

STAYING IN TOUCH



North Island - John Finn

Newsletter No. 77

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President's MESSAGE

Hello everyone.

There have been some changes in your **Branch Executive**. At the AGM in late March, Kathi Brown indicated that she did not want to run again as Vice President but would be willing to continue as a Director. Former executive member Paddy O'Blenis volunteered to return and new-to-us Cherie Kelley also volunteered to serve as a Director. These appointments were approved by the members present.

Subsequent to that, Dave Bell and our Health Benefits Officer, Clint Halfkenny, both resigned from the Board for personal reasons. At our first executive meeting after the AGM, we convinced Cherie's husband, Warren, to fill one of the vacancies. Cecile Turnbull offered to take on the Health Benefits portfolio if someone else would take over Programs. Paddy O'Blenis said she would assume that role. Since we had failed to elect a Vice President at the AGM, Cecile proposed that Norma Dean be appointed Acting VP. All of these assignments were approved by the executive pending member approval at our next AGM.

In a recent position paper, our National President, Jean-Guy Soulière, proposed **future objectives** for the Association. Very briefly, he wrote that:

- We will be the leader in establishing a new coalition of federal government retirees.
- We will achieve our membership target of over half of all eligible federal retirees.
- We will be recognized as one of the most influential seniors' organizations.
- We will be the official representative on pension and health care plan committees.
- Advocacy will be a principal responsibility of Branches.

Some of these are ambitious but there is no harm in aiming high. Jean-Guy assumes that there are few, if any, additional benefits left to negotiate so the emphasis will be on protecting what we have and improving them where possible. He anticipates continuing attacks on defined benefit pension plans, the ever-present danger of losing dues deduction at source, a continuing decline in the number of branches and the need to attract a new generation of volunteers. The need to form coalitions and to establish a leadership position is driven in part by competition from other pensioner organizations which could fragment our collective efforts. And he stresses the need to adapt to new technology.

Achieving a truly national health accord will remain an ongoing Association objective. He sees this as including:

- A national pharmacare system;
- Long-term care and national standards for long-term care institutions;
- Home care; and
- The possibility of more stringent cost controls.

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MEETING DATES

June 13, 2018
 September 19, 2018
 December 12, 2019
 March 27, 2019

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Much of this relates to facing the reality of an aging population. When people talk about the need for a seniors' strategy, the discussion usually revolves around health and long-term care.

On the subject of costs, the likely emergence of new and very expensive drugs and medical procedures will likely put stress on the Public Service Health Care Plan which could in turn lead to premium increases for pensioners. One could foresee possible tension between us and public sector unions since their members do not pay premiums.

You may have wondered about **continuing branch closures**. Well, whereas the Association once had 83 branches, it now has 80. A recent survey revealed how those 80 branches assess themselves:

- 22 Healthy
- 34 Moderately Healthy
- 19 Struggling
- 5 No Response

The reason for this situation is simply a lack of volunteers. While some small branches may be financially limited, Oshawa was the most recent to close and it was neither small nor poor.

When a branch closes, its members are reassigned to other branches according to whatever makes the most geographical sense. Any money accrued by the branch accompanies the reassigned members.

In the last newsletter, I wrote about **CRA telephone scams**. Sure enough, since then we have received a number of threatening calls from people with distinct South Asian accents, purporting to be from CRA and the 613 calling area. I don't recall this making the national news at the time but, in October 2016, the Sudbury Police posted a notice advising that 70 people had been arrested at a call centre in India employing 700 people hired to conduct international phone scams. Their methodology was as I described previously. The callers would convince the victims that they owed a large amount of tax and would demand immediate payment.

We've also received e-mails stating that CRA wants to e-transfer a refund (which is interesting since I inevitably owe CRA the tax owing on RRIF income). I'm guessing that calls or e-mails purporting to offer a refund will be an attempt to acquire account numbers and passwords but I've never gone further than marking such messages as "junk" without even opening them.

You're probably familiar with the term **phishing** which refers to e-mail attempts to swindle you or plant malware on your computer. But have you ever heard of **smishing**? This is derived from SMS (short message service) more commonly called texting and is simply the cell phone text message version of phishing. Maybe you get a fake text message saying there's a problem with one of your financial accounts or offering something too good to be true. Responding could lead to attempts to obtain personal information. Clicking on an embedded link could allow malware to be installed on your cell phone which will collect account numbers and passwords.

While on this subject, there are a couple of similar scams to note. The first is **tech support fraud**. Your computer freezes and you get a pop-up message telling you to call this number for, say, Microsoft or Apple tech support. You are connected to a "technician" who says your computer is infected and all of your data is at risk. He might ask for remote access to your computer and then lead you through some tests so you can see there is a problem when in fact there is none. The next step is to obtain your credit card information to pay for unneeded repairs. While connected, he may have installed malware that monitors your keystrokes in order to hack into your financial accounts.

The most serious and profitable (for the crooks) scheme is **ransomware**. Here the bad guys get you to click on a phony link that installs malware which will encrypt all of your files, rendering them unusable. If you want to decrypt your files, you must pay a "ransom". According to one US survey, the average demand exceeds \$500 USD. This is one good reason for backing up all of your files to an external drive or a cloud service. As with other scams of this sort, always be very cautious about clicking on any link, even if it appears to come from a friend. Keep your operating system and web browser software up to date. Always use a good antivirus product and ensure that it's set to automatically update.

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On an entirely different note, I was struck by an article in a recent issue of *Scientific American* magazine commenting on rising rates of serious diseases like Hepatitis A and C in the United States. The author attributes this in part to widening income inequality. She notes that the disparity between the highest and lowest earners exceeds that of almost all other developed countries and continues to widen. The number of households earning less than \$15,000 per year increased 37% between 2000 and 2015 while households earning \$150,000 or more also increased by 37%. In poor areas, almost half the population lives below federal poverty levels. These people "live in crowded, often unclean conditions, have limited health care, must work when sick, have poor nutrition, experience debilitating stress, and are more likely to abuse drugs and alcohol – all known infection risk factors."

While an epidemic may break out in a poor area, it does not stay there. Consider that more than one million low-income Americans work as food preparers, getting paid an average of \$13,200 per year. Many of these people go to work even when ill because they fear not being paid. That is one common way disease spreads.

Against this reality, you have a federal government that recently awarded the rich a huge tax windfall, thereby contributing to a deficit that it proposes to offset through cuts to health care, food stamps and perhaps even child health insurance. This follows its best efforts to cripple the Affordable Care Act, potentially causing millions to lose or forgo health insurance. Makes me kind of glad to live in Canada. Of course, the US far right would probably label our approach socialist and they inevitably equate socialism with communism. Oh well. I guess that provides a new twist on "better red than dead", the latter being the most likely outcome for too many in the US where life expectancy is actually declining. That too is unique among developed countries.

Bill Turnbull — President

Hello Phoners!

Members on the phone committee please remember.....



If you're going to be out of town prior to a general meeting and you're unable to phone the people on your list, please phone Paddy O'Blenis at 250-338-2313 so that she can re-assign those names to another phone committee member. It is important that members know about upcoming general meetings, and it is important that we know whether or not they intend to come.

MEMBERSHIP UP-DATE

Do we have the correct information on you as a member? It is important to us and to you that our records are up to date. If the label on this newsletter has your INITIALS instead of your given name, we may not have all the information we need to ensure that you get all the updates from your branch or National Office. Please fill in the following and send it to us (address on Page 1).

Surname Given names:.....

Mailing address:

City/town Postal Code Phone

E-mail address:.....

Pension is from: CF PS RCMP Other I receive a survivor's benefit Yes..... No

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From the Editor's Desk



This edition finds us with a few changes in your Executive Committee as evidenced by the changes in the list above. Please note the new members as well as the change in responsibilities for some of the members. We welcome Paddy O'Blenis back to the committee as well as the 2 new members Cherie and Warren Kelley. We would also like to thank departing members, Clint Halfkenny and Dave Bell for their contribution to branch.

The meeting in June includes a summer type menu as well as the opportunity to hear about and tour the new Riverside Seniors Living Development along with an update on the Westerly Hotel.

I would be remiss not to remind you that:

Our Xmas tickets sales will be on sale at this meeting, so if you plan to be around in December, be sure to get your tickets early. \$20.00 per person – No sales at the door in December so your tickets must be pre-purchased.

I hope you all have a great summer. My wife and I will be busy as we are in the process of having a new house built having sold our patio home. We decided that patio living was not for us as want to get back to having our own yard & garden and for the first time I will have a separate shop to do my woodworking. *Kevin Weighill—Editor*

Publisher NORTH ISLAND JOHN FINN BRANCH NATIONAL ASSOCIATION OF FEDERAL RETIREES (NAFR)

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Luncheon News

Wednesday, June 13th, 2018 in the 2nd floor Ballroom

At the Best Western Westerly Hotel in Courtenay

Meet & Greet: 11:00 a.m.

Buffet Luncheon: 12:00 p.m.

Business Meeting: 1:00 p.m.

Guest: 1:30 p.m. – Kit Browning (project manager) and James Snow. Speaking about the new Riverside Senior Living Development and a Westerly Hotel update – followed by a tour of the facility

Summer Menu includes:

Chicken and Beef Patty Burgers
with white and whole wheat buns

Various cheeses, tomatoes, lettuce, red onion, mustard, relish, ketchup and mayo
Green salad with dressings, along with Pasta and Potato Salad
Fresh strawberry fruit tarts and fruit kebab (one of each per person)

The cost of the buffet lunch is \$18.00 per person - payable at the door.

IMPORTANT: Telephoners will be calling shorter phone lists, so if you **do not** receive a phone call, you are probably not on the phone list any longer.

- **As a result**, if you want to attend, we are encouraging members who get the newsletter and see the luncheon notice, to take the initiative and send your e-mail response for your reservation to Paddy O’Blenis at rbob@telus.net or to info@nijf.ca to attend.
- **Your second option**, is to call the following number for a reservation, if you intend to join us for lunch – Paddy O’Blenis at 250-338-2313.
- Reservations for the luncheon are required. Please indicate #’s attending and your name.

As usual we will have our 50/50 and door prize draws. Hope to see a good turn out at the meeting.

Paddy O’Blenis—Programs Director

Membership Fee Reminder

Membership fees will be changing again for 2018 to reflect the fees structure approved at the Annual Members Meeting 2016 (Proposal #1610BODF01). Refer to the table below for the new rates for 2018:

★ Single memberships cost \$48.96 Annually

★ Double memberships are \$63.60 Annually

Monthly DDS payment Single-\$4.08 / Double-\$5.30

Branch portion (unchanged) Single-\$9.00 / Double-\$12.88

National portion Single-\$39.96 / Double-\$50.72

If your fees are not deducted from your pension, you can mail a cheque

NAFR, PO Box 1420 , Comox, BC V9M 7Z9 or renew on-line at:

<https://www.federalretirees.ca/en/Renewals-Login> with a credit card.



to

Information from the Health Benefits Officer

I was recently approved to be your Health Benefits Officer for our branch, North Island – John Finn Branch. If you have any health enquires please contact me at cecile.turnbull@shaw.ca or 250-338-1857 and I will endeavor to get the information or find the contact person that can answer your question.

The Canadian Health Care Landscape

Canada (with the exception of the province of Quebec) is one of the few countries with a universal healthcare system that does not include coverage of prescription medication. Residents of Quebec who are covered by the province's public prescription drug plan pay an annual premium of \$0 to \$660 when they file their Quebec income tax return.

Pharmaceutical medications are covered by public funds in some provinces for the elderly or indigent, or through employment-based private insurance or paid for out-of-pocket. Most drug prices are negotiated with suppliers by each provincial government to control costs but more recently, the **Council of the Federation** announced an initiative for select provinces to work together to create a larger buying block for more leverage to control costs of pharmaceutical drugs. More than 60 percent of prescription medications are paid for privately in Canada.

Canadian healthcare includes the negotiation of a new Health Accord with the provinces, lower federal health transfers, medically assisted death legislation, home care and long-term care, pharmaceuticals, medical marijuana and the continuing discussion of a National Pharmacare Plan.

National Pharmacare Plan

The government has promised to make prescription drugs more affordable. They are looking at ways to improve access to necessary prescription medications and looking at buying bulk with provinces and territories to help reduce drug costs. Negotiations between governments and pharmaceutical companies can make this feasible by buying bulk, price regulations and cooperation between the negotiators.

Prescription Medications

Seniors with low incomes might find themselves having to choose between paying for groceries and paying for their medications. Sudden and expensive changes in medication coverage or finding that a particular drug you have been using has jumped in cost or is no longer covered by your health insurer is something that many are seeing at the pharmacy. This can lead to people experimenting with other forms of medications, natural drugs or stopping their meds altogether.

Physicians may not always talk to their patients as to what they can afford in regards to a particular drug prescribed. Even the insurers have their own interests that may lead to expensive, complicated or confusing guidelines with pharmacists for drugs allowed on insurance plans.

When talking to you doctor or pharmacist patients should be asking “Is that really the best price you can offer?”

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Everyone should consider the following questions with their doctor:

- *Do I really need this drug in the first place?* When going to see your doctor bring in the meds you are taking and find out if you can cut down on ones you no longer require.
- *If this drug is necessary, how much it will cost?* Ask if there is a less expensive option available that will work as well.
- *Find out if the recommended drug can be used for a shorter time frame – e.g. like 90 days to treat the condition.*

In 2016, the Canadian Institute of Health Research formed a Citizens Reference Panel on Pharmacare in Canada consisting of 35 people from various walks of life, from every province and were asked to study the current patchwork system of drug delivery by private and public plans, and to make recommendations to government on national pharmacare.

The panel proposed a vision on prescription drug coverage they believed “Canadians could be proud of.” Their recommendations are grounded in core principles they felt represented their values as Canadians: that coverage be universal, patient-centered, accountable to the public, evidence-based and sustainable.”

Recommendations included:

- A new national formulary broad enough to cover the full range of individual drug needs, including those with rare diseases.
- Immediate implementation of public coverage for a short list of frequently prescribed drugs – high blood pressure, cardiovascular disease, diabetes and asthma.
- Recommended and endorsed the role of private insurance plans.
- Recommended personal and corporate tax increases as well as co-pay model as long as it did not put those with in lower economic means at a disadvantage.

We in Canada, are able to safely purchase medications that are good quality and cost less than most other countries, but it is up to us to ask questions about the meds we are taking and the costs.

Cecile Turnbull - Health Benefits Officer

“Poor Old fool,” thought the well-dressed gentleman as he watched an old man fish in a puddle outside a pub. So he invited the old man inside for a drink. As they sipped their whiskeys, the gentleman thought he’d humor the old man and asked, “So how many have you caught today?”

The old man replied, “You’re the eighth.”

As the hostess at the casino buffet showed me to my table, I asked her to keep an eye out for my husband, who would be joining me momentarily. I started to describe him: “He has gray hair, wears glasses, has a potbelly ...”

She stopped me there. “Honey,” she said, “today is senior day. They all look like that.”

Short Jokes / One Liners

- ☛ You want to hear a pizza joke? Never mind, it's pretty cheesy.
- ☛ How do you make Holy water? Boil the hell out of it.
- ☛ What kind of shoes do ninjas wear? Sneakers.
- ☛ My friend recently got crushed by a pile of books, but he's only got his shelf to blame.
- ☛ Why don't you ever see hippopotamus hiding in trees? Because they're really good at it.
- ☛ What time is it when you have to go to the dentist? Tooth-hurtie.
- ☛ Why can't a bike stand on its own? It's two tired.
- ☛ Why didn't the lifeguard save the hippie? Because he was too far out man!
- ☛ Just went to an emotional wedding. Even the cake was in tiers.
- ☛ When you get a bladder infection, urine trouble.
- ☛ Pampered cows produce spoiled milk.
- ☛ PMS should just be called ovary-acting.
You're not fat, you're just... easier to see.
- ☛ You know you're ugly when it comes to a group picture and they hand you the camera.
- ☛ I never forget a face, but in your case I'd be glad to make an exception.
- ☛ Did you hear about the new corduroy pillows? They're making headlines everywhere!
- ☛ When I seen a nun in a wheelchair one thought came to mind. Virgin mobile.
- ☛ You're not fat, you're just... easier to see.
- ☛ I want to die peacefully in my sleep, like my grandfather.. Not screaming and yelling like the passengers in his car.
- ☛ I asked God for a bike, but I know God doesn't work that way. So I stole a bike and asked for forgiveness.
- ☛ Light travels faster than sound. This is why some people appear bright until you hear them speak. If I agreed with you we'd both be wrong.
- ☛ Grandma, is it exciting being 99? It certainly is! If I wasn't 99 I'd be dead.
- ☛ I'll be spontaneous when I get around to it..



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