

Advocate

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Pharmacare FOR EVERYONE

Winning this long battle won't be easy

WHEN DELEGATES to the National Pensioners Federation staged a rally on the steps of the Saskatchewan legislature in Regina it was one more indication that momentum for a national Pharmacare program is building.

"This is unfinished business," says Diane Wood, President of the B.C. Federation of Retired Union Members (BC FORUM).

"Universal coverage for needed prescription drugs – outside hospitals – should have been an integral part of public health care from the beginning," she said.

"It's so clear. National Pharmacare would improve health outcomes and save Canadians billions of dollars every year. Yet despite all the studies and reports since Medicare was introduced, it hasn't happened. We're still stuck in 1966. That must change."

On the other hand, the enormously inefficient private insurers who sell drug coverage in Canada like things the way they are.

The report of the advisory council on Pharmacare, expected in the spring, will be critical in determining whether people or profits come first.

Special report: Pages 7-10

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Pharmacare FOR EVERYONE

Save lives.

Save money.

**It's time to stop talking
and get on with it.**

By Diane Wood
President, BC FORUM

THERE ARE some huge holes in the Canada Health Act. The act ensures that Canadians, wherever they live, will have access to medically necessary services provided by doctors and hospitals.

There's no provision to cover prescription drugs you may need when you're discharged from the hospital, or drugs prescribed by your doctor.

The Canada Health Act is also silent on home support and long term care for seniors and people with disabilities.

Working with the labour movement, seniors groups and other allies, BC FORUM has long maintained that our entire health care system is weakened by the omission of these vital services.

We are proud to be among the 80 organizations who are calling for comprehensive public drug coverage for everyone who lives in Canada.

Sometimes it's a little difficult to speak with British Columbians about Pharmacare. They immediately think of the provincial "Fair Pharmacare" program. That's not what we're talking about.

The Dave Barrett government first introduced Pharmacare in BC in 1974.

In 2003, the Gordon Campbell government brought in income testing as part of its reckless attack

on public services and changed the name to Fair Pharmacare.

In the first change to the program since then, the John Horgan government has reduced or eliminated deductibles for those with household net incomes below \$45,000, effective Jan. 1, 2019.

We give the provincial government full credit for that. It will help 240,000 families.

It is, however, no substitute for federal action to ensure that everyone who needs them will have access to prescribed drugs without financial barriers.

Since the 1940s we've seen a plethora of reports and Royal Commission recommendations call for a national pharmacare program. After two years of study and hearings, the House of Commons Standing Committee on Health recently did the same – noting as others have done that Canada is the only nation with public health care that doesn't cover needed drugs.

National pharmacare will save lives and save money. It will help keep people out of hospital. It will allow people with chronic conditions to live fuller, more rewarding lives.

Logic. Compassion. Cost effectiveness. Human decency. How hard can it be?

We'll know the answer this spring, when the federal government's Advisory Council on the Implementation of National Pharmacare delivers its report.

Personally, I'm hopeful. But I'm not optimistic that it will result in immediate action. It may be that all we see is the inclusion of Pharmacare – again – in the Liberal platform for the next federal election.



Diane Wood



ON BEHALF of every member of BC FORUM's volunteer Board of Directors and our Regional Representatives, I wish you and your family a happy holiday season, and a new year that's filled with peace and joy.

I am so grateful for all that you do, along with all other members, to support the work of BC FORUM.

Together, we're strong.

The state of seniors care in BC

- **High use of antipsychotics**
- **Many in long term care who shouldn't be**
- **Caregiver distress**

IN HER latest study of home and long term care, BC Seniors Advocate Isobel Mackenzie reports on the high use of antipsychotics, questions whether too many seniors are in long-term care and notes continuing high levels of caregiver distress.

One quarter of people in long term care are prescribed antipsychotics without a supporting diagnosis.

She found that 14.3 percent of B.C. home care clients are prescribed antipsychotics. This has remained relatively unchanged for five years. It is 17.2 percent above the Canadian average and the second highest rate among all provinces.

Among people in long term care, the rate of prescription of antipsychotics without a supporting diagnosis is 25.3 percent. The national average is 21.2 percent.

"Over the past four years, we have seen significant reductions in the rate of antipsychotic prescription without a diagnosis of psychosis in long-term care homes across the country, including in B.C. However, progress has stalled in the last year, with B.C. remaining virtually unchanged and the national average actually tipping slightly upward," said Mackenzie.

The Seniors Advocate suggested that as many as one in five of the women and men who are in long term care would be better served with community support.

"The data continues to support



The rate of distress among family and friends who provide care has declined slightly in our province, but remains the second highest in Canada.

that potentially 15-20 percent of the population living in long-term care homes could be accommodated in the community with home support and/or with assisted living accommodation," she said.

B.C.'s rate of caregiver distress (30 percent) among clients receiving home support has decreased slightly in the last year, but remains the second highest in Canada.

"B.C. family caregivers have their hands full caring for the oldest and most frail home care clients in the country," says Mackenzie.

"While B.C.'s rate of caregiver distress has improved, it remains to be seen if this is a reversal of the five year trend that shows (an increase).

"Recent announcements by the Ministry of Health of funds targeted to increasing respite services are an important step in meeting the needs of the dedicated sons, daughters, spouses, neighbours and friends who provide many hours each week caring for loved ones," said Mackenzie. The impact of these additional funds is not reflected in the current data.

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Towards a national strategy

THE CANADIAN Health Coalition (CHC) has launched a campaign calling for a National Seniors Care Strategy. Most Canadians will rely on home, long-term or palliative care at some point in their lives, says the Coalition.

Seniors care often falls outside the scope of the public health care system, which primarily covers hospital and physician services. As a result, the level and scope of seniors care available through the public system differ dramatically between provinces and territories.

“The provision of seniors care should be subject to the principles and criteria in the Canada Health

Act to ensure an inclusive and integrated approach to seniors care across Canada,” says the Coalition.

Government ends contract flipping

THE PROVINCIAL government is rescinding the BC Liberals’ infamous Bills 29 and 94 which led to the firing of thousands and mass privatization of health care services.

The move will restore to health care workers the right to successorship that other workers have under the Labour Code.

“To truly make a difference for patients and seniors in care, we need to focus on the continuity of care they receive,” said Adrian Dix, Minister of Health. “With an aging

population, now is the time to inspire a new generation of health-sector workers. We need to attract more care aides, community health and hospital workers throughout the province,” he said.

Hours of care boosted

THE HORGAN government is investing \$240 million over three years to improve the quality of care in residential care homes. For the first time, the direct care to seniors will reach the target of 3.36 hours per resident per day by 2021.

The conversion of part-time and casual staff to full time has already added 270,000 care hours.

The Ministry of Health estimates the new investment will add another 1,500 full time equivalent positions.



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Support for postal workers

AS THE union responded to months of fruitless negotiations with a series of rotating strikes, BC FORUM fired off letters to Prime Minister Trudeau and Canada Post President Jessica McDonald.

The letters, sent Oct. 24, call on Trudeau and McDonald to work for a just, decent and fair collective agreement between Canada Post and the Canadian Union of Postal Workers (CUPW).

“BC FORUM supports the CUPW strike, even though our members use Canada Post to send and receive mail,” wrote Diane Wood, President. “Our members are appreciative that CUPW and Canada Post have agreed to deliver CPP and OAS/GIS cheques during a strike.”

The letters expressed concern about a significant 36 percent increase in injuries among postal workers, the incidence of part-time precarious work, and disparities in remuneration and working conditions for rural and suburban mail carriers. They supported CUPW’s efforts to address these issues.

Rather than resort to back to work legislation, BC FORUM called on the government “to take the necessary steps to achieve a negotiated fair collective agreement with CUPW.”



A fair deal for rural and suburban mail carriers is a key objective for CUPW in negotiations with Canada Post.

Postal banking motion defeated

LIBERAL MPs teamed up with the Conservatives in late October to vote down an NDP motion to study postal banking. The motion would have set up a committee to recommend the best model for a public system of postal banking under Canada Post.

Postal banking could provide services in rural and Indigenous communities that have been abandoned by big banks, and could also be an alternative to predatory payday lenders who are often the only choice for low-income Canadians.

“Postal banking would allow us to utilize the vast infrastructure of

Canada Post that is already in place to deliver banking services across the country,” said Irene Mathysen, NDP’s Canada Post Critic. “However, Liberals much like the Harper Conservatives, lack any vision for modernizing Canada Post.”

Mathysen’s motion was supported by thousands of people who signed petitions. Postal banking is also endorsed by the Canadian Postmasters and Assistants Association, Canadian Union of Postal Workers and over 700 municipalities.

“The fight doesn’t end here,” said Mathysen. “Canadians have been inspired by the idea.”

An injury to one is an injury to all



Live Better, Work Union



Pharmacare FOR EVERYONE



It's time for decisive action

THIS SPRING, the federal government's Advisory Council on the Implementation of National Pharmacare will deliver its report.

Everything hangs in the balance.

- Dr. Eric Hoskins, who chairs the council, is on record as saying that Canadians spend too much on prescription drugs. He compared the current situation to “paying \$60 for a cup of coffee at Tim Horton’s.”
- On the other hand, federal finance minister Bill Morneau – who has ties to the stunningly inefficient private for-profit health benefits industry – has stated that a national pharmacare program should just “fill the gaps.”

If Hoskins' council decides to recommend the second option, we will be no closer to securing the enormous health, social and

financial benefits that would flow to all Canadians through a comprehensive national prescription drug program.

A diverse coalition of 80 organizations representing health care providers, workers, seniors, patients and academics – including BC FORUM – says pharmacare must be a seamless extension of the existing universal health care system in Canada.

The coalition says pharmacare should be governed by five principles:

- **Universal coverage** for all residents of Canada on equal terms and conditions.
- **A single-payer, publicly administered** and delivered program that is integrated with Medicare, directly accountable to the public it serves, and leverages single-payer procurement to maximize

purchasing power for the entire Canadian population.

- **Access** to covered medications without financial barriers or other impediments.
- **Comprehensive coverage** for as many medications as judged safe and effective by scientific evidence and based on the best value for money.
- **Portable**, continuous and consistent coverage for residents who move within Canada.

In addition to these five principles, the coalition says the federal government must offer the leadership that's needed to finally achieve national pharmacare.

This must include substantial funding commitments, sufficient to induce provincial and territorial governments to opt-in to the national program, says the coalition.

It's time for pharmacare

And it must be universal, covering all Canadians

By Don Davies

IN CANADA, if you cut your finger, you go to a doctor and get treated with stitches. When it's done, you walk out and never see a bill.

But if you walk into a doctor's office and get diagnosed with an ailment that requires prescription medication, you're at the mercy of your ability to pay.

Tommy Douglas, the father of medicare, never intended to create such an incongruous gap in Canadian health care coverage. Prescription drugs and other services were always meant to be integrated into a system of comprehensive public coverage, along with hospitals and physician services.

Nevertheless, despite repeated studies, proposals, and pledges, Canada remains the only major country that offers universal health care without a national drug plan.

This is perplexing from both a health and fiscal perspective.

Evidence has been clear for decades that universal pharmacare would expand coverage and improve outcomes, while reducing costs for Canadians. Estimated savings from universal drug coverage for Canadians is measured in the billions, and every health practitioner knows well the negative health impacts on patients who skip medicine because of cost.

In public life, it's rare to find such an obvious and effective policy innovation staring us in the face. But successive federal governments have failed to muster the political will to advance this file.

That failure means that 20 percent of Canadians—some 7.5 million



people—don't get the medicine they need, when they need it. One in five Canadians report that either they or a family member neglects to fill prescriptions due to cost. And Canadians pay among the highest prescription drug prices in the industrialized world, second only to the United States.

It's time we addressed this serious deficiency.

Canada has the second-highest rate of skipped prescriptions due to cost among comparable countries. According to a recent study, one in 12 Canadians aged 55 and older skip prescriptions due to cost.

It also found that those without insurance were twice as likely to skip prescriptions due to cost and low-income Canadians were three times more likely to report financial barriers to accessing essential medications.

Despite the absence of federal leadership on pharmacare, public opinion research has consistently found a strong consensus among Canadians on the need to move toward universal drug coverage.

A survey by the Angus Reid Institute found that more than 90

percent of Canadians support the concept of universal pharmacare.

It's time their elected representatives get on board.

Canada's New Democrats are leading the way—as we did on Medicare.

We were the only party to include universal pharmacare in our platform in the last election.

That's why the very first motion I moved at the standing committee on health was to study how best to establish universal pharmacare for all Canadians.

And that's why we asked the parliamentary budget officer to take the unprecedented step of preparing a full costing analysis for a single-payer, universal drug plan.

Establishing universal hospital and physician care took leadership.

It's time for leadership from all levels of government to further Tommy's dream and ensure that every Canadian has access to the health care they need, when they need it.

Don Davies is the NDP's health critic and Member of Parliament for Vancouver Kingsway.

Waste and inefficiency

THE PRIVATE, for-profit sector is the single biggest source of waste and inefficiency in Canadian health care, says Alex Hemingway, Economist and Public Finance Policy Analyst at the Canadian Centre for Policy Alternatives BC Office.

And that's a big deal because our health care system has been tilting away from universal, public care.

"The private health sector in Canada has grown to nearly a third (29%) of total health expenditures, largely in the form of out-of-pocket payments and private extended health insurance," says Hemingway.

How inefficient are they?

"The Canadian Institute for Health Information finds that the total share of private health expenditures going to administration is more than triple the share in our public health system," he says.

"Moreover, private sector administrative costs rose continuously over the past four decades, even as they fell in the public health system."

High prices, declining coverage

CANADA HAS the highest drug prices and highest levels of total spending on pharmaceuticals among comparable countries with universal health care systems, reports Dr. Steve Morgan of UBC's School of Population and Public Health.

"Despite this, we also have the lowest level of drug coverage, the lowest level of medicine access, and the lowest level of pharmaceutical research and development," says Morgan.

As a share of prescription drug

expenditures in Canada, government financed drug plans have shrunk from a peak of 47 percent in 1991 to just 38 percent today, says Morgan.

A year's supply of Lipitor costs at least \$811 in Canada. In New Zealand, where a public authority negotiates prices on behalf of the entire country, a year's supply costs just \$15.

– *Dr. Steve Morgan*

When patients face financial barriers to necessary prescription drugs, it costs all Canadians.

"Indeed, preventable underuse of medicines in Canada has been estimated to cost the country between \$7 billion and \$9 billion annually," says Morgan.

Dr. Morgan concludes:

- Failure to implement a universal pharmacare system that is simply on par with comparable countries around the world will cost the Canadian economy nearly \$100 billion over the course of a decade.

Profits before people?

ASTUDY BY Dr. Michael Law, who holds the Canada Research Chair in Access to Medicines, found that for every dollar paid to private health insurance companies, Canadians get back just 74 cents in benefits.

That difference between premiums and benefits adds up to billions that are not going to health care.

Across all types of for-profit private insurance, industry data suggest that Canadians paid nearly \$6.8 billion more in premiums than was paid out in benefits in 2011.

– *Dr. Michael Law*

The cost of skipping pills

ASECOND STUDY by Dr. Michael Law, published in the Journal of the Canadian Medical Association, revealed what happens when people can't afford their medication.

"As a result of having to pay for prescription drugs out of pocket, many Canadians skip doses or reduce dosages, delay refilling prescriptions or do not fill prescriptions at all," says Law.

Conducted as part of the Canadian Community Health Survey, this study is the first to quantify the consequences of patient charges for medicines in Canada.

Dr. Law found that as a result of being unable to afford one or more prescribed drugs in the prior year:

303,000 Canadians had additional doctor visits. 93,000 sought care in the emergency department. 26,000 were admitted to hospital.

Additional consequences included 730,000 people spending less on food, 239,000 spending less on other health care expenses, and 238,000 spending less on heat.

In a related finding, Dr. Monika Dutt, Chair, Canadian Doctors for Medicare, says a US study showed that providing medications free of charge to prevent heart attacks reduced vascular events by 11 percent and resulted in an average reduction of health care costs of \$5,700 US per patient.

The control group in the study had to make small co-payments of \$10, illustrating that even small out-of-pocket payments could result in individuals not taking their medications, she said. This study was replicated in Ontario with similar results.

Are we getting our money's worth?

WE SPEND a lot on drugs. Among the 34 member nations of the Organization for Economic Cooperation and Development (OECD), our prices are the third highest. Only residents of the United States and Switzerland, who depend on private insurance, pay more.

The House of Commons Standing Committee on Health reported that spending on prescription drugs totalled \$34 billion in 2017.

- Public insurance: \$14.5 billion
- Private insurance: \$12.1 billion
- Out of pocket: \$7.4 billion

The OECD puts our annual expenditure – insured and out of pocket – at \$1,012 per person. This is well above the OECD average of \$709.

The Parliamentary Budget Officer (PBO) reports that out of pocket expenditures in British Columbia are the second highest in Canada, behind Manitoba.

Out of pocket payments by British Columbians total \$679 million a year and account for 24 percent of expenditures on drugs in this province.

That's well above the national average of 17 percent. It amounts to about \$1,100 per household.

Canada has a hodge podge of 76 pharmacare programs run by federal, provincial and territorial governments, and approximately 113,000 private plans purchased from 132 private health insurance providers.

Needed medication should be available to all Canadians without financial barriers. It's long past time for a universal, publicly delivered Pharmacare program.

Pharmacare FOR EVERYONE

Research and development

IT is sometimes suggested that high drug prices are needed to finance research and development of new treatments.

With our high prices, R&D should be roaring in Canada. It's not.

Canadian pharmaceutical companies' average spending on R&D is just 5 percent of their sales.

That's so low it's almost embarrassing. It is one quarter of the average 20 percent R&D to sales ratio that big pharma is spending on research in international comparator countries.

The World Health Organization has declared that all nations are obligated to ensure equitable access to necessary medicines through pharmaceutical policies that work in conjunction with broader systems of universal health coverage. To that end, every developed country with a universal health care system provides universal coverage of prescription drugs – except Canada.

– Dr. Steve Morgan,
School of Population and
Public Health, UBC

Moving forward

PERHAPS RECOGNIZING that we have waited more than long enough, the title of the House of Commons Standing Committee on Health report is “PHARMACARE NOW: Prescription medicine coverage for all Canadians.”

“The Committee believes that the best way to move forward in establishing a universal single payer public prescription drug coverage program is by expanding the Canada Health Act to include prescription drugs dispensed outside of hospitals as an insured service under the Act.

“A study by the Office of the Parliamentary Budget Officer, which was commissioned by the Committee, examined this approach and found that it has the potential to reduce total annual prescription pharmaceutical expenditures by \$4.2 billion, based upon prudent estimates. Such an approach would also ensure that all Canadians have equitable and affordable access to life saving prescription drugs. In short, it will save money and lives.

“The Committee has concluded that merely addressing coverage gaps will not lead to better health outcomes or better cost control.... Change is difficult but it is necessary,” said the report.

The Conservative Party disagreed with the rest of the committee and filed a dissenting report.

Moving towards affordable child care

WHILE IT can't come too soon for many families – including seniors who are looking after their grandchildren – the BC government has taken another significant step towards implementing \$10 a day child care.

As part of the 10 year ChildCare BC plan, the government launched 53 prototype projects to deliver child care that will cost families a maximum of \$200 per month per child.

The prototype sites around the province serve about 2,500 children. They will model what high-quality, affordable, universal child care may look like. The sites are funded through an Early Learning and Child Care agreement with the federal government.

This initiative builds on programs previously introduced to make child care more affordable. The Affordable Child Care Benefit provides up to \$1,250 per month per child for families with an annual income of \$111,000 or less. Families using licensed child care may also see savings through the Child Care Fee Reduction, which has so far helped to reduce the cost of almost 52,000 child care spaces throughout the province.

“We are finding new ways to make it easier for families to get by every month and to save for the future,” said Premier John Horgan.

“Through this kind of action, where we significantly reduce the cost of child care, we can make life more affordable for so many B.C. families.”

“Government and the B.C. Green caucus are working collaboratively to build quality, universal early childhood education in B.C.,” said Sonia Furstenau, B.C. Green Party MLA for Cowichan Valley.

“I am hopeful these prototype



Premier John Horgan announced the next major step in the government's 10 year plan to make child care more available and affordable at an event in November.

sites will have a significant impact on many families and will help us learn how to expand efforts to build a universally affordable system in B.C.”

The province selected the sites after a call for applications in June 2018. Child care providers at the prototype sites will receive government funding to cover their operational and administration costs. In return, they will reduce parent fees to a maximum of \$200 per month for full-time enrolment during regular hours and will share their feedback with the B.C. government to help inform the future implementation of universal care.

“This project takes a major step towards universal child care in British Columbia,” said Katrine Conroy, Minister of Children and Family Development.


“The demand for this program was so strong that we expanded it to cover more children and more sites in every region of the province in the prototype stage. We want to make

life more affordable for families, and this investment will demonstrate the low-cost, high-quality care B.C. parents can look forward to as we fully implement ChildCare BC.”

Each site will receive a one-time quality improvement grant in 2019 to help enhance the quality of the programs it delivers.

“Prototype sites give us a glimpse of what the future of universal child care in B.C. can be, and are critical as we design and refine our program moving forward,” said Katrina Chen, B.C.'s Minister of State for Child Care.

“They build on the work we've already done to bring affordability relief to thousands of families through universal fee reductions and the Affordable Child Care Benefit.”

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Steps to protect seniors' money after dementia

By David Porteous

HERE ARE 15 steps to help clients and their loved ones protect their finances. "Dementia" makes it difficult for people to stay on top of their finances, and as the disease progresses they may forget to pay bills, run up accidental debts, become a victim of scammers, or fall out with their loved ones over money misunderstandings.

As soon as possible

1. Everyone should set up a lasting power of attorney (LPA). There are different kinds. The most common is for health and another is for finances. Make sure to get proper legal help in setting up LPAs.

2. Get finances in order. Draw up a list of all the organizations you have accounts with – plus account numbers. You may want to have a positive (money accumulated) and negative list (money owed).

3. Do you have an updated will? If not it's time to get one.

Straight after early diagnosis

4. Help dementia sufferers automate their day-to-day finances, including paying bills by direct debit.

5. Ask them to contact their Credit Union / Bank and ask for a third-party mandate, so someone can make calls and operate accounts on their behalf.

6. Specific documents that may need to be changed, i.e. passports, driving licenses, and others. Also check with investment companies to see what is needed in case LPA is used.

7. Make sure to stay in frequent



David Porteous

communication. This gives the dementia sufferers a chance to raise concerns and puts you in a better position to spot any problems.

If diagnosis comes later or a sufferer deteriorates

8. Register the power of attorney with the proper government office.

9. If you or your loved one haven't had the chance to set up an LPA, you can apply to the Court to have someone appointed to make financial or welfare decisions. This can be complicated and expensive.

10. You should consider cancelling credit cards, or any overdraft protection. This reduces the risk of being misled into running up debts.

11. To protect against doorstep scammers, put a chain on the door, and make a sign for the back of the door advising them not to open to anyone who doesn't have an appointment, and to ensure that a family member or friend is with them.

12. Get a call blocker for their phone, which will either block incoming calls that are not from recognized numbers or forward them to a relative or friend.

13. Sign up to the telephone preference service and the mailing preference service to cut down on junk mail and nuisance calls.

14. If the person still wants to manage things like grocery shopping, there's a risk they will lose track of where they put cash or forget they have spent it. If available, ask the credit union / bank for a chip and signature card so they don't have to remember a PIN.

15. If only cash will do, it's best for someone with dementia to take the same amount of money out of the bank on the same day each week. Then bring it home and only take a small sum with them each day. It's also worth them keeping a cash book, where they note what they spend.

David Porteous is an Elder Planning Counselor, and a charter member of the Canadian Initiative for Elder Planning Studies.

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Two critical by-elections

Burnaby South

NDP LEADER Jagmeet Singh and local volunteers have been mainstreeting, canvassing and meeting with voters in Burnaby South, working hard to win a by-election that Prime Minister Trudeau delayed.

All opposition parties urged Trudeau to call the vote in four vacant ridings, but he only did so for one Ontario riding. Reports indicate that the rest – including Burnaby South – will finally vote in February.

Singh and his wife have rented a house in Burnaby and “are very excited to make it our home.”

Singh is calling for a strategy to solve the housing crisis, a national pharmacare program to ensure

Canadians have access to needed prescriptions, and expanding the fight against climate change by focusing on clean energy.

“What’s at stake is we’ve got a Liberal government that is not doing what people need,” he said.

Nanaimo

NEWLY-APPOINTED BC Liberal candidate Tony Harris will have a tough time defending the BC Liberal record when he runs in the upcoming Nanaimo by-election, says Sheila Malcolmson.

“Sixteen years of harmful actions by the BC Liberals have had a serious impact on the people of Nanaimo,” says Malcolmson.

“From the housing crisis to the

neglect of our health care needs, the BC Liberals have a lot to answer for.”

Malcolmson said the BC Liberal money-laundering scandal will be especially challenging for Harris to defend.

“After years of bad choices by the BC Liberal government, we’re finally getting action on affordable housing, protecting our coast, and restoring our health care and education,” she said.

Malcolmson, the MP for Nanaimo-Ladysmith, is seeking the BC NDP nomination.

A by-election will be triggered by the resignation of MLA Leonard Krog at the end of November. Krog was elected Mayor of Nanaimo in the recent civic election.

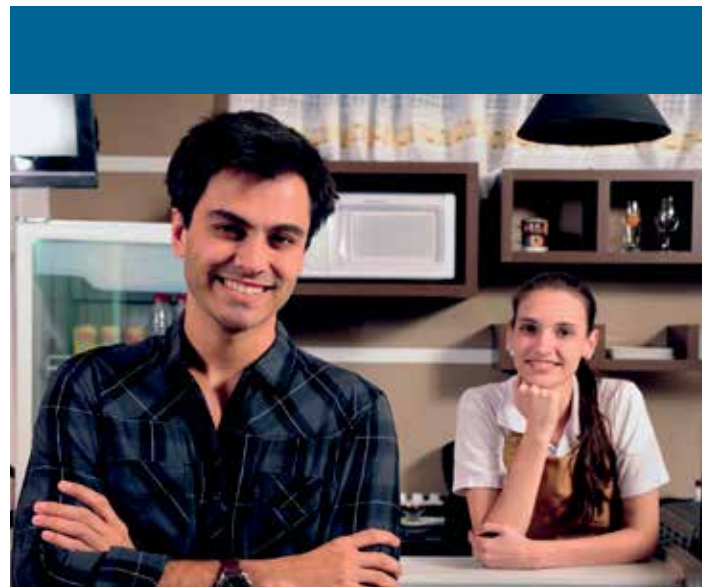


Season’s Greetings

To the members of **BC FORUM** from the International Union of Operating Engineers Local 115.

Thank you for your service to our province and best wishes for a happy and healthy 2019.

IUOE115.ca



Public services build communities and help small businesses thrive



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Goodbye to MSP premiums

THE NDP provincial government has introduced legislation that will result in the elimination of British Columbia's most inefficient, unfair and regressive tax – Medical Service Plan (MSP) premiums – and partially replace the revenue with a payroll tax.

“The last government chose to double MSP fees, costing families hundreds of dollars a year,” said Finance Minister Carole James.

“People deserve a break, which is why we're eliminating regressive MSP premiums. The employer health tax is a fairer approach, similar to other provinces, and that means lower taxes for British Columbians,” she said.

Under the employer health tax act tabled Oct. 16, the majority of small businesses are protected with a \$500,000 exemption. The exemption is \$1.5 million for charities and non-profits. Fewer than 5 percent of BC employers will pay the full rate of 1.95 percent of payroll – tied with Ontario for the lowest rate in Canada.

MSP premiums were cut in half this year, and will be eliminated on Jan. 1, 2020. BC has long been the only province to levy this unfair tax, which has administration costs of more than \$50 million a year.

Before this year's reduction, MSP fees had been increased to a flat rate of \$900 a year for most individuals and \$1,800 for families.

Like the ill-fated HST, MSP premium increases were a key feature the previous government's relentless tax giveaways to corporations and the very wealthy, a process that made our tax system more unfair and shifted costs to ordinary people.



Reaching out to working people and maintaining our unique links to the labour movement are important aspects of our work to strengthen BC FORUM's influence on policies that affect the well-being of our members. John Hooker, Regional Representative and delegate to the New Westminster and District Labour Council, staffed the BC FORUM display table at the MoveUP convention held in Vancouver in early November.

News about our board of directors



Gerry Tiede has been appointed to the BC FORUM board of directors, representing the BC Teachers Federation. He is also President of the BC Retired Teachers Association and Vice President of the Canadian Association of Retired Teachers.



Dan Bradford, who represents the BC Government and Service Employees' Union on our volunteer board of directors, has been re-elected by acclamation as the Treasurer of the BC Federation of Retired Union Members.

Strengthening BC FORUM has never been more important

Please encourage your friends to join our team

THROUGH OUR UNIONS, before we retired, we've all seen the benefits of collective action. Our voices are strongest when we stand together in solidarity.

That's where BC FORUM comes in. We are the only provincial organization that represents union members who have retired or are nearing retirement. We are an integral part of the labour movement, with formal representation in leadership bodies, and maintain strong links with provincial and national seniors' groups.

Together, we can make a difference for ourselves and our families. Please encourage friends, colleagues and family members to join us using the form below, or on-line at www.bcforum.ca.

Renew your membership – and sign up a friend

PLEASE HAVE A LOOK at the mailing label on this edition of *The Advocate* to check whether your membership is now due for renewal. If your membership is about to expire, you can renew by mailing the coupon below to BC FORUM, #200 - 5118 Joyce St., Vancouver, B.C. V5R 4H1.

You can also renew your membership on-line at www.bcforum.ca.

We also ask for your help in reaching out to people who are nearing retirement or have already retired. Like all membership-based organizations, we are all stronger when as many people as possible work together.

- *Remember that BC FORUM actively welcomes members who are 50 and better, working or retired, so don't be shy about encouraging your friends and family members to join us, even if they are still in the workforce.*

Solidarity makes us strong.



BC FORUM has always provided free \$2,500 Accidental Death and Dismemberment insurance coverage to members.

We are proud to now extend this coverage to members' spouses at the low cost of \$5 per year. All you have to do is check the appropriate box when you apply or renew your membership. BC FORUM's AD&D coverage is valid until you reach age 86, the maximum age we were able to negotiate.



Please check your expiry date on the mailing label. BCGEU, HSA, MoveUp, CEU, CUPE 386, UFCW 1518, Heat and Frost, UNIFOR 2301 and LIUNA 1611 pay first year dues for qualified members.



B.C. Federation of Retired Union Members • #200 - 5118 Joyce St., Vancouver, V5R 4H1
604 688-4565 • 1 800 896-5678 • Fax: 604 430-5917 • bcforum@bcfed.ca • www.bcforum.ca

Membership: **Application** **Renewal** **New address**

Name: _____
LAST FIRST INITIAL

Address: _____
STREET ADDRESS CITY POSTAL CODE

Phone: _____ E-mail: _____

Union: _____ Date of birth:* _____
DAY MONTH YEAR

Spouse's name: _____ Spouse's birth date:* _____
DAY MONTH YEAR

Single membership: \$20 - 1 year \$49 - 3 years
 With AD&D for spouse: \$25 - 1 year \$64 - 3 years
 Cheque Visa MC Expiry: ____/____ CVV: ____
 Card number: _____

.....
 SIGNATURE _____
 Date of application: _____
DAY MONTH YEAR

* Required for Accidental Death & Dismemberment group insurance coverage to age 86.

Lifting people out of poverty

THE BC government is aiming to cut child poverty in half, and reduce the overall poverty rate by 25 percent in the next five years.

These targets are set in legislation tabled in October. The Poverty Reduction Strategy Act defines the scope of a strategy to be finalized in early 2019.

Shane Simpson, minister of social development and poverty reduction, says the strategy will lift thousands of people out of poverty, create more opportunities to break the cycle of poverty, and make it easier for people to participate in their community.

“A strong province is built on a foundation of equity, inclusion and opportunity for everyone,” said Simpson.

“We know that poverty is a serious issue in our province. That was driven

home throughout the consultation as thousands of people told us about the impossible challenges they face each day.

“Social issues have been ignored for too long and that is why we are committing this government, and future governments, to break the cycle of poverty and improve people’s lives,” he said.

Living in poverty in British Columbia:

- 458,000 adults
- 99,000 children

Despite having the second-worst rate of poverty, British Columbia is the only province in Canada without a poverty reduction strategy.

The legislation will:

- Commit government to reduce B.C.’s overall poverty rate by 25 percent and child poverty rate by 50 percent in the next five years.
- Establish an independent advisory committee that will represent the breadth and depth of personal and professional experiences of poverty in B.C. and advise the minister on

matters relating to poverty reduction and prevention.

- Require government to report annually on its progress to reduce poverty.
- Require government to release its first poverty reduction strategy by March 31, 2019. The strategy must focus on the key issues faced by people living in poverty including housing, education, employment, income supports and social inclusion.

“First Call’s Child Poverty Report Card shows one in five B.C. children live in poverty and we have called for a 50 percent reduction in B.C.’s child poverty rate since 2009,” said Adrienne Montani, provincial co-ordinator of First Call.

“We are pleased that government has listened and has this target and timeline in legislation. Reaching this target will benefit the health and well-being of thousands of children and youth, and may well reduce the number of children coming into government care,” said Montani.

The latest statistics available show that 557,000 people, including 99,000 children, were living in poverty in B.C. in 2016.

Information for retired workers

- Protect yourself against scam artists with info from the Canadian Centre for Elder Law. Google “Be a Savvy Senior Fraud Protection.”
- The People’s Law School has summarized benefits available to BC seniors. Search the web for “When I’m 64: Benefits for Seniors” to download or order a free copy.
- The Council of Senior Citizens’ Organizations of B.C. (COSCO) offers free workshops to seniors groups. Visit www.coscobc.org for a complete list of topics.
- The Deprescribing Network – deprescribing.org – offers information about safely reducing medications that may no longer be needed.

New address? New e-mail address?

Please send your new address and e-mail address to BC FORUM.

You can mail in the form on page 15, or you can reach us by telephone or e-mail: 1.800.896.5678 (toll free), 604.688.4565, bforum@bcfed.ca



Please check the expiry date on your label. Is your membership due for renewal?