

**Association canadienne des enseignantes et des enseignants retraités**



**Canadian Association of Retired Teachers**

**PRESIDENT’S REPORT**

**ACER-CART 2016–2017**

**Year in Review**

**Introduction**

Each year, we gather from thousands of kilometres apart. We bring our predetermined insights, share our concerns and triumphs with our fellow Members, and listen intently to what everyone has to share.

What inevitably emerges is our commonality: the passion for our organization, ACER-CART, our desire to get things done for our members and for other seniors, through a network of people and hard work.

In studying the various Member Association reports, it is obvious that you cannot stop striving and that as leaders you will continue working on behalf of seniors and other Canadians who need your altruism. For that, I thank you.

**ACER-CART EXECUTIVE**

I remain so very grateful for our ACER-CART executive members, including JoAnn, James, Norbert, Wayne, Ed, and Roger. They bring their unique strengths to the table and, as an executive, they work diligently to oversee the operations of our organization. Not only do they bring the perspectives of the various Associations to the national eye, they work hard to advance our goals.

At last year’s AGM, ACER-CART used a systematic process to determine our strategic plan; we defined what our priorities were, in order to strengthen and improve our organization and to ensure sustainability.

Throughout the year, the executive kept looking at our road map and strived to get things done, motivated by the interests and needs of retired teachers and other seniors. As for the individual roles of our executive members, I will leave it to them to explain their fine work.

**Priorities of ACER-CART 2016–2017**

1. **Maintain Co-operation and collaboration with other groups on issues of similar concern.**
2. We remain in close touch with the Canadian Medical Association whose goals, with respect to senior health, mirror those of ACER-CART.
3. We participated in the Lobby on the Hill, organized by the Canadian Health Coalition. Around 150 participants lobbied 96 MPs to initiate a national drug plan for all Canadians.
4. Primarily through the work of JoAnn Lauber, we have maintained a close connection to Seniors Voice, a collation of numerous retired voices.
5. ACER-CART stays connected to the McMaster University Health Portal that gives seniors a window to information on many health issues.
6. We have also engaged a connection with Cogniciti and with Waterloo University in their respective research on aging.
7. ACER-CART continues to collaborate with the National Pensioners’ Federation, as part of an effort to raise the national voice of seniors at the national level. Again, JoAnn Lauber is our point guard on this front.
8. Roger Régimbal, our executive director, continues to use his expertise in pensions to work with the Canadian Coalition for Retirement Security to ensure the protection of already accrued pensions and to protect the concept of Defined Benefit Pensions.
9. **Continue to work on being a voice of seniors at the national level.**

At the 2016 ACER-CART AGM, resolutions were passed pertaining to lobbying the federal government on 5 issues. Throughout the year, at timed intervals, all 5 issues were communicated to the federal government.

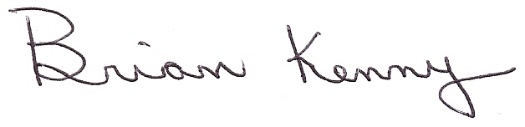
1. The establishment of a Ministry for Seniors
2. A national senior’s health care strategy.
3. The implementation of a national drug plan
4. The implementation of a pharmaceutical formulary
5. The preservation of the Canada Health Act and its principles
6. **Continue to advocate for health goals identified in the Strategic Plan and from Member Resolutions.**

As mentioned in Part B, we have attempted to fulfill this goal as a team and it will also be addressed in other reports. At the time of this writing, most of our letters have not been answered by the government.

**Conclusion**

In ACER-CART, it is not about what we have. In terms of resources, we are Lilliputian. But it is about what we do for our members and for other seniors. We connect Associations, share our concerns and goals, reach out to similar organizations, and do our best across our nation. As the great Olympian, Jesse Owens once said, “For dreams to become reality, it takes effort.”

Respectfully submitted,



Brian Kenny

President

See Appendix A

Appendix A

**Lobby on the Hill—organized by the Canadian Health Coalition**

“Politicians don’t change their minds because they see the light. It’s when they feel the heat.”

**Introduction:**

Currently, Canada has universal health care, but no public drug plan, apparently the only developed country with this situation In late January, the Canadian Health Coalition organized a cross Canada lobby, attended by 150 people from various unions and retiree organizations

Attending from ACER-CART were Patricia Clough, president of BCRTA, Martha Foster, president of RTO-ERO, Jim Grieves, Executive Officer of RTO-ERO and myself Burt Boudreau of RTO-ERO attended the orientation session prior to the lobby

**Orientation:**

On Jan 30, 2017, Adrienne Silnicki of the CHC, who addressed our AGM last year, and other CHC staff, gave an orientation session Some of the highlights included:

* 0ne in 10 Canadians have no drug coverage
* 0ne in 4 cannot afford drugs
* Health Canada approves drugs too quickly with inadequate oversight
* There are 1000s of work-based plans which are expensive
* Negotiating with drug companies is difficult or impossible on a small and divided level
* The result of this division is unnecessarily high drug prices
* Pharmaceuticals do not want a national plan
* According to the CHC, drug companies spend an average of $36,000 a year per doctor on perks, kickbacks and incentives
* Some drugs, approved too quickly, have proven unsafe
* Pharmaceuticals are always lobbying

**What is needed?**

* A unified public drug plan where everyone has access to necessary drugs
* A country is more capable of negotiating a national formulary as evidenced in New Zealand
* Also needed is an independent and transparent body that assesses drugs prior to approval

**Results of the Lobby:**

* The 150 participants did meet with 96 MPs over the day, Jan 31
* There were mixed responses:
  1. The NDP were generally in favour
  2. The Conservatives were generally negative
  3. Some Conservatives blamed the provinces and were concerned about the bilateral agreements
* Rookie MP’s generally liked the concept
* Liberal MPs were mixed on opinions
* There was talk, afterwards, that other provinces will come on board this year
* Another story emerged that the Liberals will adopt this concept as a platform in 2019

**Lobby Tips from the Ottawa Event**

* Mobilization involves demonstrations, letter writing and meetings with MPs
* The most effective method is direct meetings with MPs
* A principled approach is important to support a worthwhile cause
* Building a relationship with politicians is essential in seeking their support
* Knowing your facts, with key points, is important
* 30 minutes is the optimum time:
* To introduce
* To propose
* To discuss
* Taking notes is important
* Avoid traps, such as small talk and alternate proposals, by them
* Stay focused on your issue
* Stay calm
* Get a photo with the politician
* Debrief afterwards with your team

**Other Suggestions from a subsequent Toronto Workshop on Influencing**

* In advocacy, no one wants to listen to a whiner It is better to have people like you
* Make sure you know your mission statement and ensure that it is clear
* Who exactly is your target?
* What are your expectations going into the meeting?
* Politicians pander to us, but not necessarily support what we want

**Advocacy Rules:**

* Connect agendas. Help them achieve. Know what theirs is.
* It is all about respect Never criticize people or be negative
* In a brief summary, know what your organization is all about
* What works with politicians: coalitions, networks, similar values, talking points
* What does not work: inability to compromise
* Trust comes from competence, confidence, credibility and congruence
* praise is important
* photos and business cards are important

Inhibitors to advocacy in meetings include a lack of a plan.