



National Pensioners' and Senior Citizens Federation

Policy Brief to the Government of Canada

February 2012

TO:

The Right Honourable Stephen Harper, Prime Minister of Canada

The Honourable Leader of the Opposition

The Right Honourable Jim Flaherty, Minister of Finance

The Honourable Alice Wong, Minister of State for Seniors

The Honourable Leona Aglukkaq, Minister of Health

The Honourable Members of Cabinet

The Honourable Members of Parliament

The Honourable Members of the Senate

Table of Contents

EXECUTIVE SUMMARY..... 3

1. INTRODUCTION 5

2. BACKGROUND: GROWING ECONOMIC AND SOCIAL INEQUALITY..... 5

3. FOUR PRIORITY AREAS..... 6

 3.1 Poverty..... 6

 3.2 Healthcare and Pharmacare..... 8

 3.3 Housing..... 11

 3.4 Dental Care 15

4. CONCLUSION 19

APPENDIX I: RESOLUTIONS..... 20

EXECUTIVE SUMMARY

The National Pensioners and Senior Citizens Federation (NPSCF) is a democratic, nonpartisan, non-sectarian, and non-racial organization, formed in 1945. We are comprised of 350 seniors' chapters and clubs across Canada, who have a collective membership of 1,000,000 Canadian seniors. The Federation is dedicated to stimulating public interest in the welfare of older Canadians: helping seniors maintain a life of dignity and independence; and educating, counseling, and advising governments on what seniors think about issues in Canada.

This brief presents the resolutions passed at the 67th NPSCF Convention in Charlottetown October 20-22, 2011. Since we cannot hope to cover all of the many issues currently being faced by our fellow seniors, we will focus on four priority areas: Poverty, Healthcare and Pharmacare, Housing, and Dental Care.

Poverty

While some significant poverty reduction has occurred in the past, the recession has had a devastating impact on Canadians of all ages – from the very young to the very old. Family poverty is the critical issue for the very young and it occurs primarily among working families. Among the older population, the lack of pensions, the loss of jobs late in life, marginal wages, interrupted labour force participation, illness and the onset of chronic illness and disabilities are just some of the factors leading to poverty. Recent immigration status is also affecting levels of poverty among people whom we brought to Canada because of their potential to the social and economic well-being of our country. Why are we not giving them the opportunities to work and contribute that we pretended to offer when accepting them as newcomers?

Healthcare and Pharmacare

In our *Brief* we are paying particular attention to the need to create a National Pharmacare Program linked to the protection of the *Canada Health Act*.

We believe that all Canadians must have access to a universal pharmacare program. As members of the Congress of National Seniors Organizations in 2004, we called for the creation of such a program based on the growing costs of prescription drugs and the challenge this was creating for private and public expenditures on healthcare. It is clearly wrong that individuals should have to choose between food or medications or rent and medications. The health status of individuals should not be based on their ability to pay. Prescription drugs are covered when a person is in hospital, but not covered under the *Canada Health Act* when he or she leaves.

The European Union, in its negotiations with Canada regarding the Comprehensive Economic and Trade Agreement (CETA), is arguing for greater patent protection for pharmaceuticals or prescription drugs. The large European-based pharmaceutical drug companies want extended

market exclusivity for approximately 3.5 more years. Such a move would delay the manufacturing of lower cost generic drugs and increase the cost for all Canadians. A recent report estimates the additional drugs costs to Canadians would be approximately \$2.8 billion annually.

Housing

One of the critical factors in the “Determinants of Health Model” is access to safe and secure housing. Individuals cannot focus on education, job training or employment if they lack access to permanent accommodation. Safe and secure housing is essential to human development. In recent years it has been well-documented that investment in housing has a social and economic role that is central to both social and national development and wealth.

Dental Care

The 2008 Canadian Dental Association’s *Report on Seniors’ Oral Health Care* stated that “Although there is no representative data to profile the oral health status of community dwelling older Canadians, studies consistently indicate poor oral health and limited access to professional care among residents of long term care (LTC) facilities.”

A number of barriers exist for seniors in accessing appropriate needed dental and oral health care, including: limited access to care for institutionalized elderly; barriers for homebound and institutionalized seniors in rural areas; financial barriers for a growing number of seniors who have lost dental insurance benefits at retirement; and physical barriers in dental offices, such as lack of wheelchair accessibility.

A good strategy for Seniors’ oral care is necessary for health and quality of life.

Conclusion

We call on the Government of Canada to embrace the resolutions adopted at the NPSCF convention in October of 2011 – particularly those concerning poverty, healthcare and pharmacare, housing, and dental care. Implementing those resolutions will go a long way in improving the lives of seniors in Canada.

Additionally, our Federation has to express, in the strongest terms possible, that the Federal government must take a leadership role on health care issues with our Provinces and Territories. We cannot agree that the recent decision in December 2011 to take a “hands-off” approach to the 2014-2024 Health Care Accord is a responsible one.

Do not let our issues be ignored. We look forward to what the political parties have to offer by way of leadership in this Parliament towards improvements in the areas of poverty, healthcare and pharmacare, housing, and dental care for Canada’s seniors.

1. INTRODUCTION

The National Pensioners and Senior Citizens Federation (NPSCF) is a democratic, nonpartisan, non-sectarian, and non-racial organization, formed in 1945. We are comprised of 350 seniors' chapters and clubs across Canada, who have a collective membership of 1,000,000 Canadian seniors. The Federation is dedicated to stimulating public interest in the welfare of older Canadians: helping seniors maintain a life of dignity and independence; and educating, counseling, and advising governments on what seniors think about issues in Canada.

This brief presents the resolutions passed at the 67th NPSCF Convention in Charlottetown October 20-22, 2011.

2. BACKGROUND: GROWING ECONOMIC AND SOCIAL INEQUALITY

The concerns of our membership, as reflected in the resolutions, are grounded in our belief that our country's future depends on tackling the growing economic and social injustice developing in Canada. This issue of growing inequality is a worldwide problem as the World Health Organization (WHO) has noted in its Commission on the Social Determinants of Health. It is also clear that our country's level of economic and social equity, or lack of it, will play a critical role in ensuring our future as a nation. The Standing Senate Committee on Social Affairs, Science and Technology, *Report of the Subcommittee on Cities: In from the Margins: A Call To Action on Poverty, Housing and Homelessness* (December 2009) noted the following:

Poverty expands health care costs, policing burdens and diminished educational outcomes. This in turn depresses productivity, labour force flexibility, life spans and economic expansion and social progress, all of which takes place at huge cost to taxpayers, federal and provincial treasuries and the robust potential of the Canadian consumer economy. [...]

We believe that eradicating poverty and homelessness is not only the humane and decent priority of a civilized democracy but absolutely essential to a productive and expanding economy benefitting from the strengths and abilities of all its peoples. [...]
(p.3)

In order for Canada to thrive, we must be able to maximize the opportunities for all Canadians to thrive, to contribute their skills and talents to society and, in turn, to benefit from the contributions of their fellow citizens. We have seen through the “Occupy” movements, a significant increase in social awareness of the growing gap between rich and poor. These movements also have drawn attention to the disappearing middle class who have lost well-paying manufacturing jobs with the out-sourcing of work. We also see the rising despair among younger people about never finding good non-contract work in Canada.

3. FOUR PRIORITY AREAS

In our *Brief* we cannot hope to cover all of the many issues currently being faced by our fellow seniors so we will focus on four priority areas: Poverty, Healthcare and Pharmacare, Housing, and Dental Care (while recognizing they are all inextricably linked to many other social and economic concerns).

3.1 Poverty

At our AGM in October of this year, we passed a number of resolutions that tackled factors that we believe affect the economic well-being of Canadians. Our resolutions covered a number of policy areas that could ameliorate the incidence of poverty among Canadians. We will just highlight a number of the issues here.

When both private and public (or social) costs are combined, poverty costs the residents of Ontario a staggering \$32 billion to \$38 billion a year – the equivalent of 5.5 percent to 6.6. percent of provincial GDP.... This immense sum of money would obviously be better spent removing the source of these dead-weight costs – widespread poverty – than continuing to treat the devastating symptoms of its effects. If properly spent, what this money would ultimately buy is a healthier, better educated and more productive workforce, in which far more Ontarians would have a stake in making the province work for the benefit of all. (*Building A Resilient Ontario: From Poverty Reduction to Economic Opportunity*, Nov 29, 2011)

Imagine what those costs are when you extrapolate the Ontario figures to the whole of Canada.

Poverty costs in economic, social and personal terms. People who live their lives in poverty tend to achieve lower levels of education, higher levels of unemployment and live shorter lives. One example of the impact on health of low levels of household income combined with low educational achievement is the link to the early onset of type 2 diabetes. Low-income women were far more likely to develop this type of diabetes than women in higher income households. (“The Role of Socio-Economic Status in the Incidence of Diabetes”, *Statistics Canada The Daily*, August 18, 2010)

While some significant poverty reduction has occurred in the past, the recession has had a devastating impact on Canadians of all ages – from the very young to the very old. Family poverty is the critical issue for the very young and it occurs primarily among working families. Among the older population, the lack of pensions, the loss of jobs late in life, marginal wages, interrupted labour force participation, illness and the onset of chronic illness and disabilities are just some of the factors leading to poverty. Recent immigration status is also affecting levels of poverty among people whom we brought to Canada because of their potential to the social and economic well-being of our country. Why are we not giving them the opportunities to work and contribute that we pretended to offer when accepting them as newcomers?

We know that incidence of poverty is higher in racialized communities, among Aboriginal people, and among those living with lifelong disabilities. Poverty is also coloured by gender. Women in general, and single unattached women, especially single mothers and older women, carry a higher burden of poverty than men. In the study *Women in Canada: Economic Well-Being* (*Statistics Canada the Daily*, December 16, 2010) women earned between 70-72 percent of the income of men, and even women who worked full-time, worked fewer hours than their male counterparts, which also impacted their income levels.

In that same study, it was noted that the low-income rate among seniors (65 years and older) has declined rapidly since 1976 when the rate for women was 34 percent falling to 8 percent in 2008. For men, the change over the same span of time was a drop from 23 percent to 4 percent. However, one must take into account the fact that one of the largest factors in the decline in low-income rates for seniors is the significant role government transfers play. In

2009, the median income for senior families was \$46,800, comprising \$25,000 in market income, \$24,700 in government transfers. The median income tax was \$1,900. The government transfers for seniors were approximately four times that for economic families of two persons or more. (*Statistics Canada, The Daily, June 15, 2011*) Any change in government transfers as part of the deficit reduction would have a significant impact on the well-being of seniors, changes such as increased penalties for taking Canadian Pension Plan (CPP) payments early, limiting increases in Old Age Security (OAS) and Guaranteed Income Supplement (GIS). Both OAS and the GIS need to be increased.

We know that the CPP was intended to provide about 25 percent of a retiree's income. However, we now know that increasingly fewer people have savings beyond their CPP investment and this is clearly leading to increased struggles for older people to live with some security. We believe that the federal government must increase its contribution to CPP so that the CPP can reach payout levels that would be at least double what it is today. We urge the next meeting of the First Ministers to go back to the table and develop a plan for a more robust Canada Pension Plan.

Please see the resolutions in the Appendix regarding Pensions (P1-12), the Economy and Employment (E1-3), and Taxation (T1-4) for further details in addressing poverty issues amongst seniors in Canada.

3.2 Healthcare and Pharmacare

The Need for Pharmacare

In our *Brief* we are paying particular attention to the need to create a National Pharmacare Program linked to the protection of the *Canada Health Act*.

We believe that all Canadians must have access to a universal pharmacare program. As members of the Congress of National Seniors Organizations in 2004, we called for the creation

of such a program based on the growing costs of prescription drugs and the challenge this was creating for private and public expenditures on healthcare. It is clearly wrong that individuals should have to choose between food or medications or rent and medications. The health status of individuals should not be based on their ability to pay. Prescription drugs are covered when a person is in hospital, but not covered under the *Canada Health Act* when he or she leaves.

The Canadian Institute for Health Information (CIHI) reported that, in 2010, total expenditure on health care would be approximately \$191.6 billion dollars of which \$135.1 billion would be government expenditures. The public sector accounts for roughly 70 percent and the private 30 percent. It is interesting to note that while the average growth in health expenditure from 1985 to 2008 rose 6.6 percent the rise in expenditures for drugs rose 9.1 percent on average, while 9.5 percent was the expected increase for 2010.

In 2010, per capita expenditure on drugs is forecast to have accounted for 16.3 percent of total health expenditure in Canada (*Drug Expenditure in Canada, 1985 to 2010*, CIHI, p.16). It is unnecessary for provinces to be under pressure to increase co-payments for prescription drugs when we know there is a public policy solution.

We believed in 2004 that a strategy was needed to deal with this rapid rise in costs and the need for action is more urgent today! We are calling on the federal and provincial governments to move now on this agenda.

In 2004 we wrote that all Canadians should have access to a universal pharmacare program which provided medically necessary prescription medications, regardless of province of residence or whether the drugs are delivered in hospital or in the community. The program should be based on the five principles of the *Canada Health Act* (public administration, comprehensiveness, universality, portability and accessibility), and the cost incorporated in to the tax system on a progressive basis.

Cost containment is a key issue and that is why we suggest a National Federal / Provincial /Territorial Prescription Drug Purchasing Body that can negotiate lower prices through bulk purchasing. This would also reduce overhead costs through a single-payer or a consortium. There should be a National Testing and Evaluation Program of all new prescription drugs. Once a drug is approved, it should be eligible for listing on all Provincial, Territorial and Federal Formularies.

We need to have a National Electronic Data base that would help to ensure more effective containment of drug costs through the development of “best prescribing practices” by physicians and provide a greater monitoring of drug utilization and prescription compliance. Finally, we would like to see a policy for drugs that would reject new prescription drugs that are not substantially different from existing drugs by not listing them on National, Provincial or Territorial Formularies.

The EU and the Comprehensive Economic and Trade Agreement (CETA) and Drug Costs

The European Union, in its negotiations with Canada, is arguing for greater patent protection for pharmaceuticals or prescription drugs. The large European-based pharmaceutical drug companies want extended market exclusivity for approximately 3.5 more years. Such a move would delay the manufacturing of lower cost generic drugs and increase the cost for all Canadians. A report prepared by Paul Grootendorst of the University of Toronto and Aidan Hollis of the University of Calgary estimates the additional drugs costs to Canadians would be approximately \$2.8 billion annually.

The European Union negotiators are threatening that if they do not get this extension for their companies, they will stop investing millions of dollars on research and development (R&D) in Canada. However, we know that, despite a commitment these companies made to the Mulroney government in the early 1990s, they have regularly failed to invest at least 10 percent of their

earnings in Canada in research and development.

The 2010 *Annual Report* of the Patent Medicine Prices Review Board (PMPRB)¹ shows that research and development spending as a percentage of sales has dropped to its lowest level since 1988 (p. 32). In 2010, brand-name drugs spent only 6.9 percent of their Canadian revenues on R&D in Canada, marking the tenth consecutive year that brand-name drug companies have broken their promise to spend at least 10 percent of their domestic sales on R&D (p. 32). Why would we believe anything they say now? Why would we agree to anything that would increase our drug costs?

The provincial governments, insurance companies, employers, workers and all ordinary citizens must insist that these demands from the European Union negotiators be blocked. If it is not stopped the impact on all of us will be serious and the cost in Medicare will be substantial.

Please see the resolutions in the Appendix regarding Health and Pharmacare (H1-22), the Canadian European Comprehensive Economic and Trade Agreement (CETA 1-4), and Mandatory Format (MF3) for further details in addressing healthcare and pharmacare issues amongst seniors in Canada.

3.3 Housing

One of the critical factors in the Determinants of Health Model is access to safe and secure housing. Individuals cannot focus on education, job training or employment if they lack access to permanent accommodation. Safe and secure housing is essential to human development. In recent years it has been well-documented that investment in housing has a social and economic role that is central to both social and national development and wealth.

We know that having safe and secure housing reduces premature death and illness, fosters

¹ The website for the Patent Medicine Prices Review Board is www.pmprb-cepmb.gc.ca

healthy living, educational success and employment opportunities. Access to employment and education affects the likelihood of better incomes and productivity. The absence of secure accommodation is a critical factor in homelessness or precarious housing, low educational achievement, early onset of chronic illness and lower life spans – all the attributes of those living in chronic poverty. Since a healthy workforce can directly influence productivity, and productivity is essential to economic growth, then even just on economic grounds we should have a strong national housing policy. More of the national budget must be allocated to housing. The proportion of the budget allocated is an important indicator of housing's importance and, therefore, determines its level of contribution to economic development.

We believe that the comprehensive report released by the Standing Senate Committee on Social Affairs, Science and Technology, *Report of the Subcommittee on Cities, In From the Margins: A Call to Action on Poverty, Housing and Homelessness*, presented a clear link between poverty and housing. The Foreword states:

What does this mean for the millions of Canadians that live with these daily hardships? It means making tough decisions about putting enough food on the table or paying the rent. It means making the decision to stay in school or to drop out to find a job to help the family. It means that by just struggling to get by, these families cannot even dream about getting ahead. [...]

Poverty expands healthcare costs, policing burdens and diminished educational outcomes. This in turn depresses productivity, labour force flexibility, life spans and economic expansion and social progress, all of which takes place at huge cost to taxpayers, federal and provincial treasuries and the robust potential of the Canadian consumer economy.[...]

We believe that eradicating poverty and homelessness is not only the humane and decent priority of a civilized democracy, but absolutely essential to a productive and expanding economy benefitting from the strengths and abilities of all its people. (p.3)

Unfortunately, federal policy towards housing has significantly changed over the past 15 years. It has been a change for the worse for low to lower middle income Canadians and their accessibility to safe and secure housing. We need to cite some of the changes in order to make the case for a significant reversal of policy.

In 1973, through amendments to the *National Housing Act*, the federal government committed to a national housing plan. That plan supported the development of more than half a million good quality, affordable homes, over the following two decades. Unfortunately, in the mid-1990s, the federal government, facing a major budgetary deficit, began the process that dismantled the plan. In 1996 the government transferred federal social housing programs to the provinces and territories. Then, in 1998, the government amended the *National Housing Act* to commercialize the mortgage insurance fund of the Canadian Housing and Mortgage Corporation (CMHC), further eroding the national role in housing. It meant that Canada was without a comprehensive national housing strategy. (Wellesley Institute, *Precarious Housing in Canada*, Summer, 2010)

What is the recent picture? We will touch on a few facts.

1. Of the 12 million households in Canada, about 1.5 million are in “core housing need” – CMHC’s definition of those who are in the greatest need. (Wellesley Institute, *Precarious Housing in Canada*, Summer, 2010, Executive Summary, p.5)
2. An estimated 3.3 million households live in homes that require repairs and 1.3 million of these households report the need for major repairs (those that affect the health and safety of the people living in the housing).(Ibid)
3. Housing affordability continues to erode as both rental and ownership costs continue to rise. 1.5 million households are involuntarily paying 30 percent or more of their income on shelter. (Ibid)
4. By the year 2013, federal housing program spending will drop by 18 percent from \$2.3 billion to \$1.9 billion.(Ibid)
5. The federal Affordable Housing Initiative will be cut from \$164 million to \$1 million. (ibid)
6. Households receiving federal housing support will drop by seven percent from 621,700 to 578,479.(Ibid)
7. By 2008, less than 18 percent of the 623,750 homes assisted through federal housing programs are still being administered by CMHC (mostly co-op and Aboriginal housing). (Source: *Canada Mortgage and Housing Corporation*) (Wellesley Institute, *Precarious Housing in Canada*, Summer, 2010)
8. Historically, 20 to 25 percent of projects developed under social housing programs were co-operatives. Under the Federal/Provincial Affordable Housing Program, that has dropped to under 4 percent. (CHF Canada Ontario Region 2011 Pre-Budget Submission, Ontario . p.6)
9. In Ontario alone, Ontario renter households – or 20% of all renter households in the province – pay more than 50% percent of their income on rent. Over 580,000

households, about 45 percent of renter households, spend more than 30 percent of their income on rent.

10. In 2006, CMHC reported that 20 percent of Canada's First Nations, Inuit, and Métis populations were in core housing need, significantly higher than the 12.7 percent of non-Aboriginal Canadians. (Canada Mortgage and Housing Corporation. *Housing in Canada Online* data table).
11. Canada has a legacy of some 630,000 units of social housing, most developed under federal housing programs over the past sixty years. The funding agreements that allow the providers of these units to offer rents geared to income (RGI) for low-income Canadians are beginning to expire, including the agreements for some 57,000 units of co-op housing. The occupants of those homes are at risk as the co-operatives will no longer receive the special subsidies they received from CMHC to offer rent geared to income. Those at risk include seniors, people with disabilities, working families and new Canadians. It is estimated that close to one-third (200,000) of the social housing units are at risk of losing subsidy streams without the capacity to replace them. (Co-operative Housing Federation of Canada. *Pre-Budget Consultations*, 2011).
12. Finally, we note that in 2009 the United Nations *Special Rapporteur on the Right to Adequate Housing* reported to the United Nations Human Rights Council (UNHRC) that Canada was failing to meet its international housing rights obligations and that housing rights were being eroded. The federal government included in its response to that report a promise to do more on housing and poverty issues.

The recession that started in 2008, the loss of jobs, the collapse of many companies and their private pension funds, all have hurt many citizens but especially older Canadians who were no longer in the labour force. To protect the economy, the federal government injected stimulus programs into the economy. Those programs targeted towards the housing sector primarily focused on households who did not need help, with relatively little going to those in greatest need – low to moderate income people. (Federal Department of Finance, *Tax Expenditures Report*, 2009.) Waiting lists for affordable housing grew longer. We need to have CMHC back providing funding for the creation of affordable and supportive housing. The net income at CMHC, its annual surplus, is projected to rise to a record high of almost \$1.9 billion in 2013, primarily through its business of insuring mortgages. Money is there to invest in affordable housing.

We believe that there must be an over-arching goal for housing policy in Canada, that is, the creation of a National Housing Policy. We know that this can be achieved working with the

provinces and territories within the constitutional division of powers. We also believe that such a policy must tackle the issues of affordability and availability while ensuring all housing meets the standards of safety and security. We also believe that housing is more than shelter; it provides support and protection to people so that they can participate in, contribute to and benefit from the communities in which they live. The federal government needs to ensure that all the current rent geared to income housing supply continues and recognize that more needs to be added. In addition, from children to the very old, we all need supportive programs that ensure our capacity to live and function as citizens.

Please see the resolutions in the Appendix regarding National Housing (N1-3) for further details in addressing housing issues amongst seniors in Canada.

3.4 Dental Care

The 2008 Canadian Dental Association's *Report on Seniors' Oral Health Care* stated that "Although there is no representative data to profile the oral health status of community dwelling older Canadians, studies consistently indicate poor oral health and limited access to professional care among residents of long term care (LTC) facilities. In recent years, some progress has been made in selective areas of Canada to deal with access needs of the institutionalized elderly. Regrettably, these programs are sparse and reliant on a limited number of highly dedicated professionals with limited support from government. These programs remain the exception rather than the rule." They defined the issues for care:

1. There is a rapidly increasing need for dental care for the failing, complex dentition of some seniors, and for maintenance and palliative oral health care for many others who are becoming increasingly frail and dependant.
2. A number of barriers exist for seniors in accessing appropriate needed dental and oral health care, including but not limited to:
 - a. Limited access to care for institutionalized elderly due to lack of public policy and guidelines related to standards for the provision of oral health care; lack of proper facilities and remuneration for oral health care providers; and, a

shortage of providers with the interest and willingness to provide care in these settings

b. Geographic access creates enormous barriers for homebound and institutionalized seniors in rural areas

c. Financial barriers exist for a growing number of seniors who have lost dental insurance benefits at retirement, have limited income or who no longer qualify for government sponsored plans

d. Physical barriers in dental offices, such as lack of wheelchair accessibility, limit access for many seniors

3. There is inadequate educational preparation of dental professionals for the provision of appropriate life-span (including end of life) oral health care, and lack of competencies (knowledge, skills and attitudes) related to interprofessional care for team-based, collaborative practice critical to the care of the elderly.

A subsequent CDA document (2009), *Optimal Health for Frail Older Adults: Best Practices Along the Continuum of Care*, supports the best oral care practices for this population.

Background

In 1996, Ann Silverside advised the Canadian Medical Association that, “As governments attempt to off-load health care costs in an attempt to cut budgets, the bills are being passed to business that provide supplementary health care coverage. Business representatives attending a recent conference heard that employers experienced a 26 percent increase in the cost of providing supplementary health and dental benefits between 1990 and 1994.” (*Canadian Medical Association Journal, Vol. 155[8]*) The preponderance of the cost was for prescription drugs. At the time, Canada had a 72:28 ratio of public to private spending on health care. Added to that are the economic factors of aging. “Retirement is generally accompanied by a decrease in income and the loss of employer-sponsored dental coverage.”

Six years later, Weir noted that in Canada “The burden of oral disease is carried by poor children, people without dental insurance, homebound elderly people, developmentally disabled people, medically compromised people, Aboriginal children, homeless people, HIV-positive people and new immigrants.” She goes on to state that there are regional differences, with the north being particularly at risk. “Dental care is not covered under most provincial

health care plans. According to the 1996/97 National Population Health Survey, only 53% of the population aged 15 or older reported having dental insurance and only 59% reported visiting a dentist in the past year.” (*Canadian Medical Association Journal*, Vol. 167[9])

Dr. Ahluwalia, DDS, makes the case for the state of seniors’ dental care in the USA, stating that

“we have failed, as a society, to provide quality and accessible dental care for our elderly. Partly because of improved tooth retention and partly because access to care is problematic, we are witnessing increased rates of dental diseases in seniors. The treatment, management, and prevention of oral diseases in seniors will improve not only the conditions of their mouths, but also their overall health and well-being. Recent data indicate that periodontal diseases are associated with chronic diseases such as cardiovascular disease, cerebrovascular diseases, and diabetes. In addition, oral cancer—which is primarily seen in adults older than 60 years—can be physically, emotionally, and economically devastating. Oral diseases and dysfunction can be extremely painful, and they have an acute impact on quality of life, affecting chewing, eating, speaking, and social interactions.” (*American Journal of Public Health*, Vol. 94[5])

Ahluwalia’s first recommendation to remediate the situation is to ensure that “the financing and provision of oral health care [is] integrated with the mechanisms used to ensure overall health and well-being for the elderly.” His colleagues agree. “A primary barrier to proper oral health and preventive maintenance among older adults is lack of dental insurance. Dental insurance coverage is a strong correlate of dental care use, particularly among older adults.”

Dr. Ship DMD notes that

“Older people represent the fastest growing segment of the [North] American population. The world economy in the future will need to accommodate to an environment of fewer individuals in the work force and more retired adults requiring a gamut of services for a substantive and fulfilling life. The host of risk factors for health problems from “age-related recession ‘ include ‘salivary gland hypofunction and its accompanying xerostomia [in] one-third of the elderly, increasing their susceptibility to caries, gingivitis, and oral mucosal infections, and to experiencing difficulty with mastication, gustation, and swallowing. Olfactory and gustatory changes in the elderly, which may be related to both aging and disease, contribute to altered nutritional selections, thereby complicating certain medical conditions. Finally, oral mucosal conditions, such as infections (eg, candidiasis), vesiculobullous diseases (eg, lichen

planus), and neuropathic conditions (eg, burning mouth syndrome) can be uncomfortable and even debilitating, while neoplastic diseases (eg, squamous cell carcinomas) are life-threatening.” (*Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology, and Endodontics, Vol. 98*[6])

He concludes that, one factor that is missing is adequate finances. “Reimbursements from government and other health care insurance programs for oral health procedures have been negligible for decades.” Other writers also emphasize the issue of xerostomia. “Xerostomia leaves the mouth without enough saliva to wash away food and neutralize plaque, making teeth more susceptible to decay and periodontal disease. Saliva is essential for proper digestion and absorption of nutrients. Salivary flow naturally decreases with age but is also affected by micronutrient deficiencies, dehydration, and medications.”

“Chewing or swallowing difficulties and mouth pain have been associated with increased frequency of hospitalization and health care costs in elderly individuals. Acute MI has been associated with periodontal disease, presumably because of the viral and bacterial contributions to a thromboembolic event. A strong association has been made between oral health problems and diabetes mellitus. Results from the Pitt Oral Health Collaborative show individuals with diabetes have a five times greater likelihood of tooth loss and are at seven times higher risk for periodontal disease. Eating with others is a social outlet for many older adults, but the burden of pain or embarrassment may limit this activity. Withdrawal from pleasurable activities, such as dining with others, has been associated with depression. Older adults are typically at greater risk for malnutrition than other segments of the population. Older individuals with missing teeth had particular difficulty eating meat, fresh fruits and vegetables, and nuts. Impaired mastication and oral health problems also have been consistently associated with lower intakes of fiber. Lower intakes of antioxidant nutrients, such as vitamins A, E, and C, have also been associated with tooth loss and poor oral health.” (*Journal of Gerontological Nursing, Vol. 31*[7])

The general health implications are well supported. It has also been shown that professional oral care also decreases the incidence of fatal pneumonias in seniors in Long Term Care. A good strategy for Seniors’ oral care is necessary for health and quality of life. (*Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology, and Endodontics, Vol. 94*[2])

Please see resolutions H17 and H19 in the Appendix for further details in addressing dental care issues amongst seniors in Canada.

4. CONCLUSION

We call on the Government of Canada to embrace the resolutions adopted at the NSPCF convention in October of 2011 – particularly those concerning poverty, healthcare and pharmacare, housing, and dental care. Implementing those resolutions will go a long way in improving the lives of seniors in Canada.

Additionally, our Federation has to express, in the strongest terms possible, that the Federal government must take a leadership role on health care issues with our Provinces and Territories. We cannot agree that the recent decision in December 2011 to take a “hands-off” approach to the 2014-2024 Health Care Accord is a responsible one.

Co-operation, negotiation and compromise with the provinces is what we need. So many of seniors' issues in the areas of health care are at stake. Two of our priorities (noted above) are pharmacare and dental health. These go hand in hand with the overall vision of better health care that was formally articulated at the Federal level in Justice Emmitt Hall's 1964 Report. Subsequent reports have confirmed the absolute need for federal action and leadership, not abandonment.

We look forward to a renewed sense of responsibility for action on our many health issues. We need only to look South of the border to witness the destructive costs of abandonment of responsibility for a nation's needs in health care protection for its citizens. Our system is proven to be more effective in terms of efficiency, GDP costs, and universal coverage.

Do not let our issues be ignored. We look forward to what the political parties have to offer by way of leadership in this Parliament towards improvements in the areas of poverty, healthcare and pharmacare (including the Health Care Accord), housing and dental care for Canada's seniors.

APPENDIX I: RESOLUTIONS

Table of Contents

HEALTH (Pharmacare).....	22
H1 <u>ACCESS TO PRIMARY CARE AND NURSE PRACTITIONERS</u>	22
H2 <u>PUBLIC HEALTH CENTRES</u>	22
H3 <u>HOME CARE</u>	23
H4 <u>PHARMACARE</u>	23
H5 <u>PHARMACARE</u>	24
H6 <u>UNIVERSAL DRUG PLAN</u>	24
H7 <u>NATIONAL DRUG FORMULA</u>	24
H8 <u>CANADIAN HEALTH CARE</u>	25
H9 <u>PRESCRIPTION DRUGS</u>	25
H11 <u>SHORTAGE OF DOCTORS AND OTHER HEALTH CARE PROFESSIONALS</u>	26
H12 <u>EQUAL ACCESS TO PRESCRIPTION DRUGS</u>	26
H13 <u>NEED FOR PUBLIC DISCLOSURE OF DETAILED DRUG TRIAL RESULTS</u>	27
H14 <u>SHIFTING THE EMPHASIS TO HEALTH</u>	27
H15 <u>MEDICAL RECORDS</u>	27
H16 <u>SENIORS AGING WITH DISABILITY</u>	28
H17 <u>DENTAL CARE</u>	28
H18 <u>MEDICAL RECORDS</u>	28
H19 <u>DENTAL SERVICES</u>	29
H20 <u>ONTARIO HEALTH COALITION PROVINCIAL ELECTION CAMPAIGN</u>	29
H21 <u>PROTECTING MEDICARE</u>	29
H22 <u>PHARMACARE</u>	30
CANADIAN EUROPEAN COMPREHENSIVE ECONOMIC & TRADE AGREEMENT	30
CETA1 <u>CANADIAN EUROPEAN COMPREHENSIVE ECONOMIC AND TRADE AGREEMENT (C.E.T.A)</u>	30
CETA2 <u>CANADA EUROPEAN TRADE</u>	31
CETA3 <u>TRADE AGREEMENT CHANGES</u>	31
CETA4 <u>BRAND NAME DRUG COMPANIES AND THE EUROPEAN UNION</u>	31
PENSIONS	32
P1 <u>RESTRUCTURING CANADA’S PENSION SYSTEM</u>	32
P2 <u>POOLED REGISTERED PENSION PLAN</u>	32
P3 <u>OPPOSE THE POOLED REGISTERED PENSION PLAN</u>	33
P4 <u>PENSION REFORM O.A.S.</u>	33
P5 <u>OLD AGE SECURITY</u>	34
P6 <u>INCREASE O.A.S.</u>	34
P7 <u>FEDERAL GOVERNMENT RESOLUTIONS</u>	34
P8 <u>CANADA PENSION PLAN DEATH BENEFIT</u>	35
P9 <u>INCREASE O.A.S. & G.I.S.</u>	35
P10 <u>GUARANTEED INCOME SUPPLEMENT</u>	35
P11 <u>PUT FOOD IN THE BUDGET</u>	36

NPSCF Policy Brief to the Government of Canada

<u>P12</u> <u>SENIORS' INCOME</u>	36
<u>BANKRUPTCY</u>	37
<u>B1</u> <u>RESOLUTION ON BANKRUPTCY LAWS</u>	37
<u>B2</u> <u>CORPORATION BANKRUPTCY</u>	37
<u>B3</u> <u>DISABILITY BENEFITS (BANKRUPTCY)</u>	37
<u>B4</u> <u>WORKER PROTECTION</u>	38
<u>GUN REGISTRY</u>	38
<u>G1</u> <u>SAVE THE GUN REGISTRY</u>	38
<u>ECONOMY - EMPLOYEMENT</u>	39
<u>E1</u> <u>POVERTY AND THE COST OF UNEMPLOYMENT</u>	39
<u>E2</u> <u>EMPLOYMENT PLANNING</u>	39
<u>E3</u> <u>PROVINCIAL GREEN AGENDA'S</u>	39
<u>TAXATION</u>	40
<u>T1</u> <u>HARMONIZED SALES TAX</u>	40
<u>T2</u> <u>HST EXEMPTION</u>	41
<u>T3</u> <u>INCOME TAX</u>	41
<u>T4</u> <u>CONSUMER TAXES</u>	41
<u>WATER</u>	42
<u>W1</u> <u>WATER</u>	42
<u>W2</u> <u>MUNICIPAL WATER SYSTEMS</u>	42
<u>W3</u> <u>ENIRONMENT</u>	42
<u>NATIONAL HOUSING</u>	43
<u>N1</u> <u>NATIONAL HOUSING STRATEGY</u>	43
<u>N2</u> <u>PROVINCIAL AND FEDERAL OPERATING AGREEMENTS AND FUNDING</u>	43
<u>N3</u> <u>ECONOMICS OF COMMUNITY DEVELOPMENT</u>	43
<u>VOLUNTEERS</u>	44
<u>V1</u> <u>VOLUNTARISM</u>	44
<u>V2</u> <u>VOLUNTEERS</u>	44
<u>FOOD</u>	45
<u>F1</u> <u>ANTIBIOTIC USE AS GROWTH ENHANCERS IN ANIMALS</u>	45
<u>MANDATORY FORMAT (DATE)</u>	45
<u>MF1</u> <u>MANDATORY FORMAT</u>	45
<u>MF2</u> <u>BEST BEFORE DATE</u>	46
<u>MF3</u> <u>PRESCRIPTION LABELS</u>	46
<u>MF4</u> <u>LABELS</u>	46
<u>MISCELLANEOUS</u>	47
<u>M1</u> <u>REMEMBERANCE DAY</u>	47
<u>M2</u> <u>CFL LIGHT BULBS</u>	47

HEALTH (PharmaCare)

H1 ACCESS TO PRIMARY CARE AND NURSE PRACTITIONERS

Whereas: Healthcare in Canada faces rising costs, shortages of professionals, an aging population and difficulty with access to care, and

Whereas: The demand for collaborative, innovative clinical practitioners has never been greater, and

Whereas: Promotion of wellness, prevention of illness and injury, and patient engagement in their health and wellness are necessary and desired

Therefore Be It Resolved: That all recommendations included in the 2009 Canadian Nurse Practitioner Initiative be accepted by federal, provincial and territorial governments, and

Be It Further Resolved: That all levels of government, stakeholders, professional associations and unions work collaboratively to remove barriers to the integration and sustainability of the nurse practitioner in Canada's health care system.

COSCOBC

H2 PUBLIC HEALTH CENTRES

Whereas: Integrated non-profit community governed health centres not only provide excellent healthcare but are also economically very efficient

Therefore Be It Resolved: That the NPSCF advocate and support the establishment of Group Health Centres using Sault Ste. Marie Group Health Centre as a model.

COSCOBC

H3 HOME CARE

Whereas: Increased longevity requires greater amounts of home care and home support Therefore Be It Resolved: That the NPSCF and its member organizations call on the federal and provincial governments to cooperate, improve and implement the following program so as to improve home care for seniors:

- a. Provide and improve respite relief for voluntary caregivers
- b. Provide financial support to family caregivers when necessary
- c. Provide sufficient home support through federal and provincial funding agreements.

Be It Further Resolved: That we ask the Federal Government to look at the European Economic Community monetized model of Family Home Care.

COSCOBC

H4 PHARMACARE

Whereas: Canadians do not have a universal pharmaCare plan and many Canadians are not getting the medication they require because of the high cost of drug that are prescribed by doctors, and

Whereas: The Canadian Centre for Policy Alternatives released a ground-breaking study in 2010 showing that a National Drug Insurance Plan could save Canadians up to 107 billion in drug costs.

Therefore Be It Resolved: That we call on the federal government to establish a National PharmaCare Program at least as good as the best Provincial Pharmacare, and

Be It Further Resolved: That we demand the federal government to establish a National Drug formula with sufficient resources to be able to give information to both doctors and the public on the quality, safety and effectiveness of drugs therefore breaking the unhealthy relationship between doctors and drug manufactures which leads to over prescribing and in many instances, of prescribing of inferior and more expensive drugs.

CAW Area Council CAW 524 Retirees

H5 PHARMACARE

Whereas: The Price Review Board has insufficient enforcement power

Therefore Be It Resolved: That the Price Review Board be given expanded powers to regulate patent and non-patent drugs brought to market, and

Be It Further Resolved: That generic drug companies be permitted to duplicate higher priced over-the-counter drugs so as to introduce competition in the industry.

COSCOBC

H6 UNIVERSAL DRUG PLAN

Whereas: Nearly one in four Canadians have no drug coverage (mainly the poor) and those with low incomes, lack any drug insurance; and,

Whereas: Seniors have to meet hefty out-of-pocket expenses in some provinces for needed drugs.

This results in poorer health for millions, additional physician visits and hospitalizations; and,

Whereas: Experts say a universal drug plan would create an enormous savings. The Canadian Centre for Policy Alternatives estimated that a universal plan could result in savings for more than \$10 billion a year.

Be It Resolved: That a universal drug plan be implemented by the Federal government to cover every citizen in Canada from coast to coast.

U S C O Zone 15 – Niagara Region. Ont.

H7 NATIONAL DRUG FORMULA

Whereas: Canadians do not have a universal pharmaCare plan and many Canadians are not getting the medication they require because of high cost of drugs that are prescribed by doctors, and;

Whereas: The Canadian Centre for Policy Alternatives released a ground-breaking study in 2010 showing that a National Drug Insurance Plan could save Canadians up to 107 billion in drug costs.

Be It Resolved: That we call on the federal government to establish a National PharmaCare Program at least as good as the best Provincial PharmaCare, and'

Be It Further Resolved: That we request the federal government to establish a National Drug Formula with sufficient resources to be able to give information to both doctors and the public on

the quality, safety and effectiveness of drugs therefore breaking the unhealthy relationship between doctors and drug manufactures which leads to over prescribing, and in many instances, of prescribing of inferior and more expensive drugs.

Club 1390 – CAW Retired Workers Council – Ajax Ont.

H8 CANADIAN HEALTH CARE

Whereas: Canadian healthcare requires some reforms

Therefore Be It Resolved: That the NPSCF demand that the government implement all recommendations of the Royal Commission on the Future of Healthcare in Canada, chaired by the Honourable Roy Romanow.

COSCOBC

H9 PRESCRIPTION DRUGS

Whereas: PharmaCare is an essential part of healthcare

Therefore Be It Resolved: That the Council of Ministers of Health under the leadership of the Federal Minister of Health agree to a jointly funded national standards Federal/Provincial Pharmacare program which will provide to all Canadians safe, effective, accessible and affordable prescription drugs, and

Be It Further Resolved: That the Federal Government revisit Bill C-91 and amend it so as to stop the exploitation by the international drug companies so as not to disrupt our national Medicare program, and

Be It Further Resolved: That the Federal Government set up a National Drug Formulary which would provide accurate information on the proper application, quality and price of all drugs to the medical profession and the general public, and

Be It Further Resolved: That the NPSCF press for the implementation of this resolution with the Federal Government and that NPSCF affiliates do likewise with their respective Provincial Governments.

Therefore Be It Resolved: That the federal government implement a publicly funded PharmaCare plan.

Local 200 CAW Retirees' Chapter to:

National Retired Workers Conference – Port Elgin

Ontario Federation of Union Retirees (OFUR)

National Pensioners and Senior Citizens Federation (NPSCF)

United Senior Citizens of Ontario (USCO)

Congress of Union Retirees of Canada (CURC)

All Federal Candidates for Parliament

H11 SHORTAGE OF DOCTORS AND OTHER HEALTH CARE PROFESSIONALS

Whereas: A shortage of family doctors and other health care professionals affects the access to care and the quality of primary care.

Therefore Be It Resolved: That the NPSCF petition the Federal and Provincial Governments to develop initiatives to develop, support and retain Canadian family doctors and other health care professionals in order to deal effectively with the serious shortage of these practitioners and the serious decline in family practice, and

Be It Further Resolved: That the Federal and Provincial Governments and the National Pensioners and Senior Citizens Federation support the credentialing of foreign training of doctors and other health care professionals through programs that aid them in obtaining the skills to meet Canadian standards.

COSCOBC

H12 EQUAL ACCESS TO PRESCRIPTION DRUGS

Whereas: A study has found that up to 25% of all admissions to British Columbia's largest hospitals are drug related;

And Whereas: One in seven of these drug-related incidents was the result of misusing a medication;

And Further Whereas: In elderly populations, non-compliance rates run as high as 50-60%, of which failure to take a medication for cost or other reasons is a significant component;

Therefore Be It Resolved: That the British Columbia Old Age Pensioners' Organization and the National Pensioners and Senior Citizens Federation urges the Federal and Provincial Governments to implement a Universal PharmaCare program and increase funding for programs and research initiatives designed to enhance health literacy in Canadian seniors.

BC OAPO

H13 NEED FOR PUBLIC DISCLOSURE OF DETAILED DRUG TRIAL RESULTS

Whereas: The Federal Government's medical-research finding agency, The Canadian Institute for Health Research has scrapped a new policy that required public disclosure of detailed drug trial results that would allow the public, including seniors, to better assess and determine the advisability of taking certain medications;

And Further Whereas: A study released by the Canadian Institute for Health Information confirms almost two-thirds of Canadian seniors (people 65 and older) take, on average, five or more prescription drugs on an ongoing basis; and one in five seniors are taking 10 or more drugs daily;

And Further Whereas: Seniors wish to make informed decisions in consultation with their physicians in order to promote and realize the best results for their health and well-being;

And Further Whereas: Information that is derived through an Agency that is funded by the taxpayers of Canada should as a matter of principle be shared with the taxpayers;

Therefore Be It Resolved: That the British Columbia Old Age Pensioners' Organization and the National Pensioners and Senior Citizens Federation urges the Federal Government to take action to ensure that the Canadian Institute for Health Research and any other related and publicly funded research entities immediately make their medical research drug trial results available to the public.

BC OAPO

H14 SHIFTING THE EMPHASIS TO HEALTH

Whereas: Presently most of the emphasis in Healthcare is on Acute Care, Long-term Care, Operative and Post-Operative care, and,

Whereas: This kind of care does not bode well for the quality of life of seniors and is extremely costly,

Whereas: Reducing intake into the Acute and Long-term Healthcare system would improve healthcare delivery.

Therefore Be It Resolved: That public policy and medical practice should lay heavier emphasis on health promotion, wellness, sickness and accident prevention, in an effort to extend the quality of life of seniors and provide more resources for the other determinants of health.

Seniors on Guard for Medicare

H15 MEDICAL RECORDS

Whereas: Medical records should be the property of the patient; and

Whereas: Various doctors and central holding facilities are charging unreasonable fees for transferring medical or dental records between doctors' offices or medical facilities.

Therefore Be It Resolved: That we petition governments to adopt as a principle that the charge for transferring medical or dental records be limited to the actual cost of postage or courier services.

Seniors on Guard for Medicare

H16 SENIORS AGING WITH DISABILITY

Whereas: Research carried out by the Canadian Centre on Disabilities Studies in 2008 found that many older people with disabilities remain "socially isolated due to issues with community and housing accessibility, lack of financial resources, lack of transportation disability support", i.e. safety rails, chair lifts, ramps. etc.

And Further Whereas: In British Columbia Home Support Services were cut by 50% between 1993 and 2005, and this trend continues;

Therefore Be It Resolved: That the British Columbia Old Age Pensioners' Organization urges that governments, both Provincial and Federal, increase the quality and quantity of care for people with disabilities and establish a national home care program.

BC OAPO

H17 DENTAL CARE

Whereas: Lack of dental care has been shown to be a cause of a variety of illnesses and,

Whereas: Preventative medicine should be at the forefront of our health system so that dental fillings, extractions and dentures should be carried out by dentists and denturists to prevent dental disease, and

Whereas: Seniors' pensions have not kept up to the fees of dental professionals,

Therefore Be It Resolved: That the Federal Government work with the Provincial Governments to develop and implement a dental care program for seniors on the same basis as PharmaCare

Nova Scotia Federation of Senior Citizens & Pensioners

H18 MEDICAL RECORDS

Whereas: Medical records should be the property of the patient, and;

Whereas: Various doctors and central holding facilities are charging unreasonable fees for transferring medical or dental records between doctors' offices or medical facilities.

Be It Resolved: That U S C O petition provincial government to adopt as a principle that the charge for transferring medical or dental records be limited to the actual cost of postage or courier service.

Club 3 – CAW Retired Workers, Local 222 – Oshawa Ont.

H19 DENTAL SERVICES

Whereas: Many seniors are in need of dental services and dental products; and,

Whereas: Dental services and dental products are often very costly and many seniors have no insurance to cover this; and,

Whereas: Dental services and products are not provided to seniors either through Federal or Provincial governments.

Be It Resolved: That free dental services and necessary dental products be provided for seniors either through the Ontario government (eg. OHIP) and/or the Federal government, as part of Old Age Pension benefits, (eg. Medicare).

Club 701 – Chemung Senior Citizens – Bridgenorth, Ont.

H20 ONTARIO HEALTH COALITION PROVINCIAL ELECTION CAMPAIGN

Whereas: There is going to be a Provincial election in Ontario on October 6, 2011, and

Whereas: The number one issue in this campaign is health care, and

Whereas: The Ontario Health Coalition has developed an election campaign strategy, and

Whereas: The Ontario Health Coalition is putting out a tabloid with educational material for the general public.

Therefore Be It Resolved: That all NPSCF affiliate clubs and groups in Ontario become involved in the Ontario Health Coalition's Provincial Campaign.

CAW National Retired Workers Advisory Executive (USCO Club #N018)

H21 PROTECTING MEDICARE

Whereas: The 2004 National Health Funding Accord between the Provinces and Federal government expires in 2014 and must be renegotiated between the Federal government, Provinces and Territories, and

Whereas: The possibility of harmful dismantling by the Conservative government threatens the integrity of Medicare.

Therefore, Be It Resolved: That the CAW National Retirees Advisory Council, CAW retired chapters and CAW retirees structures reach out to likeminded pension organizations like CLC affiliated unions, NPSCF and other senior organizations, CURC, CART, CARP and the National Pensioners Reform committee to join a campaign to save and strengthen Medicare

Local 444 RW Chapter

H22 PHARMACARE

Whereas: A National pharmaCare program would save Canadians up to 10 Billion dollars and ensure that all Canadians will have access to prescribed pharmaceuticals, and

Whereas: A National pharmaceutical plan would relieve pressure on health care trusts and collective bargaining and more importantly allow access to prescribed drugs by Canadians, regardless of income.

Therefore Be It Resolved: That the CAW National Retirees Advisory Council, CAW retired chapters and CAW retirees structures reach out to likeminded pension organizations like CLC affiliated unions, NPSCF and other seniors organizations, CURC, CART, CARP and National Pensioners Reform Committee to join a campaign to save and strengthen a National pharmaceutical program.

Local 444 RW Chapter

CANADIAN EUROPEAN COMPREHENSIVE ECONOMIC & TRADE AGREEMENT

CETA1 CANADIAN EUROPEAN COMPREHENSIVE ECONOMIC AND TRADE AGREEMENT (C.E.T.A)

Whereas: Talks between the Canadian Government (2010) and European Government are going on and most Canadians have no idea what is being discussed behind closed doors in secret.

Therefore: We need to be fully informed on the intentions of these secret talks that could change the way things are to be done in Canada, and we need to know now.

Therefore Be It Resolved: That our government provide full disclosure on the topics up for discussion and keep us fully informed of their intentions to make any changes in our trade agreement and we call on all delegates to become more aware of CETA that could change a Canadian's way of life we have come to expect. We need to take this up with our members of parliament and the Prime Minister.

CAW 524 Retirees Chapter

CAW Area Council – Ajax, Oshawa, Peterborough, Ont.

CETA2 CANADA EUROPEAN TRADE

Whereas: The European Union, on behalf of brand name pharmaceutical companies, is trying to force Canada to extend market monopolies on brand-name drugs through the current Canada-European trade negotiations, and,

Whereas: Prescription drug costs are the fastest rising cost in health care and because drugs are not covered by the Canada Health Act, it leaves Canadians and particular seniors and those on fixed income, vulnerable to cuts to our drug benefit programs when costs increase.

Be It Resolved: We strongly urge the Federal government to hold firm against the demands of brand name drug companies and the European Union when it comes to extending drug monopolies.

U S C O Zone 39 – Parry Sound/ Muskoka Area, Ont.

CETA3 TRADE AGREEMENT CHANGES

Whereas: Talks between the Canadian Government (2010) and the European Government are going on and most Canadians have no idea what is being discussed behind closed doors in secret, and,

Whereas: Therefore we need to be fully informed on the intensions of these secret talks that could change the way things are to be done in Canada, and we need to know now.

Be It Resolved: That our government provide full disclosure on the topics up for discussion and keep us fully informed of their intentions to make any changes in our trade agreement and we call on all delegates to become more aware of the CETA that could change a Canadian's way of life we have come to expect. We need to take this up with our members of parliament and the Prime Minister.

Club 1390 – CAW Retired Workers Council – Ajax, Ont.

CETA4 BRAND NAME DRUG COMPANIES AND THE EUROPEAN UNION

Whereas: The proposed changes that the Brand name drug companies and the European Union are pushing Canada for, would add to the cost of our health care and make it difficult for the Generic Pharmaceutical Industry, and

Whereas: Seniors are the biggest users of prescription drugs, they would adversely affect us financially,

Therefore Be It Resolved: That SSAI encourage the Federal Government to vote against this proposal.

Shellbrook Seniors Assoc. SSAI, SK.

PENSIONS

P1 RESTRUCTURING CANADA'S PENSION SYSTEM

Whereas: The Canada Pension and Old Age Security Systems are inadequate, which causes many pensioners to live on an income below the poverty line, and

Whereas: Many Canadians are not entitled to benefits from the Canada Pension Plan because they were prevented from contributing to the Plan. They receive Old Age Security and the Supplement, leaving them in financial hardship, and

Whereas: Many pensioners are unable to live in dignity without other financial support and as a result they live a life of financial uncertainty, and

Whereas: Too many defined benefit pension plans are in jeopardy. The loss or reduction of such pension income occurs at an age which makes it impossible to recover from such losses, and

Whereas: RRSP and other investments have lost large amounts of money during time of economic downturns. These types of investments do not provide economic security for retirement, and

Whereas: Now and in the future people will potentially have to work at several workplaces. The lack of a portable pension system will prevent them from collecting a workplace related pension.

Therefore Be It Resolved: That community campaigns with a national focus to restructure our present pension system be initiated and supported to address all shortcomings and inadequacies, and

Be It Further Resolved: That the provincial and federal Government of Canada implement the Canadian Labour Congress proposals on pension reform, and

Be It Finally Resolved: That the Prime Minister ask the federal Finance Minister to immediately call a meeting with the provincial Ministers of Finance to commit to changes to reform the Canada Pension Plan.

COSCOBC

P2 POOLED REGISTERED PENSION PLAN

Whereas: The federal conservative government has established a Pooled Registered Pension Plan, (PRPP) rather than strengthening the Canada Pension Plan, and

Whereas: This plan will only benefit the financial services industry, banks, mutual fund companies and insurance companies but will do nothing to assist Canadians in retirement, and

Whereas: This will subject workers benefits to the will of the markets instead of providing a

secure, stable benefit like the Canada Pension Plan.

Therefore Be It Resolved: That the USCO executive and all affiliate clubs call and write their MPs to voice their opposition to the PRPP and continue to fight for dignity in retirement by increasing the Canada Pension Plan.

Club 952 – CAW National Retired Workers Advisory Executive

P3 OPPOSE THE POOLED REGISTERED PENSION PLAN

Whereas: The Federal Conservative government has established a Pooled Registered Pension Plan, (PRPP) rather than strengthening the Canada Pension Plan, and

Whereas: This plan will only benefit the financial services industry, banks, mutual fund companies and insurance companies but will do nothing to assist Canadians in retirement, and

Whereas: This will subject workers benefits to the will of the markets instead of providing a secure, stable benefit like the Canada Pension Plan.

Therefore Be It Resolved: That the NPSCF affiliate clubs call and write their MPs to voice their opposition to the PRPP and continue to fight for dignity in retirement by increasing the Canada Pension Plan

CAW National Retired Workers Advisory Executive (USCO Club #N018)

P4 PENSION REFORM O.A.S.

Whereas: Recent pension reform campaigns have called for improvements to C.P.P., O.A.S. and G.I.S.

Whereas: Our National pension plans are well funded and secure but are becoming increasingly inadequate.

Whereas: The last Federal budget called for increases to the G.I.S. of \$50 for a single person and \$70 for a couple per month.

Whereas: Many retired elders are finding their pensions are no longer adequate.

Whereas: Many retirees have a very small or no workplace pension and receive some C.P.P. plus the O.A.S. at age 65.

Whereas: The loss of a workplace pension due to employee bankruptcy and bankruptcy legislation has left workers with, in some cases, many years of service with no workplace pension which was relied upon for retirement.

Whereas: Private pension plans and RRSP's lost on average 21% during the last recession. Some people lost an amount of their RRSP's that make it impossible to recover.

Therefore Be It Resolved: That the federal government with the support of the provincial governments implement as O.A.S. cost of living allowance formula based on an index of items purchased specifically by retired and senior citizens.

Local 200 CAW Retirees Chapter

P5 OLD AGE SECURITY

Whereas: In a civil society our aim has been the eradication of all forms of poverty, and

Whereas: Poverty continues to affect our elderly women and men who have a very difficult time to purchase the necessary items they need to maintain themselves in their homes, and

Whereas: A higher burden of unfair taxes has been taken away by government,

Therefore Be It Resolved: That we call on the federal government to increase the Old Age Security by 50% over the next five years.

CAW 524 Retirees Chapter

CAW Area Council – Ajax, Oshawa, Peterborough, Ont.

P6 INCREASE O.A.S.

Whereas: In a civil society our aim has been the eradication of all forms of poverty, and

Whereas: Poverty continues to effect our elderly women and men who have a very difficult time to purchase the necessary items they need to maintain themselves in their homes, and

Whereas: The cost of living has eaten away at their low and fixed incomes, and

Whereas: A higher burden of unfair taxes has been taken away by government.

Be It Resolved: That we call on the federal government to increase the Old Age Security by 50% over the next five years.

Club 1390 – CAW Retired Workers Council – Ajax Ont.

P7 FEDERAL GOVERNMENT RESOLUTIONS

Whereas: The Government constantly circumvents increasing the Old Age Security and Canada Pension Plan, as has every government since 1937 attempted to stop pension increases

And Further Whereas: The government rules regarding the Guaranteed Income Supplement are so severe that a husband and wife, both on pension with less than a “poverty” level income, cannot qualify for the Guaranteed Income Supplement.

Therefore Be It Resolved: That the British Columbia Old Age Pensioners' Organization urges the federal government to increase the Old Age Security by 30%

BC OAPO

P8 CANADA PENSION PLAN DEATH BENEFIT

Whereas: Prior to 1998 the Death Benefit payable under the Canada Pension Plan was 10% of the Yearly Maximum Pensionable Earnings (YMPE) so as to keep pace with the increases in the costs of living and dying.

And Further Whereas: In 1998 the Death Benefit payable under the Canada Pension Plan was frozen at \$2,500.

Therefore Be It Resolved: That the British Columbia Old Age Pensioners' Organization and the National Pensioners and Senior Citizens Federation urges the Federal Government to revert back to paying 10% of the YMPE as the Death Benefit payable under the Canada Pension Plan.

BC OAPO

P9 INCREASE O.A.S. & G.I.S.

Whereas: More and more seniors are living below the poverty line, especially single seniors and through no fault of their own cannot afford to pay rent, utilities, food and clothing and many seniors are forced to use food banks to get them through the month; and

Whereas: Many seniors are becoming ill from lack of proper food and thus putting a strain on our health care system

Be It Resolved: That the government increase OAS and GIS to allow low income seniors enough income to live with dignity.

Club 826 – Mountain Senior Citizens Club – Mountain, Ont.

P10 GUARANTEED INCOME SUPPLEMENT

Whereas: The cost of living keeps on rising by increases in food, prescriptions, postage, rentals, Hydro, heating and transportation;

And Whereas: A considerable number of seniors are living solely on Old Age Security (OAS) and the Guaranteed Income Supplement (GIS) and subsequently are living significantly below the poverty line;

And Further Whereas: The only means available to increase their income by any substantial amount is by increasing the GIS (increases in OAS or CPP over the years has only increased the parity difference between senior “haves” and “have nots”);

Therefore Be It Resolved: That the British Columbia Old Age Pensioners' Organization and the National Pensioners and Senior Citizens Federation strongly recommends that the Federal Government enact the appropriate legislation to increase the GIS by a minimum of 18% effective immediately and to consider, for a few years, to continue increasing the GIS by 5% above the Cost of Living Index.

BC OAPO

P11 PUT FOOD IN THE BUDGET

Whereas: All three levels of government have failed to address the insufficiency of current pensions and social assistance programs to meet the most basic needs of decent shelter and healthy food.

And Whereas: The National Pensioners and Senior Citizens Federation members can shift the public discourse on a poverty reduction strategy to include seniors as well as families with children, that meets basic living needs for minimal health and well-being. Given what seniors on OAS, GIS or SPA and Social Assistance and Disability Support Program recipients, receive in their monthly benefits.

And Whereas: Poverty is not due to a weakness of individual character, but is a problem of social structure and economic management. We have to stop talking about the economics of people and dividing them based on income, everyone is supposed to have some level of quality of life.

Therefore Be It Resolved: That The Pensioners & Seniors Federation supports a "Guaranteed Annual Income for all Canadians" that depend on financial assistance each month.

Be It Further Resolved: That we need the federal government to finally address the issue of financial assistance inadequacy so that people without paid employment can put food and shelter costs in their budget and live a healthy life with dignity.

Note: OAS; Old Age Security, GIS; Guaranteed Income Supplement; SPA; Spouse's Allowance;

Retirees Chapter Local 27

P12 SENIORS' INCOME

Whereas: Many seniors have little or no income other than old age security and the guaranteed income supplement in the amount of about \$13,000 a year, and

Whereas: The national poverty rate is currently set at \$17,000 per year,

Therefore Be It Resolved: That the combined OAS and GIS be increased to bring seniors yearly income at least to the level of the national poverty line.

St. Joseph Senior Club Inc., SSAI, SK.

BANKRUPTCY

B1 RESOLUTION ON BANKRUPTCY LAWS

Whereas: Employees invest their time and effort in their daily work over many years.

And Whereas: In the cases of their employer's bankruptcy they are left out of accessing the assets of the company until all other creditors are satisfied.

And Whereas: This causes a severe injustice to employees who lose incomes, severance pay, vacation pay, and pensions.

And Whereas: There are many jurisdictions around the world where employees are first to have access to the assets of the bankrupt employer.

Therefore Be It Resolved: That federal government makes necessary changes to the present bankruptcy laws to make employees the first to be compensated by the employer's assets.

CAW Local 200 resolutions committee

B2 CORPORATION BANKRUPTCY

Whereas: Canadian court precedents say that when pensioners lose their income due to pension plan deficits at the time of corporation bankruptcies, their loss is treated the same as unsecured creditor claims. This means pensioners are not being protected by Canada's bankruptcy laws and that large and powerful bond owners are benefiting from pensioners losing their income.

Be It Resolved: That the Federal bankruptcy laws be amended to place pension plan deficits at preferred status above unsecured creditor claims when corporations are liquidated or restructured.

Club 958 – Darling Senior Club – Tatlock, Ont.

B3 DISABILITY BENEFITS (BANKRUPTCY)

Whereas: More than one million Canadians are exposed to unsafe long term disability benefits provided by employers who are not buying insurance policies to back these benefits. When employers go bankrupt, they are cutting the income and medical benefits of the disabled. The disabled are being pushed into poverty without a basic quality of life. The disabled are forced to rely on the tax payer funded Provincial Prescription Drug Programs and the Guaranteed Income Supplement in their senior years, even though their employers had enough money in their bankruptcy estates to pay the long term disability benefits.

Be It Resolved: That the federal bankruptcy laws be amended to put self-insured long term disability benefits claims at super-priority above all creditors when corporations are liquidated or restructured.

Club 958 – Darling Seniors Club – Tatlock, Ont.

B4 WORKER PROTECTION

Whereas: The massive plant closures that have occurred, putting thousands of workers and retirees at risk of losing their wages, benefits and pensions, and

Whereas: Many corporations ignore meeting their obligations to their employees and retirees, and

Whereas: In case of complete bankruptcy or wind-up, not only workers but retirees are sometimes left with very little or nothing.

Therefore Be It Resolved: That the CAW Retired Workers Executive and National union, with the help of our partners like Congress of Union Retirees, National Pensions and Senior Citizens' Federation, Ontario Federation of Union Retirees and others lobby, petition or take direct action to make all levels of government, to enact legislation to put workers and retirees, their communities and the country ahead of the interest of corporations and the banks.

Windsor Essex Chatham-Kent RW Area Council

GUN REGISTRY

G1 SAVE THE GUN REGISTRY

Whereas: The long-gun registry was established in response to the 1989 massacre of 14 Montreal females engineering students by a deranged shooter, and

Whereas: Since its inception the Conservative government has done everything possible to limit the registry, such as introducing amnesty provisions for long-gun owners and presenting Bill C-391 to have it withdrawn, and

Whereas: An RCMP evaluation of the registry called it “a critical component of the entire firearm program” and “a valuable tool that has helped reduce gun deaths nationwide.”

Therefore Be It Resolved: That the USCO executive and all affiliate clubs show their support for the long gun registry, and

Be It Further Resolved: That the NPSCF demand that the NDP opposition and the Liberal party of Canada do everything in their power to save the gun registry.

CAW National Retired Workers Advisory Executive (NPSCF Club #N018)

ECONOMY - EMPLOYEMENT

E1 POVERTY AND THE COST OF UNEMPLOYMENT

Whereas: There are costs to unemployment. Some by workers facing a working life that is more insecure and stressful because of unemployment. Employees in every industry pay the cost as their pay, terms and conditions are undermined by the threat of unemployment. Eventually society pays for higher levels of poverty, inequality, health, strained family life and increases in social problems.

And Whereas: Unemployment is a major risk factor for poverty. Working age people in workless households are more than twice as likely to be poor as those in households where some of the adults are in work.

And Whereas: There are different reasons for Unemployment: In addition to being unemployed, people can be out of the labour force because they are caring for someone or have a disability.

And Whereas: The evidence demonstrates that if employment programs are based upon enhancing personal development (the self-efficacy model) rather than focusing entirely upon increasing occupational skills, i.e., (supply-side factors and getting individuals into an job as quickly as possible).

Therefore Be It Resolved: That National Pensioners & Senior Citizens Federation members Lobby the Federal Government for positive changes to Employment Insurance programs. The evaluations of positive programs have demonstrated how participants have developed higher levels of self-efficacy, reduced depression and improved overall psychological health. As it is more positive to implement a substantial fiscal stimulus focused on private-sector job creation and investment, rather than cuts to spending. As Job Losses should be the Federal government's number-one priority.

Retirees Chapter Local 27

E2 EMPLOYMENT PLANNING

Whereas: Official unemployment is at its highest in over 26 years, and there is no such thing as a jobless recovery.

Whereas: Our country needs bold action from federal & provincial governments to make the economy work for everyone.

Be it Resolved :That the National Pensioners and Senior Citizens Federation lobby the Federal Government to create jobs and economic recovery programs that will create millions of good jobs to build the infrastructure for a sustainable recovery. The job program must directly create jobs at a living wage, invest in public services like health care, education and transit. Retooling of private sector manufacturing must include a living wage and benefits for present and future employees.

Retirees Chapter Local 27

E3 PROVINCIAL GREEN AGENDA'S

Whereas: Public skepticism has grown, over the Provincial Green Agenda's. We have to make a wider argument, moving away from abstract targets; bring the issues into people's homes; i.e., their energy bills, the supply of water and sewer services, to roof repairs and energy saving appliances'.

And Whereas: We should be under no illusions about the scale of the task here. This is a transformation of energy supply, a transformation of the household sector, and the impact on the total environment. It also revolves around social justice and a passionate belief that the government has to play the leading role in this transformation. Up to now it has not amounted to a serious and concerted strategy.

Therefore Be It Resolved: That the National Pensioners & Senior Citizens member lobby the federal, provincial and local government for support for the campaign i.e., That Manufacturers do matter – the development of these industries (from secondary processing of resources to the final product) is central the vision. It is harder against the backdrop of the fiscal deficit but as stated we have to be adamant that this is the “growth areas of jobs”.

Be It Further Resolved: The decentralizing power and resources, especially tax points, to local municipal councils and or community development groups is crucial ways of fueling the future economy , providing people with incentives, such as capital cost and local labor employment to engage with green industries.

Retirees Chapter Local 27

TAXATION

T1 HARMONIZED SALES TAX

Whereas: The Harmonized Sales Tax (HST) put into effect in 2010 has resulted in a very unfair tax to people in Ontario and other provinces. This tax is not based on income and therefore places a heavy burden on lower income people in Canada. This unfair tax on home heating is creating large financial concerns for all Canadians and the unfair application of this tax on gasoline and diesel fuel is also unjust to all Canadians.

Therefore Be It Resolved: That we call on the government to remove the HST on all home heating costs, gasoline and diesel fuels.

CAW Local 524

Ajax, Oshawa, Peterborough Area Retirees Council

T2 HST EXEMPTION

Whereas: When gasoline is 1.26.7 per litre, the tax included in the price is approximately .39 cents, and

Whereas: The tax is approximately 25% Federal excise, 37% Provincial fuel tax and HST is the remainder, and

Whereas: Both federal and provincial governments are collecting tax twice by federal excise tax and HST, and provincial fuel tax and HST.

Be It Resolved: That gasoline and other petroleum base fuels be exempt from HST as well as funeral expenses.

Club 958 – Darling Seniors Club – Tatlock, Ont.

T3 INCOME TAX

Whereas: It is common knowledge that physical activity has the potential to impact individuals of all ages on a physical, emotional, intellectual and social level, with the potential to reduce health care costs;

And Further Whereas: Legislation was enacted to allow the parents of children to deduct the cost of registration in physical activities from their income tax in an effort to promote physical fitness in children;

Therefore Be It Resolved: That the British Columbia Old Age Pensioners' Organization and the National Pensioners and Senior Citizens Federation urges the federal government to allow seniors to claim a tax credit for recognized fitness programs in the same manner as the child's fitness tax credit.

BCOAPO

T4 CONSUMER TAXES

Whereas: It is common knowledge that physical activity has the potential to impact individuals of all ages on a physical, emotional, intellectual and social level, with the potential to reduce health care costs;

Therefore Be It Resolved: That the British Columbia Old Age Pensioners Organization and the National Pensioners and Senior Citizens Federation urges the federal and provincial governments to exempt fees for recognized fitness programs from the Harmonized Sale Tax and /or any other replacement federal or provincial taxes.

BCOAPO

WATER

W1 WATER

Whereas: Water is important to living, and some wells are being contaminated, municipal water supplies are vulnerable to disastrous chemical spills, and in farming areas the run-off from fertilized fields pollutes streams and lakes, and

Whereas: It is clear that water needs our protection, and that we need to use it wisely or someday we will have no water, and we need assistance to preserve the surface water supply.

Therefore Be It Resolved: That the Federal Government create a policy to preserve our wetlands, rivers, lakes and streams, with comprehensive legislation to protect our fresh water resources.

Therefore Be It Resolved: It is clear that water is a basic human right in Canada and the Federal Government must create a policy to preserve our wetlands, rivers, lakes and streams, with comprehensive legislation to protect our fresh water resources.

Nova Scotia Federation of Sr. Cit. & Pen

W2 MUNICIPAL WATER SYSTEMS

Whereas: The municipalities of Mission and Abbotsford have had council meetings regarding a P3 water project above the Stave Falls Dam;

And Further Whereas: Once private corporations get their foot in the door, they will keep lobbying until they take over the operation completely, resulting in a loss of transparency and accountability;

Therefore Be It Resolved: That the British Columbia Old Age Pensioners' Organization the National Pensioners & Senior Citizens Federation urges the Federal Government to ensure that water systems should be publicly controlled, maintained and financed.

BCOAPO

W3 ENVIRONMENT

Whereas: The Federal Fisheries Act has a loophole in Schedule 2 of the Act, that allows mining companies to dump their wastes into Canadian lakes and rivers, turning them into dump sights.

Therefore Be It Resolved: That the Federal Fisheries Minister protect our lakes and rivers by closing the loophole in Schedule 2 of the Canadian Fisheries Act.

NS Fed. Of S.C. & Pensioners

Retirees Chapter Local 27

NATIONAL HOUSING

N1 NATIONAL HOUSING STRATEGY

Whereas: A safe and secure home is the foundation for a sense of community, if individuals or families are unable to secure the basic needs of housing, there will be very little opportunity to experience the belonging inherent in the sense of home and community.

Whereas: Choices and Self Determination, retirees/seniors affirms that individuals and families should be afforded the opportunity to choose where they want to live within a housing system of market and subsidized rents. Seniors, individuals and families therefore should not be confined or ghettoized by virtue of income levels. Individuals or families should be able to supplement

Retired Chapter Local 27

N2 PROVINCIAL AND FEDERAL OPERATING AGREEMENTS AND FUNDING

The Provinces have indicated that the Federal Government has decreased or is ending the long-term funding partnership with the Provinces in areas of affordable housing funding. This is also going to affect the Provinces and Municipalities need for long-term reliable funding for Housing. As existing social housing operating agreements are expiring, ending this housing funding.

Whereas: The existing social housing stock is an extremely valuable asset; and the public investment in social housing should be protected and maintained, and

Whereas: There is a growing concern about on-going liability, viability of affordable housing stock, and municipalities funding and legal risks are increasing, and

Therefore Be It Resolved: That the National Pensioners & Senior Citizens Federation lobby for a new commitment and renewal of expenditures levels at the federal and provincial levels to be reinstated in order to preserve and modernize affordable housing assets in order to serve the present and future generations of households in need.

Retirees Chapter Local 27

N3 ECONOMICS OF COMMUNITY DEVELOPMENT

Whereas: The recent economic collapse driven by property development practices provides an opportunity to debate the model that best creates a sustainable, inclusive, and equitable community.

And Whereas: Alternative local and national voices and models are coming forward in the wake of discredited tax breaks, high unemployment and the loss of new government assisted or subsidized housing. It appears that the property development industry still wants taxpayer's investment in development while dismissing good jobs and housing that sustains our communities.

And Whereas: Canada needs a "National Housing Strategy" that provides low-wage, fixed income and senior's affordable housing in a mixed income community.

Therefore Be It Resolved: That National Pensioners & Senior Citizens Federation members lobby all level of Government to support a National Housing Strategy that is sustainable where they live.

VOLUNTEERS

V1 VOLUNTARISM

Whereas: As seniors we encourage voluntarism to improve the quality of life for all of humanity, and

Whereas: Longevity and an aging population will see an increase in volunteering as a way of seniors helping seniors, and

Whereas: We have seen efforts by governments to replace employees with volunteers or use volunteers to forego the hiring of staff as an effort to reduce the financial commitment of the state to the welfare of people, and

Whereas: This creates disharmony between staff and volunteers.

Therefore Be It Resolved: That we call on government to stop the practice of replacing staff with volunteers and to stop using volunteers instead of hiring additional staff, and

Be It Finally Resolved: That we call on Government to implement full-employment policies and increase its social expenditures so as to forestall the problem in the first place.

Seniors on Guard for Medicare

V2 VOLUNTEERS

Whereas: The role of the volunteer is vital in assisting many seniors;

And Whereas: Many volunteers are finding rising costs prohibitive, e.g., the cost of fuel and insurance when driving seniors to appointments and delivering meals and the like;

And Further Whereas: Many potential volunteers are willing to give of their time and energy to help seniors;

Therefore Be It Resolved: That the British Columbia Old Age Pensioners Organization and the National Pensioners and Senior Citizens Federation urges the federal and/or provincial governments to provide financial assistance to organized volunteer programs as long as they do not replace full or part time employment.

BCOAPO

FOOD

F1 ANTIBIOTIC USE AS GROWTH ENHANCERS IN ANIMALS

Whereas: The media in the USA and Canada have reported an excessive use of antibiotics being given to healthy farm animals and poultry to promote rapid growth and prevent infections, and

Whereas: The giving of antibiotics to farm animals and poultry creates antibiotic-resistant strains of bacteria within the animals and poultry, and

Whereas: When humans eat such beef, pork, chicken, turkey, etc., they will consume the antibiotic-resistant bacteria, and subsequently drug-resistant bacteria will increase in humans, and

Whereas: Some European countries, such as Denmark, are not using the same antibiotics used by humans as medications for farm animals or poultry, but use other available antibiotics,

Therefore Be It Resolved: That the federal government pass legislation to outlaw the use of antibiotics prescribed for humans in the treatment of animals or for the promotion of rapid growth, in order to prevent the development of antibiotic-resistant bacteria in humans.

NS F of S.C & Pensioners

MANDATROY FORMAT

MF1 MANDATORY FORMAT

Whereas: Everyone encounters the necessity of the date on purchase receipts, cheques, financial statements, all billing, etc. and,

Whereas: The variation in listing dates is very confusing – month, day, year / day, month, year / year, month, day, etc.

Be It Resolved: That the Ontario government make one format mandatory, and

Be It Further Resolved: That the federal government is apprised of the mandatory format.

Be It Resolved: That the federal government make one consistent format for dates asking for the year/ month and then the day.

Club 712 – Athenia Senior Citizens – Athens, Ont.

MF2 BEST BEFORE DATE

Whereas: The “Best before Date” or what is known as expiry date. This is written in code on many products, and

Whereas: Food banks in this province as in other provinces rely heavily on donated foods which may include reclamation products. Because these dates are coded it is quite a challenge for volunteers to determine what should actually be placed on the food bank shelves, and

Whereas: A large percentage of our seniors do depend on this to know whether they are buying outdated food or not. It doesn't matter if it's at the supermarket or a food bank. (This could fall into the category of food and health safety), and

Whereas: It is impossible for all consumers to know if they are purchasing fresh produce or not.

Therefore Be It Resolved: That the NPSCF lobby the level of government that has authority to impose regulations which would require companies to print, best before dates, in a manner which could be easily read by the average consumer.

Newfoundland and Labrador 50+ Federation

MF3 PRESCRIPTION LABELS

Whereas: Seniors typically use several prescriptions and OTC (over the counter) drugs, and

Whereas: Many have visual problems which make reading labels to learn the ingredients, indications, warnings, cautions and directions nearly impossible, because of the small print, and

Whereas: Several people are unable to read the print if it is on a colored background i.e. black printed on red.

Therefore Be It Resolved: That NPSCF encourage the government and drug manufacturers to find a way to make the printing larger and more readable on labels and inserts.

Edam 49'ers, SSAI, SK.

MF4 LABELS

Whereas: More and more people are allergic to MSG (monosodiumglutamate), and Whereas: It is difficult to identify MSG in the list of ingredients printed on products.

Therefore Be It Resolved: That the NPSCF approaches the governing body, which controls food labeling to require that manufacturers using MSG to note it in bold print on the label..

Edam 49'ers, SSAI, SK.

MISCELLANEOUS

M1 REMEMBRANCE DAY

Whereas: November 11 has been a high point in Canadian History since 1945, and Whereas: Canadian Forces have been held in high esteem because of the effort, effectiveness, and sacrifice made during wartime during the Boer War, WWI, WWII and in other conflicts, including the Middle East and Afghanistan, and

Whereas: Only one day is set aside for the commemoration of this sacrifice,

Therefore Be It Resolved: That the Canadian Government set aside November 11 as a National holiday, to allow all citizens to honour their fallen comrades.

Federation of Senior Citizens and Pensioners, Nova Scotia

M2 CFL LIGHT BULBS

Whereas: The Federal Government has adopted a national standard for lighting efficiency to come into effect in 2012 and the Provincial Government has adopted a similar policy which came into effect in 2011, precluding the availability of most of the incandescent light bulbs presently available, and

Whereas: The recommended replacement CFL's (compact fluorescent lamps) contain mercury which can be an environmental hazard and require special cleanup procedures if accidentally broken; are a poor source of light for reading for seniors; and also produce ultra violet rays which may have an adverse effect on those with auto immune disease;

And Further Whereas: The turning on and off of a CFL as you enter or leave a room, as many seniors do as a matter of course to conserve energy will reduce the advertised long life expectancy of the CFL and thereby negating any other savings for the individual;

Therefore Be It Resolved: That the British Columbia Old Age Pensioners Organization and the NPSCF urges both the federal and provincial governments to make use of CFL light bulbs optional and provide a simple comprehensive way to neutralize the hazardous materials they contain.

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