

November, 2004

Remembrance is the traditional theme of November. As fortunate Canadians living in the 21st century what should we remember? Certainly we ought not to lose sight of the sacrifices of our forebears and the fragility of civilization itself. For human beings there are always challenges to everyday living. Radical social experimentation threatens the notion of the human family as the bedrock of healthy societies. Social changes undermine the relationships and responsibilities of family members toward one another.

Is today's social environment supportive to families and its members? Are there trends and developments making it increasingly difficult for families to survive intact and to pass on wisdom and guidance to the next generations?

In this curriculum supplement we look at the troubling, growing imbalance between generations and related developments that harm families and affect their ability to care for their offspring and their senior members. Since the family has always been the basic building block of a healthy society any serious weakening of the family will result in the destabilization of society itself.

Discovering Our Dependence

Since the 19th century, governments in Europe and North America, in an effort to stave off revolution and to improve the lot of the common man, have tried to eliminate the worst of social ills spawned by human progress. Chief among these ills were health concerns, low wages, unemployment, insecurity in old age, class envy, lack of education, and low life expectancy.

Over the decades huge strides have been made in each of those areas. Governments and political parties may have disagreed on the means to bring about amelioration but few have disagreed as to the social goals. Success in these areas has resulted in a social welfare state system largely accepted by the majority of the populace of most modern nations. But, with increased social security have come new problems.

In an insightful essay in *First Things* magazine, Mary

Ann Glendon, a Harvard professor and President of the Pontifical Academy of Social Sciences, warns of a grim long-term outlook for modern nations if they persist in their chosen social policies. Arguing for the need to respect the sense of human community and a view of society as an intricate web of relationships, Glendon makes the following points:

- *demographic developments...threaten all of the institutions on which people rely for support and security... (page 11, First Things, October 2004.)*
- *longer life spans have expanded the population of frail elderly persons, including victims of dementias characterized by lengthy periods of disability. (ibid.)*
- *changes in women's roles have greatly reduced the traditional pool of caregivers for the very young and the very old alike. (ibid.)*
- *low birth rates are decreasing the ratio of active workers to pensioners and to persons requiring social assistance. (ibid.)*
- *this combination is not helpful because now ...the dependent population...includes a much smaller proportion of children and a much larger proportion of disabled and elderly persons than ever before*
- *.....eventually, when large numbers of individuals act primarily with regard to self-fulfilment, the entire culture is transformed.*
- *disarray in one sustaining cultural institution weakens others. The spread of family breakdown has been accompanied by disturbances in schools, neighbourhoods, churches, local governments, and workplace associations.....*
- *the law too has changed rapidly, becoming a testing ground for various ways of reimagining family relations...*
- *fatherlessness has had enormous negative impact on the environment of childhood*
- *women have more opportunities than ever before in history....but no society has yet figured out how to assure satisfactory conditions for child-rearing when both parents of young children work outside the home.....and no society has yet found a substitute for the loss of other types of care giving previously provided mainly by women (ibid. p 13)*



- *despite declining birth rates, most women still become mothers...and they continue to look for careers outside the home....thus exposing herself to risk of poverty in case of divorce, or lower paying jobs, or poorer care for her children.....*
- *...women are hedging against these risks by having fewer children and by seeking jobs that are compatible with parenting...but in so doing they sacrifice both their child-rearing preferences and their chances to have well-paid, satisfying, and secure employment.*
- *so despite the advances, mothers face new versions of an old problem: care giving, one of the most important forms of human work, receives little respect and reward, whether performed in the family or for wages outside the home.*
- *the feminist solution of the 1970s were the socialization of care giving and the equalization of child-care responsibilities between fathers and mothers. But these ideas have not had broad appeal for either parents or taxpayers.*
- *families are losing much of their capacity to care for their own dependent members just when government is becoming less capable of fulfilling the roles it once took over from families..... letting the state take over these responsibilities which it cannot afford, has placed dependents at heightened risk (ibid. p 13)*
- *Pier Paolo Donati of Italy pointed out that the prevailing concepts of what society is also inhibit constructive solutions to the dependency welfare crisis....society is not just a collection of self-seeking individuals, but is "a fabric of relationships, to a certain extent ambivalent and conflicted, in need of solidarity".*
- *If solutions to the crisis proceeds within a framework based solely on the idea of competition for scarce resources, the outlook for dependents is grim.....the most ominous development....is the growing extermination of persons who have become inconvenient and burdensome to maintain at life's beginnings and endings.*
- *if the outlook for dependents is grim, the outlook for everyone is grim....Despite our attachment to the ideal of the free, self-determining individual, we humans are dependent social beings. We still begin our lives in the longest period of dependency of any mammal. Almost all of us spend much of our lives either as dependents, or caring for dependents, or financially responsible for dependents. To devise constructive approaches to the dependency-welfare crisis will require acceptance of this profound and unchangeable fact of life.*

Questions

1. What are the "demographic developments that..threaten all of the institutions on which people rely for support and security"?
2. What does Glendon mean by "dependency-welfare crisis"?

3. How have advances in *health and economic opportunity* placed additional pressures on care giving?
4. What is Glendon referring to when she states that "...eventually, when large numbers of individuals act primarily with regard to self-fulfilment, the entire culture is transformed"?
5. Discuss some of the negative consequences of family breakdown on society.
6. How have judicial decisions influenced the "reimagining" of family relations?Is this a good thing for families or a negative development?
7. Glendon asserts that "*fatherlessness has had enormous negative impact on the environment of childhood*". What kind of evidence would one seek in order to judge the validity of this conclusion on her part?
8. Has the increased opportunity for women to work outside the home made their condition more ambiguous in terms of care givers?
9. According to Glendon, what have been "feminist" solutions to care giving problems in the 1970'?
10. Explain why these "solutions" have been largely unsuccessful?
11. Does care giving receive little respect in or outside the home? On what is the conclusion based?
12. How has state sponsored care giving placed dependents at heightened risk?
13. How does the philosophy of self-sufficiency undermine the concept of society as interdependent units of individuals who are members of families first and foremost?
14. What is the most ominous development according to Glendon? (see the article *Two British Physicians Organizations Withdraw Opposition to Euthanasia Bill*)
15. Why would the outlook be so grim for all of society if that development takes hold?

Further Activities

1. What do young people perceive as the most serious stress placed on families today?
2. Investigate the Stats Can report on Canada Pension Plan reform efforts.
3. Encourage students to volunteer for seniors' care centres.
4. Consider the profound implications of the collective exercise of individual rights. For example, what would happen if too many eligible people choose not to get married?
5. Investigate whether there is increasing pressure on economic and human resources from both ends of the age spectrum. Should this situation receive more attention from policy makers? Or is there little cause for real concern?

The Retiring Boomers

It appears that in the modern advanced nations the social security system is in danger of going bankrupt under the pressures of the bulging baby boom generation that is about to enter their retirement years between 2010 and 2015. Apparently this squeeze is beginning to create generational conflict in the social welfare states as different age cohorts argue for their own needs. For example, some countries like France, Germany and Italy are considering raising the retirement ages while also cutting pension benefits as a means to redress the imbalance. On the other hand the younger age groups are resentful about the money being spent on the high cost of health care for the elderly while seeing their own university tuition fees rise. In Canada and the United States there is a similar debate over the increasing costs of health care and/or the lack of medical insurance, and the eroding quality of medical care available.

(Glendon, *First Things*)

Priorities are changing and they are reflected in the election campaigns waged by the major parties both north and south of the 49th parallel. In the Canadian general federal election last



June health care was the central issue championed by the Liberal party which retained power albeit in a minority government situation. In October there was a federal-provincial bargaining session on the health care issue. The provinces want to retain control of the health care sector but they want more money from Ottawa. In the recent American election prescription drugs for seniors and the reform of social security were important planks in the presidential election race platform. A re-elected President George W. Bush has indicated that the social security problem is one of his administration's prime agenda items.

The evidence points to the significance of these social security issues. However, the cost of delivering the services and maintaining the viability of pension plans is playing havoc with government budget priorities. The fact is that governments have to overcome the economic crunch created by the "new culture of longevity", and in considering appropriate policies Mary Ann Glendon reminds them not to neglect medical, psychological, ethical and social issues.

Questions

1. How have "changing relations between generations" affected the very young, the frail elderly, and the severely ill or disabled?
2. Why must any solutions to these problems be based on principles of social justice? What are these basic principles?

3. The Pontifical Academy of the Social Sciences believes that underlying "*the welfare crisis is a deeper crisis involving changes in the meanings and values that people attribute to aging and mortality, sex and procreation, marriage, gender, parenthood, relations among the generations, and life itself*". What do they mean by this statement?
4. The proportion of childless households has grown and societies have become more adult-centered, so the general concern for the welfare of children has declined. As Glendon comments ... "*they are out of sight and increasingly out of mind*." Is there any evidence for this conclusion re: children?
5. There are an increasing number of childless individuals who as a group enjoy a higher standard of living than child-rearing persons as a group, and the former expect to be cared for in old age through benefits financed by a labor force that they are not helping to replenish. Should these people enjoy these same rights? Should they pay higher taxes because they expect something but do not contribute enough? Can society in general afford a tax system that does not reward the family unit, those persons who do take on the responsibility of raising children and replenishing the labor force?(see the article on fair taxes below)
6. Should traditional marriage be protected for these very simple secular reasons, the good of society in the long run?
7. Should marriage (being a union of a man and a woman with the intent to procreate and raise children) be favoured as an institution and protected as such?

Two British Physicians Organizations Withdraw Opposition to Euthanasia Bill

The Royal College of GPs (RCGP) and Royal College of Physicians (RCP) have accepted the assurance of 'safeguards' in amendments to Britain's euthanasia law and are making no objections.

The bill, introduced by Lord Joffe, is before a House of Lords committee for consideration. The physicians' organizations are now claiming to be 'neutral' on the bill that would introduce legalized euthanasia into Britain. The bill's wording would "enable a competent adult who is suffering unbearably as a result of a terminal illness to receive medical assistance to die at his/her own considered and persistent request." The British Medical Association remains opposed to the private members bill.

Professor Raymond Tallis, chairman of the RCP's committee on ethical issues in medicine said, "The main reason we shifted our position was because the bill itself has changed quite significantly. There are more safeguards - the requirement of full palliative care has been really spelt out."

It has been shown in the Dutch and Oregon situations that such 'safeguards' do nothing to ameliorate the danger of abuses. In the Dutch case, by 2001 the Dutch Supreme Court had already established that emotional suffering is recognized as a type of unbearable suffering, even though it is normally treatable.

The UK's Society for the Protection of Unborn Children has responded to the RCP and RCGP. Anthony Ozimic, SPUC political secretary said, "This is very frightening for patients and will do enormous harm to doctor/patient relationships. It is a huge disservice to RCGP and RCP members – ordinary doctors working hard to serve their patients."

"How can the doctors' professional bodies be neutral on the fundamental ethical question of whether or not doctors should kill their patients? Why have these two doctors' Royal Colleges ignored the Royal College of Nursing's consultation of nurses! which received an 'overwhelming response' opposing the Bill and 'reaffirm[ing] the core principles which lie at the heart of nursing: valuing life and ensuring patients are well cared for'? The RCGP and RCP's position abandons their nursing colleagues and divides the medical profession into one group which kills and another which cares," Mr. Ozimic continued.

<http://news.bbc.co.uk/1/hi/health/3745714.stm>

Questions

1. In light of the Glendon material cited above how does this development complicate care giving?
2. How does the euthanasia issue represent proof for the contentions of Glendon?

Below are a couple of organizations that address important issues facing seniors.

<http://www.euthanasiaprevention.on.ca/>

From the website of EPCO.

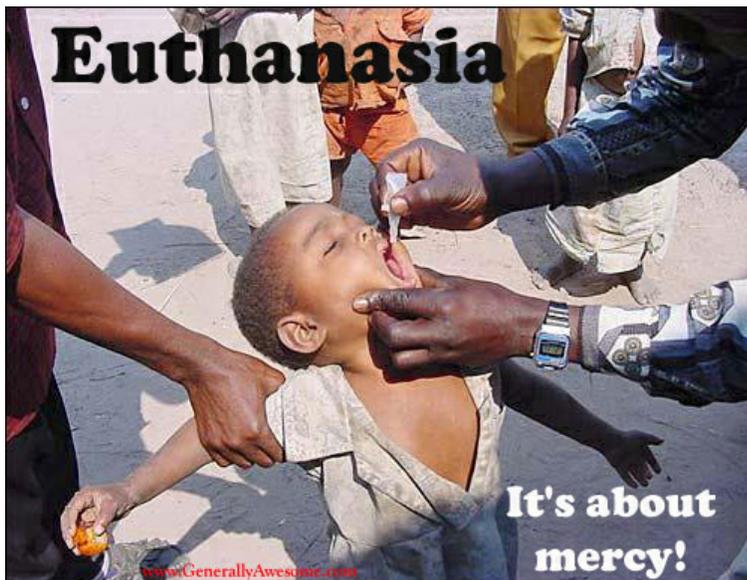
1. The Euthanasia Prevention Coalition was established to prepare a well-informed, broadly based, network of groups and individuals who support measures that will create an effective social barrier to euthanasia and assisted suicide.

Our Beliefs:

Euthanasia is the deliberate killing of someone by action or omission, with or without that person's consent, for what are claimed to be compassionate reasons.

Assisted Suicide is counselling, abetting, or an act of aiding someone to kill himself or herself.

Hospice/Palliative Care is the active total care of patients whose prognosis is limited due to progressive, far-advanced disease; its purpose is to alleviate pain and other distressing symptoms and to enhance the quality of



life, not to postpone or hasten death. (World Health Organization)

The Members of the Coalition believe that euthanasia and assisted suicide should continue to be treated as murder/homicide, irrespective of whether the person killed has consented to be killed.

The present law in Canada does not distinguish between euthanasia, assisted suicide and other forms of murder. The key consideration is the intention to cause death. Consent or motive - even one of compassion - does not change the reality of killing a human being.

2. Canadian Association on Gerontology

http://www.cagacg.ca/english/225_e.php#what's

Its report in 2002 gave a generally rosy picture of the prospects for the solvency of the CPP into the future.

<http://www.sdc.gc.ca/en/isp/pub/cpp/report/2002/finance/cpp.shtml>

The issues of elder care are many and complex. One site that claims to be an authoritative spokesperson for this group is CAG (Canadian Association on Gerontology). It is a national, multidisciplinary scientific and educational association established to provide leadership in matters related to the aging population.

To be the Canadian authority on individual and population aging. Its mission is to improve the lives of older Canadians through the creation and dissemination of knowledge in Gerontological policy, practice, research and education.

A Fair Approach to Funding

http://www.reformmonitor.org/httpd-cache/doc_reports_1-10.html

Presents information on the nature of Canada Pension Plan reforms - benefits and funding of the plan, and changing it into a hybrid plan

When it was introduced, the CPP (Canada Pension Plan) was designed as a pay-as-you-go plan, with a small reserve. This meant that the benefits for one generation would be paid largely from the contributions of later generations. This approach made sense under the economic, financial and demographic circumstances of the time. The period was characterized by a rapid growth in wages, labour-force participation and low rates of return on investments.

The federal and provincial governments decided to keep contributions at a reasonable level while beginning to pay full retirement benefits as early as the mid-1970s. This was important - many of the seniors who received benefits at that time had been unable to accumulate sufficient retirement savings.

However, demographic and economic developments and changes to benefits in the 30 years that followed resulted in significantly higher costs. Federal and provincial finance ministers began their statutory review of the finances of the CPP in 1996. Contribution rates, already legislated to rise to 10.1 percent by 2016, were expected to have to rise again - to 14.2 percent by 2030 - to continue to finance the program on a pay-as-you-go basis.

This would mean imposing a heavy financial burden on Canadians in the workforce 25 years down the road, which was deemed unacceptable by the federal and provincial governments. Therefore, in 1997, they agreed instead to change the funding approach of the Plan to a hybrid of pay-as-you-go and full funding (where each generation pays for its own benefits).

Under *steady-state* financing, the contribution rate is scheduled to increase incrementally (from 5.6 percent in 1996) to 9.9 percent in 2003 and to remain at this level thereafter. Steady-state financing requires that contribution rates be set no lower than the lowest rate expected to ensure the long-term financial stability of the Plan without recourse to further rate increases. (The combined employer-employee contribution rate in 2002 was 9.4 percent, up from 8.6 percent in 2001.)

Steady-state financing will generate a level of contributions between 2001 and 2020 that exceeds the benefits paid out every year during this period. Funds not immediately required to pay benefits will be transferred to the CPP Investment Board for investment in financial markets. Plan assets will cover an increasing number of years of expenditures over this period.

After 2020, as more and more baby boomers retire and benefits paid begin to exceed contributions, investment revenues from the CPP's accumulated assets will provide the funds necessary to make up the difference with contributions. Nonetheless, contributions will remain the main source of funding for benefits. Despite the increase in cash outflows from the Plan due to the retirement of the baby boom generation, Plan assets will continue to cover at least five years of benefits. On this basis, the Eighteenth Actuarial Report concludes that the pool of assets the Plan is expected to accumulate should make it possible to absorb almost any unforeseen economic or demographic

fluctuations. These fluctuations would otherwise have to be reflected in an increase in the contribution rate above the scheduled 9.9 percent rate for 2003 and on. Under the Nineteenth Actuarial Report, the Chief Actuary expects the CPP to accumulate an even larger pool of assets, putting the CPP in an even stronger financial position.

The Eighteenth Actuarial Report calculates the value of accrued pension benefits at \$487 billion as of December 31, 2000, and Plan assets (valued at cost) at \$43.7 billion. The future financial health of a plan funded along the lines of the Canada Pension Plan is better measured by the evolution of the projected growth rate of assets and liabilities than by accrued pension benefits. The reforms agreed to by federal and provincial governments in 1997 should ensure that CPP assets grow much more quickly than liabilities over the next 20 years and at least as rapidly thereafter. This will ensure a stable level of funding for the Plan over the long-term.

A partially funded CPP not only balances the two approaches to funding, but also complements the other components of Canada's retirement income system:

- the Old Age Security program, funded by federal government revenues, and
- private savings, including tax-assisted, fully funded employer-sponsored pension plans and registered retirement savings plans (RRSPs).

A diversified funding approach allows Canada's retirement income system to be less vulnerable to changes in economic and demographic conditions than are systems in countries that use a single funding approach.

Questions

1. Define "pay-as-you-go plan" and "steady state financing" and explain the difference.
2. What safeguards are there in the CPP security plan system?
3. Are the concerns expressed by critics of these public pension plans scare mongering tactics with a fiscal motive (to make the plan less government controlled and more open to private plans that favor financial planners, investment firms, brokers etc.?) or are these criticisms inspired by social conservative values, making people more responsible for their own finances and making the plan more fair to the different generations?
4. How do these policies and plans tie in with questions of aging and issues of health and freedom of being seniors? Ought seniors be concerned in any way by the spectre of a generational conflict between them and the smaller working, paying, contributing generation?
5. Are there any further actuarial studies of the CPP and the manner in which it is financed?

Economics dictate abortion will lead to euthanasia by David J. Widman

The Interim, November 2004, Page 1, 14

In his book *Don't Trust Anyone Over 30: A History of the Baby Boom*, Howard Smead called the boomers "the most egocentric generation in the history of mankind." From hippies to yuppies, from war protesters to corporate lobbyists, the sheer number of baby boomers – generally defined as those born between 1947 and 1966 – left a kaleidoscope of indelible marks on society. Looking back, it sometimes seems that they had virtually no regard for anything beyond the moment they were living in.

One decision made by the baby boom generation over 30 years ago set in motion a chain of events that now threatens the health and well-being of millions of people. The infamous 1973 *Roe v. Wade* decision took place at a time when the bulk of the boomers had reached voting age. How many of them at the time thought of the fallout they would be facing three decades later?

"Since 1973, we have killed off roughly 25 per cent of our population through abortion," Mark Crutcher, president of Life Dynamics, told *The Interim*. "What's that going to do to the nation's social security system?"

Crutcher explained that the U.S. social security system was set up like a giant, legalized pyramid scheme – similar in structure to the Canada Pension Plan. Through taxes, working people pay into the system and the money is given to recipients as needed. In 1936, when the social security system was created, more than 30 workers paid into the system for every one person receiving benefits. Currently, that ratio sits at just over two to one.

"We've killed off (through abortion) the people that were supposed to pay for social security," Crutcher said. "When the social security system was created, it was created on the premise that there would always be a growing population base. The retirement age was set at 62, because that was the average age that people lived to. Social security was designed to take care of people who lived longer than the average person. Now, the average age is about 77. If a person lives to 77 after retiring at 62, you're looking at the average person being on social security for 15 years. For every year that you add to the lifespan of the American people without upping the age at which they get social security, you take an additional \$3 billion out of social security every year."

Adjusting for the population base, the outlook for the Canada Pension Plan looks similarly dire.

Crutcher explained that when the pyramid begins to collapse, the decisions made by boomers on the abortion issue may come back to haunt them.

"We can kill you if you're unhealthy," is what Crutcher says we've told a generation of unborn. "We can kill you if you're too expensive. We can kill you if you're inconvenient. I've listened to these arguments for 30 years. The survivors of the generation that we killed off will be mak-

ing decisions about us. How long is it before that generation says to the baby boomers what the baby boomers said to them?"

Alex Schadenberg, executive director of the Euthanasia Prevention Coalition, told *The Interim* that although Crutcher's analysis may be cold, it is "a very logical way to look at it."

"Because we legalized abortion we have a birth dearth," he explained. "We've got too many elderly people and too few young people. It comes back to haunt us, because they're saying it costs too much to provide healthcare for the elderly. We've killed off the babies enough so that we don't have a sufficient tax base."

Schadenberg said that, like abortion, the ideas of euthanasia and assisted suicide will be sold to the public under the euphemism of "choice."

"It's all based on our simple emotional philosophy," he explained. "I call it an 'emotional philosophy' because it really doesn't make sense. It's the whole concept of 'my body, my choice.'"

But, Schadenberg warned, "choice" may have little to do with the "decision" to die.

"There's a pressure from society to end their lives," he said of people receiving chronic medical care.

"People get to a point where they start to feel like they have no other choice. The options are to live in a mode where people are not going to provide you the proper care, or receive an earlier death. In nursing homes in the Netherlands, it's exactly what's going on. People are being euthanized, and they feel they have no other choice."

As social services are strained under the weight of an aging population, even the pretext of choice may be removed. Depleting resources may force decisions to be built into the system.

"Let's say someone comes in at 60 years old and they've had a stroke or heart attack," Crutcher postulated. "The system decides that the patient has a low chance of surviving for a year, so the system says we're going to withhold care. If you withhold care, the patient certainly doesn't live a year, and the system is seen as right. The system takes care of itself."

These scenarios have been discussed for decades, yet there seems to be no political will to change the path. No politician wants to risk his career by being the one who raises taxes to crushing levels or cuts services to the bone. While immigration policies have been created in part to shore up the tax base, Schadenberg said that increasing the number of new citizens through immigration is not enough to avert a crisis.

"Statistics in Canada show that even if we were to bring in 250,000 immigrants a year from now on, that's not enough to replace the birth dearth that we've created," he explained. "Of those 250,000 immigrants, not all of them are children, obviously. People come to Canada, then they sponsor their brothers, their sisters, their parents. You're

not actually dealing with your population disparity problem. The problem cannot be solved that way. It has to be solved the natural way: by increasing the birth rate.”

Questions

1. Who make up the group known as “baby boomers”?
2. a) What important decision made in 1973 threatens the health and well being of the baby boomers today?
b) What did that important judicial decision do or say?
3. How does the fallout of that decision impact on the national security/pension systems of Western nations?
4. How is the national security system “like a giant, legalized pyramid scheme”?
5. How has abortion placed the whole structure in jeopardy?
6. In Canada why does the future look dire for the Canada Pension Plan?
7. If the pension “pyramid” were to collapse what might result with regard to senior citizens?
8. What pressures are placed on people to “decide” to die?
9. How would social services “strained under the weight of an aging population” result in death choices being built into the system?
10. Why can’t the problem of people care vs. dwindling fiscal resources be resolved politically?
11. Would this require higher taxes? cuts to services? massive immigration? What is the natural answer?
13. This article speaks about the American situation, but is Canada’s or Europe’s problem any different?

A Humorous Look at Retirement and Death

(Anonymous on the internet)

There will be no nursing home in my future ... When I get old and feeble, I am going to get on a Princess Cruise Ship. The average cost for a nursing home is \$200 per day. I have checked on reservations at Princess and I can get a long term discount and senior discount price of \$135 per day. That leaves \$65 a day for:

1. Gratuities which will only be \$10 per day.
2. I will have as many as 10 meals a day if I can waddle to the restaurant, or I can have room service (which means I can have breakfast in bed every day of the week).
3. Princess has as many as three swimming pools, a workout room, free washers and dryers, and shows every night.
4. They have free toothpaste and razors, and free soap and shampoo.

5. They will even treat you like a customer, not a patient. An extra \$5 worth of tips will have the entire staff scrambling to help you.
6. I will get to meet new people every 7 or 14 days.
7. T.V. broken? Light bulb needs changing? Need to have the mattress replaced? No Problem! They will fix everything and apologize for your inconvenience.
8. Clean sheets and towels every day, and you don’t even have to ask for them.

9. If you fall in the nursing home and break a hip you are on Medicare. If you fall and break a hip on the Princess ship they will upgrade you to a suite for the rest of your life.

Now hold on for the best! Do you want to see South America, the Panama Canal, Tahiti, Australia, New Zealand, Asia, or name where you want to go? Princess will have a ship ready to go. So don’t look for me in a nursing home, just call shore to ship.

P.S. And don’t forget, when you die, they just dump you over the side at no charge.

Questions

1. Does this senior have a sense of humour?
2. Is the thought of retiring on a cruise ship a practical possibility?
3. Is there any sadness in the satire presented here?

Family comes first and there ought to be fair treatment for stay-at-home parents

At the other end of the spectrum is the question of child care. In Canada there is a continuing debate on the extent, benefits, and costs of instituting a national day care program. One can raise legitimate arguments and concerns for and against the introduction of such programs and what it does to a society. An editorial in November 14 edition of *The Catholic Register* weekly newspaper outlined the misplaced and confused thinking on the topic as federal and provincial ministers responsible for family policies were about to meet.

The need for child care is evident as couples struggle to find good care for their children while they go off to work. Due to economic necessities and also personal preferences many working couples cannot cope with caring for their own children while they go to work. In the following report found on LifSiteNews the issue was raised in a political context.

In Canada, where the Liberal government provides generous handouts to parents who send their toddlers to daycare so both parents can work, families who choose to have one parent stay at home to raise their children are doubly penalized. Beyond the sacrifice of a second income, these families are penalized by deliberate government policy. Not only are they denied the childcare handouts, they are penalized by Canadian

tax regulations for their decision.

In the House of Commons yesterday Calgary Conservative MP Jason Kenney presented the case for fairness for parents who choose to have one spouse stay at home. In his speech, Kenney asked why the Liberals opposed a Conservative Party proposal “to allow for a \$3,000 per child tax deduction, which exists in other developed western democracies.” He explained, “It would be a tax deduction that would say to parents they could use the \$3,000 per child economic break to decide whether to pay for third-party day care out of the home or give up a secondary income and have one of the parents stay at home.”

Liberal MP Maria Minna responded suggesting that Canada must commence full time governmental child care earlier - at age three - for “all kids at all times”. Apparently assuming that parents are not able to educate their young children appropriately, Minna stressed that state-controlled “early education” programs are “very fundamental to the development of the child.” Adding insult to injury, Minna said that since Canada does not mandate full-time education from age three Canadians are “sticking our heads in the sand.”

Kenney responded by expressing the painful frustration of many Canadian parents with the decades of on-going federal government hostility to traditional family life and choices. He said, “Essentially what she is saying is that the state must intervene to take kids out of the home as early as possible to teach them in a way that parents cannot do themselves. What I hear in that comment is the shrill ideology of a radical point of view which says that the state and the institutions of the state know better how to educate children than parents themselves.”

Using the language of ‘choice’ against one of its foremost proponents, Kenney concluded, “I find it profoundly offensive that the member is anti-choice. She is not willing to allow parents to make the right choices for their families, for their kids and for their values. I believe in parents having the right to choose what is best by their kids. If parents want to pay for out-of-family day care so they can be raised in the early childhood learning out-of-home environment that the member loves, then they should have the right to do that. I fully honour and respect that right. However if parents think they can do a better job raising young kids at home, then, by golly, we should give them that choice. It is called freedom.”

See the full exchange from the Federal Hansard

<http://www.parl.gc.ca/38/1/parlbus/chambus/house/d>



Questions

1. Should government be providing day care? What should be the role of government in addressing such a social problem?
2. Must there be a national, publicly-funded child care program? What would be the purpose of such a program? Better education for preschoolers? Relieving working parents of the financial burden of day care?
3. Shouldn't the primary purpose of a state-run program be that of helping parents to strengthen family life? Shouldn't the state be obliged to help families fulfill their responsibilities to society?
4. If the best day care is that provided by the parents, shouldn't the state provide appropriate incentives to encourage and to make it possible for a parent to stay home and raise the children?
5. Do you agree with the contention of the *Register's* editorial that “state programs should not attempt to replace families but rather to support them”? Why or why not?
6. Does Jason Kenny make a valid point?
7. Which form of day care is better for the child? Which form of day care is better for the family?
8. How did Maria Minna make the case for government sponsored day care?
9. Is there any evidence that supports one type of day care over the other type of day care from the standpoint of effectiveness?
10. What is the unfairness that Kenney refers to in terms of tax policy? What is the “choice” that Kenney pleads for?