

## INDEX THE PENSION IN ADVANCE, NOT IN ARREARS!



THE pension is back! Or is it?

At the March 2022 pension indexation there was a truly substantial increase. The Age Pension, the Disability Support Pension and the Carer Payment went up by \$20.10 a fortnight for singles to \$987.60 and by \$30.20 a fortnight for couples combined to \$1,488.80.

As a result, asset test limits were increased \$6,750 to \$599,750 and for a homeowner couple by \$10,000 to \$901,500.

While it is understandable that pensioners are relieved at not having another 'price-of-half-a-cappuccino' increase, the truth remains that indexation attempts to maintain the

purchasing power of the pension.

The reason for the big increases at the March 2022 indexation is high inflation.

The reason for the small past increases was low inflation.

It is even the case that high pension increases (because of high inflation) indicate pensioners are going backwards faster.

This is because indexation is about the previous six months.

Before the March 2022 indexation, the single pension was \$967.50 per fortnight, but inflation was such that you needed \$987.60 to buy what you usually buy.

In other words, for six months you

were forced to find an extra \$20.10 per fortnight yourself to cover your living expenses. Over six months, that would have amounted to \$261.30.

The March 2022 indexation ups the pension for the next six months only, not the previous six months, during which inflation skyrocketed.

No wonder that pensioners have been screaming blue murder over cost-of-living increases.

Unless you have additional income or savings to cover the shortfall, you really notice the difference.

Obviously, pension indexation needs to be reviewed.

# Letters

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(as at 7 June 2021)

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### Bring on a pension review (1)

LARGE companies flex their market power because they can while governments sit impotently by.

Is it time pension recipients and wage earners were afforded some protection against the exceptional circumstances an economy such as Australia's may face.

Should this protection not be in addition to the systematic, but "lagged" annual and six-monthly adjustments?

Alternatively, wage and pension adjustments should faithfully pattern those enjoyed by our elected representatives.

*Helen Ducker*

### Bring on a pension review (2)

I ABSOLUTELY support a pension review for the five reasons you published, and a sixth can be added.

Pollies are perceived to do anything they can to keep the low-income

population suppressed while ensuring their own interests are well looked after.

In addition to lobbying for a Pension Review, perhaps a rewrite of the price indexing system could be called for.

There are glaring faults in the current system. The CPI, for example, includes foodstuffs that are unlikely to appear on an everyday shopping list. Foodstuffs not regularly bought and expensive top end products should not be included.

Another point. A pension review needs to be conducted by a 100 per cent independent body, with oversight checks done to ensure there is no corruption.

But perhaps such a thing isn't possible in this day and age.

*Jim Christie*

### Bring on a pension review (3)

IT amuses me that in the last two years workers received two lots of substantial tax cuts. Now our Treasurer has announced more tax cuts. Pensioners will gain nothing.

It's about time someone asked some questions, like: wouldn't this next tax cut be more beneficial to the economy if pensioners too gained a substantial increase.

Workers have had the benefits of very low interest rates, I paid 13.5 per cent on my home loan, not 2.75 per cent.

## CPSA Funding

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- I'd like to **renew** my membership or join CPSA as a Member and enclose my individual Membership fee of **\$15** (Includes a free annual subscription to THE VOICE, valued at \$32). I agree to be bound by the CPSA Constitution and uphold the Objectives and Policies of CPSA. I support the CPSA Objectives. I have not previously been expelled from CPSA or, if I have been expelled, I have attached a copy of my CPSA Executive exemption.
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Please send to: CPSA, Level 3, 17-21 Macquarie St, Parramatta NSW 2150



# Letters

The pensioner Christmas pension bonus of \$1,000 has been wiped out. Indexation grants increase equivalent to half a cup of coffee.

Yet nobody complains or asks questions.

I just needed to vent my frustration. Pensioners need support.

Australian politicians like to play on the world stage, yet they should be ashamed of how they treat their aged.

Any new way to tax or raise revenue, is quickly adopted from overseas, but how to treat your elders isn't even considered.

Australian pensioners would be well down the list on how they are being treated compared with other countries.

It's time to push for a real pension increase, not just a couple of dollars.

Election looming make some noise.

*John Entjes*

## Bring on a pension review (4)

THANK you for your tireless efforts on behalf of pensioners and superannuants.

My wife and I totally support the need for a pension review.

The pension has indeed reached a crisis point. We don't believe this crisis point was reached by accident, rather a deliberate plan. This is underpinned by the lack of action on the recommendations from the Age Care Royal Commission. It has become clear that older Australians are expendable.

The OECD defines the poverty line at one half of the median household income of the total population. In Australia this translates to a single adult living on less than \$426.30 per week. For a couple with two children, it was \$895.22 per week.

Over a quarter of a million aged over 55 but not eligible for the pension, and pensioners are really suffering. To add insult to injury the cost of a medical prescription for pensioners has risen 7.9 per cent from 1 January 2022.

We fully support the rationale put forward by CPSA in the March 2022 edition of *THE VOICE*.

In addition, we also support a wholly independent body to monitor pensions and have the

power to increase pensioner payments. In the first instance to increase the payments to above the poverty line.

*Ross McKinney*

## Regional banks disappearing

CREDIT Unions have taken over where banks close.

In tiny towns a 'hub' attached to a supermarket is one idea in practice in rural towns.

Trouble is most workers like on-line and that's where the money is.

In Narromine, we have lost NAB, ANZ, Westpac and Rural Bank but still have CBA which closed in the 1990s and reopened some years later.

Change cannot be stopped and whilst it may be possible to do most business still with cheques that is coming to an end sadly.

*Bob Meadley*

## Suburban banks disappearing

AS a bank customer, I was interested to read your article about the regional bank situation in the February 2022 *VOICE*.

Let me tell you, it is not only the regional areas that are suffering.

Here in the suburbs of Sydney we are not doing too well either. I moved to Quakers Hill in 1996, with a branch of my bank less than 10 minutes away from my home, with ATMs outside the branch.

A few years ago, full banking arrangements were closed and the branch became an ATM only establishment with four ATMs all busy most of the time.

Then, a couple of years ago, the ATMs also disappeared.

I called the bank and complained.

The bank apologised but said I needed to go to either Blacktown or Rouse Hill for full banking services.

We used to send some money as support to family overseas every now and then, but we had to stop as it was no longer easy for us to access the bank.

Sometimes I think that old people are a nuisance to the banks and to the NSW Government.

*Steve Adamantidis*

## Housing disgrace

AFTER 42 years, government upon government still cannot solve the problem of homelessness.

We have pregnant women living in cars.

It's become so bad for the homeless that maybe they should be classed as refugees and housed in army tents in camps.

We may ask the United Nations High Commissioner for Refugees how to operate the camps.

It will take a miracle if one day there are houses for everybody!

*Victor Borg*

## Make travel card permanent!

THE NSW Regional Seniors Travel Card is something the NSW Government would have liked to fall off the table into File 13, but we lobbied Macquarie Street and campaigned hard to keep it alive and well-subscribed.

We were delighted when it came to fruition in 2020, sceptical when it was extended to 2021, happy that it is still alive in 2022 after being told it was only for two years maximum, and surprised that it is to be extended to 2023, although it is still called 'a trial'.

Griffith CPSA would like to see the Regional Seniors Travel Card permanently adopted and – at the very least – indexed.

Being matched dollar for dollar by the Commonwealth would demonstrate Canberra's commitment to the bush. But that's probably a bridge too far.

As it stands at the moment though, we would like to see it better and more broadly promoted. This is particularly relevant given the floods, fires, and economic downturn and struggles faced in the bush with COVID.

*Colin Beaton*

*Griffith CPSA Branch President*

## Dubbo to Newcastle: transport link severed

AT the February meeting of the CPSA Dubbo/Orana Branch, members moved a motion asking CPSA Head Office to consider and to support efforts to improve the availability of affordable transport

# CPSA News

between centres that do not have rail links.

The particular situation that is of concern here in Dubbo is that the privately owned bus that provided a link with Newcastle has recently been discontinued.

Not only do people have links with family and friends in Dubbo and Newcastle but, importantly, there are also people who go from Dubbo for specialist treatment at John Hunter Hospital.

Members reported having enquired as to whether a bus link was being considered by the NSW Department of Transport but there seemed to be no interest in it.

*Elizabeth Moxham*

*Dubbo/Orana CPSA Branch Secretary*

*(CPSA has written to the NSW Minister for Regional Transport and the NSW Minister for Seniors about this issue. Ed.)*

## Send a letter to THE VOICE

THE VOICE, CPSA  
Level 3, 17-21 Macquarie Street,  
Parramatta NSW 2150  
[voice@cpsa.org.au](mailto:voice@cpsa.org.au)

You must include your name for the letter to be published, though this may be omitted in publication if the letter contains personal information. Letters may be edited for length and clarity.

## The great super fund shake-up is here

A SURVEY by investment bank JP Morgan of 56 Australian super funds demonstrates the enormous change the industry is currently undergoing.

Half of those surveyed expected the number of super funds in the \$3 trillion-plus sector to fall below 75 in four years' time and a quarter expecting less than 50 funds.

On 30 June last year, there were 128 funds, so there will be lots of mergers.

Almost two-thirds of super fund executives cited new regulations as their biggest challenge over the next five years.

It is quite obvious that pressure through regulation on fund performance will result in funds which have been slothful and incompetent being swallowed up by better performing funds.

Nine of the 13 funds that failed the inaugural performance tests last August have announced mergers or an intention to merge.

This is good news for workers, especially those who don't have much of an idea about where to put their super, and for those not engaged for some reason. So, that means it's good news for the majority of superfund members.

It will also mean that funds will be bigger, and that there will be economies of scale. This has the potential for running costs to be reduced, although those reductions may be absorbed by some of the higher costs associated with doing a competent job investment-wise.

The industry has reservations about the impact of the annual performance test the industry now faces.

The argument goes that the risk of failing the performance test will cause funds to be extra careful and not to achieve as well as they might otherwise.

The industry would say that, wouldn't they?

If performance testing weeds out the rotten funds, though, that will be a good result.

There can be fine-tuning of performance testing in the future, so that super funds will continue to be encouraged to do well for their members.

Performance testing is not the only big change imposed on super funds.

There is now also a new requirement for funds to formulate a retirement income strategy that outlines how they plan to assist their members in retirement.

This strategy must consider how funds will help their members to make their super savings last.

## Crossword by Luke Koller

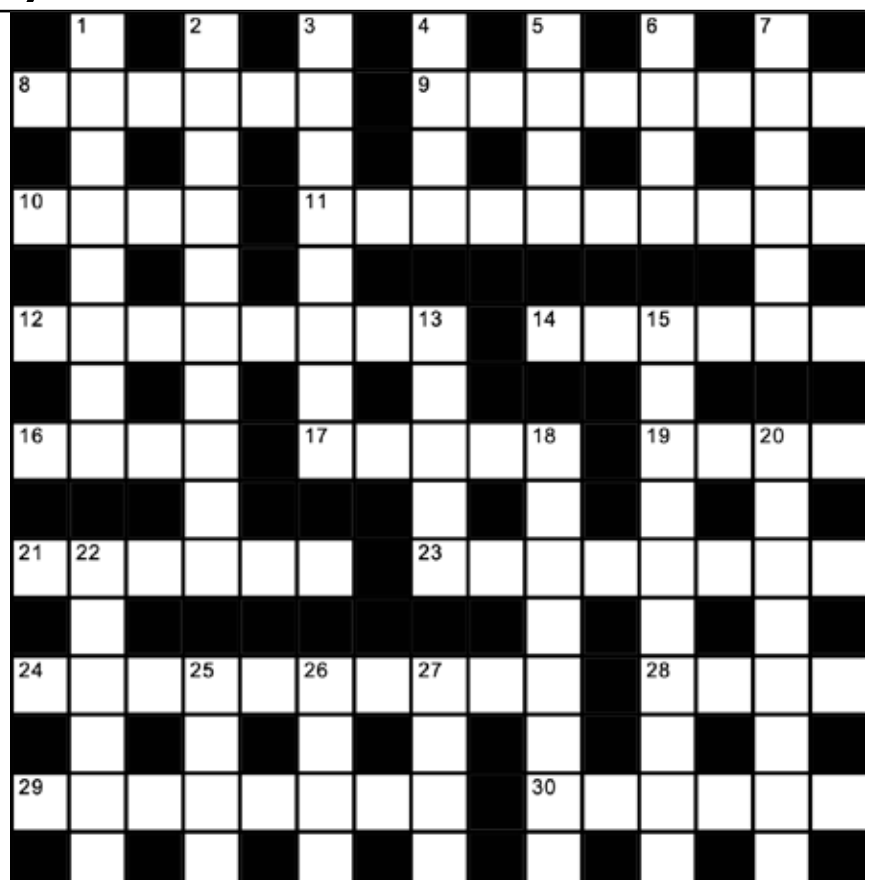
### Across

- 8 Military greeting
- 9 Home for fish
- 10 Habitation of wild animals
- 11 Australian mountain
- 12 Land higher than a hill
- 14 An ocean trip
- 16 Small
- 17 Vote in
- 19 Corrosive liquid
- 21 Many vipers
- 23 Made wet
- 24 European mountain
- 28 Needed for 14 across
- 29 Butterflies or rulers
- 30 One before twelve

### Down

- 1 Type of pasta
- 2 Isolate
- 3 Worn around the neck
- 4 Labels
- 5 Japanese mountain
- 6 Part of an eye
- 7 A noisy disturbance
- 13 Requires
- 15 Lacking help
- 18 Gifted
- 20 Place on a list
- 22 Mythical beast
- 25 Melt
- 26 Athletic competition
- 27 Remove from office

**Solution on back page**





Up to now, funds have gotten away with acting as though their members never retired. The increasing multitudes who do retire are left to figure out how they use their superannuation all by themselves.

Change is coming and the superannuation industry screaming blue murder should be sweet music to the ears of fund members.



## Light, air and sunshine: Vienna the affordable housing example for Australia

IN many major cities, social housing is for poor people. If you're not poor, you have to find accommodation in the private rental market. Rents are exorbitant because of speculation and the lack of supply.

Vienna is the exception to this rule. There the rule is that everyone has a right to "light, fresh air and sunshine". The housing assistance provided by the city is not only for the poor but also for anyone with an annual income below \$A60,000.

The city owns 220,000 apartments, a quarter of all accommodation in the city, and rents them out at reasonable rates.

City regulations ensure that rental apartments not owned by it remain affordable through rent controls and rental subsidies.

As a result, two-thirds of renters in Vienna get assistance from the

## Everybody's Home: Australia needs 25,000 more social housing dwellings now

NOT only is Australia's chronic underinvestment in social and affordable housing worsening the housing affordability crisis, but it is also actually costing the country in other areas.

This is what the Everybody's Home campaign found. Everybody's Home is a coalition of housing, homelessness and welfare organisations, including CPSA.

Everybody's Home has used modelling which shows underinvestment in social housing is causing economic damage to the tune of \$676.5 million a year.

By 2036, if nothing is done, the annual damage will rise to \$1.286 billion per annum in 2036.

That's money, but there's also the cost in human suffering: homelessness, mental illness, domestic violence, alcohol and substance abuse.

According to the most recent Australian Bureau of Statistics estimate of homelessness, people

city to make sure they have a decent roof over their heads.

Current Viennese housing policies date back to just after the end of World War 1, when the country faced economic ruin and house prices had collapsed. Construction of new housing had stopped, and a housing shortage ensued, leading to overcrowding. Overcrowding led to disease: tuberculosis was called the Viennese Disease at the time.

A new Austrian Government had a single mission: restore the standard of living. Housing policies hail back to that day and haven't changed much.

Not everyone likes the city's housing policies, though. These policies are funded to a large extent from a city tax on real estate. The Austrian People's Party, which campaigns on tax cuts, wants to get rid of affordable housing policies in Vienna, claiming that they are not suitable in this day and age and that there's a lot of fraud going on.

However, with two-thirds of

over 55 made up 16 per cent of the total homeless population in 2016.

Males accounted for 63 per cent or 11,757 of this, a huge 26 per cent increase from five years earlier.

The number of older homeless women increased by 31 per cent to 6,866 in 2016, up from 5,234 in 2011.

Although no more recent statistics have been published, it is obvious that with rising house prices and rents, the situation has become even worse since 2016.

With each passing year and each passing federal budget where social housing receives no significant funding boost, more and more Australians fall victim to homelessness.

Everybody's Home has calculated that constructing 25,000 social homes in a year would cost \$12.9 billion.



the city's renters depending on affordable housing policies, the Austrian People's Party has so far been unable to unseat the Austrian Socialist Party, which effectively has run Vienna since 1919.

What also helps to maintain affordable housing policies in Vienna is that everyone can see what happens to rents outside of the control of the city. Market rents between 2008 and 2016 increased by 53 per cent and are not affordable for those on low-to-middle incomes.

This development has also spurred the city's administration on to plan development of more affordable housing.

Australia is not Austria (ACDC is a far cry from the music of Johan Strauss), but the housing needs of people on low-to-middle incomes are the same: Australia needs to start building affordable housing in the interest of young and old.

It can and should be done.



## NSW euthanasia legislation awaiting the final vote

THE NSW Parliament is considering the Voluntary Assisted Dying Bill 2021. It was passed by the Lower House and is awaiting a vote in the Upper House.

A parliamentary inquiry into the Bill took evidence for and against euthanasia in general and in NSW specifically.

However, the inquiry did not make recommendations other than that the NSW Parliament should consider the Bill.

The inquiry received around 39,000 responses to an online questionnaire and well over 3,000 submissions.

What is proposed is that to be eligible for a voluntary assisted death that a person must have a terminal illness which (1) will cause death within one year and (2) is causing suffering that cannot be

relieved. The person must also have decision-making capacity and must not be put under undue pressure or duress.

Clearly, decision-making capacity can be problematic in cases where a person has a form of dementia or other disease that attacks the mind.

This means the Bill does not provide for conditional applications. A person can't set up a voluntary assisted death for if and when they develop a form of dementia.

Approval of an application for a voluntary assisted death is dual. Eligibility is assessed by a "coordinating practitioner", who

refers the person on to a "medical practitioner".

Both, independently from each other, must assess whether the person has a terminal disease likely to lead to their death within a certain period and is causing them suffering that cannot be relieved.

Both must assess if the person has decision making capacity.

Both must assess if the person is acting voluntarily.

If the Bill is passed in the NSW Upper House, NSW will be the last state in Australia to adopt euthanasia legislation.



## Why funeral insurance is always a fraud

RECENTLY the ABC ran a story about funeral insurance, exposing funeral insurance as a fraud on unsuspecting, innocent people wanting to make sure their funeral expenses are covered when the time comes.

The ABC story was about the collapse of the Aboriginal Community Benefit Fund, also known as the Youpla Group.

It appears Youpla marketed itself as a funeral fund which people paid into, but in reality, they only offered insurance. Complaints have been laid against Youpla based on alleged misrepresentation. Compensation

for affected policy holders is being sought.

Following the Royal Commission into Misconduct in the Banking, Superannuation and Financial Services Industry's recommendation, the Australian Government removed the regulatory loophole which enabled funeral expenses products to avoid regulation under the Corporations Act.

That knocked the Youpla Group out of the market for new entrants. That is the good news.

But the bad news was that Youpla could continue taking money from existing policy holders as an unlicensed insurer.

And the collapse this month of

Youpla may make it more difficult for complaints to be resolved favourably for policy holders.

Funeral insurance continues to be spruiked legally by licensed insurers.

But make no mistake: funeral insurance is always a rip-off, no ifs or buts.

Here's how funeral insurance works.

You pay a premium fortnightly. This means that if you die within that fortnight, you will receive a pay-out.

If you die outside that fortnight, you receive nothing.

As long as you pay your premium fortnightly, you will receive a pay-out if you die. As soon as you stop paying, your cover stops.

It's like car insurance.

The pay-out you receive under funeral insurance is portrayed as money to pay funeral expenses. But it is just a pay-out to your estate. It may not even be available immediately after your death.

The moral of this story: avoid funeral insurance. Get a prepaid funeral, a funeral bond or save up for your funeral by paying a 'premium' into a bank account that's yours.





# CPSA News

## Army sent into nursing homes

IN a photo distributed by the Australian Defence Force (ADF) a Leading Seaman Electronic Technician and a Seaman Electronic Technician are shown as having a chat with two nursing home residents as part of Operation COVID-19 Assist.

As part of Operation COVID-19 Assist, the Government will deploy up to 1,700 ADF personnel "to support staff in the aged care sector".

Not all of those 1,700 will be electricians, but as the Prime Minister pointed out "the ADF is not a shadow workforce".

Operation COVID-19 Assist kicked off with the "deployment" of ten Quick Response Support Teams this week with 50 members each.

Operation COVID-19 Assist is wider than residential aged care only.

It has also included quarantine compliance and management, contact tracing, ambulance driving and delivery of food to vulnerable Australians.

However, all those things falling under Operation COVID-19 Assist were to cover emergencies purely down to the COVID-19 pandemic.

Staffing in nursing homes was at an emergency level long before the COVID-19 virus even existed. Back then, as now, nursing homes generally paid wages as low as they could make them. Many homes employed staff on a casual basis only, cutting out every hour in order to lower staffing costs.

The nursing home industry now says that the Government aged care

subsidies are so low that they have no alternative but to screw staffing hours and wages down as much as they can.

And they are right.

Problem is they were already screwing staffing hours and wages down as much as they could when the Government was paying adequate subsidies. At that time, many providers simply were looking to maximise profits.

When the Government cottoned on to that fact, it started to reduce subsidies.

What the Government neglected to do was to insist that its subsidies be spent on staffing.

However, that would have meant getting aged care providers to acquit the subsidies they received and show that they had spent that funding on wages. There was and is no legislated mechanism for that.

So, the nursing home staffing crisis escalating to the point of having electricians being sent in to care for residents is entirely of the Government and industry's own making.

In a sign that both the Government and the industry will not learn from even mistakes as big as this, the special \$10-a-resident-a-day subsidy to improve nursing home food has generally not led to better food being served.

There is no requirement to acquit for this special subsidy. As a result, in many cases it's being used for other things or to increase profits.

Fixing up aged care is going to take a lot more than a bit of fuse wire.

Money for more and better-paid staff.

## Would you rather be financially secure now or when you're dead?

Many retired people try to avoid doing what they must do if they are to be financially secure



Would you rather be financially secure now

or when you're dead?

CPSA COMBINED PENSIONERS & SUPERANNUANTS ASSOCIATION

## How sure are you that you will never move again?

Do you ever catch yourself saying that you will never move again or that they will have to carry you out of your house in a box? But chances are that, as you continue to age, your home will start to let you down a little bit or even a lot. You may be able to overcome this without moving or you may not. You have to think about what could go wrong and think of things you would be able to do to make sure you can keep your independence.



How sure are you that you will never move again?

CPSA COMBINED PENSIONERS & SUPERANNUANTS ASSOCIATION

Both booklets are available at [cpsa.org.au/publications/factsheets-and-booklets/](http://cpsa.org.au/publications/factsheets-and-booklets/) or ring 1800 451 488 for a printed version.





## MyAgedCare or missing-in-action aged care?

IF you need aged care, your first port of call is MyAgedCare on 1800 200 422.

You can't get around this government agency, whether you need home care or a nursing home.

MyAgedCare organises an assessment of your needs and determines what type and how much aged care you will receive.

The problem with MyAgedCare is that it is captive to its own bureaucratic processes.

Here's a real-life example.

A 98-year-old woman lived alone in a retirement village. She paid a cleaner privately for many years to clean her place every week. But the time came that the cleaner moved away, leaving her without domestic help. She didn't know anybody else who could take her private cleaner's place.

So, she rang MyAgedCare.

MyAgedCare responded by promising that somebody would visit her to carry out an assessment "within four weeks". MyAgedCare

did not specify how long it would take for the assessment result to be approved.

It is not reasonable, of course, to expect same-day service.

But isn't it obvious that if somebody who is 98 rings up requesting the absolute minimum and lowest-level home care in the form of a one-hour domestic cleaning service, that this person needs to be helped straight away?

Do you really need a formal assessment at all to work out that, yes, somebody who is 98 and lives by themselves and asks for the absolute minimum of assistance needs that assistance?

CPSA contacted a home care provider in this lady's area to ask if they could take her on at short notice.

No, was the answer.

Until her funding was fixed up, they couldn't.

In the end, CPSA found this lady some contact numbers for local cleaning services with good customer reviews. One of them may fill the gap left by MyAgedCare

## Have health complaint, will travel: medical tourism

IN the 19th century it was quite common for the rich to visit German resort towns on the Rhine for the reputed health benefits of natural thermal baths located there.

It may have been the first manifestation of medical tourism, which today is a dollar-spinner for impoverished eastern and middle European countries and developing countries in East Asia.

Malaysia, for example, generated half a billion dollars in revenue in 2019 (before COVID shut down international travel) to service 1.2 million overseas patients, who on average spent just over \$450 to get medical help.

Medical tourism these days is not for the rich but for the poor, although any Australian able to afford an international airfare and hotel stay overseas can't really claim

to be destitute.

For older Australians, treatments sought at medical tourism destinations are generally a little bit more serious than the weight loss regimens of Baden Baden: hip and knee replacements, cataract removals and dental treatment top the list.

The sad truth is that rich countries like Australia have health systems that are either too expensive or too slow for many of their citizens, some of whom are just rich enough to make it overseas and run the gauntlet of an unfamiliar health system in

**CPSA**

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CPSA is very active on Social Media. Check out our Facebook page at [facebook.com/combined.pensioners](https://facebook.com/combined.pensioners) and our Twitter account @CPSANSW



for however long it takes for MyAgedCare to do its job.

At commercial rates.

You could say that aged care has bigger problems than this at the moment, and that is true.

But the point is that if the first-contact aged care agency can't get a 98-year-old person a cleaner for one hour a week at short notice, what hope is there for the aged care system to be solving all those bigger problems?

Very little.

unfamiliar surroundings to benefit from a favourable exchange rate.

The Australian Government, apparently unfazed by the shameful fact that each year fifteen thousand of its citizens head overseas for treatments and therapies they should be able to afford and receive in their own country in a timely fashion, has created a travel advisory page on its website pointing out the dos and don'ts of medical tourism.

It's a very good webpage. Shame our health system doesn't match its quality.





## Universal for some: specialist medical care

UNIVERSAL healthcare implies that everyone regardless of wealth and income has equal access to essential medical care.

But last year, about half a million people in Australia delayed or missed out altogether on seeing a medical specialist, because it was too expensive.

Delayed means they had to save up.

Missed out means that they couldn't even save up for it.

This startling statistic is from a report Not so universal: How to reduce out-of-pocket healthcare payments.

This Grattan Institute report says that Australia relies more on out-of-pocket payments for medical expenses than similar countries.

All up, Australians pay more than \$1.3 billion out-of-pocket to medical specialists every year, the report says.

That's money out of the pockets of patients who could afford to pay, even if a lot of them had to save up

## Are QR codes safe?

ALTHOUGH they have been around for almost 30 years, Quick Response (QR) codes are only just beginning to be widely used.

In supermarkets they have started to replace bar codes on grocery items.

Governments have used them in the current COVID-19 crisis for contact tracing during the pandemic.

Everybody uses them.

Including scammers.

For example, parking meters in a big American city used legitimate QR codes which patched motorists through to a website where they could pay the parking fee. Scammers stuck a label with a malicious QR code over the top of the legitimate code, and as a result motorists paid the scammers. This scam was only uncovered once motorists started receiving fines for not paying parking fees.

But apart from being used in scams, a QR code can contain

first.

Delaying getting the specialist medical care you need is like servicing your car every 20,000 kilometres instead of every 10,000 kilometres. Your car is going to break down more and it's going to cost more to fix eventually.

The Grattan Institute report lists five things that state and federal governments must do to fix the problem.

First, states need to expand the number of public hospital outpatients, so there are more zero-out-of-pocket options for patients. Currently there are huge waiting times for treatment in medical specialist outpatient clinics, forcing people to go and see price-gouging medical specialists in private practice.

Second, governments need to provide more information to GPs so that they know how much each specialist charges. That way, GPs would be able to steer patients away from specialists who charge exorbitant rates.

Third, the federal Government needs to boost bulkbilling for

malicious data in the form of a website address that can extract a lot more information than needed from your phone.

On a mobile phone, the app reading a QR code may override the user's web browser permissions. In this way, a QR code can enable and stream information from the phone's microphone, camera and GPS to a remote server.

These feeds can be analysed for sensitive data such as passwords, files, emails, SMS or IM messages.

All these actions can occur in the background while the user sees only the app opening a seemingly harmless web page.

For the security of your personal information and the safety of your device, you should adopt the same cautious approach to QR codes as you probably already take to suspicious email messages.

If it doesn't look legitimate or you don't know or trust the source, don't scan it. However, there's nothing

specialist medical services. Only 46 per cent of visits are currently bulk-billed.

Fourth, the federal government needs to help GPs do more and so reduce referrals to specialists. It can do this by allowing specialists to be paid for giving specific over-the-phone advice to GPs about a patient without actually seeing the patient – a so-called secondary consultation scheme.

Some patients would ultimately still need to be referred on, but such a scheme would reduce many patients' exposure to out-of-pocket payments for seeing a specialist.

Fifth, the supply of specialists has not kept pace with population growth. The number of dermatologists, for example, increased by 17 per cent between 2014 and 2019, whereas the population aged 70 and older – a good indicator of healthcare demand – increased by 25 per cent over that period.

Medical specialists are notorious price-gougers, and the reputations of the few who aren't are tainted by the many who are.

Price-gouging needs to stop.

to fear from QR codes used by businesses and services which you do trust.

Advertisers, governments, businesses and any organisation or individual with a message to communicate can place their QR codes in public spaces where they can be scanned easily by potential customers, directing them to websites where they can purchase or find information almost instantly.

It's a much faster and more effective way of capturing people's attention than providing a website address or phone number that needs to be remembered or written down.



## SCAM ALERT: MyAgedCare

CPSA members have alerted us to a phone scam in which the caller identifies themselves as a “specialist” with MyAgedCare.

MyAgedCare (1800 200 422) is the customer interface and entry point for aged care in Australia.

The “specialist” offers special deals on medication. Payment is by credit or debit card.

The members who alerted us to

this scam did not fall for it, but be warned.

MyAgedCare does not sell anything. Not equipment, not medication.

Anybody who pays up will lose their money.

It is also likely that the caller will use credit card details to steal money from credit and debit card accounts.



### Garden of Remembrance

CPSA Treasurer George Ray passed away on 25 February 2022.

George joined the CPSA Executive in 2008. His first role on the Executive was as Assistant Treasurer. He then served as a Committee Member for the next seven years. In 2015, George again took on the role of Treasurer for which the Executive was most grateful.

George was also Vice President and Secretary of the Riverlands Area Council.

George was passionate about the needs of older Australians. He was often interviewed by the media, and the CPSA policy team regularly consulted with him.

George was also a committee member for the St Mary's Community & Cultural Centre, and a committee member for three Penrith Council committees.

George will be deeply missed by CPSA Head Office, the St Mary's CPSA Branch and the New Millennium Seniors CPSA Branch at Mount Druitt.

*Rest In Peace*



### Donations

THE VOICE publishes donations to CPSA of \$35 and over. All other donations are most welcome and equally appreciated.

Marjorie Atkinson	\$35
Max Blanch	\$35
Janet Mundie	\$50
Susanne Scobie	\$35

### CPSA Head Office operations in 2022

In the December 2021 - January 2022 edition of THE VOICE, we included a notice saying that CPSA Head Office would be fully re-opening on 10 January 2022.

This announcement has proved to be premature because of the Omicron variant.

CPSA will regularly review the status of Head Office as the COVID-19 pandemic unfolds.

In view of the shut-down of Head Office, CPSA has implemented new telephone technology to make it possible for any phone calls made to the main switchboard (1800 451 455) to be answered by a real person whenever CPSA Head Office has to be closed.

### CPSA Constitution and Annual Report

Please ring Head Office on 1800 451 488 if you would like a copy of the CPSA Constitution or CPSA's 2020/21 Annual Report to be posted to you. Alternatively, copies can be obtained online at

[www.cpsa.org.au/about-combined-pensioners-and-superannuants-association/](http://www.cpsa.org.au/about-combined-pensioners-and-superannuants-association/)

### Information hotline for older Australians during COVID-19 pandemic

Now that vaccinations have started up, the Australian Government's COVID-19 information hotline may again prove its worth. The hotline provides particular support to those accessing aged care services.

**Phone 1800 171 866**

### Disability COVID-19 Information Hotline

The Australian Government's Disability Information Helpline for people with disability, their families, carers, support workers and services who need help because of COVID-19 continues to operate. **Phone free call 1800 643 787 or use the National Relay Service on 133 677.**

The Helpline will help connect you with the right service, give you reliable and accessible information, or can connect you with a Councillor for emotional support if that is what you need.

### Tell us your story

CPSA wants to hear about your experiences during the COVID-19 pandemic. Ring CPSA on 1800 451 488 or email [voice@cpsa.org.au](mailto:voice@cpsa.org.au)



# CPSA Information Directory

## INCOME SECURITY

**Centrelink**  
Age Pension **13 23 00**  
DSP/Carer benefits **13 27 17**  
Family Assistance **13 61 50**

**Welfare Rights Centre**  
**1800 226 028**

**British Pensions in  
Australia**  
**1300 308 353**

## HOUSING

**Housing NSW**  
Public and community housing  
**1800 422 322**

**Tenants' Union Advice Line**  
**1800 251 101**

**Tenancy Advice & Advocacy  
Service**  
Find your local service  
[tenants.org.au](http://tenants.org.au)

Find the help you need with  
**myagedcare**

**1800 200 422**  
[www.myagedcare.gov.au](http://www.myagedcare.gov.au)



## GOODS & SERVICES

**NSW Energy & Water  
Ombudsman (EWON)**  
**1800 246 545**

**Telecommunications  
Industry Ombudsman**  
**1800 062 058**

**NSW Seniors Card**  
**13 77 88**

**No Interest Loans Scheme**  
Loans to purchase essential  
household items  
**13 64 57**

**Energy Made Easy**  
Price comparisons  
**1300 585 165**  
[energymadeeasy.gov.au](http://energymadeeasy.gov.au)

**NSW Ageing and  
Disability Abuse  
Helpline**



**1800 628 221**  
(Mon-Fri 9-5)

**medicare**

**132 011**

24/7  
GENERAL ENQUIRIES  
HELPLINE

**Advance Care  
Planning Australia**

BE OPEN | BE READY | BE HEARD

**1300 208 582**

PLANNING  
FUTURE HEALTHCARE  
PREFERENCES

**ndis**

National Disability  
Insurance Scheme

**1800 800 110**

DISABILITY  
SUPPORT FOR  
PEOPLE UNDER 65



**afca**  
Australian Financial  
Complaints Authority

**1800 931 678**

DISPUTE RESOLUTION  
FOR FINANCIAL  
SERVICES

## HEALTH, WELLBEING & TRANSPORT

**Office of Hearing Services**  
Subsidised hearing aids  
**1800 500 726**

**National Dementia Helpline**  
**1800 100 500**

**VisionCare**  
Subsidised spectacles  
**1300 847 466**

**Taxi Transport Subsidy  
Scheme**  
[transport.nsw.gov.au/ttss](http://transport.nsw.gov.au/ttss)  
**1800 623 724**

**National Continence Helpline**  
**1800 330 066**

**Rape Crisis Centre**  
24hours/7days  
**1800 424 017**

**National Domestic Violence  
Helpline**  
**1800 200 526**

**NSW Health Care Commission**  
**1800 043 159**

**Carers NSW**  
**1800 242 636**

**Aged Care Complaints  
Commissioner**  
**1800 951 822**

**Lifeline**  
**13 11 14**

**Australian Men's Sheds**  
**1300 550 009**

**NSW Public Dental Health  
Services**  
Call NSW Health for details  
**1800 639 398**

**Cancer Council NSW**  
**13 11 20**

**Exit International**  
Information about euthanasia  
**1300 103 948**

**Mental Health Crisis Team**  
24/7 for mentally ill people in crisis  
**6205 1065**

## LEGAL

**Seniors Rights Service**  
Retirement village advocacy  
**1800 424 079**

**Fair Trading**  
Rental bond and tenancy info  
**13 32 20**

**Law Access**  
Referrals for legal help  
**1300 888 529**

**NSW Dispute Resolution**  
**1800 990 777**

**Women's Legal Services  
NSW**  
Family law, domestic, violence,  
sexual assault & discrimination  
**1800 801 501**

## RIGHTS

**Australian Human Rights  
Commission**  
Complaints about discrimination  
**1300 369 711**

**Commonwealth  
Ombudsman**  
**1300 362 072**

**NSW Ombudsman's Office**  
**1800 451 524**

**NSW Trustee and Guardian**  
**1300 360 466**

**Guardianship Tribunal**  
**1300 006 228**

**Older Persons  
Advocacy Network (OPAN)**  
Individual advocacy for aged  
care recipients  
**1800 700 600**



# Giggle Page



ALL OF MY CHILDHOOD PUNISHMENTS HAVE BECOME MY ADULT GOALS: EATING VEGETABLES, STAYING HOME, HAVING A NAP, GOING TO BED EARLY.



I made a new friend today...she gave me permission to post her pic but "only if" I let everyone know that she is 93 years young!!! I told her she (and her pink hair) made my day and she replied "Well, I refuse to be that little old white haired lady!" ❤️



## Crossword Solution

Crossword on Page 4

	1	M		2	Q		3	N		4	T		5	F		6	I		7	R	
8	S	A	L	U	T	E				9	A	Q	U	A	R	I	U	M			
		C	A		C					G		J		I		C					
10	L	A	I	R			11	K	O	S	C	I	U	S	Z	K	O				
		R	A		L														U		
12	M	O	U	N	T	A	I	N			13		14	C	R	U	I	S	E		
		N		T		C		E									N				
16	M	I	N	I			17	E	L	E	C	T			18		19	A	C	I	D
				N							D		A		S		T				
21	A	D	D	E	R	S				23	S	P	L	A	S	H	E	D			
				R										E			I		M		
24	M	A	T		25	T	E	R	H	O	R	N			28	S	H	I	P		
			G			H		A		U		T		T		S					
29	M	O	N	A	R	C	H	S						30	E	L	E	V	E	N	
						N		W		E		T			D		D				