



COSCO News

Council of Senior Citizens' Organizations of B.C.

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A NEW AND SCARY WORLD



The best laid plans o' mice and men gang oft a-gley as Bobby Burns reminded us from the hills of Scotland all those years ago. Who would have thought that a tiny organism could have wreaked such havoc in such a short time. As we each make our plans for coping with COVID-19 the learning slope has been rather steep. Not long ago ZOOM was just a seniors' magazine. Now its one of the ways we keep in touch with the people and causes that we care about.

COSCO has had a busy time. Issues arise and we respond. Needs are identified and we try to achieve them. As our founders pledged 70 years ago we approach the decision-makers and try our best to make them understand that seniors deserve to be treated as valuable members of society, not burdens. As an example COSCO has been fighting for better long-term care conditions for years. Then along came the virus and everybody was appalled that the care of many patients was beyond awful, even worse than we had believed it to be. Returning to the status quo isn't going to cut it. Society must demand radical change.

For over a year COSCO has been planning a big conference called Life in the 21st Century: A Seniors Strategy. We have postponed it until October in 2021. Will COVID-19 just be a memory by then? Perhaps. But whether the return to normalcy is long or short it is a bitter time for us. It's also a time of learning just how fragile our planet and its human inhabitants are.

Stay safe and continue caring,

Sheila Pither, COSCO President

Introducing COSCO Executive Members

Wilf Brodrick



I originally got involved with COSCO because I was asked by Wayne Dermody (BC Government Retired Employees Association (BCGREA) Provincial Representative), to attend as a representative from the BCGREA Langley/Surrey Branch. I was an active member of the BCGEU. For 35 years, and knew of Art Kube's involvement with COSCO, so I agreed to attend the meetings even though I wasn't quite sure what to expect. It quickly became apparent that the issues that have been important to me for many years are the same ones that COSCO continues to fight for. I also strongly support the way that COSCO acts as a unifying voice for the wide variety of groups and individuals that are working to promote the interests of seniors in BC. In addition, I have really enjoyed renewing working relationships with many friends and activists that I got to know during my activities with the labour movement, and I am really enjoying meeting and working with new friends and activists from other groups.

Rod McIvor



I was previously an alternate delegate for my pension group the CNPA Vancouver branch and another member Alex Hui was the delegate unfortunately upon the sudden diagnosis of cancer to our past, previous president, Chuck Lewis (Jan. 2020) we had to realign our executive, Alex Hui accepted the position of president and I became the lead delegate with COSCO of BC and immediately accepted a position as an executive board member. I've also volunteered on several committees to serve not only the seniors and pensioners within our group but for all.

Al Lemmonier



After attending the COSCO delegates meetings for a few years, I felt a desire to learn more about the inner workings of the organization. My first choice was to try as a member-at-large but I was informed COSCO needed a Secretary promptly. So I volunteered without really knowing what the job fully entailed. Maybe that was a good thing otherwise I might have reconsidered. That said, it's been like that for me throughout my union career on the waterfront - the task much larger than anticipated but in the end very rewarding. So far I enjoy the COSCO people, a talented bunch but also very nice to work with.

Council Of Senior Citizens'
Organizations Of BC (COSCO)

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IN THIS EDITION

A New and Scary World 1
Introducing New COSCO Members 2
The Face in the Window 4
Whose Face Is That in the Window? 5-6
Transformational Reform of Long-Term 7-9
Long Term Care Facilities and the Corona Virus 10
What is the situation of Long-Term Care (LTC) In BC? 10-11
Long-Term Care Homes and COVID-19 11-12
What has COSCO done? What can it do? 13
Metro Vancouver Cross Cultural Seniors Network..... 14
Rising Costs of Insurance on Condos or
Strata Corporations 15
Prescription Limits 16
Did You Know?..... 17
Are Your Meds Working for You? 17
National Pensioners' Federation Initiatives 18-19
History Repeats Itself (reprinted poem) 20
Some Good News for Seniors -- For A Change! 20

About COSCO

COSCO is an umbrella organization that brings together 70 different seniors groups, representing approximately 80,000 women and men to work on common issues.

COSCO is affiliated with the 1,000,000 member National Pensioners Federation (NPF) which promotes these issues at the national level.

COSCO is a registered non- profit organization
Send your letters to the editor or other contributions to:
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Long Term Care

The Face in the Window

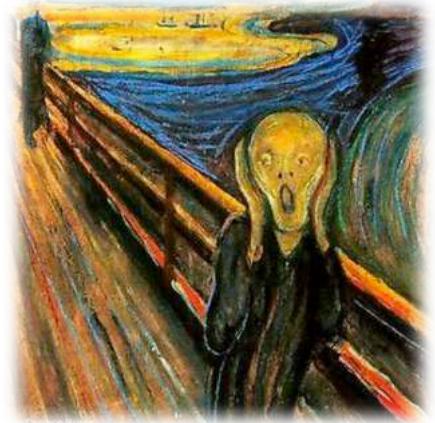
The image of a sad lonely face in the window of a long-term care home will long remain emblematic of the COVID-19 Pandemic. It is particularly shocking for seniors to see these faces since they could be any one of us.

But even more shocking is that despite the many public protestations of horror that almost half of all the deaths from COVID-19 are of seniors in long term care and the acknowledgement that the care that was provided was second-rate all along, the lives of those remaining in long term care homes may now be worse than before.

These seniors who helped to build Canada are now prisoners locked in their facility, fearful, lonely, unable to go outside even when there is a garden, and unable to have even one family member visit or stay with them even when they are ill or dying. They may indeed die all alone.



Much could be done to improve their situation immediately. For example, a partner or relative could be tested, gowned and masked and allowed to remain by the bedside of those seniors who are bed-ridden or dying. Tablets or laptops could be acquired to facilitate regular and direct communication with friends and relatives. Entertainment and special food could be provided. Monitoring reports should be frequent and available to the media and the public.



By Kathleen Jamieson

Whose Face Is That In the Window?

“Do not go gentle into that good night ... Rage, rage, against the dying of the light.”
(Welsh poet, Dylan Thomas)

The seniors who die imprisoned and alone in long-term care homes across Canada, hostages to COVID-19, did not go gentle into that good night. They are trapped in their rooms, continually exposed to infection, and too often living and dying in appalling conditions. Not one single familiar person is permitted to be with them or allowed to visit even though care aides, nurses, students and even army personnel come and go. It's as if they were no longer sentient human beings with human rights.

As seniors and as advocates for seniors we hear reports from traumatized care aides, and nurses and doctors who cared for these seniors as they suffered and died alone. But we don't hear from the residents themselves, they are silenced, and all we see or know are sad faces in the windows of unmemorable buildings.

An extensive amount of research has shown that there are many serious problems with the business of long-term care in Canada and that seniors care suffers. Somehow that information hasn't entered into the public consciousness until now.

As advocates for seniors, we have pleaded with all levels of government that the issues be addressed but without success. Indeed, instead of improving the lives of those unfortunate enough to be in long-term care, our governments have expedited the privatization of seniors care homes. These long-term care homes, complete with residents and guaranteed government funding, are bought and sold and marketed internationally as excellent investments. The profit motive then rules not the quality of care and seniors are dying and have died as a consequence.



All Canadians need to mourn and learn from these unexpected deaths --- currently 80% of all deaths from COVID-19 in Canada. We need to know who these seniors were, why they were there, and why they had to live and died alone. We are puzzled because the vast majority of seniors, 93.2% of all seniors over 65 years of age, and the 70% over 85 years who do not live-in long-term care (according to Statistics Canada), are not dying unexpectedly. And, indeed, they may be receiving home care or support services in their own homes from the same care aides that work in long term care homes but they do not seem to be dying unexpectedly. Are these seniors all much less vulnerable than those in long-term care?

Statistics Canada admits that it has collected little in the way of statistics about who is living in long-term care. What they know is that there are more likely to be women than men, more likely people who were live alone, more likely people who do not own their own home, and that they are more likely to be Canadian-born women than immigrant women. Given what we now know about senior women's poverty, these statistics suggest is that the income and social inequality that many women experience throughout their lives persist into the treatment they receive in their final years.

According to recent reports of the BC Seniors Advocate, about half of the seniors in long-term care in BC do not want to be there. About half are likely to be depressed, about half are likely to be sedated even when there is no diagnosis of depression, and more than one fifth are administered anti-psychotic drugs even when there is no diagnosis of psychosis.

The lesson that comes out of this for all Canadians is that we need to stop institutionalizing vulnerable seniors, that we must adapt or create new models of long-term care and that we must build a home support and home care system in every province and territory that, as many opinion polls show, seniors desperately want. We must allow seniors to live safely in their own homes as long as possible.

We now ask that our federal government set up an independent national inquiry to investigate the circumstances that led up to these tragedies in long term care homes across Canada. It's imperative, if this history is not to repeat itself, that we implement national standards and strong regulations to ensure that we have high quality seniors' care. The standards should include frequent monitoring and unannounced official inspection of these homes. It's imperative that the care for our most vulnerable seniors be publicly provided, not be private and for profit care and be operated by publicly accountable bodies responsible directly to Canadians.

By Kathleen Jamieson

Transformational Reform of Long-Term Care



First, we would like to thank all members of our government for their swift and compassionate response to COVID-19. As senior citizens we are proud and extremely grateful for the way that Canadians have responded to the call for action to reduce the transmission of the COVID-19 virus to others and especially to vulnerable people like ourselves.

However, as a provincial seniors organization with a membership of almost 80,000 seniors in BC, we have listened to seniors and long been extremely concerned about the historical and ongoing dehumanization of seniors in long-term care. The need for change is urgent.

We are calling for the complete reform of long-term care provision in Canada and for independent seniors' organizations like ours to be consulted on the way forward.

Here are our recommendations on the way forward:

1. The federal government, in collaboration with the provinces and territories, immediately begin transformational reform of long-term care laws, regulations, practices, and funding levels;
2. The federal government initiate a national inquiry into the erosion of seniors' human rights;
3. The federal government initiate a national inquiry into the ongoing privatization of seniors health care;
4. Seniors health care in long term care become part of the Canada Health Act;
5. Federal and provincial governments ban international investment in private long-term care homes, and phase out private ownership of long-term care homes,
6. Federal and provincial governments ban the contracting out of essential services that protect the health and safety of seniors;
7. National principles and standards grounded in national and international human rights legislation be developed specifically to protect the rights of seniors in long-term care in Canada;
8. Accountability measures based on a national reporting system for regular monitoring of the provision of seniors care be developed;
9. An independent Canadian Seniors Advocate be appointed to monitor the implementation of these changes and to report directly to parliament.

The fact that more than three quarters of all deaths from COVID-19 in Canada are of institutionalized seniors is a wake-up call for all Canadians. At the same time, the appalling conditions in many long-term care homes are being exposed as predating this pandemic. It's not new news. It's just that no one with the power to make change has been listening to seniors themselves.

In BC, for example, the Seniors Advocate has provided two successive governments with reports documenting the deplorable state of long-term care in BC. Research from her office shows that about a quarter of residents in BC are now administered anti-psychotic drugs with no diagnosis of psychosis, that about half say they don't want to be there, that many are depressed, that many are sedated and that they are sometimes crowded two, three or four to a room. The many deaths and other emerging evidence from other provinces indicate that conditions are no better elsewhere and may be worse.

We believe that the ongoing mistreatment and the many deaths of seniors in long term care in all provinces in recent weeks represent a violation of their basic human rights and that these tragic outcomes are the result of:

1. Deeply-entrenched ageism and inequality in Canada and all of western society;
2. The chronic underfunding of the health care of seniors and other vulnerable human beings in Canada;
3. The accelerating privatization and institutionalized provision of seniors health care;
4. The view of some that seniors are commodities that can be exploited for profit;
5. A lack of effective government oversight of international investment in seniors care.

We are now reaping the consequences of these discriminatory practices and we have to acknowledge that we are still perpetuating discrimination by allowing so many institutionalized seniors right now to be left to die alone, completely isolated and often in miserable conditions. It doesn't have to be this way.

We see this tragedy as a time for our governments to plan and implement transformational change in the ways we care for our most vulnerable older citizens. We need to make that change right now.

As many of us remember, the institutionalization of children and adults because they were deemed to be mentally ill or disabled in some way and the legalized sterilization of people deemed to be unfit to reproduce were legal and publicly sanctioned for most of the 20th century.

These practices are now recognized to be inhumane and a violation of human rights.

However, the institutionalization of seniors in large long-term care homes continues to be normalized and is now a deeply entrenched practice in developed countries. These institutions even when, or even because, they are publicly funded have come to be regarded internationally as a lucrative market for investors.

To maximize profits for investors, support workers in these care homes, who are mostly women and often recent immigrants, are poorly paid and are given few consecutive hours of work so they have to work in multiple residences and several private homes to make a tolerable wage. In the wake of the current pandemic, frantic government efforts to supplement the pay of these care providers and to take measures to protect their safety are being introduced. But it looks like it's too little and too late for many.

We seniors believe that quality health care for seniors regardless of age or income level needs to be an essential component of our health care system and equally available, whether seniors live in long-term care or not, everywhere in Canada.

By Kathleen Jamieson

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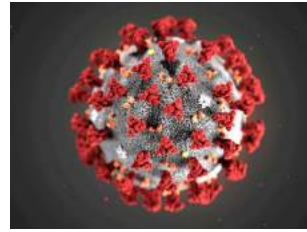
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Long-Term Care Facilities and the coronavirus



COVID-19 is a new disease causing severe respiratory distress in some patients, which can be fatal for about 1 to 3 % of confirmed cases. While it affects all age groups, the fatality rate increases with increasing age such that persons aged 80 and over are at highest risk of the disease. The virus spreads rapidly and is adept at finding the

cracks in our health care and social economic systems. In recent weeks Canadians have been collectively horrified by the rampant spread of this disease in long term care facilities across the country, resulting in 80 percent of all COVID-19 deaths, and overwhelming the capacity of facilities to provide care to their vulnerable residents.

What is the situation of Long-Term Care (LTC) in British Columbia?



In BC, seniors usually live in their own homes (93%), with smaller percentages living in congregate facilities such as assisted living and long-term care residences (6%). Long-term care facilities are funded with the goal to provide 3.36 hours of care per bed per day; this care is very intimate and personal. Many social activities including dining generally occur in communal areas, again involving

close personal contact. The BC Seniors Advocate reported on 294 long term care facilities across the province, which manage 27,284 publicly subsidized beds: most beds (88%) are in single-occupancy rooms, and the residents are aged 85 years on average. Over the past 20 years, the percent of care homes owned and operated by health authorities declined from 45% to 38% and those operated by for-profit companies increased from 23 to 34%. <https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2019/09/QuickFacts2019-Summary.pdf> Revenue in for-profit homes was less likely to be allocated to funding care hours than in the not-for-profit sector, leading the Seniors Advocate to strongly urge that “Funding for direct care must be spent on direct care.” She also called for “regulation changes that will empower licensing to monitor staffing levels similar to that in licensed day care.”

In BC in recent years, many LTC facilities have been sold and resold to privately-owned companies. A common practice is for the new owners to fire all the existing staff and then offer to re-hire them, generally at a lower wage rate than before and with fewer benefits. Staff may also be hired part-time so that owners can avoid paying benefits – leaving the staff to search out other employment, often at other LTC facilities, to improve their earnings. Owners may further cut costs by sub-contracting out dietary, care and cleaning functions. All these practices lead to a lack of continuity of care for residents and precarious work for staff.

Long-Term Care Homes and COVID-19



Residents of long-term care homes are particularly vulnerable to COVID-19 – in part they may have underlying medical conditions or compromised immune systems. Disturbingly four of five Canadians who have died due to COVID-19 have been residents or staff of the long-term care homes. Initially, a great deal of planning went into preparing for COVID-19 in hospitals and to a lesser extent in the community, while long term care homes were largely overlooked as a potential breeding ground for the virus. Numerous large outbreaks have been reported in Canada’s two largest provinces – Ontario and Quebec. BC has been more effective in controlling the spread of the virus, although more than 30 facilities have reported at least one COVID-19 case, with larger outbreaks reported in two LTC homes in Vancouver Coastal Health Authority.

Long term care and assisted living facilities in BC are now operating under infection control protocols, which mean that most residents will spend nearly all of their time confined to their rooms, lacking opportunities for physical exercise and with meals being delivered to their room by staff. Visitors are strictly limited. These restrictions are difficult enough on the overall health status of residents during normal disease outbreaks, such as flu or Norwalk virus, which may last up to a month, but in the time of COVID-19 may be very detrimental as they are extended for a period of several months or more. Family and friends restricted from visiting may provide a significant amount of formal care (e.g., help with feeding) and informal care (e.g., manicures, excursions out of the facility). In addition, these restrictions preclude entry to various groups which provide social activities and entertainment. For some residents, family members have found ways to overcome the isolation by communicating through windows, or using computer tablets to do video calls. More needs to happen to ensure residents can enjoy the remaining time of their life with the support of their loved ones.

Decentralized management appears to be a critical factor in at least some of the care home outbreaks, where the owners sub-contract out key functions to outside firms, which hinders ability to communicate effectively to contracted employees, visitors, and residents. Employment for care aides is precarious; they are often underpaid and overworked, with many being immigrant women who may be working in two or more locations to make ends meet, and thereby spreading the virus from one site to another. To address this grave concern, Dr. Bonnie Henry, BC's Provincial Health Officer, issued orders as early as March 26, 2020 aimed at restricting health care workers to work at one facility. A key feature of this order is to ensure that all workers receive the same rate of pay, including benefits.

For more information on these topics please see reports by the Canadian Centre for Policy Alternatives, including <https://www.policynote.ca/seniors-care-profit/> and <https://www.policyalternatives.ca/sites/default/files/uploads/publications/National%20Office/2020/04/Reimagining%20residential%20care%20COVID%20crisis.pdf>.

While much of the attention on need for PPE has been focused on hospital staff, and in some cases for first responders, and community health care in doctors offices, test-taking facilities and so on, the need for PPE for LTC facilities was not addressed early on.

The outbreak in one care facility in BC was reported on in detail by the Globe and Mail. Key take away messages are that many workers are hired by sub-contractors on part-time hours. While staff were previously unionized, wages have since been cut by \$2 per hour, with vacation pay reduced from 22 to 10 days and sick days from 10 to 3. A worker who became sick with cold symptoms kept working due to lack of sick time and soon many other staff and residents became ill and at least 18 have now died. Communication was poor initially due to the number of sub-contractors involved and a lack of clear understanding of who was in charge. A typical pattern in many large outbreaks emerges where staff become too ill to work and the remaining staff are left in often impossible situations with too few staff to deal with too many sick residents. Personal protective equipment or PPE may be in short supply or rationed. In BC, capacity exists to send in an emergency support team to fill in for care homes in crisis, but this type of response appears lacking in other provinces.

What has COSCO done? What can it do?

COSCO has long supported improvements to long term care, and together with the National Pensioners Federation has recommend that funding levels be commensurate with providing recommended standards of care, including care hours provided to each resident. COSCO has called for national standards of care, that public funds should not be used to subsidize private profits, and that governments need to commit to being publicly accountable and transparent through annual reporting on these programs, and that a national publicly administered body be created to implement standards, accreditation, regulation and supervision of care in long term care and personal care facilities.

Given the situation in 2020, COSCO strongly recommends that structures be put in place

to ensure that care aides work at one facility only, that schedules be organized to provide for full-time hours, and that standards of pay and benefits should apply regardless of whether the facility is managed by a public, not-for-profit or for profit entity. Most facilities already have mostly private rooms in BC, and further infection control practices should be considered. We further call for research to determine best practices across the sector. Finally a Task Force should be created which includes a wide range of stakeholders including seniors organizations to look at how to organize long term care facilities and ensure that residents are not regularly cut off from the outside world while infection control protocols are in place.

By Leslie Gaudette



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METRO VANCOUVER CROSS CULTURAL SENIORS NETWORK (MVCCSN)

This article is about one of COSCO's long-time affiliates



President - Ihsan Malik

MVCCSN was registered in 1995 as a non-profit volunteer organization to serve the interests of ethnic minority and immigrant seniors of Metro Vancouver. Among the purposes of the Society are, to encourage cross-cultural understanding and acceptance, to provide information and education to the public on issues affecting seniors of different cultural backgrounds; and to inform and advise service providers, funders and governments at all levels about issues affecting seniors. Our focus is on issues that affect Visible Minority (VM) seniors. According to the 2016 Census, in Metro Vancouver 38% of seniors 65 and older are VM. The percentage of VM of all ages is even higher at nearly 49%. They are our future seniors. Quite a number of VM seniors are not proficient in the English language and find it much more difficult to understand and navigate various programs and the available support systems, We have different dietary and social support needs and most of us have different religious and spiritual beliefs

which impact on the way services are delivered.

Over the last 25 years we have held many consultations with different communities and actively participated in numerous discussions with stakeholders on issues such as health care, housing and poverty. We have undertaken projects such as those on Financial Abuse of Seniors with South Asian and Vietnamese origin. We were presented with the Innovation Program Award for one of these projects by Gerontology Research Centre of Simon Fraser University.

We have been collaborating at the organizational level with the major B.C. non-profit organizations that advocate for and advance the interests of seniors in B.C. For quite sometime now our representative is regularly elected to the board of COSCO. We also have our elected representative participate in the Steering Committee of B.C. Health Coalition.

Our Society has been given recognition over the years with our members being appointed to advisory bodies of both the provincial and local governments and also to major non-profit enterprises such as the United Way.

We meet at 10 AM on every second Monday of the month at Sunset Community Centre, 6810 Main Street, Vancouver and usually have a speaker on a topic of current interest. Refreshments are provided. Meeting is open to non-members. New members are welcome.

By Mohinder Grewal

Housing

Rising Costs of Insurance on Condos or Strata Corporations



As you may already know, insurance on condos and stratas

has, in some cases, skyrocketed. The Insurance Bureau of Canada, the organization of the insurance companies, claims that the increases are due to the rising costs and large payouts around the world, particularly in areas that have suffered from floods or fires. The Bureau is also concerned with large payouts in stratas because of poor maintenance of them. It reports there is a 35% increase in building insurance costs in our province. However, this doesn't explain the 700% increases that have been reported by some condos.

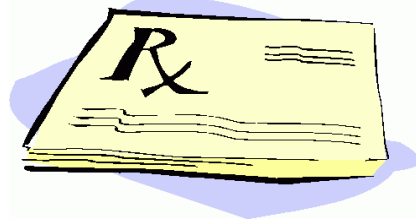
Presently condo owners have 2 types of insurance. The first is contents' insurance for your own unit that also covers damage you may have inadvertently caused another unit. This insurance you purchase yourself annually. The second is the building insurance, which takes in the building structure. This insurance is embedded in your strata fees. And it is the insurance that is receiving the 'big hit' in costs. It will mean that your strata fees will increase significantly, especially if your building has not been properly

maintained. It will also mean that the deductible will increase as well. This cost is also borne by the owners, in the form of strata fee increases. Some owners are facing a large increase in strata fees.

How can you deal with this problem? First, check with your strata's maintenance committee to see that the building itself is being properly maintained. Many stratas skimp on maintenance, refusing to do repairs because the cost of their strata fees will increase, or they will receive a special levy. It is not a good idea to delay maintenance because the longer the problems continue the more likely the damage to the building will increase, leaving owners with much larger fees when repairs must be done. Second, ask the provincial government to look into the pricing of the insurance premiums of the buildings. Is the price increase justified? Or is there price gouging going on? Remember your condo does not want to be in a position of not being able to acquire any insurance at all, especially when you are required by law to have it. You could speak to your MLA to request the provincial government could look into providing a provincial, non-profit and public insurance program to all homeowners in the province.

By Barb Mikulec and Linda Forsythe

Health Care/Medications Prescription Limits



The federal government, along with pharmacists' associations and regulators has recommended that pharmacists limit the amount of medications to a one-month supply to avoid a shortage in medications, nation-wide. Pharmacies responded immediately to this recommendation.

Many Canadians, especially seniors, have prescription medications for years or for their whole lives. Many get their prescriptions filled for 3 months, or 90 days. So, what are the repercussions for the senior patient? First, seniors will have to make 3 trips to the pharmacy, instead of one, for a 3-month supply of medications. At the time of the corona virus, 3 trips to the pharmacy will put them at risk 3 times as often; one of the last places we want to be is in a line-up at the pharmacy with other sick people, since our immune systems weaken as we age. The government suggests that instead of the patient retrieving the prescription, he/she should have it delivered or have someone else pick it up. That solution works if delivery is possible. When I've asked about that, pharmacies have told me that they can't deliver because they have reached their capacity to do so. To ask someone to pick up prescriptions can be tricky and depends on having someone reliable to do so. Seniors too tend to be an independent lot.

The second problem with this change is the cost. It will cost 3 sets of dispensing fees instead of one. So, one prescription of 30 days costing approximately \$10 for the dispensing fee, now cost \$30 for the same

medication for a 3-month supply. That's \$20 extra. And that's not including the cost of the medication. Many seniors take many more than one prescription. For example, someone filling 5 different prescriptions a month will have to pay \$150 in dispensing fees for a 3-month supply, instead of the usual \$50; quite a windfall for the pharmacies. And what would be the incentive for the pharmacies to reverse this practice at the end of the pandemic?

The government says that this change will avoid shortages. Well in most cases there are no shortages. And in the past when there was a shortage, the pharmacy explained the problem and the patient happily, or not so happily, paid the extra charges.

What can be done? Ask that the federal government (Minister of Health and Finance Minister) to reverse its recommendation so that people taking medicines over the long term can get a 3-month supply at one time. Note that pharmacies have been able to manage shortages in the past and can do so going forward. Explain the hardships this will put on seniors, especially in relation to risking their health and in the pocketbook. Remember to mention that many of our seniors live below or near the poverty line. Send copies of your letter to your MP, MLA, provincial and territorial health and seniors ministers. And finally send your letter to your local newspaper.

By Linda Forsythe

News Flash from the Editors: This is now in the process of being resolved.
Let us know if you are still having problems.

Did you know?



Your pharmacist may be able to fill routine prescriptions over the phone and some will deliver them to your home. Your family physician can now bill for consultations over the phone or through telehealth so you don't need to go into the office.

By Linda Forsythe



Are Your Meds Working for You?

Many people find they are taking one, two, three or even 20 different medications daily. Most have been prescribed by doctors. Sometimes a medication is no longer needed for a particular ailment. Sometimes a smaller dose is best. Sometimes one medication interacts with another one in a negative way, or cancels out the effects of one of the medications.

Today we can get our medications checked by a pharmacist to see how we are doing with them. UBC (University of British Columbia) runs a free Pharmacists Clinic to check on medications.

You can call them to make an in-person appointment or to have a telephone consultation. Their number is 604-827-2584. If you prefer to visit the clinic, call and make an appointment. Their address is Pharmacists Clinic, UBC, Second Floor, 2405 Westbrook Mall, Vancouver.

Website: pharmsci.ubc.ca/pharmacists-clinic

Also, if your local pharmacist has the time, you could review all your medications with him/her.

Here are some questions to ask the doctor, nurse, or pharmacist about your prescription:

1. Why am I taking this medication?
2. What are the potential benefits and harms of this medication?
3. Can it affect my memory or cause me to fall?
4. Can I stop or reduce the dose of this medication?
5. Who do I follow up with and when?

By Linda Forsythe

Seniors' Repair Service

The Senior Citizens' Repair Service provides low-cost minor house repairs, renovations and maintenance services for seniors 55 years and over and for people with disabilities in Metro Vancouver.

Services include plumbing, carpentry, electrical work, gas fitting, painting, yard work and general handyman services. All services are guaranteed for 30 days, and are performed by experienced trades people who are retired or semi-retired.



Sponsored by the **Plumbers and Pipefitters Union Local 170.**

Office hours are 9 AM to 12 Noon, Monday to Friday.

Phone: 604 529-1100

The National Pensioners Federation (NPF) is a national, not for profit, non partisan, non sectarian organization of 350 seniors chapters, clubs, groups, organizations and individual supporters across Canada with a collective membership of 1,000,000 seniors and retirees devoted entirely to the welfare and best interests of aging Canadians.

Their mission is to stimulate public interest in the welfare of aging Canadians. Their goal is to help seniors and retirees have a life of dignity, independence and financial security. They accomplish this through educating our members and the general public.

COSCO has been involved with the NPF since the days of *Rudy Lawrence* and *Art Kube*, who served as president in the early 2000's. Other members of COSCO who recently played an important role in the NPF are *Pat Brady*, *Doug Edgar* and *Joanne Lauber*. Currently, *Kathleen Jamieson* serves as both the COSCO and NPF Health chair, *Barb Mikulec* serves as both the COSCO and NPF Housing Chair and *Annette O'Connor* is the Recording Secretary. BC Forum, a COSCO Affiliate, is also very active thanks to *Diane Wood* and *Sam Weise*. COSCO is very fortunate to belong to a group that advocates for seniors and gives us a voice at the national level.

By Annette O'Connor

April 20, 2020



NationalPensionersFederation.ca

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Greetings Ms. Deb Schulte MP- Minister of Seniors,

RE: Call to Action - Seniors support across Canada

The COVID 19 pandemic does not discriminate. We are all included, but the senior community has been the hardest hit. The Federal and Provincial governments have been providing daily updates on programs to address the economy and health initiatives are all good but the reaction to address the senior community involving Long Term Care and Home Care has only now touched a sense of some priority. Terms like low income, the disabled, most vulnerable, not only have definitions, they are well represented in our senior community. Many seniors are struggling on low incomes based on GIS/ OAS payments. Disabled seniors have difficulties in caring for themselves and living in isolation. The deemed vulnerable could be viewed as a combination related to all of the mentioned. So what has changed under COVID-19?

First: The question of the protection of prescription drug supply. Seniors, many on 7-10 meds are now limited to a 30 day supply. They are facing additional cost with their 90 day supply cut, requiring additional trips to pharmacies, mounting dispensing costs as well as risking exposure to this highly infectious virus we all face. Has anyone truly justified such drastic impact on those living within marginal incomes?

Second: Accountable and proactive response for senior's health care providers. Those working in Long Term Care and Home Care were the last to receive more appropriate direction and supplies relating to protection, both for themselves and those being in their care. The national record of infections and death are indeed telling truths. The most vulnerable were last to be of concern for appropriate protocols.

Third: Hospitalized Seniors not having support to be discharged due to self isolation, remain in hospital beds or left to tragically die in fear without family or familiar comforts.

Mental health concerns also affect our citizens as isolation, anxiety or depression etc. can have devastating effect on persons who need prompt attention and funding for expanded services.

Yes, the recovering of the economy is important as well as the health initiatives for the general population but there is an obvious missed mark by governments. Although not well known, earlier, the N S Senior Advisory Council aka Group of IX, recently put forward information on these concerns of the senior community to government, similar to their position in 2016 when there was a major proposal in raising the fees on Pharmacare.

The intent of my letter today is to communicate to the decisions makers that the 'most vulnerable' is more than a used term. It must carry with it the voice of senior organizations when speaking on behalf of our community, whom should receive greater attention. Seniors organizations are built and strive to improve our lives and communicate resolves for such problems in our society, let's work together.

<https://pm.gc.ca/en/mandate-letters/2019/12/13/minister-seniors-mandate-letter>

Respectfully,

*Trish McAuliffe
President,
National Pensioners Federation*

*Bernie LaRusic
2nd Vice President,
National Pensioners Federation
& Seniors Advocate*

*CC:
Minister of Health
Minister of Finance
Minister of Families, Children and Social Development
Minister of National Revenue
Minister of Innovation, Science and Industry
And shadow cabinet ministers*

Some Good News For Seniors -- For a Change!

Prime Minister Trudeau has now announced (May 12, 2020) some new measures that will help to alleviate some of the stress that seniors experience because of COVID-19.

First of all, seniors receiving OAS will receive a one-time non-taxable payment of \$300. Low-income seniors receiving GIS will get an additional non-taxable \$200. Seniors do not have to apply for these payments.

In addition, funding to the government New Horizons Program has been extended by \$20 million for community-based projects that help seniors.

Minister of Seniors, Deb Shulte, previously announced a one-time payment through the GST tax credit and the reduction of minimum withdrawals from Registered Retirement Income funds by 25% in 2020.

These are all meant to be one-time responses to the impact that the COVID-19 pandemic is having on seniors, and will not interfere with GIS or SAFER.

PM Trudeau said that more work needs to be done for seniors in the longer term. During the last election he promised an increase in the OAS for seniors over 75 years and an increase in CPP survivors benefits. Putting that promise into action would also help right now.

By Kathleen Jamieson

History repeats itself. This poem was written in 1869 by Kitty O'Meara, during the Irish potato famine and was reprinted during the 1919 Spanish flu pandemic.

This is timeless...

And people stayed home
And read books and listened
And rested and exercised
And made art and played
And learned new ways of being
And stopped
And listened deeper
Someone meditated
Someone prayed
Someone danced
Someone met their shadow
And people began to think differently
And people healed
And in the absence of people who lived in ignorant ways
Dangerous, meaningless and heartless,
Even the earth began to heal
And when the danger ended
And people found each other
Grieved for the dead people
And they made new choices
And dreamed of new visions
And created new ways of life
And healed the earth completely
Just as they were healed themselves.

