



National Association
of Federal Retirees

Association nationale
des retraités fédéraux

Government's Response to the COVID-19 Pandemic

A Brief by the National Association of Federal Retirees to the House of
Commons Standing Committee on Human Resources, Skills and Social
Development and the Status of Persons with Disabilities

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ABOUT US

The National Association of Federal Retirees (Federal Retirees) is the largest national advocacy organization representing active and retired members of the federal public service, Canadian Armed Forces, Royal Canadian Mounted Police and retired federally appointed judges, their partners and survivors.

Federal Retirees has a proud 56-year history of advocacy on behalf of our 176,000 members, including more than 60,000 veterans and their families, and all retirees. With our volunteers and members from coast-to-coast, we continue this tradition of strong, smart advocacy campaigns to protect our members' earned pensions and benefits, and to support good policy that improves the lives of all Canadians in retirement.

Federal Retirees welcomes the opportunity to assist the House of Commons Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities in its study of *the Government's Response to the COVID-19 Pandemic*.

Federal Retirees acknowledges the important role that Canada's public servants, as well as Canadian Armed Forces and RCMP members have played in the federal government's response to the COVID-19 pandemic. They have helped in the creation of world-leading public health guidance and intervention, programs to help small and large businesses, supports for hardworking Canadians suddenly jobless, assistance to parents, and benefits for seniors, and are providing much-needed support in long-term care facilities. We are proud of the work they are doing to help guide Canada through the pandemic and toward recovery.

PRIORITY AREAS

Retirement Income Security

COVID-19 and a poorly timed oil price war have brought significant economic insecurity to Canada, creating uncertainty for Canadians' retirement savings. Stocks have plunged, losing most of the gains that had been made over the last three years. On March 23, 2020, the Dow Jones hit its lowest point since 2016, then jumped back up modestly with the announcement of massive government economic stimulus packages in the United States. The VIX (Cboe Volatility Index, also referred to as the "fear index") has been at levels not seen since the 2008 global financial crisis. This ambiguity and financial whiplash have left many wondering what will happen to their retirement pensions and savings.

The Government of Canada reacted quickly and introduced a 25% cut to Registered Retirement Income Fund (RRIF) mandatory withdrawals for 2020, which was welcome at a time when some individuals felt forced to sell their investments when they were at their lowest value, which hurt their long term financial security.

In the following months, the federal government introduced an increase to the goods and services/harmonized sales tax (GST/HST) credit, which helps seniors and caregivers with low or modest incomes offset part of the GST/HST that they pay. This, along with the announced \$300 one-time tax-free payment to Old Age Security (OAS) recipients and an additional \$200 to Guaranteed Income (GIS) recipients, will help many seniors who have incurred unexpected increased costs. Those costs have included increased transportation costs as many are unable to take public transit for health concerns;

increased fees for food and other deliveries; unexpected costs associated with returning to Canada from abroad earlier than anticipated; and costs associated with the purchase of technological devices to keep in contact with loved ones or to replace in person shopping, among other things. Many of these costs were small but incremental increases that have added up over the last months – and these financial measures have been well received.

While these direct financial supports have been welcome and necessary, older Canadians have been disappointed in communication and timing of program announcements. Some measures for seniors took months to come to fruition, with regular and public promises that a seniors-focused announcement was coming soon. Even now, it is still unclear when the OAS/GIS one-time payments will be arriving, and many seniors are unclear on the changes to RRIF mandatory withdrawals¹. While we understand that the current situation is unprecedented and programs are being rolled out as quickly as possible, transparency and clear messaging are essential to older Canadians. Stakeholder groups are an essential element of clear, timely communication, as well as assistance in program development.

Some of the emergency programs should be re-evaluated to address the needs of people who have fallen through the cracks. For example, there are seniors who received less than \$5,000 last year in employment income (for reasons such as medical procedures or disability which limited the amount of hours worked), but who still worked part-time to supplement their small pensions. These individuals do not qualify for the Canada Emergency Response Benefit (CERB). While the OAS/GIS one-time payments may offset some increased costs for these seniors, they will not replace the income they have lost. Additionally, the pandemic means that even when employment opportunities return, many of these individuals can no longer work or will put their health at risk if they do.

While one-time payments help to pay some for some of the increased costs that older Canadians have felt in the short term, longer term increases to GIS and OAS should be considered to address fundamental retirement income security issues that are added or exacerbated by this pandemic (for example, increased costs for shelter and pharmaceutical costs).

Some older Canadians face additional financial vulnerability. Every year, some seniors who qualify for the GIS will not receive it, or will see their benefits paused for months, because they filed their income taxes late. Late income tax filing can occur among older adults for any number of reasons, including physical and mental health issues or coping with the death of a loved one. The months when these individuals are deprived of their GIS payments can be incredibly difficult, particularly during a pandemic. The later filing deadline announced by the federal government will be helpful to many Canadians, as will the government's commitment that OAS/GIS will not be disrupted by late tax filing, provided the filing is completed soon. Clear communication for affected seniors, including collaboration with stakeholder groups, will be essential to ensuring seniors are aware of relevant supports and deadlines.

Beyond the issues discussed above, most retirement income security issues related to COVID-19 will have longer term effects and will require solutions to reflect that.

The effect of COVID-19 on pensions will differ based on the type of pension. Most defined benefit (DB) pension plans are built for the long term. While negative impacts to pension funds' health is expected over the short-term, these plans are expected to eventually recover. Some plans were addressing solvency funding shortfalls prior to the pandemic, and the solvency funding relief for the remainder of 2020 enabled

¹ Some of our members have been alarmed that they had already had to sell assets at some of their lowest market values to receive their mandatory minimum withdrawals before the announcement was made.

by the federal government in the early stages of the pandemic response will relieve pressure on federally regulated pension plan sponsors, and will help safeguard pension plan members.

Most individuals who are part of properly managed defined benefit plans have reliable pensions. They deliver secure and predictable income for Canadians due to asset pooling, lower fees, a balanced investment portfolio built with a long-term view, and longevity risk protection. They are less vulnerable to short-term market fluctuations.

These plans are also large institutional investors in the Canadian economy. Canadian pension plans invest in Canadian equities, but also in real estate and infrastructure such as roads, bridges, rail, airports, utilities, and pipelines. With their significant size and long-term focus on growth, pension funds are uniquely poised to invest in long-term, large-scale projects.

Research has also found that DB pension plans reduce the GIS payout by \$2-3 billion each year², lifting a substantial financial commitment from the federal government.

Unfortunately, fewer Canadians have DB plans, and this crisis will put pressure on employers' bottom lines. This will also put pressure on employers to move away from DB pension plans and toward riskier types of retirement savings plans such as defined contribution (DC) plans or other individual savings accounts, like Registered Retirement Savings Plans (RRSPs).

Those who have retired as part of a DC plan or group RRSP during this crisis will likely experience a substantial drop in their potential incomes, while employees will have seen significant losses to their retirement savings. Target benefit pension plan members will likely face increased contributions and reduced pension payouts, and may face a pause on indexation for the foreseeable future, depending on the plan's specific rules and performance. Finally, individuals whose employment was disrupted by COVID-19 will also have the value of their Canada Pension Plan (CPP) retirement pension and post-retirement benefit impacted, due to an extended and involuntary period without contributions.

This pandemic has exposed the substantial risks to the retirement income security of Canadians who rely on defined contribution or target benefit pension plans, or RRSPs. Many of these risks are due to the inefficiencies inherent to these types of retirement savings tools (such as prohibitively expensive Canadian mutual fund fees, some of the highest in the world³).

Creating a strong policy environment for defined benefit plans and addressing inefficiencies in retirement savings tools will ensure that Canadian seniors, today and in the future, will be well-positioned to continue to contribute to economic growth in their communities, and age with security and dignity.

This can be done by focusing on consumer-friendly improvements to personal savings vehicles such as RRSPs and RRIAs; tightening rules on aspects of defined benefit pension plans including contribution holidays; discussing solvency funding requirements over the longer term and during pandemic recovery; and encouraging innovation in how Canadians save for retirement, such as the new options offered in Ontario by OPSEU Pension Trust (OPTrust) and the Colleges of Applied Arts and Technology (CAAT) Pension Plan.

² OPTrust. 2013. New analysis confirms that defined benefit pensions provide significant benefits to Canadian economy. Toronto: OPTrust.

³ MacKenzie, H. 2014. Risky Business: Canada's Retirement Income System. Toronto: Canadian Centre for Policy Alternatives.

OPTrust and CAAT have created career-average defined benefit plan options that are available to employers in the not-for-profit and private sectors, giving employers and employees access to expertise, scale and better retirement security. Pension mergers that exist simply to reduce benefits should be opposed, but in certain circumstances, and with solid regulatory oversight, these innovative models for delivering defined benefit pensions could improve Canadians' retirement security, and make the defined benefit pension model more accessible to both employers and employees.

Similarly, the federal government took steps to innovate through policy and protect pensions by ensuring employers who receive bridge financing under the new Large Employer Emergency Financing Facility (LEEFF) will be subject to affirmative covenants while the loan is outstanding, including meeting obligations under existing pension plans and performance of material obligations under applicable collective bargaining agreements.

As we do our best to weather this storm, we must prepare ourselves for the post-pandemic economic landscape and the impact that will have on retirement savings and retirement income security. Already, some proponents of austerity are calling for steep cuts across the public sector, including to its compensation and benefits. Retirement income security is not about a race to the bottom, but rather something that all Canadians deserve – and ensuring all Canadians have the means to afford a healthy and secure retirement needs to be a priority now, and as we work toward Canada's recovery from COVID-19.

Health Care

COVID-19 has greatly affected Canada's health care system during in the early months of the pandemic. The virus will continue to threaten the health of Canadians, challenge our health care systems and workers, demand that we adapt the ways in which we access care, and devastate many of our long-term care settings, assisted living facilities and seniors' residences. It will likely take years to comprehend the full impact of the virus on the health care system and the health of Canadians.

The federal government is to be commended for rapidly answering the provinces' and territories' calls for personal protective equipment, while also supporting Canadian business and innovation to mobilize that response. The deployment of Canadian Armed Forces members to support long-term care facilities, at the request of provinces, was significant and was carried out swiftly and strategically. As well, the development of long-term care guidelines for provinces and territories was an excellent example of federal leadership in health care.

But more remains to be done. Over the coming weeks and months, governments across Canada will need to tackle difficult subjects, including how to support patients in safely accessing care as the threat of the virus persists; how to assist the health care workers and informal caregivers we are leaning on during this critical time and in the future; and how to ensure the tragic circumstances that occurred in our long-term care homes never happen again.

It is crucial that Canada's response to COVID-19, especially when it comes to health, include a Gender-based Analysis Plus (GBA+) and Sex and Gender Equity in Research (SAGER) lens, given the uneven impact the virus has had on women. For example, on caregiving alone, women are more likely than men to take on caregiving roles, and generally spend more of their week on caregiving duties. This is particularly true and financially impactful for older women and women with lower incomes.

Additionally, current indications on COVID-19 signal that Canadian women are more likely than men to be severely impacted, which makes sense given that Canadians over the age of 85 – who are arguably the most at risk – are predominantly women (roughly 66%).⁴ Other factors, such as socio-economic status, race and ethnicity, and comorbidities likely also contribute to poorer COVID-19 outcomes.

Veteran women face additional challenges that must be considered. We were pleased to note the establishment by Veterans Affairs Canada of a COVID-19 advisory group to focus on veteran needs during the pandemic. However, veteran women as a specific group of constituents with distinct interests, needs and experiences, particularly relating to COVID-19, do not appear to be represented on the advisory group. We urgently need to understand how many women veterans are being made especially vulnerable by COVID-19. The number and locations of women veterans in long-term care; the number and locations of women veterans age 65 and up and living alone; how many are underemployed, and what women veterans' lives look like as family caregiving demands increase – these are issues the Government of Canada must rapidly determine in order to ensure the needs of these Canadian veterans are met.

The Federal Role in Health Care

In Canada, health care is a shared responsibility between the provincial and territorial governments and the federal government. Each has their unique role to play, and the role of the federal government has been well established by this Committee.⁵ The federal government has a direct responsibility in health care for certain populations, including active members of the Canadian Armed Forces and the Royal Canadian Mounted Police as well as veterans. Additionally, federal involvement exists through health transfers to other levels of government and collaboration with provincial and territorial counterparts on health issues – including management of public health emergencies, like COVID-19.

The scale and severity of the ramifications COVID-19 has had on patients and the health care system, especially when it comes to long-term care and similar facilities, demands an all-government response. Canadians deserve to have every level of government working collaboratively toward solutions to address the difficulties presented by the virus, and toward a long-term plan to tackle the long-known systemic issues that have only been further exposed by the virus.

Long-term Care

The devastating circumstances in long-term care homes are the result of years of systemic neglect and abysmal funding. Through this pandemic, it has only become more obvious how fragmented and broken the system truly is. A report released in early May by the International Long-Term Care Policy Network indicates that among 14 countries, Canada had the highest proportion of deaths from COVID-19 in long-

⁴ Government of Canada. Coronavirus Disease 2019 (COVID-19), Daily Epidemiology Update. Available at : <https://www.canada.ca/content/dam/phac-aspc/documents/services/diseases/2019-novel-coronavirus-infection/surv-covid19-epi-update-eng.pdf>; Statistics Canada. A portrait of the population aged 85 and older in 2016 in Canada. 2017. Available at: <https://www12.statcan.gc.ca/census-recensement/2016/as-sa/98-200-x/2016004/98-200-x2016004-eng.cfm>.

⁵ Canada. Parliament. House of Commons. Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities. 2018. Report on Advancing Inclusion and Quality of Life for Seniors. Report 8. 42nd Parliament, 1st Session. Available at: <https://www.ourcommons.ca/DocumentViewer/en/42-1/HUMA/report-8/page-5>.

term care settings.⁶ This was despite having lower fatalities overall compared to other countries included in the study.

Long-term care reform in Canada is long overdue. For years, Federal Retirees, along with other advocacy organization and experts, have been sounding the alarm about long-term care and the need for a new approach. Canadians in long-term care deserve safe facilities, quality care and to live with dignity.

Once the pandemic is behind us, the federal government must conduct a national review of long-term care, with a focus on implementing a national framework for long-term care that ensures appropriate levels of funding; ties funding to national criteria and care standards; establishes a national health workforce planning strategy to ensure the right health care workers are in the right place, at the right time; and recognizes and supports informal caregivers who are crucial partners in delivering care to residents. Such a review must be public, independent, evidence-based and informed by older adults, informal caregivers, and subject-matter experts.

There are likely several examples that Canada can draw on in implementing reforms, including those of global counterparts like Australia as well as examples right here at home. For instance, Veterans Affairs Canada has extensive experience with long-term care delivery and supports to veterans, as a federal patient group, and with home care access through the Veterans Independence Program, that should be leveraged. As well, an instrument like the *Canada Health Act* for long-term care may be the answer to ensuring we create national criteria and care standards that are tied to funding, along with repercussions for failing to meet these standards.

The Australian model provides an example of a single national framework applicable to public and private long-term care facilities, which is under the careful watch of the Aged Care Quality and Safety Commissioner.⁷ The system is focused on ensuring high standards of care and positive outcomes for consumers of long-term care. The Australian government requires rigorous compliance with care standards on the part of long-term care providers, and that compliance must be demonstrated on an ongoing basis. Sanctions can be imposed for violations, up to and including government shutdown of a facility. Inspections are frequent and unexpected, with zero tolerance for infractions. As a result, violations of the care standards by Australian facilities are rare. Importantly, Australia's approach to long-term care is underpinned by a philosophy of supporting people to age in place and remain part of their communities for as long as possible.

This framework is likely to thank for the far lower COVID-19 infection and fatality rates seen in Australia's long-term care facilities.

Home and Community Care

When it comes to home and community care, over the short-term, the federal government has several important roles to play. As a provider of home care to some federal patient groups including veterans, the federal government must ensure proper guidelines are implemented and enough resources are available to prevent the issues we are seeing in long-term care from spreading to home and community care.

⁶ Comas-Herrera A, Zalakaín J, Litwin C, Hsu AT, Lane N and Fernández J-L. 2020. Mortality associated with COVID-19 outbreaks in care homes: early international evidence. Article in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE, 3 May 2020. Available at : <https://ltccovid.org/wp-content/uploads/2020/05/Mortality-associated-with-COVID-3-May-final-5.pdf>.

⁷ Australian Government. 2019. Guidance and Resources for Providers to support the Aged Care Quality Standards. Aged Care Quality and Safety Commission. Available at: <https://www.agedcarequality.gov.au/providers/standards>.

Similarly, the federal government must support provincial and territorial governments in ensuring the same.

The federal government should also encourage and enable governments at all levels to leverage existing community networks to provide check-ins and support to vulnerable Canadians and older adults. For example, paramedics and firefighters can be used in some rural communities to conduct check-ins, break social isolation, and provide basic care to at-risk individuals, particularly older adults.

As the pandemic evolves, increasing the availability of home and community care services so that care can be provided at home rather than in long-term care facilities, is a proactive approach that can help reduce the spread and impact of the virus, now and for potential future waves.

Long-term, Canada must move toward supporting older adults with aging in the place of their choosing. This will require a national pivot from delivering care in institutional settings, like hospitals and long-term care, to providing these services in homes and communities. It will require resource and system shifts to move us away from a default reliance on long-term care and toward an expansion of home and community care services, which are less costly, allow Canadians to remain in their homes and communities for as long as possible, and generally lead to better health outcomes and quality of life.

Increasing and improving home and community care services also offer an opportunity to enhance preventative care. Consistent and frequent care in the home can help divert older adults from hospitals, where they are more likely to contract illnesses and experience declines in their physical and mental capabilities.

One way the federal government can help shift the system and resources toward home and community care is by bringing these services within the purview of the *Canada Health Act*, or creating an instrument like it, and create and implement national criteria and care standards tied to funding. Along with our proposal to do the same for long-term care, this would create further consistency between home and community care, long-term care, and acute care.

Informal Caregivers

An estimated 8 million Canadians over the age of 15 act as caregivers to family or friends, many of whom are providing care to older adults dealing with age-related health problems.⁸ The work done by these informal caregivers is propping up the health and social systems, with estimates suggesting that nationally, the care provided by these informal caregivers saves the health care, social, and community care systems between \$24 billion and \$31 billion annually.⁹

It is important to acknowledge that informal caregivers are more likely to be women, older, and lower income. Data from Statistics Canada shows that women are far more likely than men to be caregivers, and research conducted by the National Institute on Aging found that older women who act as informal caregivers face the greatest level of financial hardship among caregivers.¹⁰

⁸ Turcotte, M. 2013. Family Caregiving: What are the Consequences? Statistics Canada. Available at: https://www150.statcan.gc.ca/n1/en/pub/75-006-x/2013001/article/11858-eng.pdf?st=J_KINajx.

⁹ Hollander, J.M., Liu, G., and Chappell, N. (2009) Who care and how much. *Healthcare Quarterly*, 12(2), pp. 42-9.

¹⁰ Turcote, M. 2013. Family Caregivers: What are the Consequences? Statistics Canada. Available at: <https://www150.statcan.gc.ca/n1/pub/75-006-x/2013001/article/11858-eng.htm>; National Advisory Council on Aging. (2005). Aging in poverty in Canada. Available at: <http://nationalseniorsstrategy.ca/wp-content/uploads/2016/10/National-Seniors-Strategy-Second-Edition.pdf>.

Veteran women caregivers face added challenges because of the virus. Feedback from veteran women indicates that they are likely to work in sectors most impacted by COVID-19, be single parents, or be partnered with individuals in active service, meaning they have less support and more difficulty in carrying out daily activities. Additionally, many mental health support services and respite services catering specifically to veterans are currently not accessible.

COVID-19 has changed how and where informal caregiving can occur, requiring many informal caregivers and the people they care for to adapt to new realities. Informal caregivers are the pandemic's invisible victims, as many do not benefit from the supports the government has announced to date.

Measures put in place because of COVID-19, like physical distancing and restricting access to long-term care and similar facilities, have resulted in some informal caregivers moving family into their homes for the duration of the pandemic, either from their loved one's home in the community or from residences and long-term care facilities. This has led to increased stress, costs, and duties for informal caregivers.

The federal government must provide immediate financial support to informal caregivers who, because of the virus, are incurring additional costs related to their caregiving duties. This could be achieved through a payment like other COVID-19 specific payments, such as the increases to the GST/HST credit and the Canada Child Benefit, so that it flows through an existing program and is based on need. Defining informal caregiving and developing clear eligibility criteria would be essential. Longer-term, the federal government must look at providing better financial support to caregivers, which can be done by making the current family caregiver benefit refundable and by leveraging Veterans Affairs Canada's experience with the Caregiver Recognition Benefit.

The federal government, working with the provinces and territories, must also invest in tools and programs to support informal caregivers, both emotionally and psychologically, as they deal with reduced or cancelled respite care. Many caregivers are now on-duty 24/7 because of COVID-19, and they need mental health supports specific to caregivers. The British Columbia government has made a good start in this area by announcing increased funding for a non-profit that supports seniors and caregivers in the province, which will allow the organization to expand its help line and its virtual tool kit for caregivers.¹¹

Over the medium- to long-term, governments must turn their mind to helping get informal caregivers who are presently unable to provide care to their loved ones back into long-term care and similar facilities.

Of course, the decision to lift restrictions must be done at a time and in a way that is safe for residents, informal caregivers, and staff alike. However, in making this decision, governments must also consider the stress and emotional distress that both residents and caregivers are experiencing because of these restrictions. In most areas, it has been two months since informal caregivers, family and friends have been allowed into these facilities. This is taking a toll on the mental health of all involved and is especially concerning for those residents with capacity issues who cannot understand why their family and friends are no longer around.

Eliminating informal caregivers from these settings also affects staff in these facilities. On top of the additional work that staff is now doing because of COVID-19, they are also working without the usual help from informal caregivers. The presence of informal caregivers in these facilities would help reduce the

¹¹ Government of British Columbia. April 26, 2020. More support for family caregivers during COVID-19 [News Release]. Available at: <https://news.gov.bc.ca/releases/2020HLTH0141-000763>.

workload of staff and allow them to return to delivering the level and quality of care they are used to providing.

Some governments have started loosening restrictions in certain circumstances. The federal government must urge all provincial and territorial governments to develop plans to safely allow informal caregivers to return to long-term care and similar facilities. The federal government should also encourage provinces and territories to consider how they might deal with informal caregiver access to these facilities during future waves of the virus and assist them in developing plans for such an eventuality. Federal involvement on this front could include developing guidelines for the loosening of restrictions and re-introduction of informal caregivers into long-term care, like the interim guidance for long-term care homes released in April 2020.

RECOMMENDATIONS

Federal Retirees is making the following recommendations for your consideration:

1. Provide prompt, complete information, including expected timing, on senior-focused COVID-19 relief programs, such as the OAS and GIS one-time payments, and work with stakeholder organizations to ensure older adults are aware of the federal government programs available to them.
2. Ensure older adults who worked in 2019 and received less than \$5,000 can qualify for and receive needs-based financial support.
3. Implement longer-term increases to the Guaranteed Income Supplement (GIS), to target financially vulnerable seniors, and move forward strategically on the government's commitment to increase Old Age Security (OAS) by 10% for Canadians age 75 and up.
4. Continue to encourage innovation, such as OPTrust and CAAT's new career-average defined benefit plan options that are available to employers in the not-for-profit and private sectors.
5. Continue to implement measures that protect defined benefit pensions and pension plan members in COVID-19 relief programs, both in the immediate and longer term.
6. Address long-standing inefficiencies in the retirement security system, and implement a longer-term plan to ensure Canadians' retirement security can also recover from COVID-19.
7. Conduct an independent national review of long-term care, with the goal of ensuring that Canadians in these facilities receive the care they need and can live with dignity.
8. Ensure that home and community care providers have the protocols and resources they need to resume or continue providing care and increase these services, including by leveraging existing community networks, so that individuals can receive care at home rather than in long-term care. Long-term, shift toward a system that relies mainly on home and community care, so older adults can stay in the community and age in place.
9. Provide immediate financial support to informal caregiver who, because of COVID-19, are incurring additional costs related to their caregiving duties.

10. Invest in tools and programs to support informal caregivers, both emotionally and psychologically, to help them deal with reduced respite care and 24/7 caregiving.
11. Support provincial and territorial governments in developing plans to safely return informal caregivers to long-term care and similar setting and to deal with informal caregiver access to these facilities during potential future waves, similar to the interim guidance for long-term care homes released in April 2020.

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