

THE GOOD LIFE

The Newsletter of the Nanaimo-Ladysmith Retired Teachers' Association

Nov. 2015

2015-2016 Nanaimo-Ladysmith Retired Teachers Executive

President	Carol Baird-Krul
Vice-President	Les Ellis
Treasurer	Mike Ireland
Secretary	Colleen Dempsey
Catering	Tricia Barnes
Programming	Jacque Thompson
Health & Housing	Leah Bradford
Heritage	Nelson Allen
Media	Deryck Cowling
Membership/Member Contact	Ellen Ellis
Newsletter & Email	Les Ellis
Sunshine Program	Cheryle Sosnowski

Any inquiries can be made through our email at nanrta@gmail.com or by calling the NDTA office at 250-756-1237.

President's Message

Welcome back after what I hope was an enjoyable if rather dry summer.

This year's To Hell with the Bell Breakfast was held at the north end ABC Restaurant. The event was well organized thanks to Tricia Barnes and Ellen Ellis and while the new retiree attendance was smaller than usual, it was a very enjoyable event and the food was plentiful and delicious.

This year we will be having 4 lunches.....October, December, March and the AGM in June. As well, we do plan, if the need arises, informational morning coffee parties.

Our long awaited website is due to be launched this fall and we hope you'll approve and also find it useful. With the launch of the NLRTA website the Skipsey Collection is now searchable online and so has become available to the community at large.

The provincial AGM was held in Vancouver in mid-September and the NLRTA was well represented by our Vice-President Les Ellis, Secretary Colleen Dempsey and former President Jim Young. Their report will be available on our website and in this newsletter.

As of September we now have two new members sitting on the Executive, Mike Ireland who was elected as Treasurer, at the June AGM and Jacqui Thompson who recently offered to be Program Chair.

Please remember that as your President I and the rest of the Executive are here to help if the need should arise, so if you have any questions or concerns over the coming year please feel free to contact me.

I am sure, that as we begin our 31st year as a branch of the BCRTA we have yet another wonderful year ahead of us and I look forward to seeing you at our lunches.

Carol Baird-Krul - President

BCRTA Provincial AGM Report 2015

Elections and Business - Jim Young

All elections for positions on the R.R. Smith Foundation Board and the BCRTA Executive were by acclamation except for the position of First Vice-President where incumbent Patricia Clough defeated challenger Judy de Vries. The BCRTA President remains Bob Taverner from our own district. Also, from our local executive, Ellen Ellis was elected as one of the retired teachers' representatives to attend the pension discussions at next spring's BCTF AGM.

Two motions from districts were brought forward. A motion to increase meal allowances for zone meetings was defeated and remain the same as the BCTF allowance. A motion to return the age for lifetime membership back to its previous 85 from its present 90 was referred to the Executive to report back at next year's AGM.

Seniors' Advocate for BC - Keynote Speaker - Colleen Dempsey

Isobel Mackenzie was appointed as Seniors Advocate by the BC Government in 2014. It is an independent office of the provincial government. It is the only office of its kind in Canada.

The Advocate is responsible for monitoring seniors' services, promoting awareness of seniors' issues and supports, and working collaboratively to identify solutions and make recommendations to government about system-wide issues facing seniors in key areas. These mandated areas are: Health Care, Housing, Income Support, Transportation and Personal Care (example: recreational activities, snow clearing, cutting wood for heating).

The Advocate issues regular reports, conducts surveys and gathers feedback from seniors, stakeholders and the public. The first Annual Report was published in September 2015 and so far 5 reports have been published:

1. The Journey Begins, Together We Can Do Better
2. Bridging the Gaps - results of a random survey of 500 seniors
3. Placement, Drugs & Therapy

4. Seniors Housing in BC - Affordable, Appropriate, Available
5. Caregivers in Distress: More Respite Needed

The Placement, Drugs & Therapy report had findings regarding the overuse of medication in residential care including: 30 % of seniors in residential care shouldn't be on anti-psychotic drugs and only 50% of those on anti-depressants have been diagnosed as needing them. Up to 15% of seniors in residential care may be able to live more independently. BC is lagging in providing physical therapy and recreational therapy as compared to other provinces.

Caregivers in Distress report: One finding is that 29% of caregivers in BC are in distress. This is 40% more than in Alberta. A survey showed that half of the clients registered for home support did not have a visit in the last seven days.

Areas that will be focused on next will be in the area of home support, residential care and transportation which will include travelling to specialist appointments. 3.7% of BC seniors in are long-term care facilities. 9% of these seniors are over age 75, 15% are over age 85. Most are in publically funded beds because private beds are too expensive.

A Council of Advisors has been appointed. These are 30 seniors chosen from 400 applicants.

[Excellent website - seniorsadvocatebc.ca](http://seniorsadvocatebc.ca)

The Office of the Seniors Advocate is a go-to resource for seniors' information and referral. Phone lines are answered by knowledgeable staff who can help with a range of questions. 1-877-952-3181

Guest Speaker, BCRTA AGM 2015 - Colleen Dempsey

Following the address by the Seniors Advocate, Dr. Monika Dutt, the president of Canadian Doctors for Medicare, spoke. Canadian Doctors for Medicare is an advocacy group committed to the preservation and enhancement of Canada's universal public health care system. It was founded in 2006 by a group of physicians concerned with growing trends in privatization and for-profit delivery. They were also concerned about the possibility that these trends would produce a two-tier system that would allow the wealthy to purchase care in the "upper" tier, while the "lower" public tier is left depleted of resources.

Relying on evidence-based research, the group points to four essential categories that health care models should conform to in order to meet the founding principles established in the Canada Health Act. These categories are: 1) equitable service, 2) high-quality care, 3) effective, medically necessary service, 4) health care models should promote collaboration, not competition, through a continuum of care. This group openly acknowledges problems in Canadian Medicare that require innovative reform but insists that any new innovation must meet the standards outlined in these four categories.

Some of their areas of concern:

1. expiry of the Federal Health Accord in 2014 - Federal funding to the provinces has decreased.
2. establishment of a national pharmacare system - There is a disparity in what is paid for by pharmacare across the country. One in ten people, one in five families can't afford their medication.
3. lawsuit brought forward by a group of for-profit clinics, led by Dr. Brian Day, against the B.C. government. This group is seeking to strike down the provincial health care legislation that limits for-profit delivery of medically necessary services, claiming that these rules violate the Canadian Charter of Rights and Freedoms.

Website - canadiandoctorsformedicare.ca

Pensions – Les Ellis

In 1974 the ratio of active teachers to retired teachers was 8.8 to 1. Forty years later, in 2014, that number was 1.3 active teachers to 1 retired teacher. The number of retired teachers was 3,219 in 1974. In 2014 the number was 34,655. Both men and women now have a 5 year longer life expectancy than they did in 1974. In fact, there are 27 BCRTA members who are over 100.

There are more retired teachers than ever and we're living longer but our pension is in good shape. Only 10% of the pension revenue comes from active teacher contributions and another 10% from employer contributions. The remaining 80% comes from investments. From 2013 to 2014 the pension total increased by \$2 billion dollars to a total of \$22.7 billion. This was a one year increase of 11.6%. The last 5 years have also been good with a 9.8% increase and if we go back 10 years (which includes the 2008 downturn) we have still had a 7.8% increase. A 6.5% growth rate is required to maintain the fund so we are in good shape.

At present, the Inflation Adjustment Account is funded at 4.13% of payroll which could potentially rise to 6.13% if needed. This means that our cost of living increases are relatively secure for the foreseeable future.

Currently the BCTF, the government and the pension board are consulting about future changes to the pension plan. Any changes will not affect us in any way. In fact, active teachers now paying into the present plan will probably be grandfathered so any new plan won't take affect for teachers until 20 or 30 years from now.

Extended Health and Travel Plans – Les Ellis

Due to rising costs with the existing Pacific Blue Cross extended health plan, the BCRTA looked into changing plans. The result is a new plan that members can choose to switch to. The new plan combines the cost of extended health with a travel plan. The new plan makes some travel costs cheaper but reduces the extended health coverage.

First, the new plan is divided into 2 sections. Section 1: Depending on how much you want to pay monthly, if you were born before 1940 you can choose between a \$1200 or a \$2500 maximum payout per year to your household for prescription drugs. Section 2: Born in 1940 or later, your monthly payments will be more but you can choose between a \$1500 a year or a \$3500 a year maximum payout for your household prescriptions.

The following are the differences I've noted between the plans. I won't mention items where the plans are the same.

The old plan pays 80% of your prescription costs for the first \$1000 and then 100% of the rest. This plan also covers more drugs. In the new plan you get 80% of your first \$1500 and then 100% is paid until you reach your yearly maximum (if you spend that much).

The old plan has a lifetime maximum of \$200,000 and the new has a \$250,000 total.

Accidental dental is covered by the old plan but is limited to \$1000 per year in the new plan.

You can get \$100 a year for health education in the new plan. This is not covered in the old plan.

Under the old plan, hearing aids are covered up to \$1400 per 4 years. The new plan reduces this to \$1000 per 5 years.

Semi-private and private hospital room costs are covered under the old plan. The new plan reimburses \$100 a day for these rooms.

Private duty nursing is covered by the old plan but is limited to \$3000 per 3 year period by the new plan.

The following are examples of your costs for medical bills. Under both plans, you also have to be a member of provincial Pharmacare. In both cases these are estimates of what it would cost you for your medical bills and do not include your monthly insurance payments.

Under the old plan, you pay a yearly \$200 deductible per person. All medical bills to that point are paid by you. Any bills for the next \$350 (from \$201 to \$550), Pacific Blue Cross pays 80 per cent and you cover the rest. Bills that add to your total from \$551 to \$825 are covered by Pharmacare and Pacific Blue Cross. Pharmacare pays the first 70 per cent, PBC pays 80 per cent of the remainder and you pay the balance. Once your medical bills exceed \$825 for the year, Pharmacare pays 100 per cent. So, with a family income of \$27,000 and medical bills of \$2,000 for the year would pay a total of \$286.50 (after the deductible and extra balances are paid). A couple would pay a deductible of \$400 (\$200 each) so their cost for a \$2000 medical bill would be \$446.50.

The new plan covers both one or two people. Again, with a family income of \$27,000 and medical bills of \$2,000 the cost would be \$126.50.

For a family income of \$50,000 and medical expenses of \$2,000 for the year, under the old plan, one person would pay \$450 and a couple would pay \$650. Under the new plan, covering one or two people, the cost would be \$330.

The old plan covers out of province travel within Canada, reimbursed at 100% up to the lifetime maximum. For travel outside of Canada, other travel insurance like Medoc is required. See your travel insurance contract for what is covered.

The new plan combines travel insurance along with the extended health coverage. This travel coverage is for out-of-province and out-of-country. The new plan has a \$2 million lifetime maximum with no lost luggage coverage. Medoc for example is \$5 million per trip. Both plans are the last payer. For example: you can go after the airline for reimbursement or your home insurance covers lost luggage. These pay out first before the travel insurance does.

Take pictures of what you leave with. These companies will want proof of ownership and proof of loss when you file claims reports.

If you don't travel for more than 35 days at a time it is not beneficial for you to change. If you are on the Medoc Optimum plan (nothing is ailing you), you save over \$200 a year staying on the old plan. If you are on the Medoc Standard plan (with medical concerns like 85% of us), you still save almost \$40 on the old plan with its better benefits.

When you get to longer trips, Medoc starts to cost more because they charge for extra days. If you are a single traveler, 65 years old on a 62 day trip on the Medoc Standard plan you will save \$325 a year on the new plan. If you are a 65 year old couple, the new plan saves you \$964 compared to the Medoc Standard plan.

However, buyer beware! Everyone's circumstances are different. One couple was going on an extended 6 month holiday and learned they would save over \$700 by remaining on the old plan. The above information is only my understanding of what was presented to the delegates at the retired teachers' AGM. I am no expert. Please investigate your circumstances fully before making any decisions. Contact Johnson Inc. They supply both of these products and can tell you which plan suits your needs best. Having one supplier also means that as our lives change, we can change which plan we belong to when it comes time to renew.

A Note from Bob Taverner, BCRTA President

"I'm hearing that there have been some 'teething' problems with the new, optional Johnson Inc. benefit plan. Wait times on the phone, calls not being returned, delays in mailing out membership cards, and cards not displaying the travel emergency phone numbers, etc. As with many brand new things, patience is needed. Johnson has been

doing its best to deal with problems as they arise. Hopefully by travel insurance renewal time next year, all will be sorted out.”

Seniors' Health Symposium – Les Ellis

A week after the AGM I was back in Vancouver to attend seminar organized by COSCO, the BCRTA and the National Association of Federal Retirees. The purpose of the seminar was to discuss the state of Canada's health care system overall and specifically as it relates to seniors. Before public discussion and answering questions from the audience we heard from Dr. Chris Simpson, Past President of the Canadian Medical Association and Dr. Charles Webb, President of the doctors of BC.

The problems brought forward were many. When Canada's universal health system was set up 50 years ago the average age of Canadians was 27. Today the average age is 47 yet the system hasn't really changed. Today there are 5 workers for every retiree. In 20 years that number will drop to 2.7. Today 14 per cent of Canada's population is over age 65 and account for almost half of all health costs. The population of seniors is set to almost double in the next 20 years so that those over 65 will make up a quarter of the population and will account for 62 per cent of health costs. On the other hand the Canada Health Transfer of money from the federal government to the provinces was 50 per cent, is now 22 per cent and is scheduled to drop to 16 per cent.

Right now 10 per cent of hospital beds are taken by seniors who have been waiting to be moved to a care home for more than two years. Hospitals were not designed to look after chronic care patients. Only 16 per cent of people who need palliative care get it. The ill suffer because they cannot rely on unpaid caregivers and the family and economy suffer from lost wages for those who stay home to look after others.

There is a need for a national standard. \$220 billion is spent annually on Canada's health care system yet no one is in charge. We have the fifth most expensive health care system in the world but we rank near the bottom for results. The system does not need to spend more, it needs to spend smarter. At the moment there is no integration. For example, hospitals do not follow up on a patient. The system pays for a \$10,000 operation but does not cover the \$50 medication to keep the situation from reoccurring.

The health care system needs to change its focus. There needs to be an emphasis on wellness and prevention. The elderly need affordable housing where they can stay as long as they wish with dependable care. They need income security to maintain their housing and to afford proper food and nutrition. There is a need for more trained caregivers to help people stay in their homes longer. There is a need for national prescription drug coverage. More acute care beds are needed outside of hospitals. We can spend our dollars more wisely. Caring for someone in a hospital costs \$1000 a day. Long term care costs \$130 a day and home care is \$55. Change needs to happen before there is a health care crisis in Canada.

CMA editorializes shortcomings on health care

By Charlie Smith, August 22, 2015

Canada's best-known medical journal has torn a strip off the Conservative government's approach to health care. In an editorial in the Canadian Medical Association Journal, Dr. Matthew Stanbrook pointed out that Ottawa "has walked away from collaborating with the provinces through the Council of the Federation".

In addition, he noted that the federal government has "dithered on health measures of glaringly obvious benefit". Those include tobacco control and the elimination of asbestos. He also highlighted the federal government's ignoring and disbanding expert advisory panels on health, weakening the authority of the public health agency, muzzling scientists, and eliminating the mandatory long-form census, which he described as "the best source of information on regional disparities relevant to health".

Stanbrook suggested that this really adds up to the federal government "trying to get out of the health care business."

The editorial also cited the lack of universal drug insurance, claiming that this "places at risk the lives and health of far too many Canadians who cannot afford the increasingly expensive medications they need". "Evidence published in CMAJ shows that national pharmacare could be implemented with little to no added cost and substantial benefit,"

Stanbrook wrote. "The now defunct health accord pledged to address this gap, yet the federal government did nothing." In addition, he highlighted "substantial cuts" to federal health research funding. "Of great concern is the change in the federal philosophy behind funding areas that are more aligned with business interests."

Top Scandals of Christy Clark & the BC Liberal Party

Taken from Article in Huffington Post by Sarah Miller & Edited by Ken Kuhn

<http://m.huffpost.com/ca/entry/7658002>

reprinted from the BCRTA Liaison newsletter, July 2015

YogaGate

Christy Clark decided to hold a yoga event on Burrard Street Bridge and shut down the bridge, at a cost of \$150,000 to taxpayers, on a Sunday and also on National Aboriginal Day. There is an endless supply of beautiful parks, beaches and other areas that would have been a thousand times better. Corporate sponsors dropped out and then the whole thing was finally cancelled.

B.C. taxpayers lose \$43 million in land deal

Clark's government sold off 150 hectares of land in Port Coquitlam for \$43 million BELOW the appraised value, all in the effort to make a quick buck to produce her "balanced budget" for the 2013/2014 fiscal year.

Child labour laws

In 2003, the Liberals lowered the legal working age to 12 years old. On May 9, 2013, First Call released an eye-opening report on B.C.'s child labour laws showing staggering statistics about the horrible injuries and disability claims to the BC working youth.

Christy's LNG fiasco

For as long as Christy has been premier, we have been exposed to a never ending stream of LNG ads, commercials and promises. She touts LNG as the end-all solution for our province, wiping out debt, generating income and creating thousands of jobs. Christy recalled the B.C. Legislature to debate an unprecedented 25-year LNG agreement and pass legislation enabling the \$36-billion deal with Pacific NorthWest LNG, a consortium led by Malaysian energy giant Petronas. The agreement would protect the business from tax increases made specifically to target the LNG industry.

Christy's ethnic vote plan

In 2013, government documents were leaked regarding a plan to woo ethnic voters. Some of the strategies included apologizing to different ethnic groups for past wrongdoing, contributing more to ethnic news channels, and one direct quote stated "building political capital in ethnic communities by taking what will be perceived as thoughtful and caring actions."

Education crisis

Clark's war on public education started when she stripped parts of teachers' contracts back when she was educational minister. Despite two courts finding those actions illegal, she continues to appeal, burning away taxpayer money to fund the whole fiasco, all because she feels teachers shouldn't have the right to bargain class size and composition in their contracts. Clark also continues in Liberal footsteps by continuing to cut funding to public education while raising funding to private education. Across the province, boards are scrambling to balance their budgets cutting everything from teaching, library, vice principal and support positions to bus services, or what Mrs. Clark calls "low-hanging fruit."

Religious connections

"Separation of church and state" is a value long in place to keep our government and religion apart for good reason. Clark however doesn't seem to agree with this concept given her most recent spending spree of \$1 million public tax dollars to her church. Seems like an odd choice, especially so soon after announcing cuts to education and other public services that would stand to benefit the majority of citizens in this province.

The Nestlé water controversy

Earlier this year, it came to light that our government is going to "sell" Nestle B.C. water for a whopping \$2.25 for a MILLION litres. Some areas in B.C. are already on water restrictions, but don't worry you can always stop by your local store and buy a bottle of

Nestlé water because they don't face restrictions on how much water they can take, even during water shortages.

Health care firings

Definitely one of the biggest scandals Clark and the Liberals have faced is the sudden and unjust firing of eight health ministry researchers with allegations of breach of privacy. We were told for years that there was an investigation by the RCMP, which we all know now was a lie. The RCMP have never been provided the documents and paperwork to even start a probe. Everyone, including the government's own top officials, have been calling for a public inquiry, which Clark has refused so far.

If those nine weren't enough, here is a list of programs that have received cuts under the Liberal government: public education, health care, surgeries, domestic violence and outreach programs, income assistance programs, special needs assessments, family law services, legal aid, community outreach programs, diagnostic and rehabilitation services, parks budgets, environmental ministry, senior care and services, senior beds, mental health, addiction programs and services, student aid, PAC funding, annual facility grants to schools and programs for special needs.

A Special Hello

Margaret Darton would like to say hello to all her former colleagues. She now lives in Exeter, Devon, England.

In the end

A secondary school teacher was arrested today at London's Heathrow International Airport as he attempted to board an international flight while in possession of a ruler, a protractor, a pair of compasses, a slide-rule and a calculator.

At a press conference, a UK Border Control spokesman said he believes the man is a member of the notorious extremist Al Gebra movement. He did not identify the man, who has been charged by the Police with carrying weapons of maths instruction.

'Al Gebra is a problem for us,' the Spokesman said. 'They derive solutions by means and extremes, and sometimes go off on tangents in search of absolute values. They use secret code names like "X" and "Y" and refer to themselves as "unknowns" but we have determined that they belong to a common denominator of the axis of medieval with coordinates in every country. As the Greek philosopher Isosceles used to say, "There are three sides to every triangle."'"

When asked to comment on the arrest, Opposition Leader Ed Milliband said, "If God had wanted us to have better weapons of maths instruction, He would have given us more fingers and toes."