



NEWSLETTER

Volume 14, Number 3, September 2015

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NOTE: If you change your e-mail address, postal address, or telephone number, it would be greatly appreciated if you would send an e-mail to ADRP@dal.ca or ADRP Tel: (902) 494-7174 to alert the Membership Chair.

From the Editors

KUDOS: Should there ever be doubts whether university retirees continue to be relevant to the university, its mission, academic successes and reputation, and its relevance to the larger community, the following examples should help to expel any such doubts:

Congratulations to SUSAN SHERWIN, ADRP member and Professor Emerita (Philosophy, Gender and Women's Studies), Dalhousie University for her recent appointment as a **Member of the Order of Canada**, awarded for "her contributions as a scholar, mentor, and leader in the field of feminist bioethics, notably through her writings on discrimination in health care". Also a Fellow in the Royal Society of Canada, Dr. Sherwin is renowned for her research and teaching in feminist theory and health ethics. She is the author of the first book-length monograph in feminist health ethics, *No Longer Patient: Feminist Ethics and Health Care*, and was coordinator of the Feminist Health Care Ethics Research Network. In 2006 Dr. Sherwin received the Killam Prize in Humanities (2006) from the Canada Council, the highest honour available in her field; was also named Distinguished Woman Philosopher of the Year (2004) by the Society for Women in Philosophy (U.S.); and was the recipient of the Sarah Shorten Award for her contributions to the status of women in Canadian universities (awarded by the Canadian Association of University Teachers, 2000).

Congratulations are also extended to KENNETH CRAIG, President of the College and University Retiree Associations of Canada (CURAC) and Professor Emeritus (Psychology), University of British Columbia, for being appointed an **Officer of the Order of Canada** "for providing a new model for the assessment of pain and as a global leader in the field of pain research". His research has focused on pain assessment and management in the pain experience and its expression in infants, children, and people with communication limitations. **Dr. Craig will be awarded an Honorary Degree from Dalhousie University at the Fall 2015 Convocation.**

Adjunct Appointees: One of the many ways in which retirees continue to contribute to Dalhousie University is through Adjunct Appointments in the Faculties/Departments from which the individuals have retired. We frequently hear anecdotal comments about how such retirees continue to teach, research, and generously share their expertise and time through these appointments, usually on a *pro bono* basis. As adjuncts continue to demonstrate relevance to the university academy and the public through these appointments, their contributions and service are noteworthy and should be acknowledged. The ADRP would appreciate hearing from members who currently have, or in the past have had, an adjunct appointment, and a brief description of the nature of that work that could be shared with our readers in future newsletters (adrp@dal.ca).

Editorial Policy: The ADRP intends to publish the newsletter every three months. We hope the newsletter will serve the following purposes: To provide pertinent information; To provide a forum for the free exchange of views on issues relevant to our membership; and to serve as a documentary record of matters relating to the ADRP. The Editorial Board, under the ultimate direction of the ADRP Board, takes responsibility for the contents of the newsletter. Signed contributions will take the form of short articles and letters to the editor; these will normally represent the opinions of the author, and need not represent the views of the ADRP. Anonymous material will not be considered for publication. The Editorial Board retains the right to edit or reject contributed material and to elicit similar and opposing views surrounding any issue raised.

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President's Report, September, 2015

Randy Barkhouse

ADRP Bursary Fund

All ADRP members should have received the letter sent in July announcing creation of the ADRP Bursary Fund as approved at the AGM in April. I'm pleased to report that External Relations has already received a substantial number of donations to the fund, and encourage all members to consider making a donation. Small donations by a large number will total to a significant amount, with the objective of allowing the Fund to start paying out bursaries next year to needy Dalhousie students. A pledge form is included in this newsletter.

Planning of Dalhousie's 200th Anniversary Celebration

Another notable start this summer was an invitation from the planning committee for the 2018 celebration of Dalhousie's founding, for me as ADRP President to join their committee to represent Dalhousie retirees. ADRP board members also had a very useful discussion at their board meeting on September 14th with June Davidson of Dalhousie's Marketing department on the planning process for the anniversary. A major objective is for ADRP to assist in encouraging Dalhousie retirees to contribute ideas for celebration activities, making it our celebration as well as one for alumni, current employees, and the local community, to name a few constituent groups. A set of five questions follow for your consideration and response. ADRP Board will prepare a collective ADRP reply at the next meeting. Members may also send individual responses directly to June Davidson at june.davidson@dal.ca.

- How can we include the local, national and international community in our celebrations?
- How do we ensure everyone at Dal has an opportunity to be part of the 200th?
- What themes or big ideas should shape our celebration?
- What could be the lasting legacy from our 200th anniversary?
- And, of course.... other ideas or comments?

CURAC Sponsorship Agreement

Travel is a major activity of many university retirees across Canada. Our national organization for university retirees, CURAC/ARUCC, recently entered a sponsorship agreement with Colette Tours. An initial featured event of this agreement is the "CURAC/ARUCC "Legendary Waterways of Europe" river cruise, scheduled for June 10-25, 2016. See <https://gateway.gocollette.com/link/695645#.VcTOD9LbKM8> for details. Note that the special discount for this tour expires on September 30th.

Treasurer's Report, September, 2015
Grace Paterson

Financial Update

Chequing Account: As of September 14, 2015, the BMO chequing account balance was \$5008.32.

Investment Report: At our Annual General Meeting in April 2015, two motions were passed. One was to set up an ADRP Bursary Fund and the other was to contribute \$10,000 from ADRP's accumulated surplus. On June 16, 2015, I met with BMO official to arrange for redemption of \$8,000 from BMO Cashable RateRiser GIC – Compound. The process was to redeem a GIC for \$20,849.34, and to reinvest \$12,849.00. The contribution of \$10,000 was composed of \$8,000 from the GIC and \$2,000 from chequing account. Current balance from our three GIC's is \$25,545.69.

Membership Dues: The membership dues received project well towards meeting the budget goal of \$8206 for 2015. The amount of dues collected as of September 14, 2015 was \$6,072.62.

ADRP Academic Award: Randy and I met with External Relations on May 7 to set up the ADRP Bursary Fund. Costs for printing the bursary letters was \$100.40 plus \$65.42 for envelopes and labels. The postage charges (approximately \$700) were covered by External Relations. A thank-you letter has been received along with a donation receipt for the \$10,000 from ADRP.

Signing Authority for ADRP Checking Account: Grace Paterson, Colin Stuttard and Donna Meagher-Stewart are the Signing Authority persons for ADRP chequing account. Arrangements were made in May with BMO to set this up.

Travel Expense Information: Randy and I submitted travel claims for the CURAC meeting in Kingston, Ontario. Total amount was \$2,329.02, of which \$1,200 came from a travel grant.

Report of the Benefits Committee (BenComm), September, 2015
David Tindall, Chair

The last few months have been the calm after the storm of activity that has beset the Committee for the last many years and so there is little to report on the benefits front.

Since the last report, we have had a few changes in membership:

Grace Paterson has joined the Benefits Committee. Grace recently retired from Medical Informatics in the Division of Medical Education and holds a post-retirement appointment in the Faculty. While Grace is not a Member of the Dal Health Plan, her background in Medical Informatics and knowledge of a federal government health plan of which she is a member will bring valuable insight to our work.

Peter Wallace has replaced Michael Bradfield on **The Retirees Benefits Advisory Committee (RBAC)**.

We are very grateful to Michael for his service, both on RBAC itself and, particularly, in the interminably long period of negotiations leading to its formation. We are pleased that he has agreed to stay on the Benefits Committee.

By the AGM of ADRP in April, I will have served a four-year sentence as Benefits Committee Chair and will not be continuing in that position. I hope, however, to remain a member of the Benefits Committee.

ADRP Benefits Committee:

Randy Barkhouse, John Barry, Michael Bradfield (Secretary), Grace Paterson, Dianne Pothier, David Tindall (Chair), Peter Wallace and Philip Welch.

The ADRP nominees to RBAC are: Dianne Pothier, David Tindall (Chair) and Peter Wallace. **From the BoG:** Lee Crowell (Vice-Chair) and Darryl Warren with Jenny White (Payroll/Benefits) and Kirk Shand (Mercer) as advisors.

Communications Reports, September, 2015

Newsletter – Denise Sommerfeld

The ADRP Newsletter recently has begun to include a new section entitled Notices and Opportunities. We include there notices of learning opportunities and workshops that have been sent to our attention and that might be of interest to our members.

In this issue, we have included invitations to participate in research. Given that we, as retirees and pensioners are ‘seniors’, we do provide a pool of potential subjects for colleagues investigating issues of concern to our population. Some of our members may be the investigators of such research projects and should that be the case, we invite you to send recruitment notices to us and we will review them for inclusion in our newsletter.

In this issue as well, the form for sending contributions to the newly developed Dalhousie Retirees and Pensioners Bursary, is included. The form follows the In Memoriam section. We encourage you to consider perhaps making donations in memory of deceased colleagues who worked diligently to make Dalhousie a better and very successful place either as staff, faculty or students, or perhaps to honor colleagues who continue to do so.

Webmaster Report - Randy Barkhouse

The ADRP web site at adrp.dal.ca provides notices of information relevant to members, as well as an archive of past newsletters, contact information for board members, and links to other sites that may be of interest.

Recent updates to the site include a link to the announcement by the Dalhousie Faculty Association for a town hall meeting on Tuesday, September 29 entitled "Get Science Right". The DFA has joined forces with the Association of Nova Scotia University Teachers (ANSUT) and the Canadian Association of University Teachers (CAUT) to stage this event. It will take place at 7 p.m. at the new Halifax Central Library on Spring Garden Road, and is part of a national campaign by CAUT to raise awareness about science policy.

In the Pensions section a link has been added to a report for SHARE, the Shareholder Association for Research and Education, titled "Climate Change and the Fiduciary Duties of Pension Fund Trustees in Canada". The timeframe for pension investments requires that related policies consider the impact of climate change. Those interested in climate change issues should find this report instructive.

Membership Committee Report, September, 2015 Colin Stuttard, Chair

In contrast to winter's ravages, we've heard of only two ADRP members who have died since my last report to the AGM in April (see In Memoriam). Offsetting this loss, President Barkhouse's letter sent to all 894 Dalhousie pensioners, and possibly personal contacts from existing members, seem to have garnered new recruits. We now have 394 members paying dues by monthly deductions, compared with the pre-AGM figure of 367; another 59 members have paid in cash; we have one honorary member, and still one delinquent (missing dues for 2014), giving a total of 455, an increase of 23 from the AGM figure.

So we might now claim to have reached our goal of 50% of Dalhousie retirees and pensioners being members of our Association. Keep up the good work.

To any pensioner members who have not yet registered for the **memory-free dues-payment method**, please seriously consider doing so (a copy of the monthly deductions application form is at the end of this Newsletter). You only need to do this **ONCE**.

For those members without a Dal pension, paying dues (\$20) before the end of the first quarter of each year will ensure your membership is in good standing (rather than delinquent); the fiscal year of the Association is the calendar year. **A reminder that membership dues paid to the ADRP are not income tax deductible as the ADRP is neither a registered charity nor an employee union.**

Pension Report, September, 2015
Randy Barkhouse

Dal pensioners were relieved last fall when the Dalhousie Pension Plan trustees announced a partial catch-up of up to 10.3% for our pensions of missed indexation for the years 2003 to 2010. While the prospects are uncertain for any further catch-up for remaining missed indexation of up to about 8% for the years 2011 to 2014, there is some comfort in knowing that there will very likely be no further extension of that missed indexation total for 2015.

The returns deficit as defined in Rule 9 of our pension plan, that occurred in 2008-2010, has been slowly reduced in subsequent years, and it is expected that the Plan report to June 30, 2015 will reveal that indexation will occur January 1, 2016 to full CPI for the period July 1, 2014- June 30, 2015. CPI for that period was about 1% so although the adjustment is small, our pensions will not fall further behind.

Recent volatility in markets make it uncertain whether any surplus will exist in the Retirees Trust Fund (RTF) to allow the Plan trustees to award further catch-up indexation starting January 2016. At March 30th, 2015, the RTF had a surplus exceeding \$40 million, but that has almost certainly been substantially, if not completely, eroded over the spring and summer due to market declines in most asset categories. Under Plan rules, up to one-half of any surplus can be awarded at the discretion of the trustees to cover previous missed indexation.

The annual report to pensioners from the RTF trustees that usually comes out late in the fall will provide official figures for assets and liabilities.

Dal pensioners may be encouraged to know that pension plans have been identified as potential agents in the battle against climate change. The 70-year outlook required for pension plan investment decisions makes these plans one of the few for which climate change becomes a fiduciary consideration in investment decisions. An interesting paper 'Climate Change and the Fiduciary Duties of Pension Fund Trustees in Canada' was issued in early September by SHARE (Shareholder Association for Research and Education), a non-profit environmental investing consultancy. The paper and comments on it are available at

<http://www.kmlaw.ca/About-Us/News/News-Item/?list=News&rid=220>

Climate change has become a concern mentioned by some ADRP members as they consider their own personal legacy not just to their own grandchildren, but to the planet as a whole. While individual action is possible, it also is encouraging that collective action through our pension plans may also be an agent in this battle.

CURAC Report, Randy Barkhouse and Grace Paterson, Sept. 2015

The federal election campaign has brought emphasis to the efforts of CURAC (College and University Retirees Association of Canada) to lobby on a non-partisan basis on issues of importance to retirees. The broad topics of pensions and health care each contain many subsidiary issues.

Seniors' health care is of growing concern as the cohort of Canadian seniors increases as a percentage of the population, while demographic assumptions of our national medicare system remain largely unchanged from its inception almost five decades ago.

Pensions have become a more recent acute concern following the Great Recession of 2008/2009 and government and plan sponsor responses to it. The technical solvency of defined benefit pension plans has been undermined by interest rates being set at extremely low levels by the Bank of Canada. Even though assets may have recovered substantially since 2008, liabilities as defined by the solvency test have ballooned, offset partially by the increase in bond values held in plans. Once interest rates are set higher both trends will reverse, but the combined effect is unpredictable. Although defined benefit pension plans of universities in Nova Scotia were granted permanent solvency relief, not all provinces have done so. CURAC's pension committee, with members from across Canada, attempts to follow and respond to proposals in these jurisdictions, and to lobby on behalf of members. CURAC recently made a submission on the federal proposal to allow voluntary contributions to the Canada Pension Plan. As a means to solve the problem of a portion of workers not saving enough for retirement, this proposal seemed to have little merit.

Among health care activities CURAC produced a position paper on Pharmacare. It was sent to leaders of Federal Political Parties, Provincial Premiers and all national member associations. A universal Pharmacare program would include drugs as part of the publicly funded health care system. It would help bring drug prices down to the OECD level and save on administration costs through synergism of provinces and territories working together. Comparable coverage for all Canadians is key to improving health outcomes.

Dr. Chris Simpson, Canadian Medical Association (CMA) president, gave a talk at CURAC 2015 conference. He acknowledged the CURAC population aging paper and tied that content in with the CMA initiative to make seniors' care a federal election issue. For further information go to website www.demandaplan.ca.

Seniors' College Association of Nova Scotia (SCANS): Sept . 2015
ADRP Liaison: Colin Stuttard (President of SCANS)

The 2015-16 Board of Directors has been working well since the AGM last March, even without an ADRP-appointed Director-At-Large. We have a new contract with Alison Cullingham, our Office Manager-Registrar, who is the College's only employee. Her status has changed from part-time, hourly-paid to 80% full-time salaried. She administers the efforts of an all-volunteer crew of members from our office on Gottingen Street. With this change, the College has entered a period of consolidation; we have resolved the question of HST liability and have begun the mandatory collection of this tax (\$20.25) on members' dues (still \$135 per year – the best deal in Nova Scotia for over 600 elder learners).

The hard-working members of the College's Curriculum Committee (chaired by Elizabeth Salton) successfully held Information and Registration sessions for a total of 24 fall term courses last week in Liverpool (2), Halifax (14), Truro (3), Chester (2), and Mahone Bay (3), and on-line registration is now available. Classes begin later this month or early October (see thescans.ca), and we're looking forward to being engaged in subjects as diverse as Capitalism, Film and Propaganda, Ghost stories, Jazz, Oil & Gas, Statistics, and the Supreme Court of Canada. Be sure to join us.

OPINION PAGE

Canada Needs a National Pharmacare Program – URGENTLY

By Philip Welch, MB, ChB, PhD, FCCMG

[Ed. Note: Dr. Welch is a founding member of the ADRP and has actively served the ADRP in many capacities including 4 years as President. He also served as President of the Dalhousie Faculty Association (1977), and has served as President of the Seniors College of Nova Scotia (SCANS). He is a retired Professor of Pediatrics in the Faculty of Medicine and the IWK Hospital for Children where during his tenure, he initiated genetic services throughout the Maritime Provinces.]

Background

When Canada's universal public health system was instituted 50 years ago, the average age of Canadians was 27 years. The main health care expenditures were physician services and in-hospital care. Drug costs were relatively minor.

Today, the average age is 47, and 14% of the population are over 65; those in that 14% account for almost half of our health costs. The differing age groups are not equally distributed in Canada, with many more seniors in the East. Nova Scotia has 16.5% of seniors who create more than half of Nova Scotia health costs.

Canada is one of the 33 members of the Organization for Economic Co-operation and Development (OECD), each of which provide a public drug plan for each of their respective populations, **except for Canada**. The result of this Canada exception status is

that **Canadians pay an average of 30% more for their drugs as compared to Europeans** (Gagnon & Hébert, 2010).

Impact on Individual and Family Health

Almost 10% of Canadians fail to take their prescribed medication because of associated costs (Kennedy & Morgan, 2006; Kennedy & Morgan, 2009) and recent reports suggest that almost 25% fail to take their medications as prescribed. This figure rises to 50% when considering those Canadians with an annual income below \$20,000 - such as a single person dependent on maximum Canada Pension Plan (CPP) and Old Age Security (OAS) benefits. The financial hurdles for the consumer are further increased by the added consideration of dispensing fees, co-payments and deductibles, which also adversely affect compliance and overall health costs (Morgan, Daw, & Law, 2013; Tamblyn, Equale, Huang, Winslade & Doran, 2014). Efforts to reduce or manage prices of generic drugs at the Provincial level have suffered from poor Provincial management (e.g., drug prices variously pegged to some fixed percentage of the brand name price), and have given rise to unnecessary Provincial differences.

There has been some price amelioration through the Pan-Canadian Pricing Alliance (PCPA) and inter-provincial co-operation which has reduced the price of some brand-name drugs by over 80%, saving some Canadians an estimated \$230 million annually (Council of the Federation, 2014); however, much more could be done, given that the actual cost of a drug is frequently only a small fraction of the brand-name costs, often of the order of 20%. Thus Ontario, although one of the most aggressive of the Provinces, has paid well above the cost of its drugs. A study of Ontario prices in 2009 (Kennedy & Morgan, 2009) showed that 71% of the drugs were more than double the price in Ontario than elsewhere, and subsequent studies showed that three of the top 10 drugs were available for less than one quarter of the PCPA negotiated price.

One is forced to conclude that the present system prevents those Canadian authorities from achieving prices competitive with international rates which can be obtained through tendering and competition.

Administrative Costs

Despite progress in competition approaches to drug costs, the current multi-pay system in Canada imposes significant costs on patients.

The more one studies the details, the worse the overall picture that emerges. Thus, for dozens of pharmaceuticals, Canadians pay 5 to 25 times the best rate on international markets (Law & Kratzer, 2013). The potential power of bargaining on the prices of these drugs is immense and is slowly being realized by some of the larger provinces, such as Ontario and Manitoba; however these efforts are of necessity limited to savings on provincial government drug plans, and do not affect private provincial plans. A shift from our current system of multiple drug plans to a single pay system, would save approximately \$1.3 billion per year.

Furthermore, the high cost of private plans has risen. In 2011, Canadians paid \$6.8 billion to for-profit insurance plans, with an overhead of 23%. This money does not go to the promised drugs, or to care, but serves to emphasize the “for-profit” purpose of the plans,

which also receive tax subsidies from the Federal Government amounting to \$1.23 billion per year, along with additional subsidies from the Provinces (Dutt, 2014; Gagnon, 2012).

It is clear from the above review and these data, that the best approach to the provision of drug care is to have a single-payer system which engages in bargaining for the best cost of any drug on the International market, and its availability to all Canadians. Only in this way can we hope to redeem the inequalities of cost of drug availability.

Has a National Pharmacare program ever been suggested in the past? The answer is yes - **many times** - for example, the 1964 Royal Commission on Health Services, the 1997 National Forum on Health, and the 2002 (Romanow) Royal Commission on the Future of Health Care in Canada.

Why Then Has A National Pharmacare Program Not Been Implemented?

The reason offered most often is that of cost. More recently however, the Federal Government refused to renew the Health Accord under which money was transferred to the relatively disadvantaged provinces (such as the Maritimes). Some money is still transferred, but it is not related directly to Health and is dependent on the Provincial Gross Domestic Product. Health or need, or the proportion of seniors in the provincial population, counts for nothing.

This then, is the political background to the absence of a National Pharmacare Plan. On the initiation of a National Pharmacare Plan, there would likely be a need for significant financial input for the disadvantaged Eastern provinces, because they also contain many more seniors than other areas of Canada, and these seniors generate greater health costs.

I believe there is another factor which affects the provision of a National Pharmacare program, namely that the proportion of those who are unable to pay for their medication is likely to be greater in Eastern Canada, not only because of the population age structure, but also because more Nova Scotians are likely to have difficulty in paying for their medications due to the relatively poorer economic climate of the Maritimes. (See Impact on Individual and Family Health).

We also need to remember however, that if there are more citizens in the Maritimes who cannot afford their prescribed medicine (e.g., 50% of those whose annual income is <\$20,000), it is the members of this underprivileged group who contribute disproportionately towards those 6.4% of hospital admissions who are in a financially provoked non-compliant situation. Hospital admissions, as many are generally aware, cost a minimum of \$1,000 a day. Those admitted because of drug compliance problems do not have to pay for their hospital stay (except to suffer from their health problems), but this hospital care still has to be paid for, a significant burden which is transferred to all Canadians. [Note: In 1995, the overall total additional health costs resulting from financially-forced, non-compliance was estimated at \$7 to \$9 billion per year (Coombs, 1995). It is now likely to be considerably higher].

Finally, having speculated as to the political reasons and costs that have led to the socio-political neglect of a National Pharmacare program, what exactly is the estimated cost of such a program? You may be surprised at the answer, but if you now have digested the

number of ways that political groups and commercial organizations have unabashedly lined their own pockets with little consideration for others, you may not be so surprised.

If we reduced the average drug cost to Canadians to that of average Europeans, we would save \$4.2 - \$9.6 billion per year; if we copied the UK system, our access to medication would be improved, AND we would save \$14 billion (Morgan , Law, Daw, Abraham, & Martin, 2015).

In short, **“By any measure, Canadians pay more than they need to for medicines. Governments, businesses and households can readily save billions of dollars by bringing Canadian drug prices in line with international standards”** (Dutt, 2014, p. 2).

Some Closing Thoughts and Suggestions

My original motivation in writing this position paper was to shed some light on the hodge-podge of medical drug insurance plans available to Canadians, variously arising from Provincial Government agencies, employers, and private “for profit” plans, all attempting to provide some drug insurance for Canadians, especially those in their “target” population who have either a known specific health risk, or have an age-related increased risk. From all this ‘mixter-maxter’ and inherent mis-steps, these various agencies endeavour to make as much money as possible to cover their own costs (which are often high), and to generate an appropriate profit margin for themselves. All of this translates, in the end, to ongoing fees from these targeted Canadians, whose payments average 30% more than those paid by Europeans, who typically also have better benefits. **These end results are shameful and disturbing.**

Having recorded these shortcomings, I should also make some suggestions, in broad outline, for the resolution of some of them.

First and foremost, we should move politically **to re-instate and re-establish, without delay, the Inter-Provincial Health Accord**, initially established with a 10 year life span 12 years ago, and which the current Federal Government refused to renew some two years ago. Its mandate should be to provide financial transfers to those provinces most in need of assistance, either because the population age structure is heavily over-weighted by seniors, or because the province has specific health problems unique to that province.

Second, a National body should be established which has sole charge and responsibility for all drugs purchased for the welfare of Canadians for all drug insurance plans, provincial authorities, etc.. This body would need to have bargaining rights for all drugs, to ensure that Canadians can obtain them at the lowest possible price. Such bodies have been long established in all OECD countries, and it should be possible to duplicate their individual successes, with profit for all Canadians.

Third, we should try to attack the problem of those individuals who are currently admitted to hospital on account of their financial inability to comply with drug recommendations made by their physicians. This could be done in several steps, for example, by first ensuring that the drug in question is provided in a generic format. As well, funds could be established in the community to make available to them the drug which they require. If they have been admitted to hospital for financially related lack of

compliance, access to such funds could be arranged in cooperation with the hospital pharmacy, so that on discharge, the individual would have at least a short-term supply of the required medication. Such essential drugs could also be made available to these patients through a community resource centre funded to cover such services. Provincial Pharmacare services should be provided at no cost for these patients.

These suggestions are not offered as a complete list, but merely to indicate some starting points for on-going discussion, debate, and action.

[**Author's note:** I would like to acknowledge the enormous efforts made towards the introduction of a Pharmacare plan by Canadian Physicians for Medicare, and particularly by its Chairperson, Dr. Monika Dutt]

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NOTICES & OPPORTUNITIES

DemandaPlan.ca: Given recent attention in the Globe and Mail, Chronicle-Herald, and other media on dementia strategy and other senior's healthcare issues, the DemandaPlan.ca web site maintained by the Canadian Medical Association (www.cma.ca) may be of interest. It is intended to encourage the development of a national strategy on seniors care by asking Canadians to add their voice to the call for a National Seniors Strategy with the provocative question: What will happen in the next 15 years if there is no plan? The DemandaPlan.ca project was included in the recent CURAC Conference keynote address by CMA President, Dr. Chris Simpson and is part of what seems to be an increasingly effective process of injecting senior's healthcare issues on a non-partisan basis into the federal election campaign, and provincial governments' agendas.

Invitation to participate: Dr. Tracey Rickards, Assistant Professor of Nursing at the University of New Brunswick, is recruiting subjects from Nova Scotia, New Brunswick and Prince Edward Island for the following qualitative research studies: *Housing Needs of Older Lesbians* – to determine what older lesbians are concerned about in their senior years and what they are looking for in seniors' housing; and *Gay Men, Prostate Cancer, and What Comes After* – to explore how being diagnosed and treated for prostate cancer affects the lives and intimate relationships of gay men.

Information on these studies can be found at <http://rickardsresearch.weebly.com/current-projects.html>, Twitter (@LesbianStudyUNB), or facebook.com/housingneedsUNBstudy.

CARP HRM All Candidates Night and Seniors Week Activities: CARP Nova Scotia is hosting three free **Meet the HRM Candidates** events: **Sept 26th** at 7pm – Halifax riding, at the Central Library, Queen at Spring Garden Rd, Halifax; **Sept 28th** at 7 pm – Dartmouth/Cole Harbour riding at the Holiday Inn, Wyse Road, Dartmouth; and **Sept 30th** at 3pm – Halifax West riding (Bedford) St. John Anglican Church, on Larry Utteck, Bedford.

CARP is also leading the project to celebrate **Seniors Week, Go Seniors Go, Sept 26 to Oct 2nd**. The City of Halifax has scheduled a large number of “Go Seniors Go” events, all on Tuesday, September 29, and including a proclamation by Mayor Savage, a reception for seniors in City Hall, free transit service for seniors all day, and events hosted by branches of Halifax Public Libraries.

The list of events is linked on the ADRP website.

Information on these events can also be found at the CARP Nova Scotia website

<http://carphalifaxchapter.cmail2.com/t/ViewEmail/r/C86F87E7908B04D82540EF23F30FEDED/5C6994314A97033E14399806BE9B4083>

Public Town Hall Meeting “Get Science Right”

The following announcement is from Donna Balkan, Communications Officer, Dalhousie Faculty Association.

With a federal election just around the corner, a growing number of Canadians are calling for major changes in the government’s approach to science and scientists. From cutbacks in research funding to the muzzling of government scientists, from library closures to the erosion of environmental protections, many argue that evidence-based decision-making, and even science itself, is under attack.

To explore these issues, the Dalhousie Faculty Association (DFA), the Association of Nova Scotia University Teachers (ANSUT) and the Canadian Association of University Teachers (CAUT) have organized a public town hall meeting about how to “Get Science Right”. We welcome you to join us on **Tuesday, September 29 at 7 p.m. at the Halifax Central Library** on Spring Garden Road. This event is part of a national CAUT campaign aimed at generating awareness of the threat to science in Canada, and similar events are taking place in other Canadian cities.

The event will kick off with a panel discussion, moderated by University of King’s College science historian Ian Stewart, followed by an opportunity for questions and discussion. The panelists are:

- Katie Gibbs, Executive Director, Evidence for Democracy. Lead organizer of the “Death of Evidence” march
- Thomas Duck, Dalhousie University atmospheric scientist. Featured in CBC Fifth Estate’s “Silence of the Labs”
- Britt Hall, University of Regina biologist and Experimental Lakes Area (ELA) advocate
- Peter Wells, retired Environment Canada marine scientist and adjunct professor, Dalhousie University

The event is posted on the DFA website at <http://ow.ly/SeQff>.

IN MEMORIAM

We regret to announce the passing of the following of our ADRP members. Our condolences go out to their family and friends.

Lillian Mary Beazley, a retired member of the staff of Dalhousie's Facilities Management passed away peacefully on January 14, 2015, at the Northwood Centre, Halifax, at the age of 82. She was the daughter of the late Beatrice and John "Jack" Duggan, of White's Lake, Nova Scotia. Predeceased by her husband Leo Patrick, infant son Leo, and her brother Jim Duggan, Lillian will be remembered by her children Jackie (David) Umlah, Gary, Leah (Ross) Backman, and Gail (Frank) Crouse; by her brothers Donald (Ester), Teddy (Vaunda), Tom (Doris), Pat (Susan), and sister Thelma Ryan. She will be missed by her dear friend Walter, and by her extended Beazley family. Lillian was a proud grandmother to Jeremy, Dave, Dawn, Jeffrey, Ryan, Brett, Sarah, Joel, Hannah, Jordan, and great-grandmother to Orion, Avery, Claire, Jack, and Everett.

George Gabor, PhD, a retired Professor in the Department of Mathematics and Statistics, and former member of the ADRP, passed away on June 11, 2015. He was born in Budapest, Hungary and received a PhD in Mathematics from L. E'tv's University of Sciences in 1975. He joined the Department of Mathematics, Statistics and Computer Science at Dalhousie as an Assistant Professor in 1977, was promoted to Associate Professor in 1982, and to Full Professor in 1988. At a time when it was not in vogue to be so, George was an advocate of the Bayesian paradigm for statistical inference, a methodology which is now mainstream in statistics, and his Bayesian teachings have had a profound influence on the research and careers of a number of students and faculty, both statisticians and more broadly. With Phil Green, George co-authored the book, *misLeading Indicators: How to Reliably Measure your Business*, published in 2012. An avid kayaker in his youth, George resumed the passion in his later years, joining the Maskwa Canoe Club where he paddled almost daily. He competed in the 2011 and 2012 Canadian Masters Championships, winning a silver medal in K1 in 2012 and a bronze medal in K4 in 2011 in his age class. He loved music, films and reading the classics. His wife, Julie, survives George.

Osvald (Ossie) Knop, PhD, passed away in his 93rd year on April 30, 2015, in Halifax. Born in Kuřim, Czech Republic, he received his B.Sc. in physical chemistry at Masaryk University in the Czech Republic. Ozzie gained research experience at the University of Stockholm and in Oslo as a Norwegian UNESCO scholar before moving to the California Institute of Technology, where he worked in the laboratory of Nobel Laureate Linus Pauling. Following several years at the Nova Scotia Technical College and completion of a doctorate at Laval University, Ossie joined the Dalhousie University Department of Chemistry in 1964, later becoming the Harry Shirreff Professor of Chemical Research. One of Canada's notable early crystallographers and a Fellow of the Chemical Institute of Canada, he had over a hundred scholarly publications, the most recent appearing in print when he was 85 years of age. Masaryk University's Faculty of Science honoured him with a gold medal in 1992 for his significant contributions to the development of

structural chemistry. Widely read and fluent in a number of languages, Ossie also had a whimsical sense of humour and an interest in, seemingly, everything. He was predeceased in 2013 by Helga Nørregaard, his wife of 62 years, and is survived by his daughter Karen Knop and her husband Ralph Glass, Toronto.



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**Mail contributions to:
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Association of Dalhousie Retirees and Pensioners



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Date of Retirement: _____

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I request that ADRP monthly dues (\$1.66) be deducted from my pension starting (month and year) _____, and continuing until I inform you otherwise in writing.

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Please return this form to:

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Dalhousie University
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The information you provide to us will be used for our records and to allow us to contact you or distribute to you information. Information that identifies you will not be shared with any other organization.

Association of Dalhousie Retirees and Pensioners (ADRP)

Membership

Open to all Retirees from the University staff, Non-Academic and Academic. Associate membership is available to those within 5 years of retirement.

Mission

To facilitate and promote the dissemination of information of interest to Dalhousie Retirees; and

To enhance and promote the sense of continuing membership in the Dalhousie Retirees' family.

Formal Objectives

To represent the interests of retirees from Dalhousie University, their spouses and beneficiaries;

To further the understanding of the retirement pension and benefits;

To cooperate with other groups that have similar objectives; and

To provide a conduit for information, when necessary, between the university and retirees.

Informal Objectives

To promote social interaction among its members;

To investigate and negotiate group benefits that a significant number of members may desire;

To provide information to its members about general and specific retirement issues; and

To pursue other issues as the membership directs.

For Further Information

Visit us at our Web Site: <http://adrp.dal.ca> or phone us at (902) 494-7174. Our E-mail is adrp@dal.ca. Our unstaffed office is in the basement of the Life Sciences Centre, Room 2831.