



WHAT A GREAT GROUP: B.C.'s representatives at national convention

By Linda Forsythe

The National Pensioners and Senior Citizens' Federation held its 67th annual convention (October 20-22nd) with 91 voting delegates in attendance. By the time the fall storm had blown itself out the delegates got down to the business of strengthening the federation.

President Barry Thorsteinson opened by stating that our mission is the advancement of seniors' issues across this vast nation.

He noted that we need to expand from the 350 groups that presently make up the federation to include all the seniors groups in the land. We need to work on communications,

distribute our newsletter widely and further develop the website.

The federation presents an annual brief to MPs in Ottawa but Thorsteinson said we should be presenting briefs and holding meetings with our representatives in our home provinces as well.

Motions were passed on health care/Pharmacare, pensions (CPP/OAS/GIS), bankruptcy, housing, and elder abuse that relate directly to the lives of seniors.

Other motions presented included topics such as the Canadian Euro-

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COSCO News welcomes your letters and contributions. Please send your letters and comments to soren.bech@shaw.ca, or to COSCO News editor, 2102 Porter Rd. Roberts Creek, B.C. V0N 2W5.

EDITORIAL

The power of one, the power of many

The world is changing – too slowly for some of us – but the world is changing. You see it in Tehrir Square where young people, seniors, workers and professionals risk injury and death to defend the goals of the Arab Spring. You see it in the Occupy Wall Street movement, and the many similar protests it mentored to demand fairness for people.

You also see it on every page of this edition of the COSCO News. Individuals, on their own and as contributors to larger groups, are taking action and demanding to be heard.

At the national level, we're working through the National Pensioners' and Senior Citizens' Federation to strengthen our voice, and to hold accountable our elected representatives from every party.

At the provincial level, COSCO brings together the power of many groups, coordinating our activities to promote action on the issues that matter to elders and our families. Through our work with other groups, such as the B.C. Health Coalition, we fight for public health care. We demand action on unfair taxes, like the HST and the ever increasing MSP premium head tax. We work to encourage safe, healthy and age-friendly communities. We provide critical information to groups of seniors in every corner of the province through our rapidly expanding series of wellness workshops, now covering 35 different topics.

The contributions of seniors as individuals are equally impressive. Countless seniors work as volunteers to help their neighbours and build a more equitable society. By working with young people on issues such as the development of new COSCO workshops, we help mentor the next generation. And through individual action – just have a look at the thoughtful letter we received on the DriveABLE test – we help to influence policies that affect our daily lives.

Change is never easy. It's often slow. It requires patience, resilience and persistence. After all, the vested interests have a vested interest in keeping things as they are.

We've all been around the block and know the score. We can each make a difference. And through organizations like COSCO, we can be even more effective.

Fighting for public health care



The B.C. Health Coalition met with health minister Mike de Jong to draw attention to low grades earned by the government in a report card issued by the Ombudsperson. Members of the delegation included Susanne Francoeur, BCGEU care aide, Lesley Cockrell, Vancouver Island Association of Family Councils, Kathleen Kyle, family council member, Dr. Nora Etches, Canadian Doctors for Medicare, Carla Dempsey, BC-GEU care aide, Adam Lynes-Ford, BCHC staff, Marian Cohen, Jewish Seniors Alliance, Len Cohen Vancouver Cross Cultural Seniors Network, Alice Edge, COSCO director and BCHC co-chair, Carolyn Unsworth, HEU care aide, and Linda Carter, South Island Health Coalition.

Activists push provincial government to make a true commitment to better care

By Alice Edge

November 1, a delegation including BC Health Coalition Co-Chair, campaigner, community groups, family members and care workers, met with health minister Mike de Jong to discuss the unsatisfactory response by the government to Part One of the Ombudsperson's report of 2009.

The report card delivered included a "C" and two "D"s based on the fact that four of ten recommendations were only partially accepted. While the progress to date is encouraging more needs to be done.

Making a commitment to care is more than posting a Patient Bill of

Rights at the doorway of residential care or assisted living facilities.

The government needs to monitor, evaluate, and report annually on compliance with the bill of rights.

Residents' rights are included in a range of quality concerns that are reviewed and investigated by the Patient Care Quality Offices in each health authority. It has the potential to be a great process, however it is limited to a complaints-driven process.

What is missing is the monitoring and evaluation that will reassure the public that safe, respectful, culturally sensitive seniors' care makes the grade.

Fair, timely, comparative up-to-date access to information received a "D" because the government has not agreed to set up a central website where seniors, families and advocates can find information to help make the best possible choice for care.

While creating a central online information site for seniors at seniorsbc.ca is a good idea simply linking it to separate health authority sites is not helpful. The government did make some improvements by moving the health authorities to improve the information on their sites avoiding a failing grade of "F".

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Representatives of parties meet with NPSCF delegates

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pean Trade Agreement (CETA- that has potential effects on our Pharmacare and water), the economy, volunteers, gun control/registry, and food.

We had the privilege of hearing from representatives from the three largest federal parties.

From the Conservative and government, Minister of State for Seniors, Alice Wong, spoke on the three issues key to her government: elder abuse, tax incentives and positive and active aging.

She also spoke of the increase in the Guaranteed Income Supplement (GIS) and tax relief for caregivers, both scheduled for 2012.

From the Opposition New Democrats Irene Mathyssen spoke from her position as critic for Seniors. She noted that the GIS increase is only one half of what is needed to pull seniors out of poverty.

The NDP's strategy is to focus on shelter, health and finances and includes a call for a national Pharmacare program.

Mathyssen said that by 2036 the population of seniors will double and we need to start now to get programs and services in place.

Senator Art Eggleton spoke for the Liberal party and expressed concern about a drop in living standards for seniors. He said that we need to fix the pension system and proposed to keep the CPP and add another parallel pension plan that would be completely voluntary.

Perhaps the most inspiring (and sobering) speaker was Mary Boyd, from the Catholic Church's Development and Peace and Poverty Eradication for P.E.I.

Boyd talked of poverty in Canada and compared it to that of the Third World.

She talked of the lives of those living in poverty. Also she pointed out that the Salvation Army had done a survey on attitudes of Canadians towards the poor.

The survey found that 50% of Canadians feel that a family of 4 can live on between \$10,000 and \$30,000 a year. 50% believe that the poor could get a job if they wanted. And 25% felt that the poor were lazy and held lower moral values.

Indeed we have much work to do to dispel these notions.

Boyd pointed out the costs of keeping people impoverished.

She said it was the lack of political will to make the necessary changes in which the government should take taxes and use them for the good of society.

This inevitably lead to discussion of the 1011 billionaires in the world, and the role of government as the handmaiden to corporations.

She ended with a quote from Ghandi "the world has enough for everyone's need, not everyone's greed".

The conference ended with all incumbents being re-elected.

More needs to be done to resolve issues for people in resident care

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A "D" was assigned to the third recommendation that promoted the importance of resident and family councils in care facilities. Family councils help to problem solve and work collaboratively with facilities and health authorities to identify and resolve resident care issues in a positively and timely manner.

The province agreed to establish guidelines for operators on how they were to support resident and family councils but councils are not mandated to be in every facility. Family councils that exist state quite emphatically that they need to meet on a regional level and that support is needed for that.

It was encouraging that Minister Dejong was aware of many of the issues that were raised and had given some of the issues consideration, like the need for a better portal for seniors' information and proposing a Seniors' Advocate.

He has agreed to consider BCHC's ideas around the development of a Seniors' Advocate and to meet again when Part Two of the Ombudsperson's report is released.

Resources and call to action on the Report Card are available at www.bchealthcoalition.ca

Get up and smell the roses – and join the fight to build age-friendly communities

By Gudrun Langolf

“If we build it will they walk?”

That was the title of a symposium held Nov.1 at the Round House Community Centre in Vancouver. Sponsors/organizers were the Centre for Hip Health & Mobility, the Vancouver Coastal Health Research Institute, Vancouver integrated Study on Aging, Walk the Talk, and the Canadian Institutes for Health Research.

There must come a time when the talk has to translate into action!

There is a clear link between one's mobility, physical activity, social connection, health and independence.

Our mobility is greatly affected by our social and built environments. We have to work at our neighbourhood and municipal levels to ensure that our environments support healthy and independent living. This is supported by a lot of studies.

Many people are finding it difficult to interact with our modern world; they are adversely affected by decisions made during the specification and design process of communities, products and services.

This 'design exclusion' takes several forms: older and disabled people suffer from it; so do econom-



Dr. Neville Owen

ically vulnerable groups and those affected by changing technologies and work practices.

The intent of universal design is to simplify life for everyone by making products, communications, and the built environment more usable by as many people as possible at little or no extra cost. Universal design benefits people of all ages and abilities.

The keynote speaker was Neville Owen, PhD – Head of the Baker IDI Heart Behavioural Epidemiology Laboratory in Melbourne and Professor of Health Behaviour at the University of Queensland Australia.

Owen is studying the consequences of sedentary behaviour and its impact on diabetes, heart disease, and cancer.

“Sitting induces muscular inactivity,” says Owen. “We’ve been chronically flat-lined by chairs.”

“There is a direct relationship between an increase in TV time and an increase in waist circumference,” he says – and that can lead to more chronic health problems. One solution is to get up more frequently. Even if you spend the same amount of time sitting, “more breaks are associated with a lower waist circumference.”

Age-friendly Communities and universal design were a constant



theme, as was the lack of simple benches and public toilet facilities!

It seems to me though that mostly, like many of the symposia and conferences, the converted end up speaking to each other.

There must come a time when the talk has to translate into action! Like the old saying goes, shit or get off the pot! With a bit more organizing work and political will, COSCO could become the catalyst....

COSCO launches 17 new wellness workshops for seniors' groups in B.C.

Sheila Pither
COSCO Secretary-Treasurer

From November 14th to the 18th, COSCO hosted 28 facilitators who were trained to deliver the seventeen new workshops that we are going to offer to groups of seniors in all areas of the Province. Five new facilitators were at the daily sessions.

Discussion was lively, and we are in the process of adding many good ideas to the speaking notes and PowerPoint slides. Now we have the rather amazing total of 35 workshops. They are listed on the COSCO website: coscobc.ca.

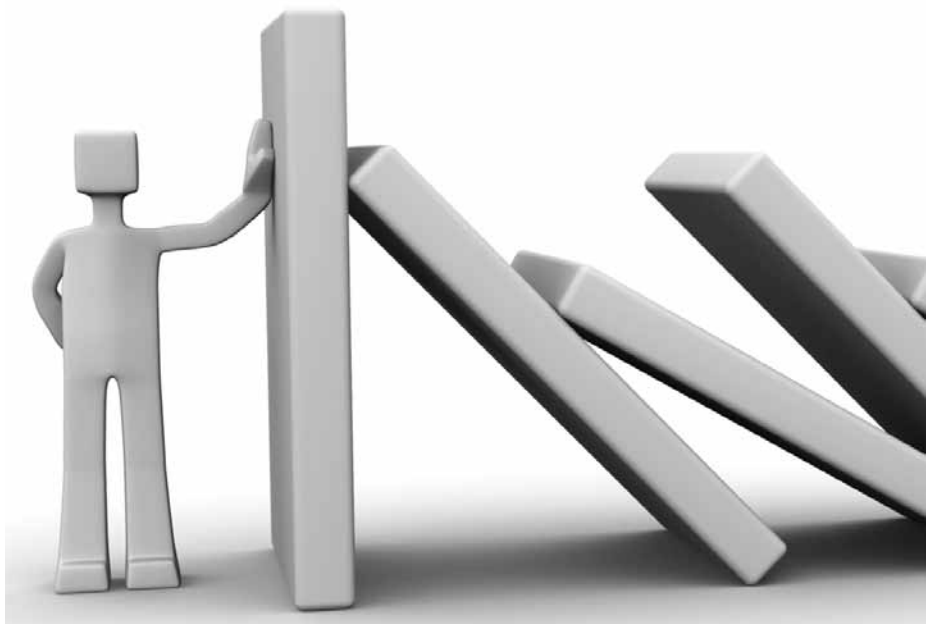
This has been a wonderful year in terms of workshop attendance.

More than 6,000 people have taken part in our presentations since we began in 2007.

From our modest beginning when we had only one workshop, Falls Prevention, COSCO has gained wide acceptance as a leader in illness and accident prevention within the Province of British Columbia.

This year students who are training to become medical service providers prepared seven of our workshops under the guidance of their university professors. They did this as part of their course work.

Several remarked that the experience they had will always be part of their understanding of the needs of senior patients. They enjoyed having groups of seniors preview their workshops and the intergenerational learning that occurred was really quite wonderful.



From a modest start of one workshop – Falls Prevention – the number of free workshops offered by COSCO volunteers to seniors' groups throughout B.C. has now grown to 35.

Your contribution towards our workshop program is needed and greatly appreciated

All of the money we need to operate this program comes from donations and grants.

We have high hopes that a grant application we have made to New Horizons for Seniors will provide some funding.

If we are turned down we are really going to be facing a funding crunch.

So this is a request that you consider making a donation.

We are now able to give income tax receipts and I can assure you that every penny we receive is used to provide workshops to any group that asks for one.

The workshops are given free of charge and no request has ever been

turned down, no matter how remote the location.

COSCO has no paid employees. All our work is done by volunteers whose only compensation is for their out of pocket expenses.

To donate please make your cheque payable to:

- COSCO Seniors Health & Wellness Institute, c/o Sheila Pither, Apartment 1908, 1330 Harwood Street, Vancouver, BC V6E 1S8.

A receipt will be sent immediately.

Thank you for your kind consideration of this funding request.

Every donation will be appreciated more than you can imagine.

The new workshops

The COSCO Seniors' Health and Wellness Institute Society's workshops are available free of charge to any seniors' group. Each session is approximately 90 minutes. A trained senior facilitator delivers practical and useable information, free of technical jargon.

Advocacy for caregivers

This provides advice for people who feel that they need to provide advocacy for friends or family members or for people they are employed to assist. A step by step process is suggested and courteous but firm strategies are described.

Advance directives

In September, 2011 the BC provincial government introduced legislation dealing with the preparation of advance directives to instruct medical care providers about individual preferences for illness and end of life care. This workshop explains the legislation.

Mature driving

COSCO is teaming with the BC Automobile Association to present information about safe driving practices that older adults need to follow.

Handling money

Strategies to help participants make the best decisions about their use of the funds they have at their disposal. Fraud and scam avoidance is stressed and information about banking and borrowing is presented

Hearing

The anatomy of the ear is explained and common causes of hearing loss are reviewed. Various remedies

are discussed and advice about how to choose hearing aids is given.

Housing

This provides an explanation of housing options for various care requirements and the procedures that people must take into consideration when they are looking for solutions to their housing needs.

Knowing your bladder

This workshop explains how the bladder functions and the causes of bladder incontinence. A case study approach is used. Participants learn about possible remedies and life style changes that can help to reduce or eliminate this problem.

Life without driving

The difficult decision to no longer drive has a profound impact on many seniors. This workshop explores the warning signs that indicate the need to consider other ways of getting around and encourages advance planning. Alternatives to driving are described.

Memory and aging

This workshop explains how memory functions and how it changes as we age. Tips for maintaining and improving memory are given and advice about when to seek professional help is provided.

Pedestrian safety

Although walking has many benefits for older adults there is also the need to understand its potential hazards and to take the necessary precautions. This workshop also deals with the use of public transit and improving safety in the community.

Representation agreement

The role of Representation Agreements in planning for the possibility that an individual may need some-

one to speak for them regarding personal care, end of life care, and certain financial matters is explained. The wisdom of having a personal plan is emphasized.

Senior sexuality

This workshop explores the myths surrounding senior sexuality and provides factual information about the maintenance of intimate relationships as we age. Advice about health concerns is included.

Sleep

Many older adults find it difficult to get enough sleep and this workshop explores the reasons and remedies for that affliction. Advice about lifestyle changes that may be of assistance is provided.

Staying fit at home

This workshop describes simple exercises that can be used at home to maintain and improve health and wellness.

Stroke

As we age the possibility of experiencing a stroke increases. This workshop describes the early warning signs that often precede a major stroke. Information about prevention and immediate medical assistance is discussed.

Technology and aging

Many of the technological advances that have been developed are of use to older adults and this workshop describes what is available now and what the future promises to provide.

Vision

This workshop describes the structure of the eye and several of the major diseases that may affect older adults. Prevention of certain conditions is stressed and possible treatments are explored.

Ramblings of a chronic volunteer

By Gail Harmer

Volunteerism plays a big role in our lives as retirees, especially if we have relatively good health. I'm not referring to our commitments to family and friends, but rather, those volunteer hours we give to our community.

I found myself counting up the number of engagements and commitments in 30 day period last May and realized I had averaged 60 hours per week in that four week period!

I'm not unique within my age group, I'm sure.

Last year, after analysing materials related to seniors and senior programming coming out of the United Way of the Lower Mainland, I began to realize that we seniors need to be wary of the exploitive possibilities related to our generous predilection to 'give back' to our communities in ways we feel meaningful.

In my opinion, there are some of the questions we need to be asking our 'volunteer' selves:

- Am I performing a job for which someone else is or has been paid?
- Am I safe?
- Am I covered by 'Workplace BC' and or 'ICBC'?
- Have I been adequately trained?
- Am I appropriately supervised?
- Is the programme in which I volunteer contributing to the offloading of health and social programmes for which our governments should be accountable



Seniors perform valuable volunteer services to their neighbours and communities – including cooking seasonal dinners – but on occasion their generosity with their time is exploited.

and valued as basic citizen rights rather than available on a 'charitable' basis?

- Is my contribution valued by way of meaningful feedback on my performance /contribution?
- Are my recommendations encouraged, heard and acted upon?
- Am I fairly reimbursed for costs?

I know that in my own neighbourhood there are seniors who have no idea whether or not they have insurance coverage if they are injured while volunteering.

I know that they sometimes visit isolated seniors in their homes without accompaniment thereby leaving

themselves vulnerable to violence, abuse and false charges of criminal behaviour.

In my neighbourhood, seniors agreed to provide a 'volunteer' replacement to some of the 'Home Support' services that our BC government downsized in the past three years.

These lost programmes were professionally provided to all seniors across the Province through their respective Health Authorities.

Those properly regulated home support services no longer exist partly because our reigning government counted on well meaning seniors to adopt the same attitude as those seniors in my neighbourhood... ie. "Well, if we don't do it, it just won't get done!" or worse still, "If our group doesn't do it some other group will!"

Well, you can bet that is just the type of thinking that makes some of us seniors so vulnerable to exploitation... not just of ourselves... but of the larger community, as well!

Volunteering is meaningful and vital to a healthy community but there are serious downsides and seniors as a group need to take a second look!

A highly recommended resource for volunteers here in BC is 'Volunteers and the Law' A guide for Volunteers, Organizations and Boards.

It is available for free through the People's Law School 604 331-5400 or website www.publiclegaled.bc.ca (download or order hard copies).

The Canada Health Accord expires in two years: let's hold them to their promises

By Alice Edge

In September 2004, with much fan-fare, the federal Liberal government announced a ten-year action plan on health. This announcement had followed meetings of first ministers, the Romanow Commission, the Kirby and Mazankowski reports, countless consultations with health care providers, and the public. This Accord expires in two years and one has to ask what has been accomplished.

Perhaps the best place to start is “what was promised.” The agreement spoke of improved timely access to primary care, reduction of wait times, increasing the supply of health professionals, community based services including home care, a pharmaceutical strategy, health promotion and disease prevention, and long term sustainable funding. The action plan was based on principles of universality, accessibility, portability, comprehensiveness, and public administration. It promised access to medically necessary health services when they are needed based on need not ability to pay.

From my vantage point as a retired person I would have to say not much if anything has improved. We have federal and provincial governments that have been silent on the encroachment of privatization in health care.

They have not monitored or enforced penalties when contraventions of the Canada Health Act by

Health Care Reform?



private surgical, diagnostic and primary care clinics have been reported.

Assisted living and residential care has been delivered to the private for-profit sector in a disproportionate ratio to publicly funded models of care, which has left many seniors and disabled unable to afford care.

Residential care and MSP fee hikes and the introduction of convalescent care fees, have added to the financial burden of seniors. Thousands of citizens are without family doctors, making primary care impossible. Palliative care has not improved. Home support has been increasingly privatized; services have been reduced and redefined and parceled out to community agencies, many of whom rely on volunteers to provide service.

November 24 and 25 will see the Health Ministers and Leona

Aglukkaq, Minister of Health for Canada, gather in Halifax to begin their discussion of the 2014 Health Care Accord. Health care advocates and citizens will also gather to make the point that the health care system under discussion belongs to the citizens of Canada. They will meet again in Victoria January 16 – 17, 2012.

It is important that COSCO members begin now to inform themselves of the issues and join their voices with other advocate groups about what the future of health care in Canada should and can be.

We need to do this for ourselves but more importantly for future generations. In many respects we are back at the beginning when Tommy Douglas began the campaign against privatization and had the vision to make health care a public service for all regardless of their income. Let us not disappoint.

Questioning the new DriveABLE test

Thanks to COSCO News Special Report (Sept. 2011) for bringing this very suspect test to seniors' attention.

The CBC programme this past spring, "Going Public" also helped I believe, and of course the complaints are growing as the manifestly unfair 'chips fall where they may', pretending to a science that they certainly don't appear to have.

Mr. Farnworth, Health Care critic for the Opposition in the Legislature, and K. Conroy, Seniors critic, will receive the following copy and others may wish to add comments to those MLAs, or those representing them in their own ridings.

Thank you,
E. Shirley Bradley,
Vancouver

The following letter to Mike Farnworth's office was edited for length.

– Editor

Further to our conversation yesterday, Sept. 22, we have assembled what information we thought pertinent for your consideration.

First, I'll reiterate that neither my husband nor I expect to drive forever; we are not on principle opposed to testing at certain ages or signs of infirmity.

The nature of this test, as used currently by our government – apparently somewhat haphazardly agreed to by Motor Vehicles branch – is what concerns us.

We understand that these tests are arbitrarily administered when medical advice, or even anonymous

phone calls, seem to require it.

In B.C. anyone over 80 is automatically expected to have a medical approval for license renewal. That might be granted readily, or not.

The problem, in our opinion, is that B.C. has adopted the SIMARD MD driving test. This may involve two evaluations:

1. A 'cognitive impairment' test for the stated use as an "office based" tool for identifying "cognitively impaired, medically at risk drivers." Descriptions of the test and evaluation of results may be found on www.mard.ualberta.ca.

2. The score may then be used to determine the necessity for a DriveABLE "functional" test.

Aside from the price of these tests (Motor Vehicles said glibly that doctors may charge anything, \$50 or \$500), and the follow-up DriveABLE test – at a charge of \$300 in the Vancouver area, or so we were told – the worrying aspect is the validity of the science of the test, and the curious circumstances of its genesis and acceptance by our government.

Salient concerns are that:

- a) Bonnie M Dobbs, PhD., developed the cognitive test, apparently still in research stage, and

- b) Her husband, Dr. Allen Dobbs, developed a DriveABLE Assessment Centre – not, we are assured having any connection to his spouse's work – through which the other test was devised.

Apparently revenue from the assessments goes to Dr. A. Dobbs' com-

pany, which is described as "a University of Alberta spin-off company". It has an annual income of about \$8 million. Dr. B. M. Dobbs disclaims any financial connection with Dr. A. Dobbs' assessment centre.

- c) The only scientific literature we have seen is an article in *Journal of Primary Care and Community Health*, 1(2),119-127, written by none other than Dr. B. M. Dobbs, and Schlopfocher, D.

The Elder Advocates of Alberta Society, in a July, 2010 letter, point out other hazards: "the bizarre nature of the test," "a form of age discrimination," the fact that "a private business" – not a government agency – is receiving confidential health information. Further, they claim that the test/s could be used to deem a senior incompetent, a "protocol of entrapment."

Other than the piece you noted in the COSCO News this month, by Ms. S. Pither, expressing some doubts about the test, a Prince George doctor, Douglas C. Drummond, M.D., has written a very thorough examination from the medical point of view of the tests, titled "Re: Guide in Determining Fitness to Drive" (BCMJ, Vol.53, No. 6, July, August 2011 -- B.C. Medical Journal (<http://www.bcmj.org>)).

Hoping there will be more careful examinations of this evidently run-away embrace of an Alberta research business, and that we may hear from your office and Ms. Conroy's. Thanks for your attention to this and to my phone call yesterday.

Let's lobby for fair taxes – not head taxes like MSP

Hello COSCO editor;

In Sylvia MacLeay's article, front page, COSCO Sept 2011 newsletter, she states that seniors in all provinces on disability or qualifying for GIS do not pay medical premiums.

This implies no medical premiums at all would be paid as well in BC if one is on disability or GIS.

However, in BC, we have a sliding scale for payments based on net income so a single, couple or family with a net income of up to \$22,000 per annum gets 100% assistance and pays no premiums. From \$22,000 to \$24,000, 80% premium assistance is given which works out to \$21.80 a month for two people. I don't know the cut off point for GIS etc so will leave it at that.

Given the state of the world economy and BC's in particular, it is un-

likely that the BC government will forego this "head tax" at any foreseeable time since according to gov't sources, health premiums brought in 1.5 billion a year in 2009 and are expected to increase again based on the increase in health care in 2012.

Perhaps lobbying for changes to the way taxes are collected overall, and from whom in this province, would be helpful.

Sincerely,
Jessie Crawford-Brown
Vernon BCOAPO

Editor's note:

If I understand the information on the Service Canada website correctly – I didn't find it easy to read – the cutoff point for GIS as of October, 2011, is \$16,320 for a single person, and \$21,552 for a couple.

People of all ages should be treated the same

The lead article re MSP premiums left out important info. Premium assistance is available for all citizens based on taxable income regardless of age. There is also temporary help available when there is a change in income.

I am a senior receiving GIS and get 80% MSP assistance. I do not think it is fair for all seniors to receive special tax relief. The majority of seniors have above average income, as well as assets such as a mortgage free home that are not counted as part of income tested benefits.

It is fair for social programs to treat age groups the same.

Ronald Schlosberg

Opportunities and challenges of our increased longevity

Planning is underway for an important national conference to be held *Oct. 1 and 2, 2012* in Richmond.

Co-sponsored by COSCO and the National Pensioners and Senior Citizens Federation, the conference will bring together leading experts and seniors to discuss the latest trends – and to plan a better future for older Canadians.

Make a note of it today!

PARTING THOUGHT

Financial crisis as a way of life

By Ellen Russell
The Monitor

From Wall Street to Iceland to Greece to Ireland, the world is lurching from one financial crisis to another. The panic of 2008 has morphed into the era of financial crises. If you think you live in an oasis secure from financial meltdown, think again. Financial markets are so twitchy (and so interdependent) that a problem anywhere could become a problem everywhere.

How did we become hostage to financial markets? We're in this mess because a generation of neoliberal finance set the stage for chronic worldwide financial instability...

These financial cancers are metastasizing everywhere. Because

the appetite for risk is so pervasive, financial instruments and practices are so complex, regulations are so inadequate, and markets are so interdependent, the "contagion effects" of a panic in one market or country can spread quickly to far-flung and unexpected places.

Awareness is growing among the world's people that the arcane workings of financial markets have shattering impacts on their lives. No one is exempt from the devastation once a financial tsunami gathers momentum – especially since economic contractions and government downsizing often follow closely behind the financial wreckage.

Financial crisis does not have to become a way of life. Ultimately, fi-

ancial crisis is a political problem. It will take a massive shift in political mobilization to counter the current dominance of financial interests.

Democratic financial reform must be a cornerstone for all of our agendas for economic change. Since we ultimately bail out these financial titans when crisis hits, we are entitled to make sure that finance is serving the broader public interest, not just the greed of money traders and speculators. We need to crack down on the financial sector so that a different and better way of life is possible.

The full text of this article is available at www.policyalternatives.ca. Well worth reading!

Membership Application

Please mail to the address below

- I wish to join COSCO as an Associate Member. I enclose my \$25 membership fee.
- I wish to make a donation to COSCO. Please find enclosed a cheque for \$_____.

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(PLEASE PRINT)

Address: _____

Postal Code: _____ Phone: _____ Fax: _____

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- Please make cheques payable to COSCO.
- Mail your application to Ernie Bayer, Membership Secretary, 6079 - 184 A Street, Surrey, BC V3S 7P7 604 576-9734.
- Seniors groups and organizations wishing more information about joining COSCO should write or phone Ernie Bayer and request a membership package.