

Passing the torch

By Lorraine Logan
President

AS THE NEWLY elected President of COSCO, I have the honour and privilege of acknowledging our now Past President, Art Kube.

According to his bio, he actually did retire from his career in 1995. The litany of accomplishments during his career would require its own newsletter. With his career experiences in labour, politics, advocacy and lobbying he gives us, in the seniors' community, an incredible model of commitment to the issues of older adults.

Art understands the political climates on all levels of government and is able to identify and address the needs of seniors using all the resources and tools that he had already developed. We who work with him on many of these issues have been able to watch a master at his art and learn from his wisdom and his clear principles regarding the respect and dignity for all seniors.

The mantra "Plan or work with seniors, not for them," has been a continuous theme throughout the advo-



Lorraine Logan was elected as president at the COSCO annual general meeting, held in February, taking over from Art Kube.

cacy of COSCO. Art drills this home at every event he has attended, organized or spoken at.

Art founded Seniors on Guard for Medicare because he saw the deterioration of our national public health care system (Medicare). This organization is still "standing-by" if required

to act. Since 1998 Art was and is, depending on the years, either a Director or President of COSCO. During the time he was not President, he was focussing his attention at the national level concerned that we needed a strong voice in Ottawa.

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COSCO News welcomes your letters and contributions. Contact soren.bech@shaw.ca, or Editor, 2102 Porter Rd. Roberts Creek, B.C. V0N 2W5.

Expanding our social web

By Alice Edge

Second vice-president

COSCO's COMMUNICATIONS plan has undergone a few changes in an effort to get the word out about seniors' issues. As reported in the last newsletter a COSCO Facebook page has been developed. Our executive has been very fortunate to have technically savvy individuals who have led the charge in getting us up and running in the new era of social media.

Seniors have become very adept at learning and using social media like Facebook to keep in touch with family and friends no matter where they are. It is relatively easy to add news and information, with video and pictures, in a more timely fashion than the web.

If you have your own Facebook page it is very easy for you to add the COSCO page to your news feed list. If not you may also visit the Facebook page via our COSCO website. Please help spread the word about our page by liking it and letting your family, friends, MLA, MP and networks know about it.

Our web page has experienced some problems which have made it difficult to update. The web designer who has helped in the past has diagnosed the problem and a "fix" is in the works. It will be a great relief to the executive member who has been responsible for its care and attention. With some luck we will have another brave soul or two who will help in keeping it up to date in a timely fashion.

Our newsletter, published four times per year has been our mainstay for communicating with our members. As many of our members do not have access to the internet or a computer we will continue to distribute our newsletter.

Join us on Facebook



COSCO LAUNCHED a Facebook page in late November. The purpose is to enhance our communication with our members and the community at large. It is anticipated that publication and notifications of COSCO advocacy and activities will occur in a more timely and easily accessible fashion.

The Facebook page may be accessed either by a link through www.coscobc.ca or through Facebook if you are already a FB member.

Please help spread the word by inviting your FB friends and groups to have a look:

www.facebook.com/pages/

COSCO-Council-of-Senior-Citizens-Organizations-of-BC

Passing the torch

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Art devoted a huge amount of energy to the National Pensioners and Senior Citizens' Federation (now called the National Pensioners' Federation). He was President of this organization from 2008 to 2010 and at the same time still fully engaged with COSCO as a Director.

Art has continuously recognized that, as an organization, we must try to achieve one strong voice for seniors. He has therefore strived to nurture and develop relationships with organizations, persons and groups who would collaborate with COSCO on platform issues such as affordable housing, national pharmacare, national home care and of course maintaining, improving and further enhancing our national Medicare system.

Most recently, Art has been extremely vocal on pension concerns. At all levels of government, he has brought COSCO into the fight for adequate, secure pensions for all people retiring.

I believe that one of his proudest achievements would be the founding of the Health Literacy program established in 2000 and now called the Health and Wellness Institute Society.

Today, this arm of COSCO offers over 36 different workshops, facilitated by seniors and free to any organization. His partner in this adventure, Sheila Pither, who is the coordinator of the program, works diligently to present health and wellness information to our seniors community.

Art is at times our diplomat, our ambassador, or our antagonist, but always our friend. I have been amazed over the years at the far outreach of his arms, the people in his "address book,"



Art Kube and COSCO delegate Ray Haynes were among the first to arrive at a large rally in Langdale to protest increased fares, a slashing of the seniors' discount and cuts in service by BC Ferries.

his recall of names, places, where he met people and the actual subject matter discussed.

Some would say, at times, that Art does not always "play well with others." Perhaps those people had met a man who stood by his principles, beliefs and values.

Art's passion for the dignity, respect and rights of seniors will certainly be a legacy that has and will be passed on to future Presidents and Directors elected to COSCO.

His organizing skills and ability to persuade individuals that seniors have value, contribute to our society and bring education and life experience to the table will strengthen our continuing fight to be listened to and heard.

Art is not going away. He will sit as Past President on the COSCO Exec-

utive. This is the time when his succession plan takes place and as an organization we embrace the knowledge gained through his awesome leadership, relationship building and collaboration.

COSCO will continue to grow with the emphasis on Seniors Advocacy. Art's influence on our policies, programs and outreach will be continued and hopefully enhanced.

Art, as you step down and remain as our mentor, I would like to personally thank you for your dedication to COSCO. Your passion is beyond none. Perhaps more time for the grandchildren, listening to music and maybe a trip or two with Mary.

You never did retire, just changed your energy field. I am fortunate to be in that field. You have "Passed the Torch." Thank you Art!

For-profit clinics attack Medicare in court, seek US-style system

By Adam Lynes-Ford
BC Health Coalition

WE RISK LOSING Canadian Medicare as we know it. Right now, there's a legal attack before the courts that could turn Canada's Medicare system into a US-style system.

The attack is driven by Dr. Brian Day, owner of a Vancouver for-profit surgical clinic, Cambie Surgery Centre, known for unlawfully billing patients and the taxpayer-funded Medical Services Plan.

The case is being called the most significant constitutional challenge in Canadian history. And it's going to trial in BC Supreme Court in 2014.

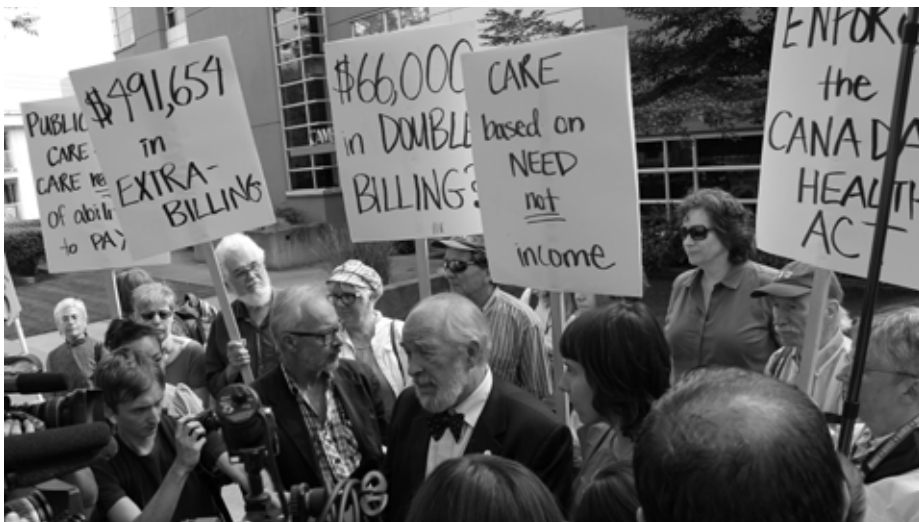
This challenge aims to do away with Medicare in Canada by striking down provincial health legislation that limits the for-profit delivery of medically necessary services, claiming that these rules violate the Canadian Charter of Rights and Freedoms.

What does this mean for seniors and their families?

If Dr. Day wins this case, we'll lose the public health care system that we all rely on.

Expensive private insurance will become the new norm, like in the United States where it costs the average family \$16,000 a year. Most bankruptcies in the US are due to medical bills – we don't want to see a system in Canada where we risk losing our homes or go deep in debt when we get sick or injured.

Public wait times will also become longer, as doctors and nurses are drained from the public system to the



The BC Health Coalition and Canadian Doctors for Medicare call for action on an audit which found extensive unlawful extra billing by Cambie Surgery Centre.

Photo credit: Health Sciences Association

for-profit system.

For seniors, who are already feeling the effects of cuts to public health care, this case would mean a dramatic drop in affordable access to health care services.

Why it's a national issue affecting everyone in Canada

Even though the case is in the BC Supreme Court, it threatens health care across Canada. Because of the constitutional nature of the case, if Dr. Day wins the challenge, the laws that protect our public health care system will crumble across the country.

We have to make sure Dr. Day is defeated. In contrast to the aims of these for-profit clinics owners, Canadians don't want US-style health care. Poll after poll show that the public favours investment and innovation in public health care to improve the system for everyone, not the expansion of for-profit health care that benefits only a very wealthy elite.

Who's fighting for public health care?

The BC Health Coalition and Canadian Doctors for Medicare are interveners in this case. This means that we are participating directly in the litigation, and we'll be standing up for Medicare in court.

But we know that our participation in the case alone can't ensure this legal attack is defeated. It's going to take a huge public outcry to save Canadian Medicare. It's going to take talking to our governments, our local newspapers, and our family and friends to make it very clear: we want a public health care system that works for all Canadians and this legal attack must be defeated.

This is going to be a big challenge, but we know that together we can win this case and ensure that Medicare is here for generations to come.

To get involved, please visit the following website: www.savemedicare.ca or email adam@bchealthcoalition.ca.

Seniors call for national leadership to improve public health care

SENIORS throughout British Columbia are giving their Members of Parliament an earful about Ottawa's refusal to negotiate a new national health accord.

"The Harper government has unilaterally decided that the National Health Accord will not be renewed when it expires on March 31," says Cliff Boldt, President of the B.C. Retired Teachers Association (BCRTA).

"Public health care is a critical service for all Canadians. As seniors, we remember what it was like before Medicare when a serious injury or disease could bankrupt a family. That's why so many seniors are angry about the federal government's failure to defend the interests of ordinary families," said Boldt.

Seniors are calling on BC MPs to support immediate negotiations on a new health accord. At deadline, they'd visited 17 MPs and scheduled visits with 14 more. Five MPs have not yet agreed to meet.

"The federal government must provide leadership on public health care," said Art Kube of the Council of Senior Citizens' Organizations which represents 107,000 seniors.

"Federal leadership is the only way to ensure that every Canadian, in every province and territory, has equitable access to a high level of care.

"It is simply not acceptable for the Harper government to undermine public health care by reducing its funding commitment, and then walking away from the table," said Kube.

In December 2011, the Harper government announced changes that would reduce federal funding for health care by about \$21 billion, starting in 2017. There was no consultation



with provinces and territories. It also stripped the Canada Health Council – which monitors progress towards the goals of the 2004 Health Accord – of all federal funding effective March 31.

Kube says it's astounding that Ottawa would back away from its leadership role in public health care, a service many consider to be the most important provided by government.

"The federal government has a vital part to play. It must ensure that the best medical practices are in place

across the nation. It must encourage innovation. It must improve our public health care system, with money saving initiatives like national pharmacare and home support programs. And it must ensure that provinces are allocating health transfer funds directly to health care," he said.

"It is a moral and ethical duty for our governments to ensure that all citizens have access to proper care in their senior years and access to needed medications," said Kube.

Expanded scope of practice for pharmacists

By Kathleen Jamieson
Chair,
COSCO Health Committee

MIRROR, MIRROR on the wall, whom do we trust most of all? Apparently we trust firefighters most of all but pharmacists are near the top at number four, according to an Ipsos Reid poll. Doctors are at number five.

Most seniors trust their pharmacists and doctors to put their patients' or customers' best interests first but we need to be skeptical when the profit motive rears its head in the health care system.

So when COSCO members became aware that pharmacists in B.C. were extending their scope of practice into medical services usually provided by family doctors, we decided to look into the matter.

The key questions we seek answers to are:

- What are the new medical services being provided by pharmacies and are there any plans to further extend their scope of practice?
- Who pays for the new services? The Medical Service Plan (MSP) or the customer/patient?
- Is the quality of health care that seniors receive likely to be improved or adversely impacted by such initiatives?
- Do the relationships that pharmacies have with their wholesale suppliers and their shareholders (if they are part of a large corporation) put them in a conflict of interest with their patients/consumers?
- Does this extension of pharmacists' scope of practice save the health system money?
- Do these arrangements lead us further down a slippery slope into

more privatization of our health care system?

We did some Internet research, and we talked to the B.C. Pharmacy Association, a community clinic pharmacist, and two physicians. This is what we have found out so far.

Scope of practice

Pharmacists have extended their practice into six areas:

- Treatment of minor ailments;
- Education in self-monitoring of blood glucose in Type 2 diabetes;
- Education in medication adherence;
- Provision of asthma consultation services;
- Pharmacist-led smoking cessation services;
- A trial prescription program (some individuals get a small test amount of a prescription drug first to ensure they can tolerate it. This process was described as saving the system money because the whole prescription is not wasted). It does mean an extra trip to the pharmacy.

Pharmacies have greatly increased the number of flu vaccinations administered this year and can do so at lesser cost to the system than a doctor.

Pharmacists have applied to the B.C. government to be permitted to do testing, monitoring, and adjustment of dosages of blood thinners such as Warfarin.

Apples and oranges?

Both family doctors and pharmacists spend several years studying to obtain their professional qualifications.

The length of study for an undergraduate pharmacy degree is usually four years. However, at least two years

of prior university study is expected. Most pharmacists will likely have six or more years of study.

To be able to practice, a pharmacist must be registered with the B.C. College of Pharmacists. Pharmacists may work in an independent pharmacy, for a pharmaceutical company, for a large retail store, a hospital, or in a research facility. The length of a pharmacy technician's training can be eight months full-time at a college.

A family doctor registered with the British Columbia College of Family Physicians usually has a four year medical degree plus a minimum of two to three years of prior university study and two years of specialty training in family practice for a minimum of nine years of study.

Pharmacists, or their technical assistants can, according to one pharmacist, extend prescriptions, change dosages, and substitute generic drugs for a prescribed non-generic drugs. Both may also be trained to do injections. Pharmacists' training provides them with an in depth knowledge of drugs and drug interactions.

Pharmacists' relationship with an individual seeking their services is complicated in they relate to them as both patients and as customers to whom they sell products. Doctors relate to individuals who consult them as patients only.

In summary, pharmacists know more about the drugs prescribed but are likely to have much less training in mental and physical health conditions than doctors and, very importantly, unless they work in a hospital, do not examine the patient, have access to a person's medical records or test results, or know their patient's/customer's diagnosis. Seniors with complex, chronic or life-threatening con-

pharmacists – is it a good thing?

ditions, therefore, need to be cautious and should ask pharmacists about any changes to their doctor's prescription.

Who pays?

Pharmacists are paid a fee by PharmaCare for filling prescriptions. Flu vaccinations are paid through PharmaCare.

Whether some of the other new services are currently eligible for payment by PharmaCare or are paid for by the patient/consumer in whole or in part is currently unclear.

We were told that Pharmacies have been adversely impacted by a government policy requiring them to substitute cheaper generic drugs for other doctor-prescribed brand name drugs.

The result is that they make less profit on each prescription.

Pharmacists also receive negotiated payments from their suppliers for the drugs, medical appliances and goods they buy from them and charge a mark-up to the consumer/patient for such goods as in any commercial transaction.

Since pharmacies benefit financially from their association with drug companies and the medical goods suppliers whose products they recommend to patients/consumers, they are likely to be in a conflict of interest when dealing with patients.

Is the quality of care for seniors affected?

Unlike family doctors, pharmacists do not have access to an individual's medical records or know their diagnoses.

Their role is very different from that of a family doctor.

The family doctor's role is to examine the patient, make a diagnosis, rec-

ommend treatment options, make decisions on when to refer to a specialist, maintain a medical record, coordinate the feedback from specialists and keep the patient informed about their condition when they visit.

Unfortunately, the current fee-for-service system does not reward doctors very well for dealing with seniors with chronic conditions or life-threatening illnesses that can take up a lot of their time.

Since family doctors are in short supply, they can make their own rules about whom they will see and not see. Some doctors now insist that patients can mention only one medical issue in the normal visit of 10 minutes.

Family doctors are caught between achieving the number of patient visits that will provide them with adequate compensation in any normal working day and the needs of patients whose age or illnesses might require a lot more of their time than they will likely be paid for.

It is important to remember, however, that doctors are paid by the health care system and, unlike pharmacists, normally have no financial interest in any treatment or drugs or other medical supplies that pharmacists recommend.

Seniors may prefer to visit a pharmacist rather than their family doctor. The pharmacist is likely more accessible than their doctor and unlikely to give them any bad news about their health.

A tenuous balance

Seniors as patients in the health care system expect that their health and well-being comes first.

However, most pharmacies are primarily for-profit entities and the balance is a tenuous one.

An unknown proportion of pharmacists in B.C. are employed by large corporations.

Corporations need to maintain and increase profits. What drives corporations is not easily compatible with the values inherent in the Canadian health care system.

Does it save money?

Because pharmacies charge less than doctors for the same services, they are likely saving the system money for the services in the extended scope of practice (described above) particularly if the patient pays.

Is public health care strengthened or undermined?

Both pharmacists and doctors are private providers of health services.

Both have a role to play in keeping seniors alive and well.

However, doctors are paid and monitored by the public system and so answerable to citizens whereas most pharmacies are privately owned businesses which are not.

Seniors also need to be aware that pharmacies may be owned by large corporate entities that are responsible to their shareholders first and foremost.

Getting a bigger piece of the public health care budget to satisfy their shareholders' demand for profit is simply good business.

These entities are in a clear conflict of interest in their relationship with patients.

They also bring a different value system to bear on the public health care system.

So whom do you trust most?

LETTER TO THE EDITOR

Translink says HandyDART hours “reallocated,” not cut

As Manager, Access Transit for Translink, I would like to provide comment on the COSCO News article titled *“More and more seniors denied HandyDART service as Translink chops 10,000 hours”* published in December 2013.

I would like to assure your readers that Translink has not cut funding or service hours from the HandyDART program and there are no plans to reduce either in the foreseeable future.

However, Translink is not currently in a financial position to expand the amount of service we offer on any form of public transit within Metro Vancouver. This is not a restriction on HandyDART alone, as both HandyDART and conventional transit service hours remain at 2011 levels.

To make the best use of existing resources, Translink has an ongoing process called ‘service optimization’ for conventional transit. This involves moving service from routes with a low number of passengers to areas where there is higher demand.

In April 2013, HandyDART conducted a similar, albeit much smaller, process as a pilot project. We identified four low demand runs in the south of Fraser region and reallocated these resources to taxi service.

HandyDART trip bookings are based on customer demand. Unfortunately, with an increase in demand HandyDART now denies more trips (from 1.5% of trips provided in 2011 to 3.5% in 2013). This is an ongoing concern.

As referenced in your article, Translink reallocated 10,000 hours of budgeted HandyDART service from buses to taxis. This represents less

than two percent of annual HandyDART service hours.

It was expected that through diverting these service hours to taxis, HandyDART would have an incremental increase of 7,000 customer trips without an increase to the budget.

Most importantly, this reduced the number of trips that are denied for our most dependant customers who have limited or no other transportation options in the region.

I can confirm that HandyDART does offer customers a one-way trip option when either the initial or return trip is not available on our system. Although this practice does open us up to some criticism, we feel it better to offer our customers at least the one-way trip option.

The customer may have an easier time arranging the other leg of their trip themselves rather than having to arrange the whole return trip. The customer always has the option to refuse the offered one-way trip.

We recognize the growing demand for transportation services for both conventional and custom transit within Metro Vancouver.

The provincial government has decided that the future of supplemental transportation funding in our region will be determined through a public referendum.

Seniors and people with disabilities are key stakeholders in any dialogue on funding public transportation, and I hope that COSCO members will be actively engaged in the debate on this issue.

Peter Hill
Manager, Access Transit

A reminder to all COSCO affiliates and associate members: It's time to renew

ERNIE BAYER, the hard-working Membership Chair of the Council of Senior Citizens' Organizations of B.C. has issued a friendly reminder to affiliated organizations and associate members that it's time to renew their memberships for 2014.

If your organization has not yet renewed, please do so as soon as possible.

Similarly, if you are an individual associate member, your \$25 membership fee for the current year is now due. (See form on page 12.)

Please mail your renewals and payments directly to Ernie Bayer, Membership Chair, 6079 - 184 A Street, Surrey, B.C., V3S 7P7.

If there's any issue about your membership or affiliation that you'd like to discuss, Ernie can be reached at 604 576-9734.

If your organization is not yet affiliated, please contact Ernie for details on how your group can participate.

If you need any extra forms, you can obtain them online at: www.coscobic.ca or by e-mailing Ernie at ecbayer2@gmail.com.

LETTER TO THE EDITOR

Retired teachers extend thanks to Art Kube

Since his arrival in Canada, in the early 1950s, from Austria, Art has always been involved with union and community/social issues.

As a unionist, he was active in the Steel Workers Union, and later served as President of the B.C. Federation of Labour in the mid 1980s. This letter will focus on two major commitments.

Operation Solidarity

Art Kube was President of the B.C. Federation of Labour, at this most critical time in the history of B.C. In one day, July 7, 1983, Premier Bill Bennett of the governing Social Credit Party introduced 26 Bills which in effect; gutted union contracts in the public sector, extended wage controls indefinitely, expanded government control over school boards and colleges, weakened Medicare, ended the human-rights commission and rent-review process, and dropped government enforcement of employment standards, to mention a few of these draconian laws.

These “bad Bills” resulted in the mobilization of unions, community groups and social activist organizations. They realized that there were more than just labour issues at stake, and that social justice and other societal issues were also being threatened.

Art Kube, as President of the B.C. Federation of Labour was able to build a coalition of trade unions into Operation Solidarity.

Trade unions and non-trade union groups formed the Solidarity Coalition. Initially, all groups were united in their opposition to the government policies. Throughout the province there were massive protests, strikes, work-stoppages, and demonstrations.

Art gained recognition as a spokes-

person and leading force in this opposition.

Increasingly the province was being brought to a stand-still.

Finally, in November, a “deal” was reached, called the Kelowna Accord, which ended the escalating provincial shut-down. Then, as now, many involved believe that their expectations were not addressed, or realized. For this reason, no names are mentioned.

COSCO: Plan with Seniors

Art Kube has steadfastly supported the goal of having seniors present when plans are being made for seniors.

He has maintained a wide acquaintance with people who can lend their influence and assistance when

seniors want to have an impact on political decision making. Art has a unique ability to secure financial commitments to make it possible to continue the senior agenda.

Art's reputation and understanding of senior's issues has allowed him to be present as a representative from B.C. in federal groups and planning sessions of importance to seniors. He is constantly willing to describe and promote the seniors' agenda to groups large or small, using clear and concise language, always with the intention of having “Seniors Helping Seniors.” He has just completed his term as President of COSCO.

Art, thanks for a lifetime of support and service.

**Vancouver Retired
Teachers' Association**

Budget does little for seniors

AT A TIME OF record household debt, growing unemployment and underfunded public services, the Clark government delivered its fifth consecutive austerity budget and shifted even more taxes to families.

Under the BC Liberals, health care funding per capita has plummeted from second to ninth in Canada. This budget continues the slide. There are no measures to improve needed home support services, to meet the government's own staffing targets in residential care, nor to implement the Ombudsperson's recommendations to improve care for seniors.

“This budget is a recipe for more hallway medicine,” says Bonnie Pearson, secretary-business manager of the Hospital Employees Union.

The government announced that it would increase fees and freeze income

taxes, the sole tax based on an individual's ability to pay, thereby guaranteeing that our tax system will become ever more unfair.

The Canadian Centre for Policy Alternatives notes that when all personal taxes are considered – income, sales, property, carbon and MSP premiums – those with the highest income already pay the lowest tax rate.

The Clark government will further shift the scales by increasing MSP premiums by 17 percent over three years, and increasing other fees such as BC Hydro rates, ICBC premiums and ferry fares. We now pay as much in MSP premiums as big business pays in corporate income taxes.

With files from The Advocate, the quarterly newsmagazine of the BC Federation of Retired Union Members (BC FORUM), a COSCO affiliate.

Canada's retirement income system

By Gudrun Langolf
First vice-president

MOST ORGANISATION for Economic Co-operation and Development (OECD) countries provide retirement income support to older members of their populations.

These retirement benefits are made up of a mix of government programs and incentives for private savings. Canada's government-supported retirement income system is based on three levels:

- The Old Age Security (OAP) and Guaranteed Income Supplement (GIS) program provides a basic minimum income guarantee for seniors, funded out of federal government revenues.
- The Canada Pension Plan (CPP) and the Quebec Pension Plan (QPP) are mandatory, publicly-administered, defined benefit pension plans that provide a basic level of earnings replacement for all Canadian workers, funded by employer and employee contributions.
- Registered Pension Plans (RPPs) and Registered Retirement Savings Plans (RRSPs) / Registered Retirement Income Funds (RRIFs) provide tax-assisted savings opportunities to encourage Canadians to accumulate additional savings for retirement.

Of course that doesn't mean all is well and that we should leave it alone.

There is evidence of a growing poor population. Some who were able to get by are now increasingly unable to do so for a variety of reasons.

The global financial meltdown of 2008 raised concerns about the adequacy of future retirement incomes.

At the same time, increasing lon-

gevity, the emergence of the baby boom retirements as well as declining private pension plans were no news – and certainly not to actuaries whose business it is to calculate pension benefits.

These latter trends were not sudden, they had been known for a long time! Nevertheless, analysts and “money marketers” used this “opportunity” to increase their efforts to gain access to pension funds by fueling a sense of crisis, and shamelessly exploiting the fears of the general population.

Unfortunately this also started to create a tension between older and younger generations: Wasn't the greedy older generation going to bankrupt the pension and health system? Hardly! But that is another movie.

This is what exists now:

Canada Pension Plan

- Contribution rate, 4.95%.
- Maximum benefit, \$1,038.
- Average benefit, \$594.

Old age security

- Maximum benefit, \$551.
- Average benefit, \$520.
- Subject to clawback for higher income earners.
- Guaranteed Income Supplement, paid to about one-third of people receiving OAS: maximum, \$747.86., average about \$500.

As the Harper government attacks income security by forcing Canadians to wait until age 67 for old age security payments and continually stalling reforms to the Canada Pension Plan, the Conference Board of Canada has released a new report that focuses on the optimal design of pension plans.

In the study released in October, the Conference Board focuses on the

five B.C. public sector pension plans to highlight how differences in pension design can significantly improve retirement income.

The report says these defined benefit plans, as part of the total compensation of plan members, require employees and employers to fund the plan to cover future benefits.

By comparison, only one-quarter of B.C. employees who do not have a trusted plan contribute to RRSPs.

The Conference Board says two main impacts flow from the plans' design: higher lifetime savings, and lower management fees.

“This results in higher spending and income in British Columbia,” says the report.

The Conference Board concludes:

- The savings effect adds \$1.28 billion to provincial income.
- The multiplier effects mean there are 8,000 additional jobs in B.C. because of the plans.
- The lower management fees add \$750 million a year to the B.C. economy in direct and indirect effects.

This shows that “mandatory” participation by employers and workers in a well designed public plan benefits everyone and the economy in the long run.

It illustrates well that adjustments to the Canada Pension Plan (employment linked) are more likely to be of more benefit than any voluntary schemes or most private sector pension plans (where they still exist).

It is also worth remembering that Canada's public pensions – OAS and GIS – fall significantly below the OECD average in terms of both total expenditures relative to GDP and the average payments to individuals.

A prescription to improve CPP and public pensions for Canadians

By Gudrun Langolf
First vice-president

HERE IS the Canadian Labour Congress' relatively simple prescription to improve the pension scheme. It is endorsed by many as a sensible approach to Canadian pension reform:

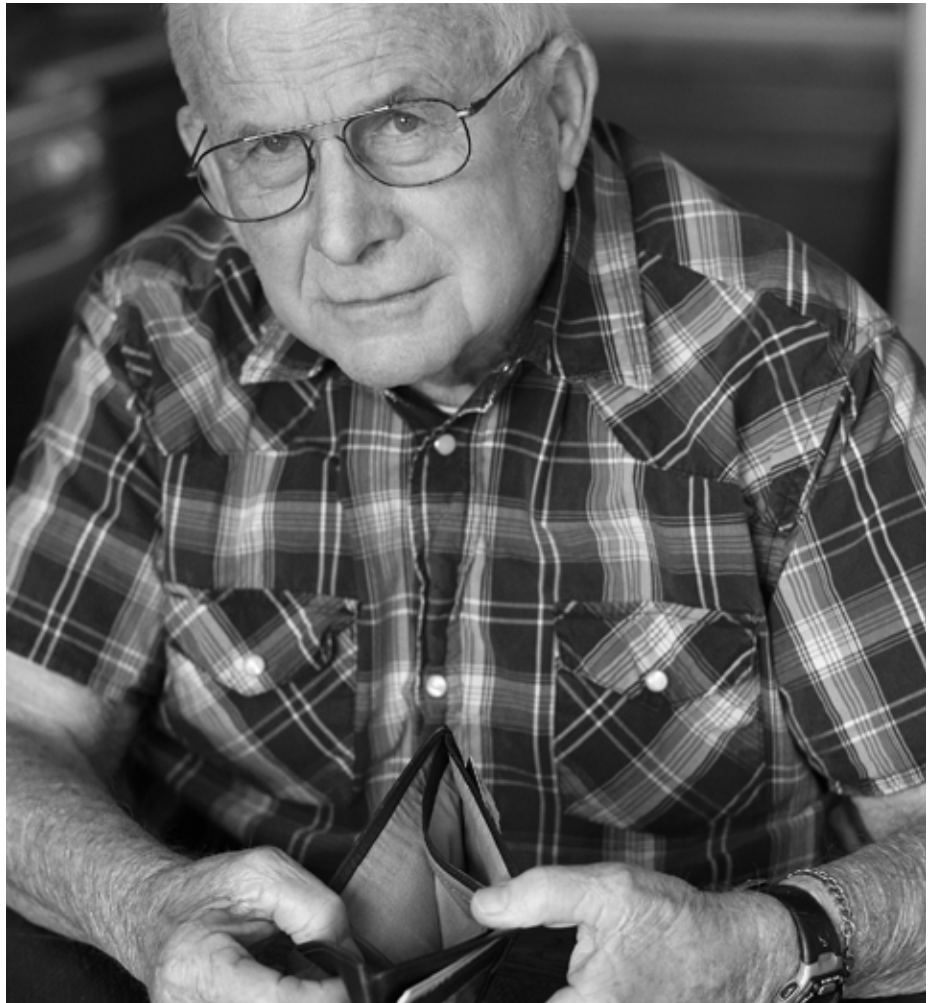
"We need to do something about retirement income, and we need to do it now. People cannot save enough for retirement and we are going to see growing poverty among retired seniors. Even bank economists have started to say RRSPs have failed. There's too much risk and not enough security to ensure that, after a lifetime of work, people can retire and live out their last years in dignity.

"Too many of today's seniors live in poverty and too many older workers are realizing their retirement plans have come up short because the investment returns they were promised never materialized or they simply could not save enough on their own.

"Young people are graduating with high levels of student debt and going into jobs where workplace pension plans aren't being offered.

"The financial services industry pays itself juicy fees to manage your money and that eats up a big part of your potential retirement savings – if you have any retirement savings left when you are ready to retire, after the roller coaster dips and dives of the stock market.

"The best way to help today's workers save enough money for tomorrow is by having Canadians get more of their retirement income from the Canada Pension Plan (CPP). The CPP covers over 90% of Canadians with jobs – almost the entire work force.



"The CPP follows you from job to job across all the provinces and territories, and it keeps up with the cost of living. Your benefits are paid out right up until your death. Even self-employed people can get CPP. It's a defined benefit so you know what you will get when you retire, no guesswork or worrying about the performance of the stock market.

"The CPP is financed exclusively by workers and their employers, not by taxes, and it is run independently from the government. This means seniors in the future won't have to depend on government tax revenues or their company's stability to pay for

their pension.

"Best of all, the CPP's management costs are vastly lower than those charged by the banking and mutual fund industries. Expanding the CPP would mean Canadians would have safer pensions. They would not have to worry about losing their pension savings to higher inflation, stock market scams, or because they lose their jobs. Expanding the CPP is about preparing for our future, and leaving behind a better system for our kids.

"Canada's financial sector charges some of the highest fees in the world. Why give your savings to them?"

Canada Post changes hit seniors hard

CANADA POST is raising rates, laying off 8,000 workers and phasing out door-to-door mail service. The CEO of Canada Post says seniors will benefit from the exercise of walking to community mailboxes.

There's no doubt seniors will be among the most harshly affected.

At a recent public meeting on the issue, Lorraine Logan, president of the Council of Senior Citizens' Organizations of BC (COSCO), said the loss of delivery severs a vital link for the elderly with the outside world.

"People with disabilities have walkers and wheelchairs. You need good lighting at the new community mail boxes to compensate for the darkness.



Increasing vandalism and theft from community mailboxes raises many concerns for seniors, including the loss of important documents and identity theft.

Photo montage courtesy of BC FORUM's The Advocate

What would this look like during a dark and wintry day?"

Art Kube, also with COSCO, said it's the elderly who will be paying more when postage goes up in April.

"Seniors are not able to rely on the new modern communication system,

like paying bills online. They are going to pay more for mailing a letter. That's a double whammy for seniors."

The cost of an individual stamp will jump to one dollar in April. Home delivery of mail is being phased out over the next five years.

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 and organizations wishing more information about joining COSCO should write or phone Ernie Bayer and request a membership package.