



Canadian Health Coalition
Coalition canadienne de la santé

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May 27, 2008

Remarks to the House of Commons Standing Committee on Health

Re: Review of the progress in implementing the 2004 Health Accord

By Michael McBane

1. Introduction

On behalf of the Canadian Health Coalition I want to thank members of this Committee for the opportunity to participate in this important accountability exercise. It does appear, however, that this exercise in accountability is far too rushed and too limited.

The Canadian Health Coalition is a public advocacy organization dedicated to the preservation and improvement of Medicare. Our membership is comprised of national organizations representing nurses, health care workers, seniors, churches, anti-poverty, women and trade unions, as well as affiliated coalitions in 9 provinces and one territory.

The CHC was founded in 1979 following the SOS Medicare conference in Ottawa organized by the Canadian Labour Congress and attended by Tommy Douglas, Emmett Hall and Monique Bégin. A second SOS Medicare conference was held in May 2007 in Regina to recommit to the original vision of Medicare and expand public health insurance to include pharmacare, home care and the continuum of care that keeps people well in the first place. Needless to say this is an unfinished agenda. Progress has been made but the federal government needs to get back to the table and work with their provincial and territorial partners rather than give the impression they are getting ready to cut and run from health care.

The federal government has an important and irreplaceable role to play in ensuring comparable access to a continuum of quality and appropriate care for all Canadians.

2. Why is the accountability deficit growing?

Medicare belongs to Canadians. They pay for it and are the shareholders. Medicare should be accountable to the public, but currently it is not. Federal guardianship is necessary to ensure that public funds are used to protect and strengthen Medicare. In the 2004 Accord there was a significant increase in public funding for Medicare which should have been accompanied by more accountability, not less. Canadians need to follow the money - \$41 billion a year – and insist on a full public accounting for every tax dollar.

According to reports of the Auditor General of Canada, the Minister of Health is unable to tell Parliament the extent to which health care delivery in each province and territory complies with the criteria and conditions of the Canada Health Act. Parliament should hold the Minister of Health to account and should not be approving the transfer of health care funds to provinces unless it is demonstrated that they are in compliance with the Act. The Minister of Health's annual report to Parliament on the Canada Health Act consistently fails to identify, let alone to assess, significant privatization initiatives currently underway in these and other provinces. Yet, according to internal Department of Health documents:

“Although not a CHA issue per se, private delivery of CHA insured services can have CHA implications if providers of such services charge patients for insured services and/or allow them to jump the queue. Notwithstanding the federal government cannot control private delivery, the federal government is free to say, in policy terms, it is concerned about CHA risks. Similarly, it is free to point out that there is no evidence to suggest private delivery is more cost-effective, or higher quality or more efficient than public delivery. [Source: Health Canada, Strategic Overview, July 2004, Released under the Access to Information Act.]

The silence from Health Minister Tony Clement is deafening.

Since the 2004 Health Accord we have lost ground in the area of accountability. In fact, the federal/provincial/territorial advisory committee on governance and accountability has been disbanded. This means that information about how governments spend targeted funds is either not available at all or not easily available. To make matters worse, it appears that the current federal government is opposed to pan-Canadian health outcomes, and the adoption of comparable indicators. The official line is: “Let the provinces experiment”. The implicit assumption is that Canada should not maintain national standards in health care or strive for national objectives – like addressing the shortage of health professions. Canadians want and need quality health outcomes and national standards, not blank cheques to the provinces.

Not only does the federal government not want any strings on federal health care transfers, the Harper government has announced it wants to gut the use of federal spending power in areas of provincial jurisdiction. Provinces will be permitted to become separate water-tight compartments and do whatever they want in health care. You can't maintain national standards by devolving everything to provinces - that is why we have a federal government. If Harper doesn't understand this, he is in the wrong job.

3. Why is the federal government standing idly by as Medicare is sabotaged?

There are two competing visions and guiding values about the future of Medicare in Canada. According to Roy Romanow, one view, high on rhetoric and low on evidence and masquerading as something new, is based on the premise that health care is a commodity – that medical needs ebb and flow with markets, and markets determine who gets care, when, and how. This view is advocated by Claude Castonguay in Quebec, Don Mazankowski in Alberta, Michael Kirby, Preston Manning, and Dr. Brian Day nationally.

There is a lot of money to be made in breaking Medicare. This is the reason owners of private, for-profit surgical and diagnostic clinics are promoting privatization. They want to bring the US model of investor-owned health care to Canada, and convince people that this is the only way to remedy waiting times and reduce escalating costs. But they know this is not true.

The other vision rooted in our narrative as a nation, backed by evidence and ethics, strongly believes that health care is a public good. It believes that democratically elected governments, upholding the rule of law - not corporate bottom lines - should define common needs, provide equitable access to quality services, and a reasonable allocation of resources. This view was shared by Tommy Douglas, Emmett Hall and is shared by Monique Bégin and Roy Romanow. Fairness, equity, compassion and solidarity: these are the values that were adopted and nurtured throughout Canada's history.

Weak accountability mechanisms facilitate privatization. It is no coincidence that the governments with the most resistance to meaningful accountability (Québec, Alberta, and B.C.) are the ones leading the way in transferring the delivery of insured services to commercial, private for-profit corporations. Proponents of privatization in health care delivery do not want public funds accounted for or traced, but this is what public administration and real accountability requires.

4. Why is progress in implementing the 2004 Health Accord being impeded?

Canadians need better access to a broader range of services, including pharmacare, home care and home supports. We need to continue building a quality based system that takes prevention and appropriateness of treatment seriously. We need to get on with the task of implementing the Romanow Report.

A reasonable citizen would conclude, after listening to the evidence presented to this committee by the Health Council of Canada, that "Canada's New Government" is impeding progress in implementing the 2004 Health Accord. Nowhere is this more obvious than in the area of prescription drug coverage and appropriate prescribing. The National Pharmaceutical Strategy (NPS) is actually being sabotaged by recent actions of the Harper government, further impeding access to more affordable medicine. The 2004 Accord, which the Harper government said it would honour, contains a commitment to "accelerate access to non-patented drugs". Other evidence of the federal government impeding progress on the NPS is the fact that work has ground to a halt in the various inter-governmental working groups.

We must resist the direction advocated by the Canadian Medical Association, which focuses on quantity of procedures, not the quality or the appropriateness of procedures. A quantity-based system happens to serve the financial interests of doctors paid on a procedure basis. Canadians don't want Medicare sabotaged and the clock turned back to the days before Medicare when doctors could charge whatever they wanted for services. The decision by some of the highly paid medical specialists to choose their patients based on health and wealth status – as opposed to need, is a perversion of Canadian values. If this practice is allowed to grow, it will have the effect of a cancerous growth that will slowly but surely kill the public health care system.

Doctors must not be allowed to practice in the publicly funded and the privately funded systems at the same time. Dual practice creates conflict of interest for physicians as there would be a financial incentive for them to stream patients into the private portion of their practice. Furthermore, dual practice legitimizes queue-jumping as patients who can afford it seek treatment at the front of the line.

Federally funded pilot projects and photo ops are not the kind of leadership outlined in the 2004 Health Accord. Where is the federal leadership in pharmaceuticals, home care, health human resources, and national health outcomes and accountability ?

5. Conclusion: Medicare needs public guardians not private traders.

Canadians expect their federal government to be the guardian of Medicare and to enforce the Canada Health Act in order to ensure national standards. Canadians expect the law to be enforced in all jurisdictions, including Québec. Canada's Minister of Health has a legal duty to enforce the criteria and conditions of the Canada Health Act so that all Canadians and access to health care services wherever they live or work on uniform terms and conditions.

Medicare is under threat from wolves circling a multi-billion dollar flock of sheep. The wolves (which include the private insurance industry, purveyors of medical procedures and goods, and a few medical specialists) may suspect that the shepherd is not dedicated to protecting his sheep. If this is true, it is time to hire another shepherd who will guard Medicare from the wolves. We owe it to our loved ones and society's most vulnerable – the sick, the frail elderly, infants and children – to protect them from profit-seeking strangers who have entered the health care system. Medicare needs public guardians not private traders.