



# *Newsletter*

*National Pensioners Federation*

December 2014

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May your world be filled with warmth and good cheer this  
Holiday Season and throughout the year

# NATIONAL PENSIONERS FEDERATION

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Merry Christmas & Happy New Year

from the NPF Executive

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**Deadline for NPF Newsletter**  
**submissions is March 1, 2015**

**To the Readers**

**Editorial Board - Herb John & Pat Brady**

***All editorial matter published in this NPF newsletter represents the views and opinions of the authors and not necessarily those of the NPF or the publication's editor. Statements and opinions expressed do not represent the official policy of NPF unless so stated.***

Have you got an article you would like to submit for consideration?  
Please send your articles to the publication's editor, Jean Simpson at [jean.simpson@npfmail.ca](mailto:jean.simpson@npfmail.ca)  
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**President**

### Busy Times

Our annual convention in September in Saskatoon was a success based on the evaluation forms and peoples comments. Our website has pictures, speakers presentations and the convention agenda posted. Thank you to everyone that made the convention a success. Members from across the country came out to take part in discussions on relevant political and cultural issues that pertain to Canadian citizens, and in particular to aging Canadians. Speakers included Adrienne Silnicki, Coordinator with the Canadian Health Coalition, Sheelah McLean, one of the founding members of Idle No More, Lynne Fernandez, the Errol Black Chair in Labour Issues with the Canadian Centre for Policy Alternatives in Manitoba, NDP Member of Parliament – Seniors Critic , Irene Mathysen, Celia Sankar of Diversity Canada, and Garry Neil, Executive Director of the Council of Canadians.

Yearly conventions are instrumental in continuing to organize, listen, and discuss in order to effectively advocate the principles held by the NPF. Some of the major issues brought forward by attendees included improving government legislation on health care by renegotiating a new Health Accord with the provinces and increasing the federal funding of provincial health care costs to 25%, a national pharmacare program, increases in CPP, OAS and GIS, protection of pension income, living wage discussions, poverty reductions and a national housing policy.

Our monthly conference calls are providing the opportunity to discuss all the issues we need to deal with as we become a more effective organization. We have expanded the number of participants on our quarterly affiliate leadership conference calls to help improve the communication with our affiliates.

On September 26th I attended a meeting in Ottawa to participate in a national collaboration of organizations to discuss target benefit pension plans. The invitation to discuss TBP's was sent by the National Association of Federal Retirees to representatives of retiree and veteran's organizations and unions. The federal government is attempting to introduce this type of plan for employees of Crown corporations and federally- regulated employers. The Association is concerned about the potential threat these plans may pose to veterans and retirees. What are Target Benefit Plans? Simply put, target benefit plans (TBPs) are a unique type of pension plan that blend elements of defined-benefit and defined-contribution plans to provide a base monthly pension at retirement (which may be allowed to change, depending on the pension plan's performance) with limited or conditional indexation. The benefits paid in retirement are linked with how well the pension plan performs. Target benefit plans are similar to jointly-sponsored or multi- employer pension plans, where a number of employers (usually within the same industry) share a pension plan. The risk to retirees and veterans is clear: the pensions they have worked for may become subject to change over the course of their retirements.

The evening of Wednesday, October 8th, government officials and pension industry leaders met at the Arcadian Court, 401 Bay St., Toronto at 6:00 p.m. to discuss pension reform. Canada Post retirees organized a rally in front of Arcadian Court which Sandy Carricato and I attended. The purpose of this rally was to bring attention to retirees views on pension security. Pictures and speaker videos are included on our website in "News" at October 9th 2014, - NPF President Attends Pension Rally in Toronto. There is a concerted effort by investment lobbyists and right wing think tanks to convince the governments of Canada and the provinces/territories to move all the investment risk from defined benefit plan sponsors to beneficiaries. This is not what we view as a stable and dependable income in retirement. As more information on the campaign becomes available and we need your support and action we will post updates on our website in the "Get Involved" section.

During the same visit to Ottawa I met with the Canadian Union of Postal Workers and agreed that NPF be a co-applicant on the Charter challenge against the elimination of door to door mail delivery. We have heard from many organizations and affiliates that this elimination will have negative consequences for their members. Please read the information and sign the petition on our website.

*... continued from the President*

October 1st is the "International Day of Older Persons". I had an opportunity to speak at a celebration of that day at Windsor Ontario City Hall. There were a number of speakers representing seniors and we raised the United Nations flag commemorating the event. We are currently promoting a call for all our members to organize events in their own municipalities and provincial/territorial capitals on October 1st 2015. We are in discussions with affiliate C.U.R.C. about how to make this a successful celebration. This is also a way to rally together during an election year and let governments know that we are united as aging Canadians and will vote for individuals that support us and work for our concerns.

DiversityCanada Foundation and the National Pensioners Federation (DiversityCanada/NPF) argued before the CRTC that the 30-day cancellation policy was unfair to consumers. It meant you ended up having to pay both the old provider (for a service you no longer wanted), and the new one (if you switched companies within the 30 days to ensure no service interruption). The telecom watchdog handed a welcome victory to consumers. The Canadian Radio-television and Telecommunications Commission (CRTC) has announced that, starting next January, you can cancel your home phone, Internet, or broadcast service at any time.

On November 12th John Gatens and I attended the biannual meeting of the Service Canada Seniors Advisory Council in Toronto. Approximately 12 seniors organizations were represented. It is a great opportunity to have input into Service Canada programs that affect us. It also provides an opportunity to express our concerns.

On November 24-25 the Canadian Health Coalitions' "Fighting Privatization Conference" included an excellent and comprehensive overview of what's wrong with privatization by Colleen Fuller, (researcher and writer). Allyson Pollock, Queens University of London explained the history and impact of privatization on the National Health Service of Great Britain. Since Great Britain is a few years ahead of Canada in the privatization agenda this information should help us to understand where we do not want to go and develop alternatives. We also had a presentation about a proposal being discussed in Quebec about buying back P3 hospitals and a panel presentation about the privatization fight back in Canada. The following day all delegates were assigned MP's from all parties to lobby. The lobby topics included; a new Health Accord, Pharmacare, single tier universal health care system, Canada Health Transfer funding and a comprehensive seniors care plan. The objective of the lobby was to get commitments to support these improvements. The presentations and other information will be available on the CHC website. [healthcoalition.ca](http://healthcoalition.ca)

We would like to express our sincere appreciation for Barry Thorsteinson's ongoing participation representing NPF in Ottawa at numerous hearings and events. Here is a list of some of Barry's presentations;

CRTC hearings - Sept. 2014 re: future of television policy for Canada  
Bill C-23 (Unfair Elections Act) Parliamentary Committee hearing after 2nd reading April 2014  
Official Opposition round table re: Strategy on Aging Policy conclusions. April 2014 with CMA/CNA and many others.  
Official Opposition consultations on CPP policy development, fall/winter 2013/2014

Winnie Fraser-Mackay had the opportunity to attend the Federal, Provincial and Territorial (F/P/T) Ministers Responsible for Seniors meeting in Charlottetown to review recent collaborative work and discuss ways to further support the well-being of seniors living in Canada.

**...continued from the President**

Our work putting together the four portfolios terms of reference is posted in the members section of our website. Go to "Member Login" and follow the prompts. The portfolios and executive liaisons are as follows: Communication and Outreach -- John Gatens, Housing -- Bernie LaRusic, Health -- Winnie Fraser-Mackay and Finance – Sandy Carricato. As we indicated on our affiliate leader conference call we now need volunteers to help with the implementation. Please reply to Pat Brady - [patbrady@uniserve.com](mailto:patbrady@uniserve.com) or use the "Contact Us" link on the website.

A reminder to join the new members registering on our website and to follow our progress on issues important to aging Canadians in our "Get Involved" section.

I would like to wish everyone a Joyful Holiday Season!

Demonstrate your compassion; visit someone who is lonely, give to someone poor, stand up for someone who needs help. Together we can make the world a better place.

**Herb John, President**

Check out our website  
[www.nationalpensionersfederation.ca](http://www.nationalpensionersfederation.ca)

**Good News** - The private member's bill (C-247) was passed in the House of Commons today with a vote of Yes 247 No 0. This was the bill where NPF was invited to testify before the House of Commons Committee and involved "one stop shopping" where executors had to deal with an estate and federal government departments. The "one stop" will be dealing with Service Canada instead of the OAP, CPP, Canada Revenue Agency, etc.







**1st Vice President**

### This Government

Greetings: Like many of our readers we have been busy going about the business of speaking on behalf of seniors. Although sometimes it seems like our opinions and requests fall on deaf ears, we must continue to plead our case.

President Herb John and I met with the other members of the Ontario Seniors Advisory Committee on November 12<sup>th</sup>. We met with government officials in Toronto. I have mentioned this group a few times in past reports, a much diversified group representing seniors from various organizations.

I foolishly thought that we were there to advise our government on issues that our seniors thought were important to them eg. Postal home delivery,

affordable housing, accessible nursing homes, or long term care, reduced waiting times for medical procedures, affordable drugs and medication, adequate pensions that allow them to live in dignity not poverty, etc. etc. etc...

I must admit they did report to the findings about seniors living in isolation versus seniors who are lonely, again here are some examples:

Seniors lacking access to transportation, and or who lack the funds to socialise, or who cannot socialise because of physical restrictions or mental health issues. Another common issue, seniors losing their drivers licence or isolated because of cultural differences.

These and other issues were discussed such as the need to continue communication through the written word since not all seniors have access to, nor can afford computers. I find this somewhat ironic since the goal of this government is to discontinue mail delivery thus isolating many seniors whose only access to the outside world is through the mail and the person who delivers it. I know they tell us there or will be exceptions but those come at quite a cost and are greatly restricted.

At our last meeting I found, and I want to make this clear this is only my opinion, that we were politely chastised for our aggressive or advocatory approach, readily critical on some issues that were related to us. I believe we were reminded of the reasons this group was formed, i.e. to be a sounding board as to the position our government has taken on services and programs and to deliver the message to the seniors we represent! **I say balderdash. I am an advocate and will continue to be such until they throw me out.**

My final sound off is this: At this S.A.C. meeting we were solicited by a gentleman who was a volunteer recruitment support manager for the Toronto 2015 Pan Am / Para Am Games. We were quite shocked by the ridged requirements demanded, the strict commitment expected, and the physical requirements, there was no relief for parking nor for any financial compensation, in short you would have thought we were being groomed to participate in the Games themselves.

In my opinion we have taken volunteerism beyond reasonable expectation and certainly beyond reason for seniors to the point where we have to beware of depriving men and women of earning a living.

Once again please forgive my rant. I wish each of our readers and our members a healthy and happy Christmas and a better new year.

**John Gatens, 1st Vice-President**

**Housing Report** by Barb Mikulec COSCO BC

**What if** –your friend is without funds and needing shelter?

**What if**-your government says it has a long wait list to be assessed for placement in housing?

**What if**-your life savings are not enough to provide both food and medical needs including prescriptions?

**What if**-your dignity and safety is under assault?

**Where** can we find the capacity of our wealthy country to care for our citizens, all our citizens with quality care, access to shelter without barriers, and ensure the health and well-being of our fragile citizens, especially our seniors? Recently an 82 year old lady living in Victoria, BC, without the funds for adequate housing, has turned to a homeless shelter. She is not alone, seniors are increasingly found in shelters.

**Why** has this not become a serious issue of our policies of caring for our vulnerable citizens?

It is the fundamental right of every Canadian, regardless of race, gender, disability, political belief, social conditions, location or ability to pay, to have access to quality healthcare. It is hard to access healthcare if you do not have a fixed address, so **housing** is the first part of securing a stable environment for our citizens.

We need access to services in a timely manner as preventative measures ensure that the care is accessed before emergency visits to the hospitals. Seniors with a fixed income are finding that costs are going up, it is important that there be a sliding scale of payments for services, with automatic eligibility for available services.

**What if** - you live in a co-op housing household which faces a loss of rent subsidy by 2021? The number of households which will face a loss of subsidies will surely rise in future years. This means that low-income members may have difficulty keeping their homes. We need to invest in affordable housing, including housing targeted to low income seniors. Also some options are needed for couples so that they can continue to live together for as long as possible.

After the federal government froze investment in social housing in 1993, the availability of rental units dropped sharply in large cities. As a result, rental costs soared and quality of lodgings decreased (National Advisory Council on Aging). Some cities are already showing a significant and growing need for seniors' social housing. Seniors are on social housing waiting lists and are at risk of becoming homeless (Federation of Canadian Municipalities).

Our seniors need access to adequate safe shelter. To have a senior in a shelter is a cry for help! Our society must engage in sharing our resources to live in a civil society with adequate, safe housing.

**Some concerns** for seniors' housing include economic issues and efforts to provide appropriate housing with community supports. It was noted that in the last 20 years there has been a decline in services to allow seniors to remain in their homes at the same time as bureaucracy to get these services has increased. Rising rent costs are a concern, as 'economic evictions' may cause some people to leave the community where they live, with forced displacements so the landlord can renovate the apartment and charge a higher rent. Resource towns are having a shortage of housing and these 'renovictions' are happening to our seniors. Statistics Canada reports that many seniors live on less than \$25,000 a year. Seniors may face unexpected expenses and rising costs for housing.

The following are some of the models of housing choices for seniors

**CoHousing:** Seniors may wish to be part of a living arrangement that includes people of all ages. In a CoHousing model, there are people of different socioeconomic status. Some strata housing is designed to encourage members to become a community that will support each other in various ways, especially in social connectivity and sharing tasks including maintenance of the strata building.

**...Housing Report continued**

**Life Lease** is a cross between owning and renting, residents have a 30 year lease. There is no property transfer tax to pay when they leave their unit, and seniors receive 95% of their money back when they leave, as the unit is then rented to another senior at a price usually below market value.

**Temporary housing** for seniors 'at risk of homelessness' is available in some areas. One- to- one outreach workers help to get the senior's health stabilized and a counsellor helps to get finances stabilized and arranging housing subsidies.

**Modular housing** –SAFER Senior Supportive units offer independent living units with rent geared to income. The modular homes are put up quickly as they are manufactured off-site and assembled quickly at the desired location, often in rural areas.

**Flex Housing** can be modular buildings which are built with walls which can be moved or adapted for wheelchairs, etc.

Although there are many models of housing, it depends on the health, finances and needs of seniors. Some seniors face challenges in rural areas which have limited subsidized housing choices. The goal should be to create **age-friendly communities** that keep seniors feeling safe and healthy, close to shopping, health care, friends and social networks, and involved in the community. I believe we need **affordable housing** and adequate income for seniors as we will all be joining the ranks of seniors and hope for longevity with respect. Aging with dignity should be our goal.

**Creating Memories**

'Twas the night before Christmas, when all through the house,  
Not a creature was stirring, not even a mouse;  
The stockings were hung by the chimney with care,  
In hopes that St. Nicholas soon would be there.

The opening lines of Clement C. Moore's 1823 Christmas classic, "A Visit from St. Nicholas," or better known today as "Twas the Night Before Christmas." This poem, probably one of the most well known poems in the world today, brings to mind endless traditions, dreams and memories, Santa and snow, reindeer and gifts, and the joys of Christmas past and present.

Christmas Day may only come but once a year, but the memories and the traditions you create during that special holiday season will live on for years to come! Perhaps gathering together and creating your own special Christmas decorations to hang in your home, on your tree, share with friends and family. If your family doesn't have traditions, create your own or borrow someone else's. You can build your own wonderful memories that your children or grandchildren will recreate with smiles.

Sad to say peace in the world is not a reality, many people have lost love ones due to war, tragedies or accidents. Of all the greetings that we give and receive in these holiday times, let us remember and continue to pray for the one that we humans seem to need to hear the most; "Peace on Earth and Good Will to Men".

Tis the Season - This is the time of year that makes us aware of the hundreds of children who are less fortunate. Please give all you can over the holiday season to make someone else's Christmas memorable.

Season's Greetings to you and your family for a safe and healthy holiday season.

**Jean Simpson, Publication's Editor**





3rd Vice President

### Health Coalition

Merry Christmas and Happy New Year and may 2015 be another Great Year for all of us Seniors. I am writing this report while I'm flying to Myrtle Beach, SC from Ottawa.

Just spent two action packed days full of productive activities, celebrating National Medicare Week in Canada. I met with Canadian Health Coalition staff and public health advocates, including Doctors, nurses, health professionals, seniors, students and social justice advocates from across Canada. Meeting with members of Parliament on Parliament Hill and ask for their commitment to public health care in the upcoming 2015 Federal Election.

I was representing Seniors N.P.F and P.E.I.; I have submitted information used on Lobby Day, November 25 following my submission.

The past few years in many of my reports, I have been encouraging you all to get to know your politicians and I hope the eight tips for a successful lobby visit will be helpful and give you more courage to let your candidates know how seniors are affected by the many serious health issues in your community and provinces.

The past four months have been very active attending many annual general meetings and five trips out of Province for example Saskatoon Saskatchewan, Nova Scotia, Ottawa for Canadian National Transportation, and many distinguished visitors meetings, primers and Government Ministers from all over Canada. Including our Minister of State for seniors Alice Wong.

These reports are available on our N.P.F. website. I think you will find the PEI health A.G.M guest speaker very interesting with her research data. Dr. Judy Lynn Richards she demonstrated how in 11 years there will be more than 36,000 people or about one third of the P.E.I. population over 65. The cost of keeping one senior in an institution annually is \$ 58,000. In closing, please let us know your experiences with lobbying your politicians on health care issues.

*Winnie Fraser-MacKay, 3rd Vice-President*

### Eight Tips for a Successful Lobby Visit

Meeting with your Member of Parliament, Senator or their staff and developing a personal relationship are the most effective ways to influence the legislators' positions on an issue.

Phone calls, emails and letters are all important but are not as effective as face-to-face meetings on the Hill or in your local riding offices.

**1. Prepare for the visit.** Information on your MP is available online (<http://www.parl.gc.ca/MembersOfParliament/MainMPsCompleteList.aspx?TimePeriod=Current&Language=E>). You can also find valuable personal information about your legislator on his or her home page. Have a face-to-face pre-meeting with your delegation to determine who will cover which points, who is going to "chair" the meeting to keep it on topic, and who will take notes.

**2. Be punctual and positive.** Arrive at least 30 minutes prior to your meeting to allow time to pass through security. Thank the MP for his or her time.

3. **Focus the meeting.** Briefly introduce the individuals of the group, the organizations you represent and the topic you wish to discuss. It is important to talk about the two issues listed on your MP Meeting Report and to stay on topic. Remember, you don't have to be an expert on an issue; MPs meet with you because you elect them.

4. **Listen and gather information.** Ask for your MP's view on the issues. Be patient and passionate; don't react angrily if you don't get the response you want. Stay calm and always be polite.

5. **Make your specific requests.** An effective "ask" focuses on a specific action. We are making two requests this year (see MP Meeting Report). Give a few brief points on why your member should support these requests. Avoid a long philosophical debate about the issue; be concrete. Wherever possible use examples from your experience.

6. **Review the kit with the MP.** Briefly go over the material you are leaving with the MP, and express that these are the wider issues that concern you with respect to healthcare. Tell the MP you will get back to him or her if you can't provide information about an issue on the spot.

7. **Express your thanks and take a photo.** At the end of the meeting, thank the MP for his or her time. Ask him or her to have their photo taken with the "I Stand for Medicare" sign. Take one photo on your camera/phone and one photo with the MP's camera/phone. Ask him or her to tweet the photo using the hashtag on the sign.

8. **Debrief.** After the meeting, take time with your delegation to debrief and talk through what your legislator said and how the meeting went. Please use this time to fill in the MP Meeting Report and return it to CHC. This is also a good time to tweet the photo you took of your MP. If you do not use Twitter then email the photo as soon as possible to: [brad@duplisea.ca](mailto:brad@duplisea.ca)

News Release November 24th, 2014

### **National Medicare Week**

Public medicare advocates want to know federal plans for health care

**(OTTAWA)** – It is National Medicare Week (November 23-29) in Canada and to celebrate the Canadian Health Coalition (CHC) will be joined by public health care advocates including doctors, nurses, health professionals, seniors, students, and social justice advocates from across Canada to meet with MPs on Parliament Hill and ask for their commitment to public health care in the upcoming 2015 federal election.

A poll released in August by Nanos Research showed that 85 per cent of Canadians believe the federal government has a key leadership role to play in health care, but according to the CHC Canadians need to hear more.

"The maintenance of a strong public health care system is imperative for Canadians and that's why we're in Ottawa today," said Adrienne Silnicki, National Coordinator of the Canadian Health Coalition.

Over eighty health care advocates from every province and one territory in Canada will be gathering on Parliament Hill and meeting in the offices of their MPs to ask for a strong party platform that will ensure access to quality, public health care regardless of age, ability to pay, or where someone lives.

"Health care is always one the top ballot box issues for voters" said Silnicki, "so the federal parties need to start talking about their plans to protect and improve medicare if they want to succeed in the next election."

*The Canadian Health Coalition is a public advocacy organization dedicated to the protection and improvement of Medicare. You can learn more about our work on our website.*

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### **Secure the Future of Medicare: A Call to Care**

Health care in Canada is a fundamental right without distinction of race, gender, age, religion, sexual orientation, political belief, immigration status, and economic or social condition. Organizations representing millions of Canadians will mobilize to defend this right and to ensure that the following principles shape the direction of the Health Accord renewal:

- 1. The recognition of the highest attainment of health as a fundamental right throughout life and the necessity of preserving public health through active measures of promotion, prevention, and protection including such determinants as housing, food safety, income, education, environment, employment and peace.*
- 2. The recognition that many Aboriginal people have a poor health status and a high burden of disease. The current system is failing and requires a transformation of the relationship between Canada and its Aboriginal people to find solutions together. The Aboriginal people must be at the First Ministers discussions on the Health Accord as these solutions involve all levels of government.*
- 3. The recognition of health care as a public good for which no financial barriers must be erected. We affirm the need for a system of public health care which is organized on the basis of public administration, public insurance and the delivery of services on a public, not-for-profit basis.*
- 4. Opposition to any commercialization and privatization of health care. Therefore the federal government must negotiate a general exclusion of health services and health insurance from all trade agreements.*
- 5. The need for the federal government to fully assume its responsibilities in respect to health, particularly by securing the adequate and predictable federal health transfers and enforcement of the Canada Health Act.*
- 6. The reaffirmation of the original vision of a truly comprehensive public health care system for Canadians providing a continuum of services. The next steps are the expansion of the public system to include a universal Pharmacare plan, a system of home and community care, long-term care, and a strategy for mental health.*
- 7. The need to move towards a community-based, multi-disciplinary team approach to the management, organization and delivery of services, especially in primary care. Levels of services must be sufficient so that the burden of care does not fall on families, mainly women.*
- 8. An accountable health care system through democratic participation and transparent governance at all levels.*
- 9. The recognition that health care workers are critical to the effective operation of the health care system and that decent wages and working conditions are essential to high quality care.*

We come together to commit to ensuring that governments throughout Canada renew their commitment to protect and expand Canada's public health care system to meet the present and future needs of all people living in Canada, based on the principles (public administration, universality, comprehensiveness, accessibility and portability) and conditions (no extra billing or user fees, or queue-jumping) of the Canada Health Act. Regardless of where we live, it is now imperative to reaffirm the social values we all share. These values must guide our collective choices for future of health care. What stands between Medicare and its destruction are the peoples of Canada. Future generations are depending on our vigilance.

### **Health Care Decoder - The hidden agenda behind the words.**

**'Alternative Service Delivery'** = Harper used this term in the Leaders Debate. It means shifting delivery of health services from the public to the private sector and it is a form of privatization. Harper said it is not privatization.

*Problem: **The Auditor General raised serious concerns about ASD, including: serving the public good, transparency, protection of the public interest, and accountability to Parliament.***

**'Sustainability'** = A code word used by opponents of Medicare to claim public health spending is fiscally unsustainable and the solution is a shift to more private health care. Bluntly, this is a lie.

*Problem: **Shifting from public to private spending shifts the burden from the wealthy to the sick. The real cost drivers are private parts not covered by Medicare, especially pharmaceuticals. Evidence shows public, not-for-profit care is less expensive, safer and more equitable.***

**'Innovation'** = Commercialization of health care services in a cut-throat market.

*Problem: **Some things don't belong in the market – human life, blood, health care, etc.***

**'Transformation'** = Moving from a system where health care is a human right to a profit-driven system providing expensive and inappropriate care.

*Problem: **Doctors charge whatever they want and oversell 'profitable' procedures and neglect others. Expensive private health insurance for the healthy and the wealthy.***

**'Patient-Centered Care'** = Slogan borrowed from the drug industry, really means 'profit-centered care'.

*Problem: **Beware of doctors talking about 'patient-centered' care when they own for-profit clinics.***

**'European Model'** = US-style 2-tier, for-profit care disguised as a 'Third Way'.

*Problem: **Canada is economically integrated with the U.S, not Sweden or Norway, and it is U.S. health industries pushing for access to Canada.***

**'Activity-Based Funding'** = Fragments health services to reward financially motivated doctors who own private clinics.

*Problem: **A market-oriented mechanism that increases costs, encourages over-diagnosis of some procedures and under treatment of others. Also leads to closing of rural hospitals.***

**'Choice'** = Health care services treated like any other commodity.

*Problem: **Private health insurance offers no choice for the sick and the poor. Health care is a human right and access should be based on need - not ability to pay.***

**'Experimentation'** = Commercialization of health services triggers international trade agreement rules. This is no 'experiment'.

*Problem: **Once foreign insurers are inside the walls of the Canadian health system, international trade treaties will give them weapons to fight any government to displace them or even control their market share.***

**'Partnership'** = Corporate 'partnership' (P3) is a parasite that costs taxpayers. The public pays and private investors profit. That's not a partnership!

*Problem: **Costs go up, quality goes down and there is no accountability.***

**'Flexibility'** = Operating outside the parameters of the *Canada Health Act*.

*Problem: **The duty of the Minister of Health is to ensure that people with money do not buy their way to the front of the line.***

### Saskatchewan Alive and Kicking

Canada is most certainly world class in the eyes of people throughout this planet. Being world class doesn't happen automatically – it results from continued efforts and lobbying by the combined voices of its citizens. The seniors across Canada have to ensure that their voice is present among the voices of all the other sectors of the population.

Personally, I've been involved in organizations that have worked hard to make our society . . . our country a better place in which to live. Some of these were organizations at the local level – municipal council, recreation, 4-H, and seniors; others were regional – Health Advisory Committee, Parkland Library, Seniors and Community Futures; and many provincial – Superannuated Teachers, Seniors Assn, Seniors Mechanism, Sask Urban Municipalities Assn, Sask Emergency Planners Assn and College of Podiatry. All of these organizations have many challenges, require a lot of volunteers who are prepared to put in hours of work, and the leadership to effect the desired changes.

Since I was elected at the NPF conference in Saskatoon this past year, I have been continually impressed with the work of NPF at the national level in addressing the needs and challenges facing seniors. Member organizations and affiliates provide support for NPF in its efforts to address all the challenges. To this end I am pleased to say that the Saskatchewan affiliates now include the Superannuated Teachers (STS), Seniors Assn (SSAI), Seniors Mechanism (SSM), Fitness Assn (SSFA) and the Sask Union Retirees Federation (SURF).

I look forward to learning more about the workings of NPF and to assist in bringing the Saskatchewan seniors voice to NPF in support of the efforts in addressing the issues and challenges at the national level. We must try to ensure that the issues being faced by seniors are voiced to the appropriate officials federally and provincially. In addition, we have to encourage all seniors across Canada to voice their concerns/issues to all candidates putting their names forward in the upcoming federal election. If they are to represent us, they must be knowledgeable about the senior demographics and challenges.

"There is no substitute for getting people involved and excited. A team that is knee-deep in problems, challenges, fears, and hopes, and that is reveling in them, convinced it will win, and excited about the prospect, is well on the way. The truth is simple. You can't be world class unless you have world-class problems. The opposition is the opportunity. Take it." - David Kirk.

***Mike Kaminski, 2nd Vice-President***

### Welcome New Year

We look forward to you ...  
 A year of wonderful happiness ...  
 A year of good health ...  
 A year of great success ...  
 A year of incredibly good luck ...  
 A year of continuous fun ...  
 A year of world peace.

Happy New Year 2015

Though no one can go back  
 and make a brand new start,  
 anyone can start from now  
 and make a brand new ending.

Author Unknown





Her letter carrier  
might be the only person  
she sees every day.

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Canadian Union of Postal Workers



**From The Desk Of  
The Treasurer**

### Canadians and their Health

The last few months have been very busy, and that's an understatement! We have been to conferences, councils and rallies. The issues and resolutions debated and discussed were current, relevant and the speakers so informative. We learned a lot.

One of the issues that was submitted by my Group Unifor, was on Missing and Murdered Aboriginal Women and Children. As an aboriginal, this is an issue close to my heart. All we want from the Government is to have an inquiry to get answers.

The governments answer to our request is that we should view it as a crime and not a broader, complex, historical and sociological phenomenon.

Without a sociological analysis we can't begin to understand why the percentages of missing and murdered indigenous women are so high compared to non-indigenous women.

On another note, I have been writing over the last few editions about health care in Ontario and the proposed cuts. This is the most important issue facing Canadians!

In Oct all across the province, The Ontario Health Coalition and citizens groups called out to the Ontario government, demanding a stop to cuts, privatization, and the closing of our local community hospitals. The concerned citizens responded in large numbers.

A rally was held at the Ontario Legislature on Nov. 1<sup>st</sup>. (Queen's Park) Buses came from all over the province for the noonday event which highlighted the attacks to Ontario's health care. If citizens of Ontario couldn't get to the parliament building they held events in their own cities and towns demanding answers.

The media coverage was great all across the province; stories came in from Stratford, Peterborough, Kingston, Welland Chatham and Hamilton to name a few.

**Stratford** had concerns about the proposed loss of nine rehabilitation beds, 13 complex-continuing-care beds, three surgical beds and three medical beds.

**Kingston** – The protesters rallied in front of MPP Sophie Kiwala's office. They called on Kiwala to support public health care and to stop cutbacks that the group described as the deepest in Canada. "Stop the move to private clinics" said Ross Sutherland of the Kingston Health coalition. The residents are worried that the attack on public health care, will lead to more private clinics. Cuts are being made to outpatient services, pain clinics, lab services and fertility clinics. These services are being contracted out to the private sector.

**Chatham- Kent** – Shirley Roebuck said the provincial government is forging ahead with what she says is its most aggressive plan ever to close community hospitals. There are genuine concerns, the province is planning on moving health services to private clinics and with that will come user fees and more expenses for patients. She continued to say that of all the provinces in Canada, Ontario has had the deepest health care cuts.

***Every day we read about some event that is detrimental to Canadians and their health and it involves private clinics.***

- ◆ outbreaks of hepatitis in clinics
- ◆ bacterial meningitis, epidural abscess causing disabilities and permanent nerve damage related to a private clinic
- ◆ nine patients were infected with Staphylococcus aureus bacteria **(at the same clinic a Dec 2012 inspection revealed that in fact 170 deficiencies in infection control were found)**
- ◆ colonoscopy clinics kept Hepatitis C outbreaks a secret (Toronto Star Investigation) Eleven patients were infected – NDP health critic France Gelinias is calling on the province to remove the CPSO as the regulator of such clinics, she claims the organization is failing to uphold quality care.
- ◆ Anesthesiologist is accused of inadequate infection control in a private clinic

We have outlined just a few of the health issues that are a result of private clinics which is directly related to cutbacks in health care and privatization. Clinics are monitored by oversight bodies but **they don't have to report the health code violations.**

We know that without a health accord – an agreement between the federal government, provincial and territorial governments, Canada's public health care system is at risk of being replaced by for-profit services. Every private enterprise is interested in their bottom line and how to reduce costs. This often means skipping important functions in a process that could jeopardize our health!

The Harper government let the health accord expire in March and will cut \$36 Billion over the next 10 years from health care funding.

The Council of Canadians has been fighting the dismantling of Medicare and has joined with many organizations arming them with information so they can talk to friends and neighbours about what is at stake if governments move from public health care to for-profit privatization.

Vancouver has a large number of private health care clinics, including the Cambie Surgery Clinic, which is owned by for-profit proponent Dr. Brian Day. Dr. Day has launched a constitutional challenge against Medicare, asking the court to open Canada up to U.S. style health care where people can pay their way to the front of the line and those who can't afford to pay are left behind.

This would play right into the government's refusal to renegotiate the health accord. This would give them the opportunity to reduce federal transfers to the provinces and territories substantially, and make it impossible for the provinces and territories to maintain health care.

The BC Health Coalition and Canadian Doctors for Medicare are interveners in this case and are intending to stand up for Medicare in Court.

This is not just an issue for the BC Health Coalition and Canadian Doctors for Medicare it is a case for all Canadians that believe in Tommy Douglas's dream. Health Care for all is what he wanted and so do most Canadians. We have to become vocal, talk to your friends, the media, family, the government and let them know that Health Care has to work for all Canadians not just those that can afford it!

The present government has announced that it is unilaterally changing the cost sharing arrangement for Medicare by withholding \$36 billion in anticipated funding. They are just going to walk away from the table, refusing to meet with provincial and territorial representatives to discuss ways of working together to build a better more inclusive Canada in regards to health care.

Back to the Ontario Health Coalition and concerned citizens who are against the proposed cuts to health care. Collectively we have made some gains and the government has delayed the planned cutting of public community hospital surgeries, diagnostics and the contracting out of these services to private clinics. The contracts are on the back burner for the present.

**... Treasurer report continued**

The National Pensioners Federation is a non partisan organization but we must assess what is happening and be ever mindful that we must inform our members/supporters of what is evolving at all levels of government particularly when it comes to health issues.

As a Federation we must insist that the government recommits to the Health Accord, where the government paid 50% and the provincial governments and territories pay 50%.

**We urge all of our Clubs/Groups and supporters to fight back against this attack on Canada's National treasure. We can't stay silent anymore.**

Wishing you and your family a Joyful, Healthy, Holiday Season and a Happy New Year!!

**Sandy Carricato, Treasurer**

**REQUEST FOR DONATIONS**

As the treasurer for the National Pensioners Federation one of my duties is raising funds.

We would appreciate any donations that our Clubs/Groups and individual/family members can make.

**Please send your donation to:**

Sandy Carricato, NPF Treasurer  
2389 Head Rd  
Port Perry ON L9L 1B4

**Please include the names, phone numbers and email addresses of your following executive:**

**President:** \_\_\_\_\_ **Tel #:** \_\_\_\_\_

**Email:** address: \_\_\_\_\_

**Treasurer:** \_\_\_\_\_ **Tel #:** \_\_\_\_\_

**Email address::** \_\_\_\_\_

**Secretary:** \_\_\_\_\_ **Tel #:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Thank you for your attention to this issue.**

**Did you know you may advertise in this newsletter?**

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- One half page - \$75**
- One full page - \$150**

**NATIONAL PENSIONERS FEDERATION  
GROUPS & CLUBS**

The NPF financial year is from January 1<sup>st</sup> through December 31<sup>st</sup> (the calendar year). Club/Group dues listed below are based on the calendar year and are to be paid each year in January.

Please complete this Submission Form (Club/Group address and contact) and submit your dues as early as possible.

<b>Annual Club/Group membership dues:</b>	<b>Select</b>	<b>( )</b>
Club/Group under 100 members	\$35	( )
Club/Group from 100 to 500 members	\$75	( )
Club/Group from 501 to 1,000 members	\$125	( )
Club/Group with over 1,000 members	\$350	( )
Donations would be appreciated	\$___	( )

**Please print contact information clearly.**

Group/Club Name and Number: \_\_\_\_\_ # \_\_\_\_\_

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal code: \_\_\_\_\_

**Contact person**

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

Address: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal code: \_\_\_\_\_

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

Application/payment may be submitted on this form or you can make your payment through PayPal on our site [www.nationalpensionersfederation.ca](http://www.nationalpensionersfederation.ca) If you wish to become supporters dues are as follows:  
Individual \$25 – Families \$35 All forms are available on our web site.

**If payment is made using this form, please mail to:**

**Sandy Carricato NPF Treasurer  
2389 Head Rd  
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National Pensioners  
Federation



Fédération Nationale  
des Retraités

Website: [www.nationalpensionersfederation.ca](http://www.nationalpensionersfederation.ca)

Toll Free: 1-877-251-7042

### OBJECTIVES

National Pensioners Federation is an organization devoted entirely to the welfare and best interests of Canada's elderly.

1. To promote and establish and foster Seniors' Centres (called Clubs or Groups) and Regional and Provincial Seniors' groups throughout Canada.
2. To provide education for persons in the retired and senior citizens age group and other individuals interested in aging, and the status and well being of seniors.
3. To reach out to seniors who are lonely, or isolated, or at risk.
4. To provide programs which promote healthy active lifestyles for seniors, thus sustaining mental and physical health.
5. To assist in developing the knowledge that seniors should learn during their aging process, through promotion of educational experiences.
6. To research the aging process, and any problems and benefits pertaining to the aged that might be of interest to the Federation and to use the knowledge gained from that research to educate seniors and any other party or parties who are or might become interested in these concerns.
7. To provide opportunities for seniors to utilize their volunteer and leadership skills for the benefits of all persons.
8. To consult with other private and public organizations which offer similar services in order to gather any educational information that will add to knowledge and be of use to seniors and the public.

### Home Care

During the past months, I have had an opportunity to meet with seniors in a few arrears of Nova Scotia. Both the Federation and the Nation Federation of Pensioners are facing similar difficulties, membership and finances.

The Christmas Season has also arrived with the usual rush in meeting such enigmas as Black Friday and Micro Monday. It would appear that the Christmas Season does little to represent the true meaning of Christmas.

Accompanying this season is Old Man Winter. There is some positive news for Nova Scotians who are in receipt of Home Care. The Provincial Government has committed an additional \$30 Million to Continuing Care. Included, through this infusion, is funding for snow removal. The recognition of offer a service that can't be supplied due to not having access to the recipient's residence, especially in rural areas, was like putting the horse before the cart. Corrective action is on the way.

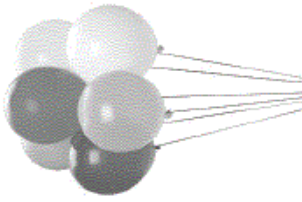
The Federation of Senior Citizens & Pensioners of Nova Scotia as a member of the Group of IX had made requests to have shingles vaccine covered. A recent letter from the Minister of Health & Wellness for Nova Scotia has determined the vaccination will not be covered as it is a therapeutic treatment as opposed to a general population treatment.

Although the NS Federation support an oral health plan for seniors, like many organization who attempt to offer benefits for its members, the NS Federation has entered into an agreement with a Health Provider to provide a Dental Plan for the membership. This is an attempt to attract new members as in Nova Scotia 1000 people turn 65 each month.

Recognizing this is the Christmas Season, I want to wish everyone a Merry Christmas and Happy New Year.

***Bernie LaRusic, Member-at-Large***

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**Ban Expiry of Cell phone Customers' Cash: Please write your MP**

Cash does not expire!! We all know that, right?

Yet, Bell, Rogers, Telus and other cell phone providers tell consumers they can deposit cash into an account to use the wireless services, and then after a while, they seize the funds and claim the money "expired".

Many seniors and other vulnerable consumers use this type of service, called prepaid wireless service, and they get hit hard by this practice. **The phone companies take an estimated \$372 million dollars every year from customers and claim this money "expired".**

The National Pensioners Federation and the DiversityCanada Foundation have joined forces to ask the Federal Government to ban this practice of "expiring" customers' cash. We've written to the Prime Minister and Cabinet, and right now we have their full attention. We have submitted close to 150 pages of legal arguments and evidence to show them that this practice is illegitimate and must be banned.

Under the procedure by which we made our submission, ***the Government can hand down their decision any time now.***

So, we ***urgently*** need your help to send a targeted message to your Member of Parliament that consumers want change on this issue.

**Please act now** so that we don't lose this chance make Bell, Rogers and Telus change the way they treat customers.

Please support this campaign by sending the letter below to your Member of Parliament.

You can fill out the form online at the website <http://BanExpiry.com>

Or you can fill out the form below and mail to DiversityCanada at the address provided, and it will be forwarded to your MP for you.

**Let's Do This!!!**

Dear \_\_\_\_\_

Right now, the Federal Government is reviewing a request (Gazette Notice DGTP-001-14) that companies like Bell, Rogers and Telus be banned from telling consumers they can deposit funds in an account to buy wireless services and, later, seizing the cash, claiming the money "expired".

As your constituent, I call on you to stand with consumers and demand that the Federal Government stop big phone companies from seizing an estimated \$372 million every year from consumers and claiming the money "expired".

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

Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Yes: Send me updates, and information about future activities.

**Mail this to: DiversityCanada Foundation, 95 Hutchison Avenue, Elliot Lake, ON P5A 1W9**

# ***Saluting the National Pensioners Federation***

The Executive & Membership of the Retired Workers Chapter of **UNIFOR** Auto Workers Local 222

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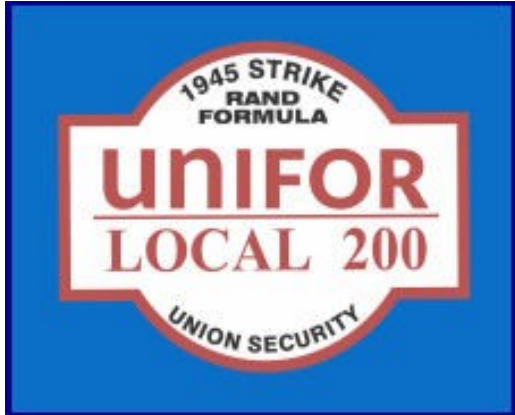
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