



# City of Richmond

## Report to Committee

**To:** Planning Committee **Date:** September 18, 2014  
**From:** Cathryn Volkering Carlile **File:** 07-3400-01/2014-Vol  
01  
**Re:** **Canada Health Accord**

### Staff Recommendation

1. That the Richmond Seniors Advisory Committee's proposed resolution regarding the termination of the Canada Health Accord, presented in Attachment 1 of the report entitled "Canada Health Accord" from the General Manager, Community Services, be endorsed; and
2. That a letter conveying the endorsed resolution be sent to the Prime Minister, with copies to the appropriate Ministers and Richmond Members of Parliament (MP's).

Cathryn Volkering Carlile  
 General Manager, Community Services  
 (604-276-4068)

Att. 1

<b>REPORT CONCURRENCE</b>	
<b>CONCURRENCE OF GENERAL MANAGER</b>	
<b>REVIEWED BY STAFF REPORT / AGENDA REVIEW SUBCOMMITTEE</b>	<b>INITIALS:</b>
<b>APPROVED BY CAO (Acting)</b>	

## Staff Report

### Origin

In a letter to Richmond City Council, dated June 24, 2014, the Richmond Seniors Advisory Committee (RSAC) requested Council's endorsement of a proposed Health Accord Resolution (Attachment 1). The resolution calls on the Federal, Provincial and Territorial governments to "negotiate a new Health Accord that protects, transforms, and strengthens [Canada's] National Health Care System". The RSAC submits that a Health Accord would ensure a system of public and non-profit healthcare, equitable access to safe, affordable and appropriate medications, involvement by both provincial and federal governments in the delivery of healthcare services, and leadership from the federal government to enforce national standards of care and delivery.

This report supports Council's Term Goal #2 Community Social Services:

- 2.4. *Initiation of a strategic discussion and ongoing dialogue with the City's MLAs and MPs to ensure better representation of Richmond's needs in Victoria and Ottawa for social services issues and the related effects of downloading.*

### Findings of Fact

In 2004, Canadian First Ministers established a 10-year plan to Strengthen Health Care, now commonly known as the *Canada Health Accord*. The 10-year plan aimed to ensure that "Canadians have access to the care they need, when they need it"<sup>1</sup>. The primary objective of the plan was to better manage and reduce wait times for medical services in Canada. Additionally, the First Ministers agreed that the plan would uphold the principles found in the Canada Health Act regarding universality, portability, comprehensiveness, public administration and access to quality healthcare regardless of ability to pay. Furthermore, the plan called for collaboration between all governments to meet the health care needs of Canadians.

While the plan focused primarily on the reduction of wait times, it also sought to:

- increase the number of health care professionals in Canada;
- improve access to home and community care services;
- reform primary care (with the objective of 50% of Canadians having access to multidisciplinary health care teams by 2011);
- establish a national pharmaceuticals strategy (wherein finances are not a barrier to needed medications);
- strengthen Canada's healthcare system through the promotion of public health strategies and disease and accident prevention; and
- promote health innovation.

The First Ministers committed to report to Canadians on health care performance and seek advice from experts and health care providers on the performance of the health care system.

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<sup>1</sup>Health Canada Website, <http://www.hc-sc.gc.ca/hcs-sss/delivery-prestation/fptcollab/2004-fmm-rpm/index-eng.php>

Significantly, under the Accord, federal health care funding to the provinces increased by 6% per annum.

With the expiration of the Accord in March 2014, the federal government chose not to renew it. At the same time, the Health Council of Canada, the agency primarily responsible for ensuring the Accord's implementation and evaluation, was terminated. The funding formula was also changed, with the federal government providing 6% GDP transfers to provincial governments for three years only.

Beginning in 2017, the federal transfer will provide a base funding increase of 3%, guaranteed through the Canada Health Transfer (CHT), with any further increases reliant on GDP growth. Furthermore, an equalization formula has been eliminated, resulting in a loss to BC of \$250 million this year. Alberta is the only province that will gain through this change to the CHT, not set for review until 2024.

In April 2014, following termination of the Accord, the Council of Senior Citizens' Organizations of BC (COSCO) unanimously adopted a "Health Care Resolution" expressing concern to the federal government about the impact of these changes on many aspects of seniors' health care services, including a request to reinstitute the 6% growth per annum provided under the *Canada Health Accord*. The RSAC reviewed this resolution and, at their June 2014 meeting, passed a motion requesting that Council endorse a version of the COSCO resolution, excluding the set funding escalator.

## **Analysis**

The effectiveness of the 2004 *Canadian Health Accord* in achieving the stated goals has varied. According to the Canadian Health Coalition, most Canadians are receiving treatment within the recommended timelines set out by the First Ministers on select procedures, indicating that the Accord was successful in achieving its primary goal of reduced wait times for specific healthcare services. However, the Accord has been deemed less successful in other areas (e.g., improving access to community and home services, affordable medications).

According to the Senate Standing Committee on Social Affairs, Science and Technology's review:

*...transformation of health care systems across the country had not yet occurred, despite more than a decade of government commitments and increasing investments...[including]: the lack of progress in adapting modern IT capabilities to health in general; the need to invest in long-term care and community-based alternatives like home care; the necessity to put a greater emphasis on prevention; the lack of timely access to primary-care physicians; the focus on acute-care services to the detriment of chronic home care; the need to develop a Health Human Resources Strategy.*

Based on this assessment, the federal government deemed the Health Accord unsuccessful and chose not to revise nor renew it. However, some stakeholders, including COSCO, challenged the basis for this decision, declaring that the attention and financial incentives devoted to achieve other goals were insufficient compared with those devoted to reducing specific wait times.

The decision to forego a national plan has resulted in concerns about the future of healthcare in Canada. There is speculation that without federal guidelines establishing nationwide principles and objectives for healthcare, each province may institute their own healthcare system. Furthermore, reductions in the CHT, combined with the elimination of equalization payments, may leave provinces unable to meet citizens' healthcare needs. These changes may lead to the violation of principles set out in the *Canada Health Act*, particularly those of public administration, portability, and access to healthcare regardless of financial ability to pay for services.

These changes are of particular concern for older adults who have an increasing need for healthcare services. The Canadian Institute for Health Information (CIHI) reported that in 2009, 45% of healthcare funds across Canada were spent on care for older adults and, as Canada's population continues to age, it can be expected that health care costs will rise. Furthermore, the lack of national standards and enforcement concerning community and home care services undermines seniors' ability to maintain optimal health while aging in place.

The RSAC resolution, reflecting COSCO's, addresses many aspects of health care that may be at risk with the loss of a national accord, including the elimination of an oversight body and reduced funding to the provinces/territories. A key concern voiced by COSCO is that Medicare will be weakened to the extent that a two-tiered system (public and private) will be considered an increasingly viable alternative. The resolution also addresses the need for increased, rather than decreased medical coverage, including the establishment of a national Pharmacare system to reduce inequities in seniors' access to medication. Also underscored is the need for increased funding and oversight of community-based integrated services, essential to seniors' well-being in particular.

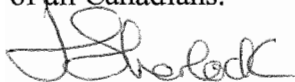
While COSCO's resolution calls for a return to the annual 6% increase in federal funding, the RSAC removed this reference in the proposed version. As the older adult population is the most rapidly growing sector of the population and the highest user of health care services, it may be necessary to include greater increases, in some years, to ensure access to needed services.

### **Financial Impact**

There is no financial impact.

### **Conclusion**

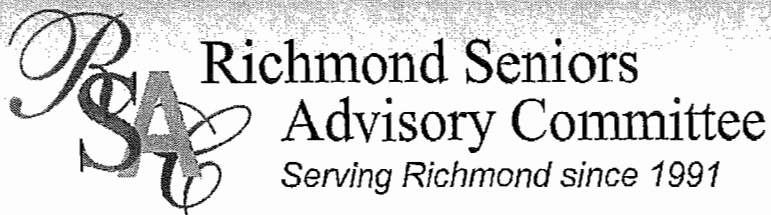
Based on the above information and analysis, it is recommended that Council endorse the RSAC resolution. A national health agreement, an oversight body, equitable access to medication, and a comprehensive, integrated system of community-based services, supported by adequate human and financial resources, are essential to effectively support the well-being of seniors, and indeed of all Canadians.



Lesley Sherlock  
Social Planner  
(604-276-4220)

Att. 1: June 24, 2014 letter from Richmond Seniors Advisory Committee (with attachments)

Schedule 1 to the Minutes of the Planning Committee meeting held on Tuesday, July 22, 2014.



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	MJ	ms
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0100-30-SADVI-01

June 24, 2014

Mayor Malcolm Brodie  
City of Richmond  
6911 No. 3 Road,  
Richmond, BC, V6Y 2C1

TO: MAYOR & EACH COUNCILLOR  
 FROM: CITY CLERK'S OFFICE

PC: John Foster  
Cathy Corlile

Dear Mayor and Council:

**Re: Canada Health Accord**

I am writing this letter on behalf of the Richmond Seniors Advisory Committee. At our June meeting, RSAC members passed a motion to write a letter asking City Council to endorse the resolution made by the Council of Senior Citizens Organizations (COSCO).

The resolution is meant to address concerns of senior's organizations regarding the decisions from the federal government around the Canada Health Accord. The previous Health Accord expired on March 31, 2014. The Federal Government has chosen to renew the accord for three years providing funding on the same basis as the previous agreement. At the end of three years, funding will be tied directly to the percentage growth in the economy.

There is significant concern that this approach being taken by the Federal Government has been done without consultation with the provinces and that no consideration is being given to major factors such as the aging population.

Attached you will find the resolution wording that we are asking Council to endorse. The wording that we are asking Council to endorse is slightly different than the proposed wording from COSCO.

Thank you for considering this request.

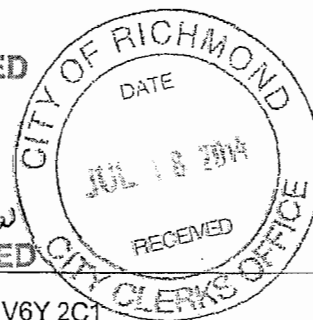
Yours truly,

Kathleen Holmes  
Chair, Richmond Seniors Advisory Committee

PHOTOCOPIED

JUL 21 2014

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**Proposed Health Care Resolution:**

WHEREAS; the City of Richmond believes that access to quality health care is a fundamental right of every Canadian resident, regardless of race, gender, disability, political belief, social conditions, location, or ability to pay, AND

WHEREAS; we believe that a system of public and non-profit health care, publicly administered and delivered on a not-for-profit basis, contributes to the economic welfare of Canada and provides its citizens with high quality health care, AND

WHEREAS; we believe that all levels of government have a role to play in the delivery of quality and accessible health care, and that the Federal Government should give strong leadership in enforcing national standards and providing coordination, innovation, and federal transfers at a level that secures the integrity and reinforcement of the Canada Health Act of 1984, AND

WHEREAS; we believe that all Canadians should have equitable access to safe, affordable, and appropriate medications; many Canadians depend on medications for their very lives, AND

WHEREAS; we believe that Canadians should have the security of a continuum of community-based integrated services that includes a universal system of home care, home support and long-term care services, and hospice and palliative care; and that this continuum of services should be an integral part of a Canadian comprehensive health care system, AND

WHEREAS; we believe that a comprehensive national health care system includes education, prevention, diagnosis, counselling, and timely treatment.

THEREFORE BE IT RESOLVED; that the federal, provincial and territorial governments be urged to negotiate a new Health Accord that protects, transforms, and strengthens our National Health Care System to include adequate and stable human and financial resources, as well as a national seniors' health care plan and a national pharmaceutical strategy that will improve health outcomes for Canadians.

# ORIGINAL COSCO RESOLUTION

## HEALTH CARE RESOLUTION

WHEREAS; we believe that access to quality health care is a fundamental right of every Canadian resident, regardless of race, gender, disability, political belief, social conditions, location, or ability to pay, AND

WHEREAS; we believe that a system of public and non-profit health care, publicly administered and delivered on a not-for-profit basis, contributes to the economic welfare of Canada and provides its citizens with high quality health care, AND

WHEREAS; we believe that all levels of government have a role to play in the delivery of quality and accessible health care, and that the Federal Government should give strong leadership in enforcing national standards and providing coordination, innovation, and federal transfers at a level that secures the integrity and reinforcement of the Canada Health Act of 1984, AND

WHEREAS; we believe that all Canadians should have equitable access to safe, affordable, and appropriate medications; many Canadians depend on medications for their very lives, AND

WHEREAS; we believe that Canadians should have the security of a continuum of community-based integrated services that includes a universal system of home care, home support and long-term care services, and hospice and palliative care; and that this continuum of services should be an integral part of a Canadian comprehensive health care system, AND

WHEREAS; we believe that a comprehensive national health care system includes education, prevention, diagnosis, counseling, and timely treatment.

THEREFORE BE IT RESOLVED; that the federal, provincial and territorial governments be urged to negotiate a new Health Accord that protects, transforms, and strengthens our National Health care System to include adequate and stable human financial resources (including a six per cent escalator) as well as a

*Wording removed*

... national seniors' health care plan and a national pharmaceutical  
... strategy that will improve health outcomes for Canadians;





# COSCO News

Council of Senior Citizens' Organizations of B.C.

Number 94

www.coscobc.ca



June, 2014

## COSCO calls on Ottawa to provide leadership to strengthen Medicare

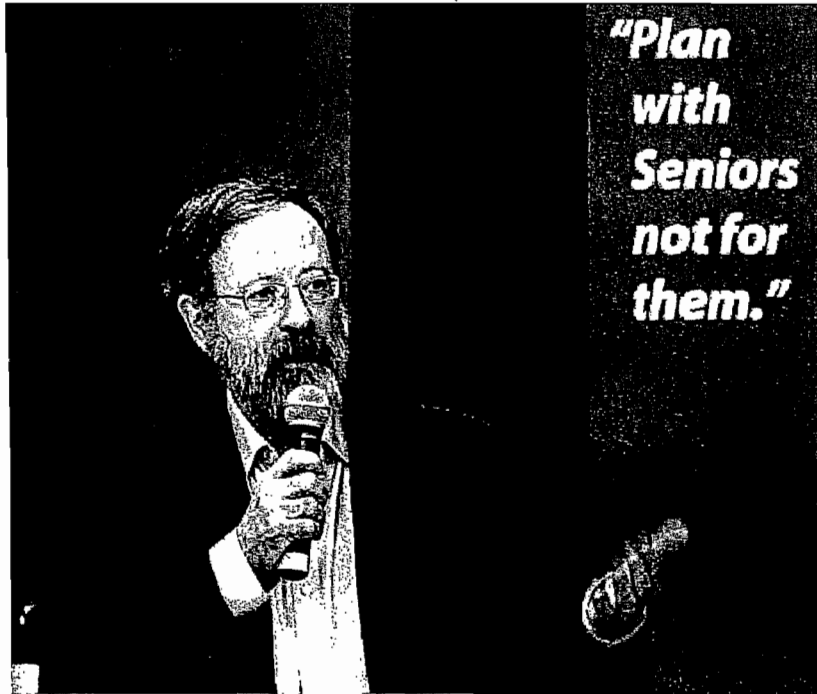
**B**RITISH COLUMBIA's largest federation of seniors has called on the federal, provincial and territorial governments to negotiate "a new comprehensive health accord that protects, transforms and strengthens our national health care system."

At a special meeting held in Vancouver in April - 11 days after the expiry of the national health accord - about 100 seniors unanimously adopted a declaration that quality health care must be available to every resident of Canada without discrimination, and regardless of ability to pay.

"All levels of government have a role to play in the delivery of quality and accessible health care," said Lorraine Logan, President of the 107,000 member Council of Senior Citizens' Organizations of B.C.

"The federal government should give strong leadership in enforcing national standards, not walking away from the table and refusing to negotiate a new accord," said Logan.

"To ensure Medicare is not fragmented, Ottawa must provide co-



Michael McBane, National Coordinator of the Canadian Health Coalition, addressed a special meeting of COSCO delegates April 11.

ordination, foster innovation, and provide financial support at a level that secures the integrity of the 1984 Canada Health Act," she said.

The meeting of COSCO delegates

heard from three health policy experts on the issue.

Michael McBane of the Canadian Health Coalition said the Harper gov-

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Organizations Of BC (COSCO)**

www.coscobc.ca

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*COSCO News welcomes your letters and contributions. Contact [soren.bech@shaw.ca](mailto:soren.bech@shaw.ca), or Editor, 2102 Porter Rd. Roberts Creek, B.C. V0N 2W5.*

**ELDER ABUSE:**

# It's time to face the reality

By Alice Edge

COSCO Second Vice-President

**T**HE BC PROVINCIAL government has issued a statement recognizing June 15 as World Elder Abuse Awareness Day. A very important event as according to federal government literature one in five Canadians believe they know of a senior who might be experiencing some form of abuse.

Elder abuse is any action by someone in a relationship of trust that results in harm or distress to an older person. Neglect is a lack of action by that person in a relationship of trust with the same result.

Abuse takes many forms such as: physical (hitting, pushing, shaking, inappropriate physical or chemical restraints, harm created by over or under medicating), psychological (includes actions that decrease their sense of self-worth and dignity), financial (includes actions that decrease the financial worth of an older person without benefit to that person) and neglect (includes inactions that may result in harm to an older person).

In the past year I have served as the Ombudsperson for COSCO, assisting seniors throughout the province to access governmental services federally or provincially, navigate the health care system, and find health services, which are not funded. For me it has highlighted the plight of many seniors in our communities who are bewildered, angry, frustrated, sad and overwhelmed by the lack of support they need.

So as World Elder Abuse Awareness Day arrives, I wonder if systemic abuse of the elderly exists in our country, province and communities. Have we neglected the elderly in exchange for tax credits, a few more dollars of tax relief (which the government promptly takes back in user fees like tolls, increased payment for health insurance)? Have we offered in the place of well resourced sustainable long term home care and health care, charity-funded services that are piecemeal, provide no continuity and leap from one project lily pad to the next?

What we need for Seniors' Week in BC and World Elder Abuse Awareness Day is a strong declaration that we should and must do better for the elderly. If we help them we will help everyone. It is not about entitlement it is about fairness, justice and dignity.

# New health accord needed to prevent fragmentation of public health care

*Continued from page 1*

ernment has launched a “stealth attack” on Medicare, with reductions in funding scheduled for future years.

“We need a national debate, a national conversation on the future of Medicare,” said McBane, adding that the withdrawal of federal leadership will lead to a fragmentation of service.

“This is a fight to maintain access so people can get care based on need,” he said.

Wendell Potter, former head of communications at a large health insurance company in the USA, said he walked away from his job when he realized private corporations were not improving access, were not improving quality of care, and looked on health

care as a major profit centre.

“With help from the Fraser Institute, the company misinformed Americans about Canada’s health care system, calling it the slippery slope to socialism,” said Potter.

He called on Canadians to carefully examine the misleading language used by those who promote privatization.

“Sound the alarm” said Potter. “You can lose Medicare for yourselves, your children, your grandchildren and future generations.”

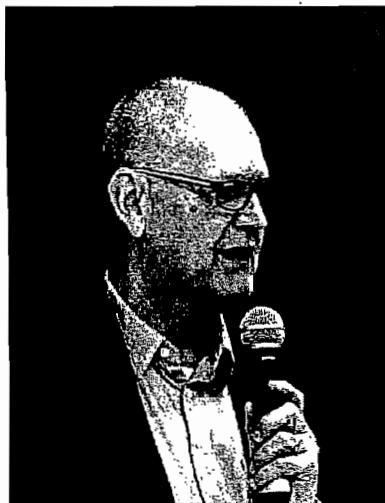
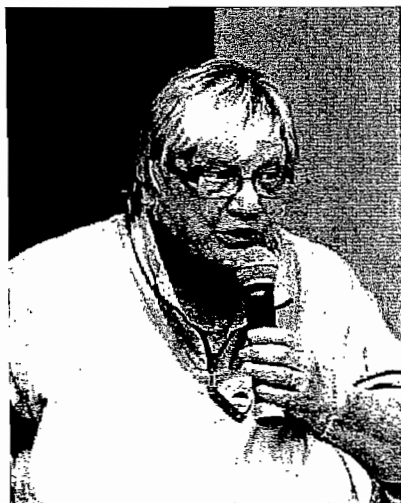
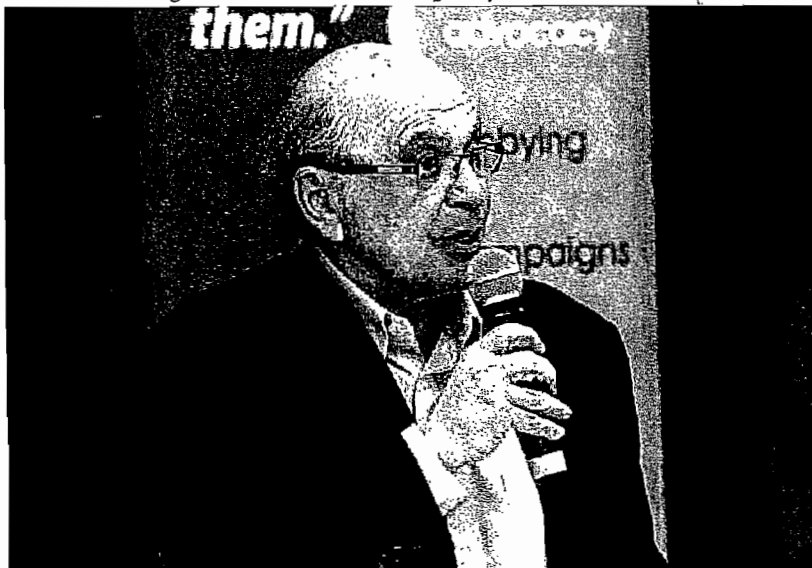
Alex Himelfarb – director of the Glendon School of Public and International Affairs at York University, former Clerk of the Privy Council and Secretary to the Cabinet for three prime ministers – said that private health care is far more expensive and has longer wait times.

Himelfarb called for a national Pharmacare program, a better approach to care for chronic illness, and the integration of home care and home support into Medicare.

“Countries that have done that have a more sustainable health care system than we have,” he said. “We have lots of work to do to make Medicare strong, better and more affordable. We need a clear vision for the future. We need federal leadership – and we don’t have it,” he said.

Seniors at the meeting expressed outrage that the federal government has refused to negotiate a new health accord, effectively ending Medicare as a national program.

They were also frustrated that four B.C. Conservative Members of Parliament – including Richmond MP Alice Wong, the minister of state for seniors – have refused to meet with them to discuss these issues.



Clockwise from top: Alex Himelfarb, Wendell Potter, and Lorraine Logan warned of the need to defend and enhance Medicare for Canadians.

## PRESIDENT'S REPORT

# Keeping you up-to-date on COSCO'S advocacy for seniors

By Lorraine Logan  
President, COSCO

**T**HIS WILL be a short article to update our members, affiliates and associates on where we are focussing our advocacy efforts and resources.

One of our major achievements to date is the campaign jointly sponsored by the Retired Teachers Association of B.C. and COSCO concerning the Canada Health Accord.

Through the efforts of this sub-committee, all of the Members of Parliament in B.C. have been contacted, questioned, informed and been asked to support a new and better Health Accord Agreement with the provinces and territories.

This campaign will continue into 2015 as a Federal Election unfolds.

We have also given support to our B.C. Health Coalition in their court challenge with Dr. Day and the private clinics.

This issue comes to trial in September. We will continue to support this effort.

The Postal Carrier cut-backs and development of community mail boxes continues to be an issue.

Art Kube, our Past President, has been addressing this at various events. This is also on-going and we will try to influence the Federal Government that this creates quite a hardship for older adults and older adults with physical disabilities.

We now have active committees to relate, resource and research our main areas of concern.

The following delegates are now Chairs of their respective portfolios:

- Barb Mikulec – Housing.
- Kathleen Jamieson – Health.
- Jean Sickman – Policy and Planning.
- Pat Brady – Finance.
- Lorraine Logan – Transportation.
- Alice Edge/Alex Hui – Communication/Facebook.
- Gudrun Langolf – Legislative/regulatory matters eg. BC Hydro (BC Utility Commission and Public Advocacy Centre), Media (CRTC), Elder Law etc. and our webpage.
- Ralph Steeves – Organizing.

As we move forward with issues and concerns that we perceive or that are presented to COSCO, these committee Chairs will take on these challenges and with the delegates' and members' input we will attempt to resolve issues or work with the parties involved to create a better environment for our seniors.

The table officers recently met with the new Senior's Advocate, Isobell Mackenzie, on April 8th and we had a good opportunity to discuss our concerns and enforce our COSCO motto, "Work and Plan with Seniors, not for them."

We met for approximately three hours and we are hopeful that COSCO and the Senior Advocate's Office will be collaborating on systemic issues that affect all older adults.

We have been assured that as her mandate begins to develop, that COSCO will be one of the groups sitting on any Advisory Council.

Regarding Coastal Ferries, the hardship in fare increases along with schedule reductions has certainly caused great concern for our older population relying on these transportation services.

COSCO has been supporting our branch in Sechelt/Gibsons with hundreds of signed petitions, letters of concern, attending rallies and generally attempting to get this government to re-think these decisions and re-open a real public consultation. This campaign will also continue.

The Table Officers and Chairs of our committees will be meeting in June to formulate a kind of strategic plan of "next steps" for COSCO in the coming years.

This should identify what we are now doing, what we may need to do and confirm and maintain our policies that identify with our mandate to Advocate for Seniors.

One of the slight changes to our delegates meeting is to encourage our delegates to "report out" on their specific concerns that occur in their own associations or groups.

Art had begun this process to some extent last year and we will continue to seek input from our members.

Stay tuned.

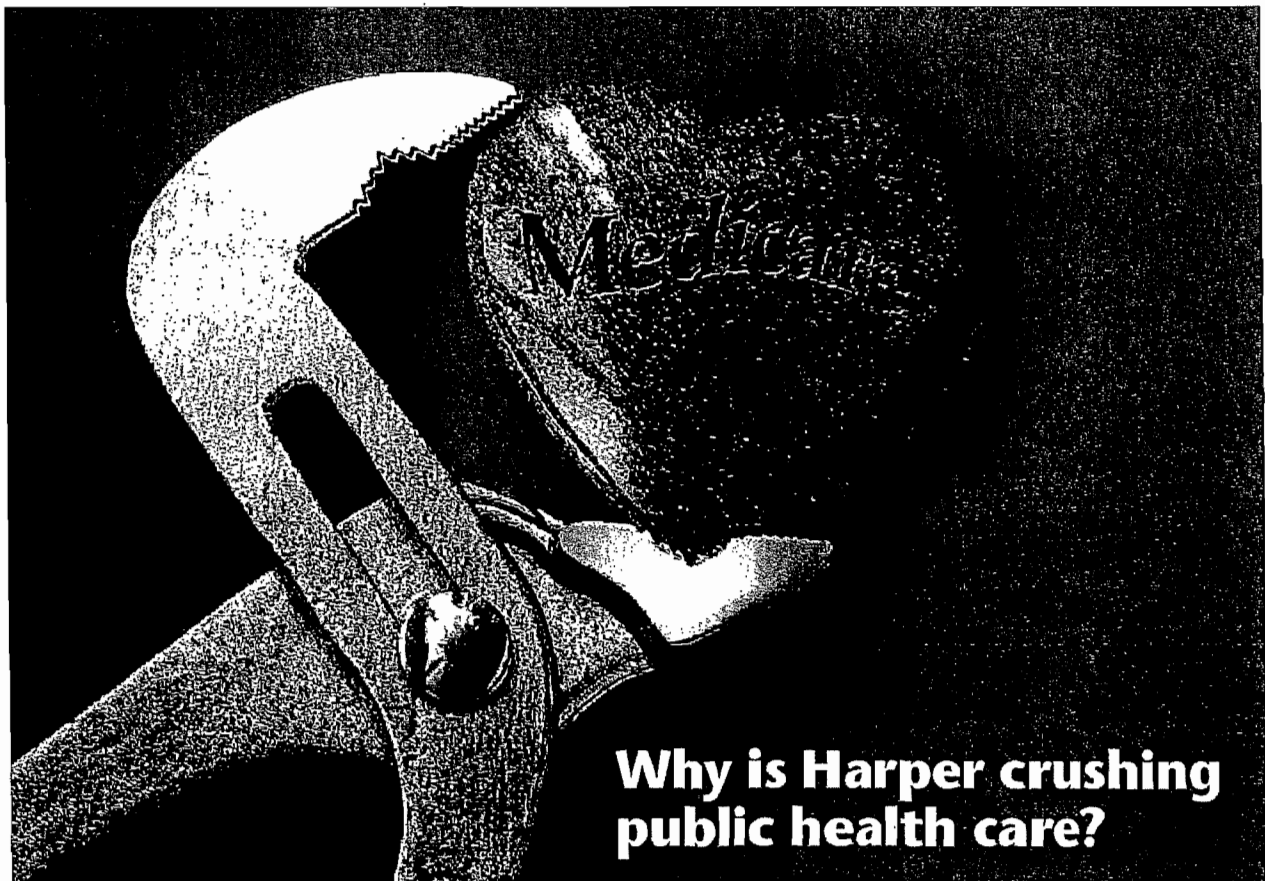
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**For the very latest news about COSCO activities, please visit us on the web:**

**[www.coscobc.ca](http://www.coscobc.ca)**

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# Fighting for public health care



**Why is Harper crushing public health care?**

This special report is reprinted with permission from The Advocate, the quarterly news magazine published by BC FORUM, a COSCO affiliate. Visit [www.bcforum.ca](http://www.bcforum.ca) to learn more about BC FORUM.

**“I am concerned that without leadership from Ottawa and with reduced money, we are going to see a further slowdown of reforms, more regional disparities, and a push for more private health care.”**

**– Roy Romanov, Chair of the Royal Commission on the Future of Health Care in Canada**

# Taking action to defend Medicare

**C**ANADIANS MAY face bed shortages and more expensive prescription drugs now that the 10-year Health Accord between Ottawa and the provinces has expired. The federal government has walked away from the table, refusing to negotiate a new agreement.

"It means the end of any rational planning for the health care system," said Michael McBane, executive director of the Canadian Health Coalition (CHC).

To draw attention to the importance of the issue, thousands of Canadians participated in 40 events across the country on March 31, the day the Health Accord expired.

## No federal leadership

McBane said a federal voice is needed to work towards equality of access throughout the country.

"The voice of Canada is the federal government, not the provinces. So national standards – to ensure equity of access regardless of where you live or your ability to pay – is a uniquely federal role. Nobody else can play that role," said McBane.

On the same day, the federal government shut down the Health Council of Canada which reported on health care problems and identified best practices to fix them.

"Without the Council, no one is doing that work," he said.

The Harper government has also announced, without consultation, that it is changing the funding arrangement with provinces and territories. They have eliminated the built-in equalization mechanism, starting this year. They will cut Ottawa's anticipated contribution to Medicare by \$36 billion, starting in 2017.

"Instead of negotiating a new Health Accord, Conservatives are



Stephanie Smith of the BCGEU, along with Diane Wood and Marion Pollack (not pictured) of BC FORUM, were among the thousands who participated in a national day of action to call for federal leadership in public health care.

downloading health care costs onto the provinces and turning their backs on a system that Canadians have relied on for generations," said Libby Davies, NDP Health Critic.

"As a result, we will see increased disparities across the country – longer wait times, reduced front-line services, and lack of access to home and long-term care," she said.

## Rich Alberta gets more

The end of the equalization system means the federal contribution to health care will fluctuate widely across Canada.

Alberta gets an extra \$1 billion this year. B.C. loses \$250 million.

The federal share of health costs will be slashed from 20 percent to 11 percent in Manitoba. It will be increased from 15 percent to 20 percent in Alberta.

The funding changes imposed by the Harper government will undermine the provinces' ability to meet the requirements of the Canada Health Act, said McBane.

"You can't have a universal social program unless you have the financial means to have poorer regions subsidized or financially supported," he said.

"The sole gainer in this is Alberta. Almost everybody else loses," said McBane.

# We need national Pharmacare

**T**HE NEED for a national pharmacare program is becoming desperate, says Dr. Jeff Turnbull, chief of staff at Ottawa Hospital. Patients are doing without medicine that could potentially cure them because they can't afford it.

"For the first time in my career, I have patients saying: I just can't afford this. I am going to have to live with my illness," says Turnbull.

Patients are left to struggle with painful and debilitating disease for the rest of their lives because new drugs for rheumatoid arthritis cost \$30,000. The cost of drugs to com-

bat hepatitis C is in the range of \$80,000.

Turnbull despaired that doctors will have to make life-and-death decisions based on people's ability to pay.

A study by the Canadian Medical Association found that one in ten Canadians cannot afford to fill prescriptions. The record is worst in B.C. where 17 percent do without prescribed drugs.

The fragmented pharmacare systems found in Canada lack the administrative efficiency and purchasing power of a single-payer sys-

tem which could save Canadians as much as \$14-billion per year.

The Health Council of Canada, now disbanded by the Harper government, initially worked towards a pharmacare plan for catastrophic drug coverage, aiming to reduce costs through bulk federal purchasing and coordinated prescribing practices.

The Harper government, however, began to back away from this initiative shortly after the 2006 election. It is an issue that requires federal leadership. The provinces cannot do it on their own.

## Health care: Now is the time

**A**FTER A YEAR and a half of consultations with thousands of Canadians in public forums and meetings with key stakeholders, NDP Health Critic Libby Davies (Vancouver East) has released a report that summarizes what she heard, and what needs to be done to improve public health care.

"This document outlines the concerns we heard from Canadians regarding primary care, home and long-term care, mental health, prescription drug coverage, and preventative health care," said Davies.

The work by Davies also outlines the steps that New Democrats propose to strengthen Medicare. Among the highlights, the report says the NDP will:

- Revoke the Conservatives' unilateral decision to take \$36 billion in anticipated funding out of health care.
- Support the development of new agreements with provinces and territories to improve health outcomes for Canadians.
- Invest in prevention by address-



Libby Davies, NDP Health Critic

ing the social determinants of health to ensure all Canadians have a decent income, access to healthy food, affordable housing and a social safety net.

- Ensure better value by working with provinces to make better use

of resources and fundamentally change how health care services are organized, managed and delivered.

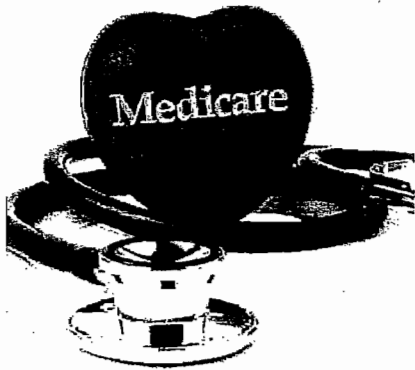
"The federal government has a clear role in ensuring that health care in Canada remains public and accessible," says the report.

"In particular, the federal government must investigate and enforce the ban on troublesome practices such as double-billing, queue-jumping, and increased privatization of medically necessary services."

The report identifies four major pillars for action: better access to prescription drugs, better care across the continuing care spectrum, timely access to primary care and prevention.

As an example of problems in the system, the report notes that half of Canadians cannot get a same day or next day appointment with their family doctors, thereby increasing the pressure on hospital emergency rooms.

You can read the full report on the web at [www.ndp.ca/health](http://www.ndp.ca/health).



**Tell  
them  
what  
you  
think!**

# It's time for all of us to take action to defend public health care

BC FORUM, BCRTA and COSCO, along with other seniors groups in B.C. urge you to:

- Write, phone, or visit your Member of Parliament to call for federal leadership on health care.
- Complete the short survey below to share and register your views on what should be done to improve health care services for this and future generations.

## Make your voice count

Please complete this survey in one of three easy ways:

- On the web: [bcforum.ca](http://bcforum.ca), [coscobc.ca](http://coscobc.ca) or [bcрта.ca](http://bcрта.ca)
- Mail to Survey, 207 – 1530 Mariner Walk, Vancouver, B.C. V6J 4X9, or
- Scan and email to [pither470@shaw.ca](mailto:pither470@shaw.ca)

1. Should the federal government negotiate a new Health Accord with provinces and territories in order to ensure there can be equal access to public health care across Canada?  
Yes  No  Don't know
2. Should the federal and provincial governments initiate a national Pharmacare program to provide better coverage for patients, and save up to \$14 billion a year through bulk purchases?  
Yes  No  Don't know
3. Since Medicare was implemented, the federal contribution has been cut from 50% to 20% in 2010. If current trends continue, it will drop to less than 12% over the next 25 years. Is it time for Ottawa to increase its contribution to public health care?  
Yes  No  Don't know
4. Should home support, extended care and palliative care be brought under the Canada Health Act as essential parts of the continuum of care?  
Yes  No  Don't know
5. Will the future of public health care be a key issue for you when you decide how to vote in the next federal election?  
Yes  No  Don't know



# Taking a stand on health care

## The following resolution was adopted unanimously by COSCO delegates on April 11

*Whereas* access to quality health care is a fundamental right of every Canadian resident, regardless of race, gender, disability, political belief, social conditions, location, or ability to pay.

*Whereas* a system of public and non-profit health care, publicly administered and delivered on a not-for-profit basis, contributes to the economic welfare of Canada and provides its citizens with high quality health care.

*Whereas* all levels of government have a role to play in the delivery of quality and accessible health care; and that the Federal Government should give strong leadership in enforcing

national standards and providing coordination, innovation, and federal transfers at a level that secures the integrity and reinforcement of the Canada Health Act of 1984.

*Whereas* all Canadians should have equitable access to safe, affordable, and appropriate medications; many Canadians depend on medications for their very lives.

*Whereas* Canadians should have the security of a continuum of community-based integrated services that includes a universal system of home care, home support and long-term care services, and hospice and palliative care; and that this continuum of services should be an integral part of a Canadian comprehensive health care system.

*Whereas* a comprehensive national health care system includes education, prevention, diagnosis, counselling,

and timely treatment.

*Therefore be it resolved* that the federal, provincial and territorial governments be urged to negotiate a new comprehensive health accord that protects, transforms, and strengthens our national health care system. This must include human and financial resources including a 6 per cent escalator, as well as a national seniors health care plan and a national pharmaceutical strategy that will improve health outcomes for Canadians; and further

That this meeting of the Affiliates of the Council of Senior Citizens' Organizations of British Columbia ask other seniors organizations and individuals to join us in declaring our commitment to use all democratic means to ensure that the foregoing proposals are implemented in a new Canadian health accord.

## Making the most of new communication tools

By Alice Edge, Chair, COSCO Communications Committee

**N**ew technology has certainly changed how we communicate with our family, friends or community. Seniors have demonstrated they are as adept as the young folks at using the computer for email, research, skypeing, Facebook, and tweeting.

Some have used smart phones to take and send photos of themselves and their activities and shared them with the world in real time. We have been encouraged and educated by our children and grandchildren.

COSCO has jumped on the techie bandwagon and its first fledgling journey is on Facebook. The plan is to report events attended by the executive, highlight articles and activities of interest and transition some communication like minutes of meetings and the newsletter to those who have access to computers or smart phones.

As you are likely aware postal rates have increased significantly and like so many other non-profit organizations, COSCO has to administer its finances wisely.

In addition to Facebook, our web site is being re-designed to make

it more esthetically pleasing, user friendly and useful in information sharing. Our plan is to use it for membership application/renewal and payment of fees in the future.

I would like to thank Gudrun Langolf, Second Vice President and Alex Hui, Member at Large for their support, enthusiasm and creativity to shape COSCO's future in the world of technology.

COSCO has heard your concerns that hard copy/paper communication must continue for the foreseeable future to continue the communication connection with our affiliates, associate members and the public.

# A Campaign to “Keep the Heart in Medicare”

By JoAnn Lauber,  
on behalf of the  
Campaign Committee

**W**ITH THE imminent expiry of the 2004 Health Accord on March 31, 2014, and the refusal of the federal government to negotiate with the provinces and territories to establish a new agreement, members of the BCRTA and COSCO sprang into action.

As seniors, many of us could remember, or had heard of, what life was like before Medicare, when a serious illness or accident could consign a family to months, even years, of struggle and toil to pay off medical debts. We were not about to sit idly by and allow our public health care system to be quietly dismantled.

We set out to arrange meetings with B.C.'s 36 Members of Parliament. During February, March and April, more than 90 BCRTA members and COSCO colleagues made contact with almost every B.C. MP. Twenty-nine MPs we met face-to-face in discussion. From two, we received printed communication. Two more we still hope to visit. Only three MPs would not meet with us, though we live in their constituencies and, as seniors, we do vote!

Some of the MPs who hold portfolios in Ottawa proved to be the most challenging to meet: “too busy” or no response, apparently not interested.

We asked the MPs whether they agreed that there is a need for federal leadership to negotiate a new 10-year health accord in order to secure the health care needs of citizens in all regions and into the future.

We asked them if they supported our requests, which were that a new Accord should include the following:

- Adequate and stable federal funding.



The first MP visit of the campaign: constituents Dale Lauber, JoAnn Lauber, MP Peter Julian (Burnaby- New Westminster), constituents David Scott and Bonnie Scott.

- A continuing Care Plan that integrates home, facility-based long term, respite and palliative care.
- A universal public drug plan that provides equitable access to safe and appropriate medication.

We were especially concerned about Ottawa's unilateral decision to reduce the health care funding and to change the funding to a per capita grant, which will mean losses in transfer funds to most provinces.

Each advocacy group sent us a report of the visit as they interpreted it.

Generally, those who spoke with Conservative MPs found their response to be similar-- that the health transfer funds were adequate and that the criteria surrounding future transfers were reasonable. When the changes came in 2017, the provinces would decide how to use the funds and how to make up the short fall.

The Liberal Party MPs generally support the three tenets we proposed for a new health accord, though they were not committed to the annual 6% escalator. Instead, they would institute stronger accountability measures to ensure that the provinces were

meeting set goals.

The Green Party MP supported a new Accord, not only protecting what is good in the system but also expanding and strengthening it.

The NDP MPs agreed enthusiastically with our proposals. They could see that a national drug plan would serve all Canadians well, ensure that all citizens had access to needed medications, and save billions of dollars.

In addition to visiting MPs, advocates submitted opinion articles, letters to editors and health accord materials to other community members. They sent valentines to the Prime Minister and to other federal ministers urging them to “Keep the Heart in Medicare.” And they organized a number of public meetings.

As next steps, we have asked for a meeting with B.C.'s health minister, to see how the funding cuts will be dealt with here, and we are reaching out to national and provincial groups that share our concerns.

It is our intention to make this an election issue at all three levels of government.

# Defending public health care in the courts

## Patients, doctors, health groups join in court battle with for-profit clinic seeking US-style system

**A** GROUP of patients, doctors and health care advocates has won the right to present expert evidence defending Canadian health care in the BC Supreme Court. A constitutional challenge by private, for-profit clinic owner Brian Day could determine the future of Canadian public health care.

“Brian Day’s plan to bring US-style health care to Canada would be disastrous for Canadians,” said Dr. Rupinder Brar of Canadian Doctors for Medicare.

“If Dr. Day wins, physicians will be allowed to charge patients any amount they like for services, and patients who can pay will get faster care than the rest of us. A win for Dr. Day will mean skyrocketing costs and longer wait times in the public health system as it loses doctors to a parallel private system.”

Brar said this could force patients to produce a credit card before getting the care they need.

“If we use all the evidence we have right now as to how to improve what we have, we can have a fantastic system with good access based on need and not ability to pay,” she said.

Dr. Day operates the Vancouver-based for-profit Cambie Surgery Corporation, infamous for unlawfully billing patients for services covered by Medicare – in some cases, up to six times the legal amount.

Day and his clinics are behind a constitutional challenge to Medicare, scheduled to go to trial in BC Supreme Court this September.



Dr. Rupinder Brar from Canadian Doctors for Medicare and Adam Lynes-Ford, BC Health Coalition at the BC Supreme Court.

The coalition opposing Day includes, among others, the Canadian Doctors for Medicare and the BC Health Coalition.

These organizations are concerned that Day’s case would increase health care costs while lengthening overall wait times for patients and erasing the fundamental Canadian principle of universal access to quality health care.

Also active in the coalition is a patient living with Limb-Girdle Muscular Dystrophy who could not afford and would not qualify for private health insurance under a US-style system.

“Our universal health care provides so much more than just hospitals,” said Rick Turner, BC Health Coalition co-chair.

“It ensures that patients have access to care, that doctors can focus on practicing medicine, and that Canadian businesses aren’t haggling over health benefits instead of creating new jobs. In September, we will present evidence to the Court that irrefutably

demonstrates the benefits of our single-payer, public health care system.”

“Dr. Day claims that the defining principle at the heart of Canadian Medicare – that health services be provided according to patients’ needs, not their ability to pay – is unconstitutional.

“If Day wins, the public health care system that Canadians rely on – and overwhelmingly support – will be effectively dismantled right across the country,” said Turner.

The “Coalition Interveners” as they’re called in court will present evidence highlighting how Day’s challenge, if successful, would compromise patient health, disrupt medical practices, increase costs, and weaken the Canadian economy.

Last year, Day was ordered to disclose financial statements dating back five years. Investigators with the Medical Services Commission found evidence patients had been extra-billed for services covered by Medicare.

The case is scheduled to start September 8.

# BC needs quality, affordable housing for seniors

By Barb Mikulec, Chair  
COSCO Housing Committee

**T**HE HOUSING issues facing seniors are complex and daunting.

It is projected that the number of people aged 75 or over will increase by 85 percent in 15 years, and the overall population of Vancouver will grow by almost 40,000. These trends will continue to drive up housing costs at a time when Vancouver already has very low vacancy rates and the most expensive housing in Canada. Pensions are already stretched by rising costs for basics like electricity, heating, cable and food.

The question arises, will seniors be able to live in their own communities? Will communities be age-friendly? Will downsizing mean a loss of the services and neighbourhoods that are familiar to seniors? Are we serving blind or deaf citizens with appropri-

ate housing and care homes with staff who are able to communicate and assist seniors to retain their cognitive skills?

It is important for housing to be safe, in a cultural space which respects the citizens. Clean air, water, diversity and livability are important. Housing needs to be available, decent and affordable. A large and growing number of seniors are living alone and do not have the support that comes with a shared household and this situation particularly affects older senior women. Shelter costs have risen while incomes have declined.

Ideally, seniors should be near transit, shopping, medical services and a community centre that provides programs for a healthy lifestyle and sociability.

A related concern is the problem facing tenants of co-ops who will lose

rental assistance when the Federal Co-operative Housing Program shuts down in 2020. This affects more than 3,000 BC households. The province and federal government must step up to make sure the subsidies continue.

One program which makes rent more affordable is the Shelter Aid for Elderly Renters. It provides support to BC seniors age 60 or over who have low to moderate incomes. For eligibility criteria, contact [www.bchousing.org](http://www.bchousing.org) or (604) 433-2218.

COSCO's policy is to actively work with and maintain solidarity with community organizations to promote affordable, safe, accessible and quality housing. Our housing committee is working to gather information and become vocal on housing issues.

We invite your comments to Barb Mikulec, chair at [mikulec@telus.net](mailto:mikulec@telus.net).

## Membership Application

Please mail to the address below

- I wish to join COSCO as an Associate Member, I enclose my \$25 membership fee.  
 I wish to make a donation to COSCO. Please find enclosed a cheque for \$\_\_\_\_\_.

Name: \_\_\_\_\_  
(PLEASE PRINT)

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

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

E-mail: \_\_\_\_\_

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

Please make cheques payable to COSCO.

Mail your application to Ernie Bayer, Membership Secretary,  
6079 - 184 A Street, Surrey, BC V3S 7P7 604 576-9734.

Seniors groups and organizations wishing more information about joining COSCO should write or phone Ernie Bayer and request a membership package.