

THE GOOD LIFE

The Newsletter of the Nanaimo-Ladysmith Retired Teachers' Association

Nov. 2014

2014-2015 Nanaimo-Ladysmith Retired Teachers Executive

**** Note the Changes since June ****

President

Carol Baird-Krul

Vice-President

Les Ellis

Past President and Treasurer

Linda Willis

Secretary

Colleen Dempsey

Director-at-Large

Jim Young

Catering

Tricia Barnes

Health & Housing

Leah Bradford

Heritage

Nelson Allen

Media

Deryck Cowling

Membership/Member Contact

Ellen Ellis

Newsletter & Email

Les Ellis

Sunshine Program

Cheryle Sosnowski

BCRTA Provincial AGM

This year Nanaimo-Ladysmith sent 3 representatives to the provincial AGM. Their reports follow below.

Morning session on Sept.26, 2014 – Linda Willis

PENSIONS

The number of active teachers is 45,271 while the number of retired teachers is 33,450 with 2,500 being over 80.

In 2013, \$1,008,000,000 was paid out in pensions.

80% of our fund is from investments, 10% is from our personal deductions when working and 10% from the school board co-payments. Our pension is NOT a HANDOUT!

From 2002 – 2014 our investments averaged 9.7%. Our plan needs 6.5% to pay our pensions and thus we have a surplus. This is great news for practicing teachers because there is no need to raise their contributions. We do not know our inflation adjustment numbers as they are calculated based on September's cost of living increase. The good news is that we have the best pension fund in BC if not, Canada.

BENEFITS

In 2014 we had an increase of \$2.75 per month. Blue Cross says the reason for the increase is that they didn't get the expected drug savings from generic drugs. They also reset our plan to 0 which means, for example, if you claimed \$300 for glasses last year; you can do it again this year. There was also an increased use of paramedical and then there was inflation. For our plan, they paid out \$4.2 million more than the premiums they collected. The RTA is looking into solutions. We can just pay the fees, cancel the insurance or reduce coverage. They are looking into other plans and will report back to us any changes.

MEDOC

A day in hospital in Canada is \$1,447. In the USA, the average is \$12,726 and in Spain it is \$481.00. If you have a heart attack in New York it will cost you \$77,383 a day but in LA the cost is \$122,689. A heart attack in Miami will cost \$91,580. The Canadian dollar is down and 70-75% of the claims are for the USA's outrageous costs.

HOUSE INSURANCE

The increases are caused by the extreme weather events, global warming and the recent discovery of many new earthquake faults.

Panel Discussion on Senior Issues

Jinny Sims (MP Newton/North Delta) spoke on her advocacy of senior housing, healthcare and a National Childcare Program as well as raising the minimum wage.

Chuck Au (acting-Mayor of Richmond) spoke on all the senior related events and services for seniors.

Alex Atamanenko (MP for BC Southern Interior) spoke well on various senior issues.

No MLA's accepted their invitation to attend.

R. Taverner on BEING PERSUASIVE

This was a guide on how to approach our MLA's and MP's as a cool ambassador in a polite and persuasive way. These visits to lobby could be for social housing, excellence in public education, transportation, and other interests for seniors.

Afternoon Session SEPT. 26, 2014 - Brenda Stewart

PROGRESSIVE TAX REFORM

Seth Klein is the BC coordinator for Canadian Center for Policy Alternatives (CCPA). The BCRTA is now an organizational member of CCPA.

Seth was an amazingly enthusiastic and informative speaker and held the attention of his audience throughout his presentation with statements like “There are facts and figures to show that public services ARE affordable.” He explained that the economic market produces inequality and taxes and transfers are supposed to mitigate this, but in the last ten years they have exacerbated it. Taxes are “the moral obligations to looking after each other”

Inequality is bad for the economy – it leads to more economic volatility; it is bad socially – it leads to more things like depression and suicide; it is bad for the environment. If taxes were at the 2000 rate we would have \$3.5 billion more in revenues this year provincially and \$70 billion more federally. Federally the tax rate in 2000 was 29%, in 2014 it is 15%.

Income splitting for seniors is incredibly unequal – it costs the federal government \$1.5 billion/year. If this money were directed to the G.I.S. it would eliminate poverty in seniors.

BC has the lowest taxes in the country The professed aim of reducing taxes was to spur economic growth but when BC is compared to other economies throughout Canada it is still just average so it hasn't worked. If BC taxes were the same as the average of the other provinces it would bring in \$2.4 billion per year and there would be NO effect on economic growth in the province.

We pay more in MSP Premiums than in income tax but it is a flat rate!!! MSP premiums are an unfair tax and the money goes into general revenue. The government collects more in MSP premiums than it does in corporate tax!!!!

In BC the more you make the lower the percentage of your earnings you pay in total (not just income) taxes. The top 10% of salary earners pay \$9,000 less than in 2000, the top 1% pay \$41,000 less than in 2000.

Many people say they do not want to pay more in taxes but when asked if they would be willing to pay higher taxes for specific things the answer changes. The public will to raise taxes is there!!

69% are willing to pay more tax for senior care

61% to eliminate MSP premiums

58% to protect forests

52% to increase welfare

51% to reduce class size

Only 12% were not willing to pay more taxes for anything.

There is a lack of trust in government. It is our responsibility to pitch in a little more to produce more revenue but there needs to be:

FAIRNESS - we need to pay a fair share

TRANSPARENCY - we need to be able to see where the \$ go

QUALITY OF LIFE - for seniors and children

PARTICIPATION by people in the decision making is the key.

Something like the citizen's assembly during the Campbell government – people mistrust government but they trust their fellow citizens.

OPTIONS FOR RAISING REVENUES

There are 5 tax brackets (there was a 6th but only for 2 years and people deferred taxes to avoid it so the govt. did not receive the expected monies!!) 60% are in the first bracket and only 5 ½ % are in the top. E.g. A 20% increase in income tax rate would be an average of \$400 for the vast majority) and introduce 2 new higher tax brackets would produce \$2.3 billion

The RRSP limit could be decreased from \$20,000 to \$10,000 and CPP could be increased using this money.

If there was a public commission or citizen's assembly on raising taxes fellow citizens would buy into it. Together we would decide what we want to pay taxes for and how we want to raise the money. Participatory budgeting has worked in Brazil. A citizens' assembly is empowered to decide how to spend 10% of the budget in some municipalities RESPs are a massive subsidy to the wealthiest.

LNG production and distribution requires electricity – they are able to purchase electricity at 1/3 the cost to a private citizen. This is lost revenue.

The taxes that should be there are property tax, carbon tax and sales tax.

Everybody should be anteing in according to their means – participation is the key.

ADVOCACY

Patricia Clough presented examples of Issue Action Grants and then each branch was asked to choose a topic and work on filling in a request form.

Our representatives chose the topic of Transportation for seniors. Our enthusiasm increased as we progressed and it is our hope that our branch will complete the request and be awarded a grant to proceed.

MEMBERSHIP INCREASE AWARDS

In the category of branches with over 500 members, 3rd was Surrey, 2nd was Coquitlam and, 1st, with the greatest percentage increase in this category, was NANAIMO/LADYSMITH. We brought home the trophy!!!!

Saturday Morning Sept. 27, 2014 – Jim Young

RR SMITH MEMORIAL FUND

This is the charitable arm of the BCRTA. \$1.00 of every fee-paying member's provincial fee goes to RR Smith fund so all of us are RR Smith members.

President of the fund, Judy de Vries, presented the annual report and budget as outlined on pages 3 and 4 of the 2014 SUMMARY OF REPORTS you received with the summer Postscript. After paying out expenses and grants of \$16,000 to 12 educational projects this past year, the net surplus is \$3,708. Board members are active during the year seeking donations and conducting raffles to raise funds. Many corporations (eg Johnson & Co) and individuals donated services and items for raffles to enable the endowment fund to grow to \$130,000 in 2014.

5 Directors were elected, including Judy de Vries from Langley replacing Barb Mikulec

on the slate published in the SUMMARY OF REPORTS. After 14 years on the board, Tom Brunner stepped down, with thanks.

BCRTA AGM

The meeting was called to order by President Cliff Boldt. After several housekeeping items, elections began. Candidate statements are printed in SUMMARY OF REPORTS (pgs 26 - 33).

- President - Bob Taverner (Parks/Qual) — acclaimed
- 1st Vice Pres - Patricia Clough (Shuswap) — acclaimed
- 2nd Vice Pres - Stefan Cieslik (Wine country) — acclaimed

Director (INSIDE LOWER MAINLAND) two-2 yr terms

- Charan Gill — elected
- Barb Mikulec — elected

Director (OUTSIDE LOWER MAINLAND) — two-2 yr terms

- Gail Montgomery — elected
- Grace Wilson — elected

ACER-CART Representative

Gerry Tiede — elected

BCRTA Delegates to BCTF AGM in 2015 in Victoria

13 BCRTA Directors will attend and

13 Delegates from BCRTA including Brenda Stewart (Nanaimo/Ladysmith) will attend.

Presidents' Report was given between ballots - Cliff expressed deep appreciation for his executives' help during his heart difficulties.

Financial statement presented, discussed; Auditor answered several questions.

Directors' Resolutions (pgs 34 & 35 of SUMMARY OF REPORTS)

Much discussion re: elimination of Post-Sec. educators from Affiliate Membership at their request — finally agreed.

Other resolutions proceeded quickly.

Committee Chair Reports (pgs 8-25 of SUMMARY) glossed over quickly.

New Officers and Directors were introduced and photographed.

Incoming President spoke.

Adjournment

WHAT THE BCRTA DID LAST YEAR

The BCRTA continued to work with COSCO, and other seniors' organizations and individuals in using all democratic means to ensure that the federal and provincial governments negotiate a new, comprehensive, national health accord, that: protects, transforms and strengthens our national health care system; provides human and financial resources, including a 6% escalator; includes a national seniors' health care plan; and establishes and maintains a national pharmaceutical strategy that will improve health outcomes for all Canadians.

The BCRTA has a representative at ACER-CART and at the National Retired Teachers' Association.

The BCRTA adopted the following policy, concerning "Health and Support for Seniors":
Home Support for Seniors: That the Federal Government should work with provincial and territorial health ministers to increase the span of home care for seniors, so that they may remain in their homes, as long as possible, in order to improve seniors' quality of life, and to contribute towards a reduction in health care costs through lessening dependency on institutional care.

National Health Accord: That the Federal Government should meet with the provinces/territories, to re-negotiate and improve upon the 2004 National Health Accord.
Transportation: That the Federal Government should work with provincial and territorial government bodies to ensure that transportation is readily accessible to Canadian seniors who have mobility issues.

National Formulary: That the Federal Government should establish a national pharmaceutical formulary to help keep the cost of medications manageable for seniors.

Guaranteed Income Supplement Review: That the Federal Government should review the Guaranteed Income Supplement, with the aim of simplifying the requirements for and administration of the application process.

Computer Literacy: That the Federal Government should institute a plan designed to encourage and help seniors to become computer literate.

End-of-Life Care: That the Federal Government should establish a cross-Canada Palliative and End-of-life care model of palliative care that: (a) takes into account the geographic, regional, and cultural diversity of urban and rural Canada; (b) respects the cultural, spiritual and familial needs of Canada's First Nation people; and (c) has the goals of: (i) ensuring all Canadians have access to high quality home-based and hospice palliative end-of-life care, (ii) providing more support for caregivers, (iii) improving the quality and consistency of home and hospice palliative end-of-life care in BC and the rest of Canada, (iv) encouraging Canadians to discuss and plan for end-of-life care.

Old Age Security: That the age eligibility should be changed back to 65 years from the current 67 years of age.

Canada Pension Plan: That CPP contribution requirements should be adjusted upwards, to ensure adequate income for working Canadians upon retirement.

Pensions Plans as Secured Creditors: That legislation that protects pension plans as secured creditors should be developed and should be passed in a timely manner.

Alzheimer Disease and Dementia: That the Federal Government should have a policy that recognizes Alzheimer Disease and/or Dementia as a major public health challenge and develop a national action programme that provides support to Alzheimer Disease and/or dementia patients and their caregivers.

That the BCRTA adopt, as policy, and that the BCRTA write a letter to Premier Christy Clark, with copies to the Minister of Children and Families, the Opposition Leader and Children and Development Critic, seeking the development and enactment of legislation, improving protection for children in the workplace, in this legislative session, and that such improvements include: establishment of a minimum work-start age of 15, in compliance with the UN Convention on the Rights of the Child; imposition of restrictions on the occupations, tasks, and times of day that children can work.

MEDICATION AWARENESS FOR SENIORS

The term “medication” would include prescribed and non-prescribed drugs, generic drugs, and placebos.

Prescribed drugs refer to Brand Name and Generic drugs. Brand Name drugs are usually more expensive due to costs in research, development and advertising. They are covered by patents which usually last 20 to 25 years. Generic drugs are available after patents have finished, so are cheaper. They usually have the same ingredients and quality.

Non-prescription drugs would include; pain relievers, antacids, laxatives, vitamins, dietary supplements, herbal products.

Managing one’s medication is vital. Make an up-to-date list and have copies available for emergencies or travel.

Medicines should be kept in their original containers and stored in a cool, dry place. Small print-on labels may require using a magnifier, or getting a print-out. Weekly pill boxes or blister packs help in maintaining a daily schedule. Don’t “double-up” if you miss the regular time for your “med”. Don’t stop taking your “meds” before the prescribed period, or before consulting your doctor. Unused or expired medications should be returned to a pharmacy for disposal.

It is important to share with your doctor any information that would assist in determining what treatment should be prescribed; a record of your symptoms, allergic reactions, live style of eating, exercise, previous health issues, other medication, alcohol, tobacco, and specific concerns. The doctor should answer the patient’s questions, collect and maintain detailed information provided by the patient, by specialists, and other health professionals.

Treatment options, including benefits and risks should be made clear.

It is important that the patient receives the correct medication at the correct dosage. The patient should be provided with clear and complete instructions both written and verbally. Sometimes a “translator” (family or friend) will be needed. Pharmacists by keeping track of your “meds” will be aware of interactions with other “meds”. Sometimes a generic drug shouldn’t be used to replace a brand name drug.

Medication Misuses include, not understanding and following the prescribed dosages and times; unable to afford the drugs; using the wrong or expired drugs. About 4,000 Canadians die annually due to “med-misuse”. For people over 65 in hospitals, 50% are due to “med-problems”.

Remember that the proper use of drugs has made major improvements in our health.

Submitted by Denis W. Ottewell

Discover the Sex of Flies

A woman walked into the kitchen to find her husband stalking around with a fly swatter.

"What are you doing?" she asked.

"Hunting flies," he responded.

"Oh! Killing any?" she asked.

"Yep, three males, two females," he replied.

Intrigued, she asked, "How can you tell them apart?"

He responded, "Three were on a beer can, two were on the phone."

The Short Story

A college class was told they had to write a short story in as few words as possible. The instructions were that the short story had to contain 3 things:

1. religion
2. sexuality
3. mystery

Below is the only A+ short story in the entire class.

“Good God, I’m pregnant; I wonder who did it?”