

# Roy Romanow Update

---

---

- 1. Canadian Health Coalition (September 22, 2003)**  
**Special Medicare Update**  
**Romanow Receives Prestigious Award in Washington**  
**Roy J. Romanow's PAHO Award Acceptance Speech**
  - 2. Toronto Star (Septmeber 20, 2003)**  
**Now, medical waiting lists include health-care reform**  
**Proposed changes collecting dust: Ottawa, provinces blamed for delay**  
**BY THOMAS WALKOM, NATIONAL AFFAIRS WRITER**
  - 3. Canadian Press (July 22, 2003)**  
**Ottawa should act unilaterally on health council or deal will unravel says Romanow**  
**By Dennis Bueckert**
  - 4. Globe and Mail (July 11, 2003)**  
**PM to ignore premiers**  
**Premiers put health-care reforms on hold**  
**By CHRIS MORRIS (Canadian Press)**
- 
- 

## **Romanow Receives Prestigious Award in Washington** **Roy J. Romanow's PAHO Award Acceptance Speech** **September 22, 2003**

I am both humbled and honoured that the Pan-American Health Organization has seen fit to confer upon me this award, one that I quite frankly believe has been earned by the people of Canada.

This is no false humility on my part; if my Commission's final report has come to be recognized as a success, it is not the result of any grand scheme or deliberate strategy...

Rather, it is because the report is faithful to what Canadians themselves said they wanted expressed in the policies and programs that define their health care system.

It wasn't always easy; consensus on how and where to begin the process of transforming our health care system, to improve its effectiveness and to place it on a more sustainable footing for the future, often seemed elusive.

As the Ministers and officials gathered here today know better than most, for any given problem in public policy, there are an endless array of potential solutions, each with their own compelling logic and intellectual foundation...

But what was never, ever in doubt was the commitment of the overwhelming majority of Canadians to the core principles at the heart of our health care system.

Principles that express shared values and that transcend any particular ideological affinity.

Principles of fairness, of equity, of mutual respect and of collective responsibility for improving human health.

Indeed, the very same principles that have defined, nurtured and that I know will continue to sustain, PAHO itself.

As you reflect on the lessons learned in regard to the evolution of primary health care in the Americas since the 1978 Alma-Ata Conference...

As you discuss how best to realize the vision that inspired its authors more than a quarter-century ago...

And as you contemplate how to move forward- both within your respective jurisdictions and together as partners in this geographic space we share- there are two lessons from my Commission's work that I believe to be germane to your deliberations.

The first lesson is that values matter. Initiatives and policies inconsistent with the values of those they are intended to benefit, that do not resonate with citizens, will ultimately fail. And make no mistake: the choices we make in relation to health care or to primary care are ultimately choices between competing values.

The second lesson is that respect matters. Actively engaging citizens in shaping the policies and programs that will affect them is critical to their success. Given an opportunity to contribute, and given access to the hard facts, to the trade-offs and choices, people can be trusted to make the right and responsible decision. I have no doubt whatsoever on this point and I hold this to be a universal truth, equally relevant to all nations and peoples, regardless of their level of development, wealth or demographic realities.

Let me close by saying that what made the Commission a particularly meaningful experience for me was my deep personal belief that Canada's program of Medicare is the single greatest symbol of our uniqueness as Canadians.

What makes Medicare the quintessential Canadian program is that it is the convergence point where so many of our values come together. That's why we called the Commission's report Building on Values.

Medicare demonstrates that as community we can accomplish so much more than we could ever dream of doing as individuals.

It underscores our belief that citizenship confers upon us rights that are based on the strength of our need and not the size of our wallet.

And it highlights one of the new realities of a young century - that economic growth cannot advance at the expense of social cohesion, or social cohesion at the expense of economic growth - the two have to go hand-in-hand.

I was honoured to help prepare a road map for a collective journey by Canadians - a journey to reform and renew our health care system. And I will continue to act as an advocate in this regard.

Thank you.

-----  
For Further Information: Michel Amar 613-290-7537  
-----

**Toronto Star (Septmeber 20, 2003)**  
**Now, medical waiting lists include health-care reform**  
**Proposed changes collecting dust**  
**Ottawa, provinces blamed for delay**  
**BY THOMAS WALKOM, NATIONAL AFFAIRS WRITER**

Ten months after his much-anticipated royal commission recommended crucial changes to Canada's health-care system, a frustrated Roy Romanow says Ottawa and the provinces are just spinning their wheels.

Ticking off his key recommendations one by one, Romanow says all have been stalled by either federal inaction or provincial obstinacy.

It's not just his report that has been dead-ended, he says in a telephone interview from Regina, but the entire medicare reform file.

"It's like a patient on the waiting list," the former NDP Saskatchewan premier says.

"What progress has there been on aboriginal health? Rural and remote health? ... What is the position of the federal government on health and globalization (protecting medicare from international trade agreements)?"

But his barely concealed anger was directed at governments' failure to move in three key areas.

He criticized Ottawa for not giving the provinces enough money to bring federal medicare contributions to their historic levels.

Ottawa's latest \$27 billion, five-year transfer, announced in February, still falls well short of Romanow's recommendation that the federal government pay 25 per cent of the medicare bill.

And, in his own polite way, he blasted the provinces for renegeing on their promise, also made last February, to set up a national health council that would report to the public on how medicare is doing.

"It's amazing to me that four months after this thing was supposed to be set up, it's still a work in progress," he says.

The health council, which should be the least controversial of Romanow's recommendations, was sandbagged this summer by Alberta Premier Ralph Klein and Ontario Premier Ernie Eves.

Klein said the proposed council would allow Ottawa to muscle into Alberta's jurisdiction over health; Eves threatened not to sign on unless he got more money from Ottawa.

All parties insist some aspects of the national health council are still going ahead. But there is still no agreement over what it will do or to whom it will report.

Indications are it will be far more ineffective than even the modest body Romanow proposed.

Far more telling, though, is the failure of the country's governments to expand medicare coverage beyond just physicians and hospitals. This was probably the central element of last November's royal commission report.

Romanow recommended broadening medicare to include a limited amount of home-care services and, eventually, some drug treatments. He also called for an amendment to the Canada Health Act, the law defining medicare, to specifically include advanced diagnostic services such as MRIs.

His argument, backed up by research from around the world, was that a so-called single-payer public health insurance monopoly like Canadian medicare is the most efficient way to deliver health care.

But so far, nothing has been done in Ottawa to bring any new services under the ambit of medicare. Romanow says that's frustrating.

"If the single-payer system is the most efficient, as every study shows it is, then surely we should be adding to the core basket of medicare services," he says.

Ontario already has some home-care services that the government partly covers, as well as a drug plan for those overwhelmed by catastrophic illnesses such as AIDS. However, in the area of advanced diagnostic services, it has been going in the opposite direction.

In a move denounced by the two main opposition parties, Ontario's current Conservative government is allowing private firms to set up clinics that will offer computed tomographic (CT) and magnetic resonance imaging (MRI) scans to those willing to pay out of pocket.

Theoretically, Ontarians will be able to get these out-of-pocket scans only if they claim they don't need them. That's to get around the Canada Health Act, which says all medically necessary services must be covered by medicare. By law, only medically unnecessary services can be offered to those willing to pay cash in order to get faster treatment.

Romanow says he does not want to comment on the health platforms of the three main parties in the current Ontario election campaign.

"This is something for the people of Ontario and the politicians of Ontario to work out," he says. Both the Liberal and NDP health platforms refer glowingly to Romanow's report. The Conservative platform ignores it.

---

### **Canadian Press (July 22, 2003)**

#### **Ottawa should act unilaterally on health council or deal will unravel says Romanow**

**By Dennis Bueckert**

OTTAWA (CP) - The federal government should move unilaterally on creating a national health council if it can't get provincial consensus, says Roy Romanow.

Without the health council the whole multi-billion-dollar health-reform deal negotiated by first ministers in February could unravel, Romanow said in an interview Tuesday.

"The cold, plain fact is that the prime minister, the premiers and territorial leaders unanimously came up with an accord . . . which they communicated to the Canadian public," said Romanow.

"Are not Canadians entitled to rely on that? I think they are."

Under the Feb. 5 accord first ministers agreed to expand medicare into new areas such as home care and catastrophic drug coverage, and to create a national health council.

The council was to serve as a voice for health care providers and the public, and as an independent agency that could ensure accountability from federal and provincial governments.

Romanow, whose exhaustive report on the health care system formed the basis for the accord, said that without the health council the other elements in the package are unlikely to be delivered.

"It's a package deal - funding, health council, transformative change. So you're either in or you're out."

The council was to be established by May 5, but that deadline was missed because health ministers were preoccupied with the SARS epidemic in Ontario and the mad cow crisis in Alberta.

Romanow fears the delay could be prolonged for months as recalcitrant premiers wait until the next prime minister, most likely Paul Martin, takes office.

"The public felt there was progress being made and now here we are in July entering into the fall period and we're being told, 'Sorry, we didn't mean it.'"

Alberta Premier Ralph Klein has publicly disavowed his earlier commitment to a national health council, saying what is being discussed now is different than what he agreed to.

"That to me is difficult to understand," said Romanow. "What has changed?"

"Presumably in February (Mr. Klein) could have said, 'I'm very sorry I'm not signing, I have these concerns.' What intervening facts have entered into the picture?"

Michael Shields, a spokesman for Alberta Health Minister Lorne Taylor, said Alberta's position is firm. "They can go ahead and create a council if they want to but Alberta will not be part of it."

Romanow acknowledged that unilateral federal action will lead to political battles, but said that's better than abandoning health reform.

"I think a prime minister is entitled to say, 'Sorry, for good or for bad there were hard negotiations . . . and by golly we're going to be faithful to what we told the Canadian public.'"

The issue is important enough to affect confidence in Canada's democratic process, he suggested.

"How long you can keep asking people to wait before they lose faith in the system is a good question."

=====  
**Globe and Mail (July 11, 2003)**  
**PM to ignore premiers**  
**Premiers put health-care reforms on hold**  
**By CHRIS MORRIS (Canadian Press)**

Charlottetown Canada's premiers have put health-care reform into a state of suspended animation while they await the next prime minister and a stronger federal commitment to funding the health system.

The premiers made it clear Friday as they concluded their three-day annual summer meeting in Charlottetown that the key to movement on health reform is a new federal attitude and a new federal leader.

They said they like what they're hearing from Liberal leadership front-runner, Paul Martin.

"If Mr. Martin was chosen as the next leader of the Liberal party and therefore prime minister, he has said solutions can be found in a spirit of flexibility and collaboration," Quebec Premier Jean Charest said.

"I believe Mr. Martin has received our message."

The premiers have put on hold the creation of a national health council, a centerpiece in the reforms recommended by Roy Romanow in his sweeping report on the health system.

While they have agreed to the concept of a council, acting as a watchdog for health spending, they say more work needs to be done to make sure it is affordable, has the proper mandate and is non-bureaucratic in nature.

They said they want to discuss it with the next prime minister.

"Alberta will not sign on until we have an opportunity to discuss certain aspects of the council with the next prime minister," said Alberta Premier Ralph Klein, who raised many concerns about the proposed council.

Mr. Romanow, when reached for reaction Friday, said he disappointed his proposal for a health council has stalled.

"I find this troublesome for the future of medicare because it is an integral part to setting goals and measuring whether or not those goals have been met," said Mr. Romanow, who was in London, England, attending an international conference.

"I think it's a question of delay equals frustration and disappointment in medicare, which is very dangerous.

Mr. Romanow said Canadians are tired of waiting for improvements to the health-care system.

"They've been very patient. They want the action now and I think that they just are very unforgiving, if I may put it that way, of any action which smacks of a stalling tactic."

The health-care council was obviously a sore point with the premiers, who wanted more than anything to present a common front as they concluded their meeting.

Officials said tense discussions in the private meeting delayed the premiers closing news conference by about two hours.

Manitoba Premier Gary Doer and Saskatchewan's Lorne Calvert said they strongly support the proposed health council and were clearly reluctant to endorse the delay.

"If it was up to [Saskatchewan] or myself, we would begin the process of implementation tomorrow," Mr. Calvert said.

Mr. Doer said the council is key to future health reforms but he said federal funding is also critical and, so far, Ottawa has fallen short of its obligations.

"We are a minimum of \$3-billion short in three years; we are short the 25 per cent recommendation that is part of the Romanow report and we also have a situation where the \$2-billion commitment is in a state of suspended animation," Mr. Doer said.

In Ottawa, Intergovernmental Affairs Minister Stephane Dion said the federal government will set up the new health council soon despite the conditions set by the premiers.

"We have a federation that is working well, we need to look at ways to improve it and the basic aspect of it is co-operation," Mr. Dion said.

"Mr. Klein has some concerns, but this will not prevent the implementation in the short term of something that we are committed to deliver for Canadians."

Under the national health accord reached five months ago between Ottawa and the provinces, the federal government will hand over about \$25-billion in new health funding over five years, in exchange for co-operation on reform.

The deal called for \$2-billion of that money to be provided if the federal surplus was sufficient. But federal Finance Minister John Manley has suggested there might not be enough surplus to honour that promise.

The premiers said they don't believe the surplus is shrinking as much as the federal government is suggesting.

In addition to Alberta's opposition to the council, Quebec has said it will not participate because it already has a council of its own.

However, Mr. Charest said the Quebec council would share information with the national council.

As well, Ontario has problems with the proposed agency.

Premier Ernie Eves said Ontario want to be sure Ottawa is prepared to live up to its financial commitments, including the \$2-billion from its 2003-2004 surplus.

"When the federal government lives up to those commitments, we'd be happy to participate and I look forward to the improved cooperation Mr. Martin is suggesting should he become the next prime minister of Canada," Mr. Eves said.

Mr. Martin, the man widely expected to succeed Jean Chrétien as prime minister, has urged the premiers not to scrap the idea of a health council.

The Canadian Nurses Association said a new agency was needed to bring accountability to the health-care system.

"Through the last few years we've seen millions of dollars being brought back to the health-care sector but it hasn't reached patient care," association president Linda Silas said Friday.

The wrangling over the health council contrasted with the harmony expressed the day before when the premiers agreed to set up a Council of the Federation.

The idea came from Mr. Charest, who Dion praised for his contributions to the premiers' meeting.

"It's wonderful to see we're in a federation where everyone works together to improve it," Mr. Dion said.

"When one quarter of the population has a premier who no longer wants to turn every difference of opinion into an existentialist crisis, we'll be a lot better off without some kind of international border between Quebeckers and the rest of Canada."

The premiers were unanimous in their endorsement of that council, which will allow them to focus on areas of common interest such as health care and internal trade.

As well, the premiers called for annual first ministers' conferences, consultation on federal appointments, more powers for the territories, and a code of conduct governing federal and provincial relations.

The premiers also backed Ontario's concerns over the federal response to the recent SARS outbreak in that province.

The premiers are calling on Ottawa to improve the way it works with and financially assists provinces and territories confronting a public health emergency.