

November 27, 2014

Hon. Dr. Eric Hoskins, MPP (St. Paul's)
Minister of Health and Long-Term Care
Ministry of Health and Long-Term Care
10th Floor, Hepburn Block,
80 Grosvenor Street,
Toronto, Ontario M7A 2C4

Dear Minister:

For 30 years, I taught high school in Ontario and was always healthy and active.

Now I am a senior, breathless and continuously gasping for air. How did things go so terribly wrong – especially since life-saving treatment for my disorder is available to government employees like you, Mr. Minister, but is beyond my means?

I have Alpha-1 antitrypsin (A1AT) deficiency, a genetic disorder that predisposes individuals to the development of emphysema and other COPD lung diseases. A1AT reduces your lung capacity, which increases trips to the emergency room and significantly reduces life expectancy. There is no cure for severe A1AT deficiency; it can only be treated by a weekly intravenous infusion of healthy human plasma called augmentation therapy. **Severe A1AT deficiency occurs in one out of 7,000 Canadians.**

Here are some background facts about me: I hold a B.Sc. and B.Ed., I am a Red-Seal chef, have a loving wife and son, good friends and colleagues and generations of former students who still keep in touch. I have been blessed with a wonderful life. I had great expectations for retirement in 2014; as a perfectly healthy young man moving into his 65th year, I looked forward to playing hockey and golf (I once played in the Georgia State Open).

Then, last year, I contracted two lung diseases (pneumonia and pleurisy) and spent 20 days in the hospital. Because the symptoms persisted, I was tested for the A1AT deficiency. Up to this point I had never been sick, or hospitalized, and rarely took a day off. Bumps on the road I have always faced with integrity, hard work and courage. As a taxpayer for most of my life, I believed that if you work hard and save the future would be golden.

September 1, 2014, was my first day of retirement. Until this date, the teacher's insurance plan covered the cost of the infusions at \$2,500 per week. This is obviously beyond the budget of all but the wealthiest people on the planet. The comprehensive insurance plan for full-time teachers does not exist for retired teachers. We have an annual drug maximum of \$750. No one had a contingency plan to respond coherently to this unexpected event: the Halton District School Board could not, OSSTF (the teachers' pension plan) could not, the insurance company for retired teachers could not and the ODBP (Ontario Drug Benefits Plan) would not.

How can it be that as an Ontario teacher these life-saving treatments were covered, but now that I am retired they are not? Anyone employed in the broader public sector with my condition would have their treatment costs reimbursed by taxpayers like me. Ontario government employees are covered for A1AT augmentation therapy, but not the rest of us.

Your government's position of paying for some but not others is blatantly morally wrong and indefensible.

Essentially, I feel the Ontario government would prefer me to move from the Niagara region where I have lived for 65 years to another province in order to download the cost of treatment. That sounds like something the richest province in Canada should not be forcing its seniors to do. Is this really how a government ought to treat constituents who have supported this beautiful Ontario life, which is the envy of

the entire world?

I intend to continue this public-awareness process through the news media: **I am Disillusioned and Dismayed and now very angry with my provincial government.**

Sincerely,

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