

## Pundits rally for medicare

**Karen Brownlee**

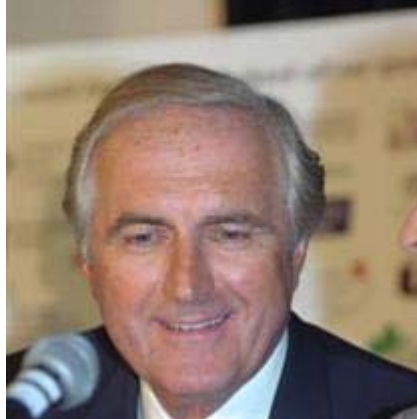
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*Saturday, May 05, 2007*

If medicare is to continue, speakers at a national conference in Regina on its future said there needs to be a renewed commitment from the Canadian public to stand up for the value of social good that we consider our national identity.

The challenge is invigorating a public that includes many who worry about whether health care will be available when they need it. An ideological pitch alone will not be enough, said numerous speakers, to convince politicians, courts, business and even individuals that medicare needs to be sustained.

Tackling the challenges to and within Canada's publicly funded system was the focus of the S.O.S. medicare 2 conference held in Regina. Around 600 people heard from dozens of speakers that included a number of Canada's top minds when it comes to social policy.



CREDIT: Roy Antal, Leader-Post  
Roy Romanow

Tackling the myths of medicare and providing accurate evidence to the contrary must be spread, explained Roy Romanow, the former Saskatchewan premier who headed the Commission on the Future of Health Care in Canada.

The first myth is that there is a single medical system in Canada. Rather, there are 13, Romanow argued, with one in each province and territory. While the federal government provides funding for all, each is run independently with Ottawa avoiding holding provinces accountable for the money it has provided. Also independent are hospitals, health regions and even physicians who Romanow explained act as contractors.

Secondly, Romanow said health care in Canada is not exclusively publicly funded. There is a mix of public and private spending with governments providing for hospital and physician care, while other areas such as prescription drugs, are jointly paid for by individuals and private insurers as well as governments. Other areas, such as dental and vision care, are paid out of pocket by individuals either through private insurance premiums or, for those who don't have private insurance, from one's paycheque.

The myth that government spending on medicare is spiraling out of control can be disputed by looking at the publicly funded health care's share of Canada's gross domestic product which Romanow said remains consistent at 10 per cent.

He also said health-care spending is not crowding governments' ability to spend on other social areas.

It will take an upswell of public outcry to motivate politicians and even the courts, which were criticized for ruling against medicare in favour of individuals, to stop and reverse the trend towards private health care.

To encourage that outcry, Romanow said waitlists must be tackled to encourage a renewed public trust in medicare and the advantages of a publicly funded, single-payer system for areas of health care beyond hospital and physician care must be promoted. He also said governments must be pressured not to offload expenses onto a private system because even with limited resources, it is possible to maintain a publicly funded system that allows universal access.

A index that looks at Canadian's well-being that can be compared alongside our GDP would also help show that social spending has value in Canadian society, for individuals and business, Romanow said.

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## Medicare debate

### National conference has Romanow speaking on 'myths' of Canadian Medicare

**Karen Brownlee**

Leader-Post

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CREDIT: Roy Antal, Leader-Post  
Former Saskatchewan Premier, Roy Romanow, chair of the Commission on the Future of Health Care in Canada, delivered the keynote address at the S.O.S. Medicare 2: Looking Forward conference at Queensbury Centre on Friday.

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## Expanding coverage may save the system

**Karen Brownlee**

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Medicare will be preserved by expanding it, say those gathered at a national conference in Regina to determine what must be done to fend off current threats to Canada's health-care system.

By expanding publicly funded health coverage to include such things as prescription drugs, Canadians could be kept healthier, thereby avoiding more expensive, acute medical care. The system would be more affordable.

In 1979, Tommy Douglas, medicare's founder, told those gathered at the first S.O.S. Medicare conference that this was necessary to ensure the system didn't become so expensive that it lost the support of Canadians.

Court challenges and decisions, as well as a lack of federal leadership, are some of the primary threats to medicare today, making a second S.O.S. Medicare conference necessary, said both Shirley Douglas, defender of medicare and daughter of Douglas, as well as Roy Romanow, the former Saskatchewan premier who headed the Commission on the Future of Health Care in Canada.

Changes the federal government made in the late 1970s on how it shares the costs for medicare with the provinces were believed to undermine the public health system, prompted the first S.O.S. conference in Ottawa.

Five years later, the Canada Health Act was passed.

Canada's system is unique, but it is not alone in providing publicly funded medical care to its citizens, the 600 academics, activists and experts were told Thursday.

By looking at other countries' systems, Colleen Flood, an associate professor of law at the University of Toronto, explained how conclusions arrived at by the Supreme Court of Canada in its Chaoulli decision were false.

The Chaoulli decision struck down a Quebec law banning private health care since the public system failed to guarantee care in a timely manner.

What was wrong with this decision, said Flood, is the court assumed that having a single system, rather than a two-tier system, was responsible for the waiting. Other countries' experiences show a number of those who have two-tier systems still have waitlists and those that don't, have limited access to get on a waitlist.

Other false conclusions include allowing individuals to purchase private insurance to pay for their care, thereby generating additional funds to provide health care as well as reduce waitlists.

Private insurance is not being purchased by many in European countries and it will siphon health professionals already in shortage into a private system, Flood said.

Having standing in upcoming court challenges may be a way those fighting for medicare can help preserve the current system, she said.

While they agreed that creating a second private medical system for Canada will harm publicly funded care, they didn't agree on how to expand medicare to preserve it.

The focus Tom Kent would like to see would be on children.

Kent served in Lester Pearson's government as social policy co-ordinator.

By having children's health needs, including nutrition and dental care, fully funded by the federal government, Canada would ensure its youngest citizens develop into healthier teenagers and adults who would likely need less acute and expensive care.

Providing publicly funded pharmaceuticals, which are increasingly replacing more invasive and expensive medical procedures, would help reduce pressures on other areas of care already publicly funded, Flood said.

The conference is co-sponsored by the Canadian Centre for Policy Alternatives and the Canadian Health Coalition, which was created at the first S.O.S. Medicare conference.

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## Medicare reform urged

**Tom McMillan**

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Canadian health care is broken and fixing it may require more than just hiring doctors and building hospitals.

Speaking at a national health conference in Regina on Friday, speakers called on Canada to reform its health-care system and remove obstacles like poverty and housing that keep people from staying healthy. The speakers were gathered in Regina for the S.O.S. Conference on Medicare, a followup to the 1979 conference led by medicare founder Tommy Douglas.

On Friday, speakers painted a dark picture on the state of Canada's health system, describing it as inefficient, underfunded and biased towards privileged groups. The only solution, experts said, is reform.

"We must reform radically the way we do business in Canadian health care," said health policy consultant Steven Lewis.

To do this, the conference called on the system to better treat workers and people with mental illnesses. Underfunding and understaffing has left workers, especially nurses, overworked, said Linda Silas, president of the Canadian Federation of Nurses Union. This has made it difficult to retain and recruit new workers.

Meanwhile, Patricia Martens of the Manitoba Centre for Health Policy said that many people with mental illness, especially seniors, currently pass undiagnosed and untreated.

Canada's health-care system also provides unequal access to prescription drugs. According to the Canadian Medical Association Journal, prescription drug costs are currently growing by more than \$1.5 billion per year. Those making more than \$60,000 a year currently pay the least for prescription drugs, said Dr. Joel Lexchin.

But reforming Canada's health system will not come cheap. Hiring more health workers will require billions in increased spending, while Lewis estimated updating technology could cost up to \$20 billion. A government program covering prescription drugs would reach \$8 billion a year, Lexchin said.

"It's going to cost money. It's going to cost a lot of money," he said. "But it's worth it."

Yet health-care reform may not be enough. Carolyn Bennett, former minister of state for public health, said Canada must also address factors outside the health system, such as housing and education, that make people need health care in the first place.

"What we want is a strong fence at the top of the cliff, not just a good ambulance at the bottom," she said.

Creating this "fence" may require increased social spending. Canada currently spends \$148 billion a year in public and private health care, but spending still trails behind most developed countries, said Monique Begin, former federal health minister and a participant in

the 1979 S.O.S. conference.

This spending is crucial in meeting the basic needs of Canadian families. More than three million Canadians do not receive enough food, Begin said, preventing good health. Similar struggles occur in providing all Canadians with clean water, housing and basic education. Self-determination, racism and equality were also described as important.

Blame for these failures may fall on Canada's economic policies. Economic analyst Armine Yalnizyan said that slashing spending and emphasizing tax cuts has prevented adequate health-care spending. It has also, Yalnizyan said, widened the gap between those with money and those without.

"We live in the most prosperous time in the past 40 years," Yalnizyan said. "Income disparity should be shrinking, but it is not. It is growing."

Addressing these problems will ultimately lower the burdens on the health-care system. Reforming the health system means patients would receive better treatment, experts stressed, but may even lower how often people need to access the system at all.

"What we want is more health," Bennett explained. "What we want is less health care."

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## World ignorance baffles Lewis

**Karen Brownlee**

Leader-Post

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Indifference to human life is something Stephen Lewis said he can not understand and his experience in Saskatchewan only entrenched his belief that individuals must exercise their power to benefit all.

The former U.N. special envoy for HIV/AIDS in Africa addressed those at the S.O.S. Medicare 2 conference on Friday explaining the ideological forces that he sees at work in the world, but that he can't comprehend.

"I don't understand how the world works," said Lewis.

"I don't understand the levels of indifference, inertia, passivity, insensitivity and the dismissive contempt for millions of people struggling to survive."

While Lewis said there are many who believe that people must take care of people, including those who attended the conference, he explained there are also drug companies fighting governments pressing for cheaper prescriptions for their citizens as well as governments spending more on wars in one month than what they've spent to defeat epidemics.

"We confronting ideology that is deeply entrenched and highly unsympathetic to the nature of the human condition," said Lewis.

"It's an ideology that never adequately responds to any of the moral and human imperatives with which this world so consistently struggles and millions of people die unnecessarily."

What convinced him that providing for better health was fundamental to addressing human rights was his time in Saskatchewan when Medicare was being established. Lewis was working in the province in the summer of 1956 and assisted in Tommy Douglas's election campaign.

Douglas's pitch to voters and the people's response inspired him.

He was similarly inspired in the midst of the physician's strike of the early 1960s when he returned to Saskatchewan.

Seeing the province defeat such a significant challenge so that Medicare could establish was something he has carried with him in his years of work within Canada and internationally.

The battle proponents of Medicare are in with forces that would eliminate a system paid for



CREDIT: Roy Antal, Leader-Post  
Stephen Lewis

by all in favour of a system for profit is the same battle other continents are in as they try to assist their citizens cope with HIV/AIDS.

"The struggle for social justice and equality never ends," said Lewis.

For me, whether it is the struggle here or the struggle there are inseparable."

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