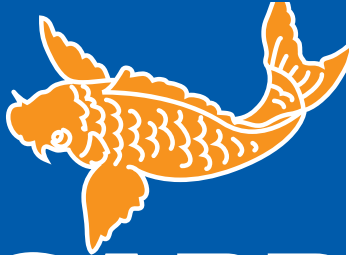


ADDING YEARS TO LIFE & LIFE TO YEARS



**CARP**

ADVOCACY ■ BENEFITS ■ COMMUNITY

EDITOR: ARLENE STACEY

# ACTION

# WE GET THE ANSWERS FOR YOU...

PRIME MINISTER STEPHEN HARPER FACES A SCRUM OUTSIDE THE HOUSE OF COMMONS. THIS MONTH, CARP'S VICE-PRESIDENT OF ADVOCACY SUSAN ENG CHALLENGES HIM TO TAKE ON THE ISSUES THAT AFFECT MATURE CANADIANS. ▶



**OCTOBER 2008**

# DEAR MR. HARPER,

CARP's "New Vision of Aging for Canada" reflects the attitudes of Canadians who are more educated, more tech-savvy and more politically engaged than ever before.

Canadians 45 and older make up a full 42 per cent of the country's population, control 77 per cent of Canada's wealth and comprise 37 per cent of the workforce. They are self-reliant but appalled at the tears in the social safety net as they confront the challenges of caring for their parents and, eventually, themselves. And they do not have time for bureaucratic excuses.

This is a demographic that is looking for iconoclastic leadership. The opportunity to provide it is right in front of you. Here are a few things you could do right away.

First, get rid of mandatory retirement once and for all. Telling someone they must stop working at age 65 is the embodiment of age discrimination. The Canadian Human Rights Act continues to allow mandatory retirement for 10 per cent of the working population, or 840,000 Canadians, serving in such sectors as transportation, telecommunications, the postal service and the armed forces.

The antiquated justifications for mandatory retirement have long since been abandoned and have little resonance for people today who are living longer, healthier lives and expect to contribute to the economic and social fabric for decades to come. The time for political debate has passed; all provincial jurisdictions have abandoned it, as has the federal civil service. All it requires now is your direction to your minister of justice to draft an amendment to remove Section 15(1)(c) of the act.

Second, resuscitate the Accord on Health Care Renewal that was supposed to solve Canada's health-care crisis, or put it (and us) out of its misery. For all the public angst over global warming and the wars in the Middle East, health care continues to be a high priority for Canadians, with wait times and doctor shortages topping the list of public concerns.

Five years and \$70 billion in taxes later, and what is there to show for it? Not much, according to the Health Council of Canada. There are some modest improvements in wait times, equipment purchases and drug coverage, but the current state of affairs falls far short of the promises in the 2003 accord, which was signed with great fanfare by the country's first ministers.

Is that all you want to say to the average Canadian living outside of major cities who cannot get a family doctor, never mind reasonable access to specialists? And let's not get started on drug coverage for catastrophic illnesses and, most pernicious of all, different standards of care depending on your postal code.

Five years was long enough, but the prognosis for more of the same is unacceptable. Your minister of health should demand wait-times guarantees in exchange for federal health dollars, set national standards of care and introduce a national pharmacare program. The provincial ministers of health will howl at the jurisdictional intrusion, but wasn't it your own party's Deborah Grey who quoted her political mentor, Nellie McClung: "Get things done and let them howl"?

Third, recognize aging at home as a public good and make it a government priority. Only 7 per cent of older Canadians are in institutions. Most people want to stay at home as long as possible, and successive governments have promised to help them do so. Five million Canadians are already committed to looking after their loved ones at home. This number will grow.

In your next budget, your minister of finance should announce a refundable caregiver tax credit or allowance, and provide better Employment Insurance coverage and pension plan provisions to help family caregivers cope with the financial burdens. Your minister of labour can develop standards of workplace protection for those who need to take time off to fulfill their caregiving responsibilities.

Fourth, help make sure that Canadians do not outlive their money. Retirement security for all Canadians depends on access to pensions and other savings vehicles. The minister of finance has helped with the tax-free savings account and relaxing the GIS rules, but you need to set your sights above the

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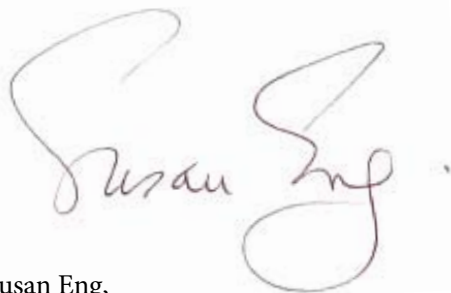
horizon. That line never moves no matter how far you travel on the same road.

To provide security to the 30 per cent of Canadians who have no retirement savings or access to private pensions, a universal supplementary pension plan must be introduced. To lift up the estimated 260,000 seniors living in poverty today and the 1.4 million seniors living on a fixed income, the increases to OAS, GIS and CPP need to be much more than the measly 0.7 per cent a year. The most recent increase to OAS amounted to \$3.52 a month. Really, with the skyrocketing fuel costs we are facing? You can do better.

Finally, help the country hang on to the knowledge and contributions of the older worker. Canadian employers are finally discovering they need to attract and retain older workers — several years behind Japan, Sweden and even the United States. In December 2007, your Expert Panel on Older Workers recommended a comprehensive strategy that included training, anti-ageism in the workplace and phased retirement. Your minister of human resources and social development asked for the report and should act on it.

These are not just our ideas but are ones that our members and other interested Canadians have recommended to us. We offer them to you as a political gift. You only need to take action to reap its rewards.

Respectfully submitted,



Susan Eng,  
Vice-President, Advocacy, CARP

## NEWS



### Cancer patient awaits compensation

CARP is “strongly urging” the Ontario Ministry of Health to reimburse a Windsor woman for the cost of health care she received in the U.S. In October 2006, Sylvia de Vries was forced to go stateside to receive immediate medical attention. Although Canadian doctors told her she didn’t have ovarian cancer, a CT scan found otherwise. As a last resort, de Vries crossed the border to Michigan, where a doctor removed 18 kilograms of cancerous growth. She returned home with a whopping \$60,000 medical bill.

It’s usual for the provinces to reimburse medical expenses if patients fill out the proper forms first. Because de Vries’ condition demanded immediate attention, she didn’t have time for the bureaucratic process. Instead, she paid out of her own pocket, hoping she’d later be compensated, but the Health Ministry flatly refused.

Denying compensation because a patient failed to receive prior approval is “simply unacceptable,” says Susan Eng, CARP’s VP of advocacy. “There are enough problems in the health-care system without having to fear not being reimbursed for out-of-country coverage just because of red tape.”

Eng will lobby for reimbursement on behalf of de Vries and other patients. A recent CARP poll showed that 81 per cent of respondents felt the Ontario government should reimburse despite incomplete paperwork.



### Nursing home woes continue

George Smitherman, Ontario’s former minister of health and long-term care, had promised a “revolution” in the province’s long-term care system. Unfortunately, those with loved ones in nursing homes are still waiting. A report by The Canadian Press found that three-quarters of Ontario’s 616 nursing homes that have inspection results posted online have failed to meet at least some of the 400 standards of care

since 2004. Ontario Ombudsman André Marin has now launched an investigation into the state of the regulatory system. CARP welcomes the probe. “We get calls all the time from families complaining about the care of their loved ones,” Susan Eng says. “There are too many situations in which people at their most vulnerable are left with substandard care.”

### Dig deep

Every year we dig deeper into our pockets to pay for health services not covered by provincial medical plans. A recent report by GPI Atlantic, a Nova Scotia think-tank, says that in 2007, Canadians spent an average of \$452 on their health. That’s double the amount spent in 1981 and suggests we’re the ones picking up the slack for government cutbacks to health care.

PHOTOGRAPHY, JASON KRYK/WINDSOR STAR (SYLVIA DE VRIES), DON DENTON/CP IMAGES (WHEELCHAIR)