

dialogue

May 10, 2007

A bi-weekly update on issues affecting health care in Ontario

**Broader Public Service (BPS)
Conference**
Building Stronger Sectors
June 1-2, Mississauga

Phase II of Medicare

Historic Saskatchewan conference calls for the expansion of public health care

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REGINA – Billed as an historic gathering set in the cradle of Medicare, more than 600 delegates representing the spectrum of Canada’s health system met May 3-4 to call for the implementation of Phase II of Tommy Douglas’ original vision.

Phase II is the extension of Medicare to home care, long-term care, community care, pharmacare and initiatives to address the social determinants of health.



Roy Romanow says Medicare’s Phase II requires political will.

“Thousands of Canadians – seniors, the homebound, their family members – need support to live in health and dignity,” said actress Shirley Douglas, who opened the two-day SOS Medicare II Conference. “We need to complete my father’s vision now.”

Roy Romanow, former Saskatchewan premier and chair of the Royal Commission on the Future of Health Care in Canada, said the plan for Phase II has long been laid out – all that is missing is the political will to implement it.

“The choice about Medicare is intertwined with the kind of Canada we will be,” he said.

Five years after the Royal Commission’s final report, Romanow expressed frustration over the lack of implementation of many of his key recommendations. Individualism, decentralization and privatization are “an abandonment of our accomplishments,” he said.

Speaker after speaker reminded delegates that as a share of gross domestic product (GDP), health care costs have remained relatively stable in Canada. It is the increases in the cost of privately-provided health care that have jumped dramatically, including pharmaceuticals, which now cost more to Canadians than doctors.

“The public component is under the best control,” said Robert Evans, a professor at the UBC Centre for Health Services and Policy Research. “The docs and hospitals cost about the same as they did in 1975.”

Evans said there is plenty of room in the economy to pay for the health costs of an aging society. “The wave of gray will build slowly,” he said. “You age one year at a time.” Evans estimates that the health care cost increases of an aging population will be about 1 per cent per year – affordable with even modest economic growth.

Greg Marchildon, Canada Research Chair in Public Policy and Economics at the University of Regina, said that as activists, we should note Tommy Douglas’s success was based on three characteristics: an idealism to dream no little dreams, an ability to use his “prairie pragmatism,” and lastly, to be tenacious in pursuing his objectives.

Speakers were critical of the myths perpetuated by opponents of Medicare. Colleen Flood, Associate Professor of Law at the University of Toronto, said the courts were in error in the now famous Chaoulli decision that ruled the public sector health care monopoly caused wait lists. Calling this a “zombie idea that keeps rising again,” she said it ignores the limited capacity of the overall health system.
More/2



Safe Needles Demo

May 1st OPSEU joined activists from ONA and SEIU to call for passage of Bill 30 – the Safe Needles Save Lives Act. 33,000 injuries a year could be prevented if safe needles were made law. Bill 30 is presently stalled in legislative committee. There is concern that the Bill will die with the end of the legislative session, despite having passed second reading with all-party support. Speaking from the Queen’s Park lawn, OPSEU 1st Vice-President Patty Rout called upon the legislature to spend the extra 10 minutes it will take to pass third reading of the bill.

HCDC Convention Raffle

Do you have the winning ticket?

Vintage OPSEU Jacket
Winning #: 0784396

Four Tickets to the May 29 Blue Jays game vs Yankees
Winning #: 0784628

Foot Care Package
Winning #: 0784577

Winners should contact Rick Janson at head office by May 16 to claim their prize.

“Twenty years later the same anti-medicare slogans are brainwashing Canadians.” - Monique Bégin

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“There is no ocean liner of doctors and nurses lying off the coast of Nova Scotia.” Two-tier health care would allocate resources to those who can pay from those most in need.

Flood said Canada is not alone in struggling with wait times, and that wait time data can be deceiving. In New Zealand, for example, you only get on the wait list if you can be treated within six months. Nobody records the wait list to get on the wait list.

Former Saskatchewan Premier Alan Blakeney said we should set an agenda that includes defending what we have, recapturing what we lost, and expanding coverage.

“A good offense is always the best defense,” he said.

Blakeney says Canadians have always had the two-tier option – traveling to the United States for care – but few have ever used it. It’s not a matter of travel, he said. Canadians don’t want what opponents of Medicare say they want.

Former Federal Health Minister Monique Bégin spoke about her work on the Canada Health Act in 1984. It passed unanimously in Parliament “because the public wanted it.” She regrets that home care, chronic care, and pharmacare were not included due to the prevailing ideology at the time. She said many elites supported the theories of American economist Milton Friedman, who advocated minimizing the role of government in a free market.

“Twenty years later the same anti-medicare slogans are brainwashing Canadians,” she said.

In the world the U.S. is the exception, Canada is the norm, said Bégin. Most countries require small up-



Jill McIlwraith, Chair of OPSEU's Health Care Support Division, with Stephen Lewis.

front payments, but the range of services is much broader. In Europe, health care is 80-90 per cent public to 10-20 per cent private. In Canada, the ratio is 70-30.

Dr. Michael Rachlis, a private consultant on health analysis, said it is a mistake for activists to defend the status quo. Calling for more integrated health care delivery, he gave many examples of successful innovations. However, despite the title, Rachlis was ambivalent about Ontario’s Local Health Integration Networks.

“There are legitimate concerns that it could lead to privatization,” he said. “I’m not fond of the purchaser / provider split.” Rachlis said of the LHIN model. The LHINs are not the integrated health systems that we are seeing in the western provinces, but the “devil is still in the details,” he said.

“Don’t just be oppositional,” he cautioned, “it can still work.”

Former UN Special Envoy Stephen Lewis warned participants about turning to the private sector.

“They will never be able to reform the U.S. system – private interests are so deeply entrenched,” he said. “Private consortia and docs

have a stranglehold in the U.S.”

Lewis said he could not understand what was happening internationally, as more was being spent each month on the wars in Iraq and Afghanistan than all the money to fight the AIDS pandemic in Africa.

“It is astonishing how the G8 behaves,” he said. Describing the commitment by the G8 to double foreign aid at the 2005 summit in Gleneagles, Scotland,

Lewis said betrayal had taken place as soon as the conference had ended. “The commitments lie in tatters.” Lewis said Canadian foreign aid actually declined despite being the only G8 country with 10 years of successive budget surpluses.

Dr. Martin Relman, a professor at the Harvard Medical School, says for-profit health care providers poison the system, even if the for-profits are providing publicly-funded care. In the United States he said the mortality rate at for-profit dialysis centers was 20 per cent higher than not-for-profits. In U.S. nursing homes, serious deficiencies are 40 per cent higher than in not-for-profit homes.

“When health care is thought of as a business, it changes the philosophy of medicine,” he said. “Investors will ruin your health care system as they have in the American system.”

The proceedings of the conference will be published by James Lorimer and Company with the Canadian Centre for Policy Alternatives.

A conference on the second stage of medicare is also being planned in Toronto June 7-8.