshops, attended by more than 4,400 people. We have never turned down a request for a workshop, even if the destination

Taking action for seniors



Volunteers like Cheryl and Arthur Halsted – who organized and staffed a COSCO booth at the South Okanagan Health Fair held Feb. 26 at the Penticton Trade and Convention Centre – are the secret to the success of COSCO's wellness workshops, a true example of seniors helping seniors. Cheryl and Arthur spoke with more than a hundred visitors to the booth, handing out brochures and information sheets about COSCO activities.

is remote and consequently expensive to reach. We have facilitators in many areas of the Province and we're always looking for more people who are interested in doing this work.

Is the program available only in British Columbia?

No. Nineteen seniors in Newfoundland have been trained to give the workshops and we have offered to work with groups anywhere in the country to get programs up and running. Also, our work has been featured at international conferences and included in a book called *Researching Transitions in Lifelong Learning* which resulted from a conference in Scotland.

My group wants a workshop. How do I book?

Just get in touch with me by phone at 604-684-9720 or by email

at pither470@shaw.ca. Tell me which topic you want, the location, date, time, and the approximate number of participants. I will recruit a facilitator to work with you.

The program must need money. Where could I send a cheque?

Please send donations to:

COSCO Seniors' Health and Wellness Institute Society
1908 – 1330 Harwood Street
Vancouver, B.C. V6E 1S8

You will receive a tax deductible receipt. We have no administrative costs. Our volunteers are compensated only for out-of-pocket expenses. Not many charities devote every penny to delivering its services, but this one does. Anything you could do to ensure that the Institute is able to continue its work would be much appreciated.

Current list of COSCO Health Promotion Workshops

- Falls prevention
- Healthy eating for seniors
- Preventing elder abuse and neglect
- Safety in the home
- Medication awareness for seniors
- Understanding osteoarthritis
- Osteoporosis: the silent thief
- Doing it your way – legal documents you need
- Care giving
- Emergency preparedness for seniors
- ABCs of frauds and scams
- Creating an age-friendly community
- Dealing with stress
- Chronic diseases
- Mental health
- Pension and tax options
- Social connectedness
- Addiction and seniors

GROWING OLDER

Adding life to years

By Alice Edge
Chair,
COSCO Health Committee

DR. DAVID BUTLER-JONES, Canada's Chief Public Health Officer, recently released his annual report on the state of public health in Canada. A key section of his report – “Growing older – adding life to years” – deals with issues related to our aging population.

He writes that, over time, Canada has created many of the conditions necessary for healthy aging. As a

There are some persistent and emerging issues that can negatively influence the current and future health of Canada's seniors.

*– Dr. David Butler-Jones
Chief Public Health Officer*

result of societal changes and the progress made in areas such as public health, health care, living conditions, social norms and individual choices, Canada has a vibrant aging society and one of the highest life expectancies in the world.

His report also states that through planning and foresight, Canada has

made substantial in-roads in preparing for an aging population.

Still, he acknowledges that there are some persistent and emerging issues that can negatively influence the current and future health of Canada's seniors.

“Ensuring that Canada's seniors can meet basic needs is fundamental to addressing the health issues facing this population.

“Without those needs being met, opportunities to maximize health or to develop safe and supportive communities that encourage healthy aging are not fully effective,” says the report.

Dr. Butler-Jones says it is also important to note that what works for one community or individual may not work for another.

“We can do better to ensure there is a continuum of care across the life course and that this care addresses the range of needs of Canadians. Information-sharing is critical to determine if there are ideas and solutions that could be more broadly implemented. Evidence from other countries and jurisdictions shows that negative outcomes related to seniors' health can be successfully reduced or mitigated. Canada can learn from and adapt these lessons as we continue to address the health of seniors,” he writes.

Priorities for action

The evidence profiled in this report suggests that there are areas in which Canada can move forward

in creating, improving and maintaining the conditions for healthy aging.

The report says these include:



The most recent report from Canada's chief public health officer, Dr. David Butler-Jones, provides even more evidence of the need for the kind of health promotion workshops offered by COSCO.

- Tackling issues of access to care and services.
- Improving data and increasing knowledge on seniors' health.
- Valuing the role of seniors and addressing ageism.
- Targeting the unique needs of seniors for health promotion.
- Building and sustaining healthy and supportive environments.
- Developing a broad falls prevention strategy.

A compelling case for changing the model of care provided to frail seniors

PRESENTLY SENIORS IN the age group of 65 - 100 or more fall into two generations. Most men and women in the younger group are healthy and active. They live independently and use the health care system as needed.

Many of the older generation are frail seniors with various chronic diseases and other problems that require more care either in their home or in a health facility.

All of the experts at the CHSPR (Centre for Health Services and Policy Research) agreed that present help for the Frail Elderly needs to be changed.

Currently care facilities are based on the Acute Care model which attempts to cure patients using operations, medicines, and other treatments.

For many frail seniors a cure is not possible, but management of their health problems *is* possible.

Below is a real example of what happened to a Frail senior.

- The patient is admitted to the facility.
- Treated with antibiotics.
- Confused and noisy by day 3.
- Diarrhea by day 4.
- Climbs over the side rail, breaks an arm, day 5.
- Specialists are called in (such as cardiology, infectious disease, swallowing evaluation, geriatric psychiatry, rheumatology, alternate care-level-manager and wound nurse).

- 11 medications by day 15.
- Low blood pressure and not speaking, day 18.
- Family declines ICU.
- Dies day 21

Plainly this patient did not get the right treatment. She needed treatment to manage her health problems, not Acute Care to try to cure her.

Attempts to change the patient care for Frail seniors have not succeeded since the people in control cling to the Acute Care model.

Denmark has a model that works well.

Eldercare is a municipal responsibility for organization and provision with tax financing. It includes home care, 24/7, transport, adaptation of the home, meals on wheels, dentistry, day centre, preventative visits yearly, and sheltered housing. It is *free*.

However, Denmark is a small country with a fairly homogeneous ethnic population.

All of the experts agree that thinking must shift from service-led to needs-led outcomes with a focused approach. Some of the needs include:

- Seniors must be able to age in place as long as possible.
- A team including a doctor, nurse and other health workers must provide primary care in the home. Information must be shared by all of the team.

- Flexible caregiver support must be arranged for unpaid and paid caregivers.
- Involve the patient/family in self care.
- Social care must be included in Frail care plans.
- Home support must be provided to meet the patient needs.
- Patient Care should be re-named Chronic Disease Management.
- Stable and sustainable funding must be available for the care of the Frail.

Since in Home Care and Home Support are less costly than Acute Care the suggested Frail Care model would save money.

Information Sources

- John Sloan, University of B.C.
- Vasanthi Srinivasan, Ontario, Ministry of Health and Long-Term Care
- Tine Rostgaard, Danish Centre of Social Research
- Neena Chappell, University of Victoria
- Hsien Seow, McMaster University

– *Compiled by Sylvia MacLeay from presentations made at the Centre for Health Services and Policy Research Conference.*

Act now to ensure our children, and our grandchildren will have a decent pension

By Ken Georgetti

FEWER AND FEWER workers are covered by employer pension plans, and individual RRSPs have failed to fill the gap. Left completely on their own, people have saved too little for retirement and far too much of what they do manage to save is swallowed up by the outrageous management fees charged by investment advisers and financial institutions.

If we fail to act, inadequate pensions will cost governments (us as taxpayers) a lot more down the road for income-tested support vehicles like the old age security program's guaranteed income supplement (GIS). In fact, if we don't do something the cost of providing GIS to beneficiaries will rise from \$9.2 billion in 2011 to \$22.2 billion in 2030. That will represent a huge burden on the public purse.

At their December meeting in Kananaskis, seven provinces pushed to expand the CPP so it would replace a higher proportion of previous earnings.

The Canadian Labour Congress proposes replacing 50 percent instead of the current 25 percent of earnings, to be funded by a modest, phased-in increase in CPP contributions paid for equally by workers and their employers.

But federal Finance Minister Jim Flaherty changed his mind and Ted Morton of Alberta pushed for an alternative of pooled registered pension plans (PRPPs) to be run by financial institutions.

Flaherty and Morton prefer an idea that will shovel more business

to a financial industry that charges the highest management fees in the world.

The expansion of the CPP, one of the most effective and efficient public retirement programs anywhere, was sidelined by these politicians who are charged with looking after the public interest. It is noteworthy that the CPP is also actuarially sound for the next 75 years, which is as far as actuaries will look forward.

Unlike the CPP (where employers pay half the premium cost), PRPPs will not require contributions from employers. Some may contribute, but most will not. With these plans, workers have to save at least twice as much over their working life to get the same benefit as they would from an expanded CPP.

The CPP currently pays out a benefit that is a set 25 per cent of pensionable earnings. Workers can count on that defined retirement benefit being paid to them for life (there is a survivor benefit and small death benefit as well). CPP retirement benefits are also fully indexed to inflation and are portable no matter where you work. By contrast, workers simply will not know in advance what kind of retirement benefit they will get from an RRSP or a pooled plan.

To get a defined benefit for life from an RRSP or PRPP, indexed to inflation, people must purchase an annuity when they retire. But annuities are very costly. To buy an indexed life annuity in Canada that would pay the equivalent of the maximum CPP benefit today would cost a person about \$250,000, far

more than most people set aside in RRSPs. Women would have to save even more on their own because insurance companies charge them significantly more for annuities than men, whereas the CPP provides the same benefit to both men and women.

Pooled retirement plans may - or may not - provide decent investment returns. But they will not generate the same solid, secure returns as the Canada Pension Plan Investment Board. PRPPs will be much smaller than the CPP, which covers every working Canadian, and therefore cost more to administer.

The CPP Investment Board has investment management expenses of just under one-half of 1 per cent. This compares with a typical management expense of 2.7 percentage points charged by a private equity mutual fund, which will eat up more than 50 per cent of your lifetime contributions.

It is beyond belief that finance ministers armed with incontrovertible research and overwhelming public opinion would opt for a pig-in-a-poke program like the PRPP. It shows the kind of power and influence that business, especially the financial industry, has over politicians and government in this country.

You can help by speaking out on your and your children's behalf to federal and provincial representatives.

Ken Georgetti is President of the Canadian Labour Congress. This column appeared in the Toronto Star, Mar. 1, 2011.

Thank YOU Sheila Gair!

SHE DIDN'T WANT ANY thanks. In fact, she insisted on COSCO not doing anything special to mark her last official function – the COSCO delegates' meeting held Feb. 18 in Vancouver.

But the work that Sheila Gair has done for our organization for so long just can't be ignored. The delegates gave her a huge round of applause. The executive brought a large cake, although there are rumours they didn't bake it themselves. Altogether, it hardly seems enough.

For ten years, Sheila has served as Secretary of COSCO, a deceptively named position that carries a lot of responsibility. To start with, she's had to attend every single meeting – at least two every month – and keep track of the reports from other executive members, as well as all the motions and decisions made by that active group of individuals.

She didn't stop there. She also personally handled the addressing, affixing of postage mailing of the COSCO News to associate members and opinion leaders, and participated fully in COSCO activities.

Sheila, we thank you!



Things that made us laugh or cry in the last little while...

- Canada's finance ministers – most of whom have pretty good pensions – decided that the rest of us could look after ourselves. They just won't improve the CPP unless we force them to do it.
- A study by the non-partisan U.S. Government Accountability Office found that 83 of the top 100 publicly traded corporations exploit corporate tax havens to avoid taxes. Since 2009, America's most profitable companies such as ExxonMobil, General Electric, Bank of America and Citigroup all paid a grand total of \$0 in federal income taxes. The pump jockey pays more taxes than Exxon!
- Despite its reckless greed, which wrecked the economy, the U.S. federal government gave Bank of America \$2.3 billion in 2009.
- The Harper government's corporate tax giveaways are now costing the rest of us \$50 billion a year.
- A pay freeze in Ontario will cost a nursing home worker \$1,000 a year. "That \$1,000 taken away from the struggling nursing home worker earning \$25,000 a year isn't really going toward deficit reduction. It's going into reducing the taxes of some of our richest banks and corporations. No doubt there are highly paid economists who can explain why this is sensible," says Linda McQuaig.
- Wall Street bankers, brokers and money managers – in midst of a recession they created – made more in the last two years than ever before.... a record \$144 billion in pay and bonuses, while the rest of us take it on the chin for bailing them out.
- Corporate taxes in Canada have dropped from 28 percent in 2000 to 18 percent in 2010. Corporate investment is unchanged. No new job creation from this giveaway!

OVER 100,000 UNAWARE THEY QUALIFY

Are you entitled to a disability tax credit?

RECENTLY THE NATIONAL Pensioners and Senior Citizens Federation participated in consultations for New Data Strategy on People with Disabilities.

It was put on by Statistics Canada, Human Resources and Skills Development Canada and the Council of Canadians with Disabilities.

Some very interesting statistics were presented.

Did you know that 40% of all Canadians over the age of 65 have at least one or more disabilities?

It is estimated that over one hundred thousand seniors over the age 65 are entitled to a \$7,000 Disability Tax Credit and are unaware of it or don't consider themselves sufficient-

ly impaired to qualify.

Impairment of speech, hearing, walking, dressing and other body function can qualify you for a Disability Tax Credit.

Seniors accrue additional expenses because of these impairments.

They are no longer able to do some of the chores around the house, like mowing the lawn, cleaning the oven, washing windows and other household chores.

The Disability Tax Credit is designed to offset some of these expenses.

It is recommended that you pick up the Medical and Disability-Related Information from the near-

est Taxation office or from Service Canada.

Read it carefully and discuss it with your family doctor.

If you fit the criteria the doctor will fill out the form and you send it in to the Revenue Canada.

If you have had the impairment for some time the tax credit can be made retroactive.

The information can also be received by going on the website www.cra.gc.ca.

We hope that your health is good and you don't require this addition tax credit, but if you qualify take advantage of the benefit and make your life somewhat easier.

Membership Application

Please mail to the address below

- I wish to join COSCO as an Associate Member. I enclose my \$25 membership fee.
- I wish to make a donation to COSCO. Please find enclosed a cheque for \$_____.

Name: _____
(PLEASE PRINT)

Address: _____

Postal Code: _____ Phone: _____ Fax: _____

E-mail: _____

Date: _____ Signature: _____

- Please make cheques payable to COSCO.
- Mail your application to Ernie Bayer, Membership Secretary, 6079 - 184 A Street, Surrey, BC V3S 7P7 604 576-9734.
- Seniors groups or organizations wishing information about joining COSCO should write or phone Ernie Bayer and request a membership package.