

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



Canadian Association of Retired Teachers

Belief Statements

June 2021



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BELIEF STATEMENTS

Introduction

A. Definition

ACER-CART Belief Statements are statements, or the official stand being taken by our Association regarding the actions being taken or contemplated by outside parties such as governments, corporations, organizations, or individuals. They are also the beliefs of our Association concerning priority issues we wish to promote for the well-being of our members.

B. Adoption, Amendments, and Deletion of Belief Statements

- a) Belief Statements may only be adopted, deleted, or amended by resolution of an Annual General Meeting (AGM).
- b) If during the year, the Executive resolves to amend, suspend or delete a Belief Statement because its retention would, cause or be likely to cause harm to one or more Members it shall be reported and shall be voted on at the next AGM.
- c) Any adoption or amendment shall be recorded in this Handbook, and the date of changes or reaffirmation shall be added as part of the record.
- d) Belief Statements remain in force until amended or deleted.
- e) The Directors shall review Belief Statements every five years.

A. PENSION AND RETIREMENT INCOME

A-01 PENSION

1. Introduction

- a) All employed persons should have access to a pension plan that will guarantee retirement benefits, based on salary and service in employment.

2. Pension Plans—General

- a) A pension should provide a person completing a full working career to continue, in retirement, the standard of living attained at the end of that career.
- b) A pension (or aggregation of pensions) based upon a short working career or a series of careers should provide a person with a living standard in retirement that accurately and reasonably reflects the person's period of employment.
- c) Pension payments should be adjusted on a regular, automatic basis in accordance with annual increases in the Canadian Consumer Price Index.
- d) A pension plan should provide a pension to the surviving spouse of no less than sixty per cent (60%) of the original pension, except where that provision is waived, in writing, by the spouse.
- e) A pension plan should recognize common law and same-sex spouses (as defined by provincial statutes) in the same manner as legally married spouses.

- f) A pension plan should provide that, where significant improvements are made in the plan, provisions exist for the re-examination and adjustment of the benefits currently provided retired plan members.
- g) Pension plan members (retired and active) should have a major role in making decisions affecting plan administration and the investment of pension funds.
- h) Medical and dental health benefits (comparable to those provided to actively employed members of the pension plan) should be provided to retired members of the plan, including surviving spouse in receipt of a survivor pension from the plan.
- i) Governments should, in consultation with pension plan sponsors and plan members, set standards and regulate the administration and funding of pension plans.
- j) All pension plans should be fully funded.

3. Pension Plans - Federal Government

- a) Teachers should be entitled to have continuing representation on the Advisory Board of the Canada Pension Plan.
- b) Old Age Security should be paid on a universal basis to all eligible Canadians.
- c) Old Age Security should be established and maintained at fifteen per cent (15%) of the Average Industrial Wage.
- d) Old Age Security should not be subject to any special tax, and the existing “clawback” of the Income Tax Act should be repealed.

4. Teacher Pension Plans–Reciprocity

- a) Teacher pension plans in Canada should participate in a single reciprocal agreement (based upon an equitable and actuarially determined transfer of funds) that would provide teachers who transfer from one pension plan to another with full recognition for previous service in the new jurisdiction for that period of time.

1994 reaffirmed 2021

A-02 REPRESENTATION ON PROVINCIAL PENSION BOARD AND COMMITTEES

- 1. Members of ACER-CART should have representation on provincial pension boards and committees.

1995 Reaffirmed 2021

A-03 TAX CREDIT INCREASE

ACER-CART supports a tax credit increase for taxable seniors that reflects the Consumer Price Index (CPI) increases.

(2021)

B. HEALTH SERVICES

B-01 HEALTH-CARE IN CANADA

1. The five historic principles of the Canada Health Act (1984) (universality, access, comprehensiveness, portability and public administration) shall define any vision, current or renewed, for publicly funded health-care in Canada. These principles shall inform all ACER-CART interventions on health-care in Canada.
2. The Federal Government is an essential partner with the provinces in the provision of health-care. Among other things, it has the responsibility to define national standards for health-care and to provide funding, supplementary to provincial funding, adequate to ensure the implementation of such national standards. ACER-CART shall, insofar as it is able, support efforts of the Federal Government in renewing existing national standards and in monitoring their implementation.
3. To meet the growing demands for home care, particularly for seniors, ACER-CART supports a national seniors strategy which would include the establishment of a long-term national plan for home care as an integral part of health care services for those who would benefit from such care.
4. Timely access to health-care and required services, provided by qualified medical personnel, in the official language of the patient's choice (2005), shall be the right of all Canadians, irrespective of their place of residence, financial circumstances, or state of health.
5. Health-care shall be deemed to include education, prevention, diagnosis and counselling, and shall be the element upon which all health-care pivots in a Canadian comprehensive health-care system.
6. Seniors constitute an increasing proportion of Canadian society. Seniors have special needs and ACER-CART, on their behalf, urges health-care policymakers to take an integrated approach to health-care, one that will ensure seniors a measure of independence commensurate with their history; and will ensure a quality of life and death with dignity through care at home, in long-term care facilities, and in hospital settings.
7. All citizens of Canada have a right to health-care. System efficiencies, streamlining operations, and restructuring health-care facilities shall not be accepted as sufficient reason to deny citizens this right, regardless of location or wealth. It is conceded, however, that such services need to be provided as efficiently as possible.

8. ACER-CART supports the establishment of a funding formula which would clarify the proportion of financing for health-care which could be expected on a long-term basis from taxation revenues collected by the various levels of government: federal, provincial/territorial and municipal.
9. Possible expansion of publicly funded health services shall not compromise the availability and quality of those medical services currently insured except for those services no longer deemed basic or required.
10. Organizations of retired teachers will continue to be involved with the development of health-care strategies intended to benefit Canadians of all generations, in a meaningful and continuing way.
11. To ensure that national standards for Medicare are adhered to, free from undue political influence, ACER-CART supports the establishment of a National Medicare Oversight Council independent of government. Its mandate would be to monitor the implementation of national standards and, where advisable, to propose new ones.
12. ACER-CART believes that home care should constitute an essential element of the national health-care system.
13. ACER-CART supports the inclusion of hearing aids, eyeglasses and diabetic supplies in publicly insured programs.
14. To meet the special health-care needs of seniors, Governments, federal and provincial, should work towards the creation of geriatric centers whose mandate would include the provision of health-care to the elderly outside of hospital settings.

2002–Reaffirmed 2021

B-02 LONG-TERM HEALTH-CARE

Governments, federal, provincial and territorial, should provide a framework of basic national standards and regulations combined with adequate physical, financial, and appropriately trained human resources which enable seniors to:

1. Receive care as long as possible in their own homes with publicly funded trained personnel and medication.
2. Live in dignity in their own homes and maintain a standard of living, should spouses have to be institutionalized, that is not threatened by an assessment of income contributions that does not consider the necessary living expenses of the remaining spouse.
3. Provide the same nursing care and medication delivery in long-term care and nursing homes that would be available in a hospital setting.
4. Be cared for in long-term care/nursing homes with appropriate and adequate staffing.

B-03 Not-for-Profit Residential Care Facilities

1. ACER-CART believes that residential care facilities (nursing homes, long-term care, etc.) should be community-based not-for-profit facilities.
2. ACER-CART believes that federal, provincial and territorial governments need to work together to establish a framework similar to the Canada Health Act to develop a universal, publicly funded long-term care residential care plan.
3. ACER-CART believes that the National framework would ensure adequate levels of funding; tie funding to national criteria and care standards; establish a national workforce planning strategy to ensure the right health-care workers are in the right place at the right time and recognize and support informal caregivers who can be crucial partners in delivering care to residents in residential care facilities.
4. ACER-CART believes that the National framework should support the following:
 - a) The hiring of more staff to comply with the staff-to-resident ratio to a minimum of 4.1 hours of hands-on direct care per person per day.
 - b) Provide better working conditions for staff by increasing wages, appropriate training, and benefits.
 - c) Ensure that at least 75% of staff at each facility are full time.
 - d) Ensure staff only work in only one facility.
 - e) Eliminate shared bedrooms and bathrooms, except for couples, in all facilities.

(2021)

B-04 National Pharmacare and Pharmaceutical Formulary

1. ACER-CART supports the development of a National Pharmacare program and the establishment of a national pharmaceutical formulary.

2012 Reaffirmed 2021.

C. ADVOCACY

C-01 SUPPORT AND ASSISTANCE TO ACTIVE TEACHERS' ORGANIZATIONS

1. ACER-CART believes that well-funded, public education systems provide the best opportunity for a quality education for all citizens.
2. ACER-CART supports the Canadian Teachers' Federation and its affiliates in those activities that will enhance the quality of teaching and learning for teachers and students in the publicly funded education systems across Canada.
3. ACER-CART supports active teachers in their efforts to maintain and improve the publicly funded education systems of Canada, which teachers, past and present, have worked so diligently to build.

4. ACER-CART supports the right to work sanctions by both teachers and support staff in Canadian schools as a basic condition of employment and a legitimate means to achieve collective agreements.

2007 Reaffirmed 2021

C-02 SUPPORT FOR HUMANITARIAN ORGANIZATIONS

1. ACER-CART may support charitable causes related to human relief and support services; civic and cultural development; environmental and ecological preservation; promotion and advancement of the education, physical and mental health and well-being of children. ACER-CART's support may be in many forms, for example letters of support, in-kind services, and lobbying.

2007 Reaffirmed 2021