

‘Alternative Service Delivery’ = Harper used this term in the Leaders Debate. It means shifting delivery of health services from the public to the private sector and it is a form of privatization. Harper said it is not privatization.

Problem: The Auditor General raised serious concerns about ASD, including: serving the public good, transparency, protection of the public interest, and accountability to Parliament.

‘Sustainability’ = A code word used by opponents of Medicare to claim public health spending is fiscally unsustainable and the solution is a shift to more private health care. Bluntly, this is a lie.

Problem: Shifting from public to private spending shifts the burden from the wealthy to the sick. The real cost drivers are private parts not covered by Medicare, especially pharmaceuticals. Evidence shows public, not-for-profit care is less expensive, safer and more equitable.

‘Innovation’ = Commercialization of health care services in a cut-throat market.

Problem: Some things don’t belong in the market – human life, blood, health care, etc.

‘Transformation’ = Moving from a system where health care is a human right to a profit-driven system providing expensive and inappropriate care.

Problem: Doctors charge whatever they want and oversell ‘profitable’ procedures and neglect others. Expensive private health insurance for the healthy and the wealthy.

‘Patient-Centered Care’ = Slogan borrowed from the drug industry, really means ‘profit-centered care’.

Problem: Beware of doctors talking about ‘patient-centered’ care when they own for-profit clinics.

‘European Model’ = US-style 2-tier, for-profit care disguised as a ‘Third Way’.

Problem: Canada is economically integrated with the U.S, not Sweden or Norway, and it is U.S. health industries pushing for access to Canada.

‘Activity-Based Funding’ = Fragments health services to reward financially motivated doctors who own private clinics.

Problem: A market-oriented mechanism that increases costs, encourages over-diagnosis of some procedures and under treatment of others. Also leads to closing of rural hospitals.

‘Choice’ = Health care services treated like any other commodity.

Problem: Private health insurance offers no choice for the sick and the poor. Health care is a human right and access should be based on need - not ability to pay.

‘Experimentation’ = Commercialization of health services triggers international trade agreement rules. This is no ‘experiment’.

Problem: Once foreign insurers are inside the walls of the Canadian health system, international trade treaties will give them weapons to fight any government to displace them or even control their market share.

‘Partnership’ = Corporate ‘partnership’ (P3) is a parasite that costs taxpayers. The public pays and private investors profit. That’s not a partnership!

Problem: Costs go up, quality goes down and there is no accountability.

‘Flexibility’ = Operating outside the parameters of the *Canada Health Act*.

Problem: The duty of the Minister of Health is to ensure that people with money do not buy their way to the front of the line.

