

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



**Canadian Association of Retired Teachers**

**PRESIDENT’S REPORT**

**ACER-CART 2017-18**

**Year in Review**

**Introduction**

“The test to find out whether your mission on earth is finished: If you are still alive, it isn’t.”

This anonymous thought seems to personify ACER-CART’s sustained obsession with helping others. With a senior centric focus, we relentlessly pursue a better future, not only for our own members, but for other Canadians less fortunate.

In reading the various Association newsletters, magazines, and AGM reports, it is evident that “Retired Teacher Service” is not a department, but an attitude. For that reason, it is an honour to be part of this organization.

**ACER-CART EXECUTIVE**

I remain exceedingly grateful to our ACER-CART executive, including JoAnn, James, Bill, Martin, Gerry, and Roger. Their individual talents and their dedication are pivotal to our robust legitimacy. Not only do they represent the various regions of Canada, they also keep their pulses on the national picture and their various reports will reflect both their expertise and their hard work. We are fortunate for their leadership. We should also be very grateful for the continuing and generous support of CTF and Johnson’s.

**ACER-CART PRIORITIES**

1. We continue to strive to be a significant voice, at the national level, for retired teachers and other seniors, while maintaining co-operation and partnerships with other groups on issues of common concern. Various AGM reports and presentations will refer to these:
2. Canadian Teachers Federation
3. National Association of Federal Retirees
4. Coalition for Pension Security
5. Seniors’ Voice
6. Canadian Medical Association
7. Canadian Health Coalition
8. Health Partners
9. Canadian Deprescribing Network
10. Other groups on an annual basis
11. Developing strategies and producing resources for retired teachers and seniors to counter Elder Abuse has been a focus. (More will be mentioned in Bill’s report.)
12. Defined Benefit Plans remain highly important and on two occasions this past year, we have written to the Prime Minister and the Finance Minister to express our concern and opposition to the government’s intentions with respect to Target Pensions.
13. We also continue to emphasize:

* Establishing a Ministry of Seniors
* Implementing a pharmacare strategy and national drug plan
* Enhancing support for home care, palliative care and mental health

**LOBBY ON THE HILL**

Once again, we participated in the Canadian Health Coalition’s organized national meetings with Members of Parliament. ACER-CART people included JoAnn Lauber and Patricia Clough of BCRTA and myself. The summary is an appendix to this report.

At times, when we lobby, it is tempting to feel that the government is inured to its own inaction on issues important to seniors and it is easy to be skeptical. However, even though change occurs at belly crawling speed, we need to keep reminding MP’s of the issues that are important to seniors. To borrow a phrase from Emily Dickenson, “we have miles to go before we sleep.”

**CONCLUSION**

If one considers our actions, we are trying to help society value older people, as we continue being a trusted voice of a large community of seniors.

We can best do that by working as a team of 13 Associations, not necessarily owning the outcomes, but doing our best to achieve them together.

There is an Ethiopian proverb that is relevant to us: “When spider webs unite, they can tie up a lion.”

Respectfully submitted



Brian Kenny

President

Appendix 1

**Canadian Health Coalition Lobby on the Hill, 2018**

**Introduction:**

As in 2017, the CHC organized a cross-country lobby involving various interest groups across the country. JoAnn Lauber and Patricia Clough also came from BC on behalf of ACER-CART. This year’s theme was fighting the ***Two-Tier Health Care or Privatization***. Pharmacare remained on the forefront along with the concern over blood plasma and a senior health strategy.

During the 2 full days there, I also had separate and productive meetings with Roger Régimbal, JoAnn Lauber, and Geoff Norquay a lobby consultant with Earnscliffe in Ottawa.

**Pre-Lobby Seminar and Information Session**

A number of experts from across Canada participated in panels to shed light and perspective on the issue of For Profit Health Care. A summary of the points made during the day include:

* Medicare has existed in Canada for 50 years guaranteeing access to physicians and hospital services regardless of a person’s ability to pay.
* In recent years, Canada has seen creeping privatization and for-profit delivery, resulting in:
  + illegal billing of patients
  + double billing by physicians like Brian Day of BC
  + lower quality of care/longer line ups in the public system
  + unnecessary and expensive medical tests
  + pressure on patients to buy services
  + misleading patients into thinking they have to pay for publicly funded services
  + private clinics shovelling seriously ill patients over to the public system, preferring only healthy and well-to-do patients.
* In BC, people have been urging the government to crack down on for-profit clinics
* Dr. Day has been charging illegally for 2 decades and has fought hard against being audited
  + JoAnn will give more details on this case
* When audited for a month in 2012, it was found that he had over charged by $500,000
* Day has filed a court case versus the government to stop any ban on user fees; if successful it could kill the public health care system giving American companies power over our system.
* In the event of such a situation, many people would be refused private health care insurance or could not afford it.
* His case is bound to go to the Supreme Court, giving him potentially years to continue double billing and reaping a fortune.
* His motive is money not health care.
* The Ontario Health Coalition reports that 88 private clinics exist across Canada and have been illegally billing patients.

**BOUTIQUE CLINICS** are common in major urban centres

* They offer upscale care under the guise of prevention, doing services offered by government for free
* There are 8 such clinics in Alberta
* They also bill the government and do creative accounting
* There is no public oversight and audits are difficult to get. No political will.
* Unnecessary tests could also be dangerous, such as bowel purging

**OTHER PRIVATE CLINICS**

* For profit diagnostic imaging centres exist in Saskatchewan and Manitoba—MRIs
* For years, Quebec patients were charged for services like eye drops ($300), inserting an IUD, and instruments and medication for a colonoscopy.

**FOR PROFIT PLASMA --- “PRIVATIZATION IS A STEALTH MOVEMENT”**

* Plasma is a blood component used for drugs and pharmaceuticals
* It is illegal to sell blood in Canada
* We collect blood only by non-remunerated, voluntary donors
* We are able to inactivate and remove viruses in the manufacturing process and thus plasma and plasma products are extremely safe.
* Studies show that paid donors have a higher rate of infectious disease than unpaid donors
* Canadian Plasma Resources (CPR) is a new private company collecting plasma from people in Saskatchewan and giving donors a $25 gift card in exchange.
* Often, companies set up shop in vulnerable areas with a higher risk of tainted blood
* They will export the plasma to other companies. (Vampire exchanges)
* A potential result could be fewer people making volunteer donations

**THE ROLE OF GOVERNMENT**—We must get government to control this

* MPs have been known to say that health care is a provincial responsibility, but under Section 91 of the BNA Act, there are various clauses that mandate responsibility for the Federal level
* The Federal Government should protect Canadians in health care with equal protection for all
* We need to restore and maintain a strong public health care system.
* We need to stop private clinics from gouging the public, cheating patients, and providing unregulated and dangerous services.

**PRESENT PROBLEMS AND SOLUTIONS**

* Canada has longer wait times than many developed countries
* This reflects poor management and a lack of strategic resources
* The average Canadian in hospital are over 65 with multiple problems
* We are the highest users of emergency rooms among developed nations.
* We need to rid ourselves of the traditional model of a doctor centred clinic and develop team models in which a series of health care physicians and other health care workers are collaborating:
  + pharmacists, physiotherapists, occupational therapists, dieticians psychologists, etc.
* We need a team approach to clinical governance but groups, like the Ontario Medical Association fight against an integrated model.

**LOBBYING TIPS**

The evening session focused on tips for dealing with MP’s. Our teams were in groups of 3 or 4 with a team leader. Suggestions included:

* Prepare ahead by knowing your points, who will say what, and who will take notes.
* Be punctual. Be there up to 30 minutes early, as security is a long process.
* Introduce the brief, make your points, and ask them for their opinion and commitment.
* Ensure that they stay on the topic
* Be polite
* Review the kit with them, express thanks and get a group photo
* Debrief afterwards, as a team, to confirm how it went

**THE ACTUAL LOBBY EXPERIENCE**

* Depending on what political party a group met with, there was a variety of experiences
* Partly because my MP, Minister of Democratic Institutions, Karina Gould, was in Burlington about to give birth, and partly because I represented a national organization, I was placed with a team of 3 women from PEI (2 nurses and a representative of the CHC).
* That day was extremely busy for MPs as it was Budget Day and the first question period since the PM’s India trip. Nevertheless, all 4 MPs from PEI did show up for interviews, including the Honourable Lawrence MacAulay, Minister of Agriculture.
* All 4 MPs gave us a hurried interview as they all were obligated to be back in the House of Commons.
* All of them expressed being very pleased with the announcement of Pharmacare; however, Minister Morneau had not yet back tracked on that topic.
* No promises were made to fight private health care but they did promise to meet with the team of 3 PEI people back in the province.

**CONCLUSION**

It is apparent that ACER-CART cannot let go of its priorities in health care, particularly as it affects seniors. We cannot let the government pretend to study Pharmacare and then adopt a flawed version. There are too many people who will lose out. We also have to continue to bring all our priorities to the forefront to MPs and the government. The next election is not that far away.