



# **COSCO NEWS**

Council of Senior Citizens' Organizations of BC

**Number #59**

**www.coscobc.ca**

**Fall 2005**

## **WE HAVE COME A LONG WAY.**

### **EDITORIAL**

The last four years have been challenging, fast moving, and anything but dull. Seniors organized and mobilized under the banner of COSCO and its affiliated seniors' organizations. Naturally we at COSCO would like to take credit for that organization and mobilization, but we must give credit where credit is due. It was Gordon Campbell and his Cabinet who raised the ire of seniors with mean spirited and hurtful policies and created the anger which allowed us to successfully organize and mobilize seniors. There is no doubt that the officers, members and supporters of COSCO worked hard to harness that anger and give it a positive political direction, and for that the seniors of the province owe COSCO some thanks and gratitude.

Now is the time to change gears. No longer do we have to fight every issue which negatively affects civil society for we now have an effective opposition in the legislature whose responsibility it is to oppose such legislation and policies. Our responsibility is to talk to the government and the opposition in an effort to reinstate some of the benefits and programs lost by seniors in the last four years. We think that the government was sufficiently humbled to be more reasonable and open to seniors concerns. The test will come when the membership of the Premiers Council on Seniors and Aging is announced. COSCO submitted three names and we will see if the largest senior's organization will be represented. We found the appointment of Ida Chong as the Minister responsible for seniors, a positive move. In the past she was at least prepared to listen and she had some empathy for seniors. The election of some federal liberals to the BC legislature should also have some moderating influence. Let us hope for the best.

COSCO has two major projects to undertake, which will require all the energy we can muster. The training of SENIORS' ADVOCATES and the setting up of advocacy services is one priority. The setting up of local and regional COSCO Branches around the Province is the second priority. Last April we trained 32 Seniors Advocate Trainers and we will be relying on them and our affiliated organizations to give leadership for these two important projects. The policy area, which will require attention and energy, is the unrelenting attack against Medicare by the Vancouver Sun, the Fraser Institute and Medical Specialists. Medicare is our premier social program and it is in crisis. Half of the crisis is fabricated by Medical Specialists and opponents of the Canada Health Act and half of the crisis is real, owing to past neglect and underfunding. COSCO is preparing an action program and will seek approval for it at September's delegates meeting.

We would thank our social partners who helped us through four difficult years. We will show our solidarity with their struggles and travails whenever possible. The COSCO NEWS will continue its broad circulation and we hope that you will continue to help us with the distribution.

If you are not a member of a seniors organization, than join. If you are a member and your organization does not belong to COSCO, become affiliated. Together we are stronger and together we can improve the lives of seniors. Friends and seniors let's get on board!

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**COUNCIL OF SENIOR CITIZENS'  
ORGANIZATIONS OF BC (COSCO)**

**Board of Directors for 2005/2006**

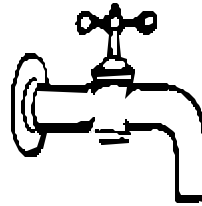
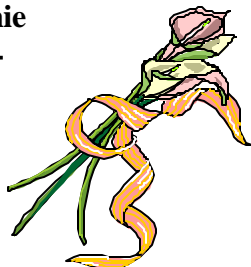
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**PHILLIPS, Jennie.**

We regret to announce the passing of Jennie Phillips, widow of Jack Phillips a former president of COSCO. A celebration of Jennie's life was held on the 21<sup>st</sup> August, and Rudy Lawrence and Art Kube represented COSCO. Jennie was a survivor of the Holocaust and concentration camps during the second world war. She is survived by children to whom we offer our condolences.



**Water fight needs  
you to win!**

Pressure is mounting on the BC Government as the battle for one of B.C.'s most precious public assets continues.

"Alcan continues to sell off B.C.'s water resources for windfall profits for them and no benefit to British Columbians," says Kitimat Mayor Rick Wozney.

The District of Kitimat has filed a lawsuit against the BC Government for allowing Alcan to breach their 1950 agreement, selling off hydro-electric power to the US instead of using it to power jobs and industry here in BC.

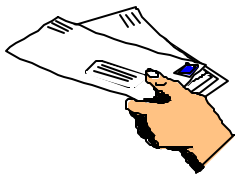
For the past few years, Alcan has been cutting jobs and selling more and more of the power it generates from the Nechako river system rather than using it to manufacture aluminum at its Kitimat smelter. This is breaking the terms of the contract Alcan signed with British Columbians, which gave the company access to the most valuable public water resource in the province in exchange for an aluminum smelter and jobs – and the economic development that came with it. This sets a dangerous precedent in B.C. as other multinationals who want to exploit our resources take note.

"The solution is simple," says Wozney. "British Columbians who care about who benefits from our natural resources need to raise their voices loud and clear so that the Provincial Government starts enforcing the contract with Alcan."

Make your voice heard and help turn the tide. Go to [www.dontsellusout.com](http://www.dontsellusout.com) and join our coalition. Most importantly, **send an e-mail to the Premier telling him what you think of this resource give-away.**

## FREE THE PRESS TO SAVE MEDICARE

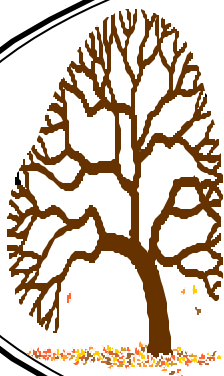
There is a renewed attack against headed up by the Editorial Page of the into medicare money pit won't cure wait health care is a moral duty'.) This is a Vancouver Sun to mislead the public specialists and other enemies of present editorial policy of the Sun, Seniors on Guard for Medicare, with the support of COSCO, is undertaking the following Action Program. To:



Canadian Medicare which seems to be Vancouver Sun. ('Throwing more money times' and 'Finding new ways to deliver blatant attempt on the part of the and give ammunition to greedy medical Medicare. In an effort to counteract the

- write a limited number of Letters to the Editor countering the contents of the healthcare editorials and demanding page six counterpoint articles be permitted.
- demand a meeting with the Editorial Board of the Sun to discuss a more balanced approach to health care, along with other seniors' issues.
- file a complaint with the Press Council if our request for a meeting is not met
- start a boycott of the Sun by encouraging the cancellation of subscriptions to Pacific Press publications, and to hold demonstrations at the Harbour front offices of Pacific Press to protest the bias of their publications.
- prepare pro Medicare articles for publication in community newspapers
- continue to produce the COSCO NEWS, maintaining its broad distribution, and to highlight the need to protect and enhance Medicare with suggested alternatives and reform for its current shortcomings
- promote the website [www.TheTyee.ca](http://www.TheTyee.ca) as an alternative to the media
- document some of the horror stories and shortcomings of health delivery
- attempt to use cable stations and Street Theatre to promote our views
- prepare a program making Medicare the high profile issue in the next Federal Election

Seniors have fought long and hard to establish Medicare in this country. We have a great deal more credibility in the fight to protect it than healthcare providers and politicians. We deserve the wholehearted support of all civil society groups in implementing this Action Program.



COSCO is in the process of helping senior's groups, or groups of individual seniors around the province, to form a branch of COSCO. The Policies governing local or regional chapters chartered by COSCO can be sent to you by mail, at your request. Please contact Rudy Lawrence or Art Kube (604-576-8000 for further details).

# THE ASSAULT ON PUBLIC HEALTH CARE IN CANADA

Excerpts from a Guest editorial by Samuel Levy, a retired clinical biochemist.

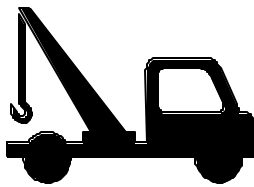
**Guest Editorial by Samuel Levy, Phd, a retired clinical biologist who worked for 35 years at two former hospitals in Montreal. He has written numerous letters to the press on health care and related topics, and is a member of the Montreal Outlook Collective.**

Our concerns about world affairs should not blind us to the realization that we Canadians are now confronted by a threat to our own fundamental way of life and the humane society we are proud to live in. On June 9<sup>th</sup> 2005, the Supreme Court of Canada ruled in favour of a doctor and his patient to the effect that Quebec Health Insurance laws were in violation of their rights under the Quebec Charter of Human Rights and Freedoms, since they did not permit the purchase of health care privately outside the public plan to avoid a long waiting list for surgery. Previously dismissed by the Quebec Superior Court and the Quebec Court of Appeal, the case was won by a vote of 4 out of 7 justices, with 3 reported as being strongly opposed. The full implications of this ruling extends to the erosion of medicare and possible consequences of mushrooming private hospitals, private clinics and

facsimiles of the dreaded Health Maintenance Organizations (HMOs) in the U.S.

At present, of course, the ruling applies to Quebec only, and leaves the public system in place. But how long will it be before the hungry entrepreneurs of the marketplace – corporations, specialists and lobbyists “convince” politicians of its merit in other provinces; before doctors, nurses and other health professionals quit the public system in favour of attractive features to be found in the private sector? The danger is clear, and calls for a sustained and unmistakable public response informing our MPs – federal and provincial – that we will not accept the demise of medicare as founded on the principles of the Canada Health Act to provide free and accessible health care to all Canadians; that adequate funding be provided to each and every hospital to enable it to deliver health care in a timely manner; and that a two-tier system of healthcare is unacceptable as it will lead to the erosion of medicare.

The judgement brought down in the majority report of the Supreme Court was inappropriate, since it failed to limit the fall-out effects of the decision. This is a matter that  
*(con't...)*



**ICBC is preparing for the launch of the Community Crash Reduction Challenge (CCRC) on the 1st of October. The Challenge is a provincial month-long promotion involving BC's communities and individuals, with the goal of raising awareness of the impact of auto crashes. October is to be dubbed "Zero Crash Month". ICBC would appreciate it if your organization would send a couple of sentences of endorsement which would go onto the CCRC website and if you would include information about this challenge through your own newsletters. For more information contact Gail Pickard at 604-982-4109**

**Our thanks to the BCRTA office for assistance in setting up this issue of the COSCO News.**

should have been debated in the House of Commons and not in the courts.

“I don’t think the justices knew how big the Pandora’s Box is that they’re opening,” said Antonia Maioni, a health policy expert at McGill University (Montreal Gazette June 11<sup>th</sup> ’05).

The complaint of wait times as an excuse for allowing privatization of health insurance in Quebec is invalid on a number of counts: first, because the urgency for treatment is a medical judgment, based on diagnosis, not a subject for courtroom debate. And second, because it depends upon the availability of healthcare professionals and resources in the area, both being dependent on proper management and adequate government funding at the federal and provincial levels, as mandated by the Canada Health Act. Therefore it is Government that must be held accountable for excessive wait times, not the system which has served generations of Canadians with dignity and freedom from financial worry and need. Even private health plans cannot guarantee timely services for their patients.

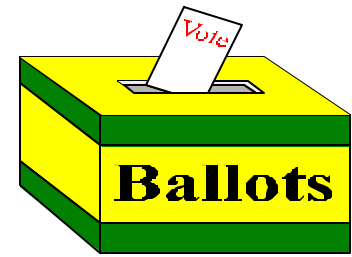
How did this sudden crisis come about in the first place? Was it simply because one individual and his doctor took the matter before the Supreme Court of Canada back in 1997, and now won their case? The truth is that the crisis in medicare began in 1994 when then-Finance Minister Paul Martin slashed the health care budget by \$5 billion and altered the conditions of payment to permit provincial governments to utilize the funds for purposes other than health care! The resultant closing of hospitals by provincial governments across Canada (seven in Montreal alone) during the late ‘90’s, the early retirement or departure of health professionals, the reductions in class size in some medical schools, and the downsizing of hospital staffs constituted a disaster from which we have not yet recovered. Are recently reported infections from common bacteria found in hospitals due to

reductions in cleaning staffs? Disruptions of this magnitude cannot be corrected

overnight by bursts of “generosity” especially from Mr. Martin. Was the caller on a talk show onto something when he said: “Let’s get real. This failure of medicare ... was designed to happen”?

The cheerful reaction of the Montreal Gazette (June 10<sup>th</sup> 2005) in it’s front page headline came as no surprise to me: “SUPREME COURT opens door to two-tier health system – ‘Gutsy’ judgement will spur reform, proponents of private care predict.”

For the past ten years, this newspaper, along with others in the Asper empire, has conducted a persistent propaganda campaign with editorials and frequent Op Ed articles by writer from the corporate think tanks (Montreal Economic Institute, Fraser Institute, CD Howe Institute) maligning our “immoral”, “anarchist” medicare system for its ills and inefficiencies. The system as they see it, limits individual freedom – that is, the freedom of business interests and insurance companies to profit from healthcare. But the public wasn’t buying it. Trusting their own instincts and information obtained elsewhere that exposed such flawed and biased reasoning, the overwhelming majority of Canadians maintained their belief in medicare, and were supported by the impartial Romanow Commission, which endorsed the superior single-payer system where the almighty \$ doesn’t rule. Medicare is at the heart and soul of this great country. To save it your voice must be heard, as silence paves the way for “for-profit” health care. Write, fax or email your federal and provincial MPs and all party leaders now. Make it clear that unless their platform contains a pledge to support medicare and to oppose a two-tier system, you will not vote for them.



# What People are Saying about Representation Agreements

David Chalmers, writing in "The Financialist" October 2004, and reprinted in the 'Transition', magazine of the Coalition of People with Disabilities.

Imagine the following scenario. You are by yourself out on the town, when suddenly you suffer a heart attack. You are rushed unconscious to the hospital. A quick decision has to be made on whether to perform emergency surgery.

At this point the hospital will act in accordance with the Health Care Consent Law. Hospital staff will try to contact family members in a predetermined order so that someone may consent to the surgery. So the person who ultimately makes a life and death decision on your behalf may not have been your first choice.

While you may have granted a Power of Attorney that empowers a trusted relative to deal with your finances during your incapacity, this has not granted anyone the power to make health care decisions on your behalf.

The solution to this problem may be to enter into a Representation Agreement (RA). This is a legal document that empowers your chosen Representative(s) to make health care and personal care decisions on your behalf.

There is a wonderful organization called the Representation Agreement Resource Centre (RARC) that provides very helpful and complimentary information about RAs.

Now let's get back to our hospital scene. You are lying unconscious in the emergency ward. Let's assume that you have entered into a Representation Agreement and have appointed your daughter who is a physician as your Representative.

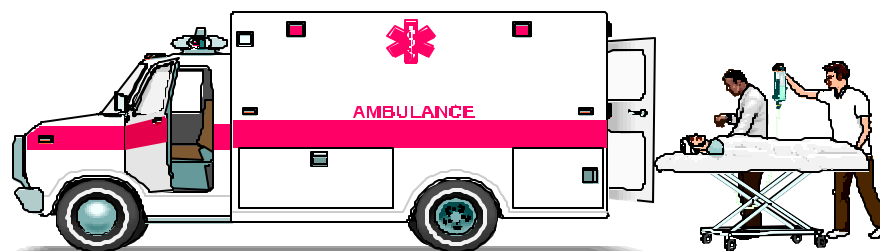
The problem is that the hospital staff does not know that you have entered into this agreement. They don't know who to call.

The RARC provides a way for you to register the details of your Representation Agreement on a secure website registry for a very modest cost.

The hospital is one of a very few entities that has access to the eRegistry information. Upon your arrival, hospital staff check to see if there is a record for you. They find important details of your Representation Agreement, including the emergency pager number of your daughter.

Congratulations. The combination of a Representation Agreement and the Nidus eRegistry may have just saved your life.

**For more information on Nidus, contact 604 408 7414 or email [info@nidus.ca](mailto:info@nidus.ca)**



**For HELP around the house,  
or the assistance of a handyman,  
CALL:  
SENIOR CITIZENS' REPAIR  
SERVICE at 604 291 1133.**

**Able Computers (604 726 2244) will  
provide your non profit organization  
with a free copier, if a contract is  
signed. Contact Paul or Stephanie.**

# Open letter from British Doctors to the Canadian Medical Association, August 2005.

*Here are some excerpts from the lengthy letter, written by Peter Fisher, president of the National Health Service.*

We are writing this open letter to understand that delegates will participate about privatization of public health doctors to share what we have learned private sector involvement in health colleagues in Canada can learn from private care and other market style

The NHS has suffered from government has finally recognised the announced that spending will rise funding there are still shortages in other parts of the services, with hospitals having to close beds and whole units . . . much of the additional money is being diverted.

Firstly, the money is going into private profit. . . independent sector treatment centres (ISTCs) are often owned and staffed by foreign commercial concerns. They 'cherry pick' simple cases, have little responsibility for complications or follow up and there are already concerns about the quality of care. This concept was to be a short term measure to tackle the backlog of the NHS but it is clear that the government intends this growing private sector will remain and compete with the publicly provided NHS.

We believe you have already experienced P3 partnerships for hospital construction. Inevitably P3 hospitals are more expensive, as borrowing is at a higher rate and there has to be a profit for the shareholders. It is difficult to find anyone in the UK now prepared to support P3s except those in government and those set to profit from them.

Secondly, both financial resources and staff time are being wasted on the bureaucracy inherent in trying to run a competitive market system. 'Competition' introduced in the early 1990s resulted in administrative costs doubling. Hospital service now is in the hands of Trusts/Foundation Trusts, with boards of directors trying to attract patients from outside their normal areas, in order to repay borrowed money. The Foundation Trusts will not be responsible to government but to an independent regulator as are the now privatised railways, telephone, gas, electricity and water industries.

These reforms are driven by ideology and there is as yet no evidence that a competitive market improves outcomes on health care. Beware the current reorganizations which we have suffered over the years, which have damaged the morale of both clinicians and managers whilst totally bewildering patients and harming care. The most cost effective system is the simplest – and organisation with a budget to provide services for the people of its area and democratically accountable to them.

Do not be persuaded that any improvements in the NHS are due to the government reforms. The reality is that vastly increased expenditure has produced only modest results precisely because of privatization and commercializations' negative effects.



Canadian doctors . . . we participate in a critical debate tomorrow care. We are writing as British first-hand about the dangers of care, in the hopes that our our country's mistakes and reject policies.

decades of under-funding . . . the underlying problem and annually . . . despite the extra

**Feel free to photocopy this COSCO NEWS and share with a friend.**

# RESOLUTIONS TO THE NATIONAL PENSIONERS AND SENIOR CITIZENS' FEDERATION'S CONVENTION, FROM COSCO

COSCO is sending five members of the executive to the convention in Burlington Ontario in October. Art Kube will also attend as the NPSCF first vice president. Sylvia MacLeay will be on the resolutions committee.

Here is a simplified outline of the briefs sent in this year by COSCO.

1. Home care – we want the Federal and Provincial governments to move on the following programs – restive relief for voluntary care givers, paid leave for caregivers, home support, promotion of the idea of seniors helping seniors ; look at the European Economic community model in these areas.
2. One strong national pensioners and seniors federation – we need to merge and affiliate with all seniors' groups across the country to speak with one voice.
3. Funding request – we need a visible presence in Ottawa, an office and staff, to make #2 viable, and for this funds from the federal government will be solicited.
4. Senior Women in Poverty – we need to lobby government for increases in the Guaranteed Income Supplement so that it meets the Low Income Cut off. Income tax should be eliminated for those below low income. All permanent residents of Canada over 65 should receive OAS/GIS. Those caring for others need compensation. Residences and standards of living for survivors need to be supported, and work place pensions should be created for those working ten hours per week minimum
5. Private Health Insurance – the Quebec decision, June 9<sup>th</sup> 2005, should be overturned with the notwithstanding clause invoked. The recommendations of Roy Romanow should be implemented.

Prescription drugs – we need a jointly funded national standard Federal/Provincial PharmaCare program which will provide all Canadians with safe, effective, accessible and affordable prescription drugs. Bill C-91 needs to be revisited.



**24 February 1948 – from George Kennan, US Head of State Department Policy Staff. (document PPS23)**

***We have about 50% of the world's wealth but only 6.3% of its population –our real task in the coming period is to . . . maintain this position of disparity. We should cease to talk about such vague and unreal objectives as human rights, the raising of living standards and democratization.'***

***(contributed by Gudrun Langolf)***

# THERE ARE TWO SIDES TO EVERY ISSUE –

Many of us have seen this item from the Toronto Star April 2004.

The federal government provides a single refugee with a monthly allowance of \$1,890.00 and each can also get an additional \$580.00 on social assistance for a total of \$2,470.00.

This compares very well to a single pensioner who after contributing to the growth and development of Canada for 40 to 50 years can only receive a monthly maximum of \$1,012.00 in old age pension and GIS.

Maybe our pensioners should apply as refugees. Lets . . . spread the message and maybe we can get the refugees cut back to \$1,012.00 and the pensioners up to \$2,470.00 and enjoy some of the money we were forced to submit to the government over the last 40 or 50 years.

There is, however, another side.



The following is an excerpt from a letter written by a COSCO member.

The money we 'were forced to submit' for the most part was collected to be spent for the common good.

Almost immediately after my family came to this country in 1964 a calamity occurred and my father could not work for a while. There were 6 siblings and my mother. The governmental financial hand-up we received for almost a year, ensured that our family unit didn't fall apart and we were all able to get onto our feet. All of my siblings and their families are now contributing members of society, doing their part to pay seniors their pensions.

An initial hand-up for refugees is one of the better investments Canada can ever make. They will work, consume and contribute to the big pot from which we get our OAP, CPP etc.

It is a shame that we still have outrageous poverty levels which many of us are actively working to change, but none of what we are advocating includes seniors getting more at the expense of refugees or any other disadvantaged group.

## MEMBERSHIP APPLICATION (TO BE MAILED TO THE ADDRESS BELOW)

*I wish to join COSCO as an associate member and enclose the \$25 membership fee* \_\_\_\_  
**I wish to make a donation to COSCO – please find enclosed cheque for \$**\_\_\_\_  
(COSCO does not send receipts for income tax purposes)

Name : \_\_\_\_\_

Address: \_\_\_\_\_

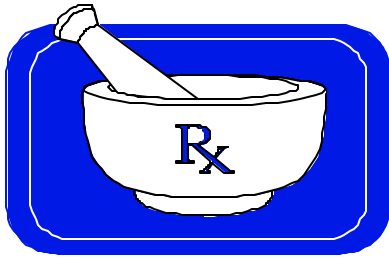
Postal Code: \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email address \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Please make cheque payable to COSCO and mail to Ernie Bayer, Membership,  
6079 184<sup>th</sup> Street, Surrey, BC, V3S 7P7 (phone 604 576 9734).

Groups or organizations wishing membership can call for a membership package



## Prescription Drugs

By Rudy Lawrence, President  
Council of Senior Citizens' Organizations of BC (COSCO)

Drug costs in Canada are by far the fastest growing cost in health care. Annual increases in drug spending have varied between 10% and 14% for the past several years. In 1980, \$1.3 billion was spent on prescription drugs in Canada and at that time represented less than 6% of overall health-care spending. That amount has now increased to \$16 billion, accounting for approximately 12% of all health-care expenditures. Clearly, if we are going to protect the future of our publicly funded health care system, the issue of dramatically rising drug costs must be addressed.

British Columbia addressed the problem by downloading the cost of prescription drugs onto seniors and other citizens by introducing increased deductibles and de-listing many drugs from their PharmaCare program. This obviously saved a considerable amount of money for the government, but is it the total solution to rising drugs costs?

One possible solution is to bring onto the market more lower-cost generic drugs. This would have the effect of lowering costs to the health care system where prescription drugs are covered by PharmaCare or provided free in hospitals, and it would provide seniors and others with a choice.

It is not my intention in writing this article to champion or promote generic drugs but I do feel that seniors and others on low incomes should have the choice of purchasing the patented higher-cost prescription drugs or the lower-priced generic drugs.

At the present time in Canada, the introduction of generic drugs to the market is restricted due to the patent laws administered by the Federal Government. The Brian Mulroney government brought in 20-year patent terms in 1992 for pharmaceutical products. At the same time the Mulroney government brought in the "**Patented Medicines (Notice of Compliance) Regulations**" which contain an automatic 24 month injunction against generic drug makers. Under these regulations, which the Supreme Court of Canada has called "*a draconian regime*," brand name companies can stop Health Canada's approval of a generic drug simply by alleging patent infringement. This is a practice known in the trade as "ever-greening." For more detailed information on this practice and other information on generic drugs, I recommend checking out the following website:

[www.canadiangenerics.ca](http://www.canadiangenerics.ca)

COSCO has been asking the federal government to review and change the patent laws as they relate to pharmaceutical products for a number of years. We agree that the brand name companies are entitled to some protection for the recovery of their research costs but we feel that the patent laws need to be changed. We need to bring to the market more generic drugs and to stop the draconian practice of ever-greening so as to provide our seniors and others on low incomes with a choice in cost of their prescriptions and to reduce the cost to our health care system.

**COSCO has a website. [www.coscobc.ca](http://www.coscobc.ca).  
Please check it out for past issues of the  
COSCO NEWS, and senior-related issues.**