

WOMEN AND MONEY — A RESPONSE FROM LISBON

The December edition of *Liaison* recently arrived and the increasing variety and scope of your articles is impressive. One in particular drew my attention.

As a foreign service spouse "Women and Money" indicated to me all too painfully clearly the precarious position I have allowed myself to be in. The statistics are indeed disconcerting. Twenty-three years of camp following, while challenging and fulfilling in the broadest sense, have most certainly left me in the high risk position described. In spite of the many efforts being made and the progress achieved on spousal employment, the basic fact remains — the spouse of a member of Canada's foreign service will remain in a dependent position, at least financially.

That "no woman should get married until she has a career or a job that can enable her to pay her own way" gives one pause. Certainly one starts out that way but maintaining this essential ingredient for independence while rotational is extremely difficult.

Now, having identified the problem in what is after all, in essence, a company paper, can we hope that the Community Liaison Office is giving some thought to constructive action? Of course a great deal has already been said on the subject both by the F.S.C.A. and by the McDougall Commission. Not much has been done.

We are frequently asked for suggestions for briefings, seminars, etc. and help with the identification of problems. I would submit that in this area there are really two questions:

- 1) information
- 2) a spouse's vulnerable position.

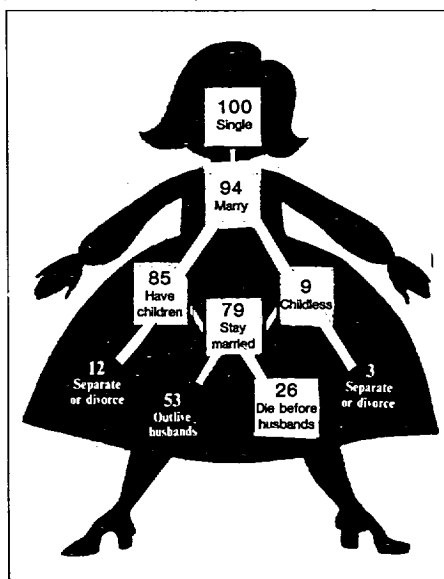
SHOULD YOU HAVE YOUR OPERATION IN THE U.S. OR IN CANADA?

by Dr. L.L. Palmer

Obviously, there are first class medical facilities in the United States. Canadians being posted there can expect the medical and paramedical services to be as good if not better than those available in Canada.

There are some serious problems in their system, however, and these can be attributed to the cost of medical care, the lack of universal access to group medicare schemes and the defensive medical procedures which have to be observed to guard against law-suits.

These problems are to some extent related. The Americans have a mistrust of anything which suggests socialism. Thus medicare can only be obtained if one works with a large organization which offers group insurance or some kind of coverage for those 65 and over.



100 women and how they live. 74 of them will end up looking after themselves.

What could be done about this? Re 1) information, since we spend a great deal of time away from the mainstream of life in Canada the "books being written, seminars given, and articles published about pensions, investments and general money management for women" are all too often beyond our reach. Availability of this sort of information would be a step. Videos of briefings or seminars or even of relevant TV programmes. Something with some substance. Posts could arrange group showings and discussions, perhaps through the community liaison officers soon to be in place.

As for the second question — recognition of the work that is in effect being performed overseas by spouses — while acknowledging that any form of compensation for this role is likely to be difficult to achieve, it seems to me that the very minimum would be a specific pension plan for the foreign service spouse.

The whole question of steadily earned income and availability of pensions is being examined by many countries for their foreign service spouses. The U.S. is exploring various possibilities, and I believe the French and the Japanese have found a method of doing so. Both the Finns and the Swedes tell me that they have made progress with their pension proposals.

Perhaps you could report on what current action is being taken in Canada. Certainly you have identified a problem of alarming proportion. One cannot, after all, assume that one will NOT be one of the 74 out of every 100 Canadian women who will end up looking after themselves!

Margaret Chandler, Lisbon, Portugal

Editor's note: the FSCA has just published a "Proposed Pension Scheme for Rotational Foreign Service Spouses", which is being reviewed by the Department at this time.

For further information please contact them directly at the Pearson Building. 993-5729.

The Posting Services Centre appreciates your letter and is responding directly to it. In addition, through the Community Coordinator Program plus *Liaison*, the Centre is attempting to keep Canadian families as well informed as possible.

Private insurance is available but it is always pro-rated according to age and health. Consequently, a middle-aged person with some health problems will likely find a private policy to be very expensive. Even if the person is healthy and young, there may be limitations on the amount of coverage that can be given.

The people who are the most disadvantaged are those in the middle income bracket who do not have a group plan. The rich can afford the fees and there are subsidized schemes for the poor.

The danger of being sued affects the doctors fees and type of practice. In some specialties, the cost of malpractice insurance is as high as \$100,000.00 per year. This means a substantial financial outlay by the doctor before any earnings have come in.

Also multiple investigations and consultations may be ordered which are not necessarily required by the patient, but may be needed to protect the doctor against malpractice suits.

Thus, it is not always the patient who benefits from this system.

Canadians who are posted in the U.S. will have full coverage and needn't worry about these problems. It is wise, however, to know the approximate cost of an operation or treatment before committing oneself. It is sometimes much cheaper to come back to Canada for an operation than to have it in the U.S. If this is so, External Affairs would prefer that you use FSD 41 (Health Care Travel) rather than claim the excess cost under FSD 40 (Normal Health Care Expenses).