

Toronto Star (October 20, 2002)

For-profit health care: It's to die for

By Linda McQuaig

THERE'S NOTHING more awkward than having surplus cash on hand when you're trying to plead poverty. So for those arguing we can no longer afford public health care, the revelation that Ottawa had a surplus of \$9 billion last year could hardly come at a worse time.

Just as former Saskatchewan premier Roy Romanow launched his pitch last week for reviving and even expanding public health care — a pitch that resonates strongly with Canadians — newly-released government figures showed that the federal surplus was bigger than had been expected.

One of the remarkable achievements of the business elite in the last couple of years has been to perpetuate the myth — for the purposes of public debate, at least — that the cupboard is bare, that we simply lack the resources to rebuild our social programs and crumbling infrastructure, even as we've posted five straight years of federal budget surpluses.

Outside the realm of public debate — that is, inside the think-tanks, government offices and corporate boardrooms — there's plenty of awareness of the true situation. So, while Alliance leader Stephen Harper tried to confuse the public last week by loudly charging that Romanow's recommendations would require higher taxes, TD Bank chief economist Don Drummond quietly noted that the big surplus gave Ottawa quite a bit of room to begin spending on promised programs (or to cut taxes).

Projections done by the private-sector Conference Board of Canada provide further clues, showing that federal surpluses will mushroom dramatically over the next two decades, with surpluses expected to rise to more than \$85 billion — a year.

That's not a number you see bandied about in public discourse. In fact, it's a number business leaders would prefer to keep under wraps. If it became widely known, the public might get an inkling of what is possible. The deficit bogeyman would be so Sept. 10th.

If Romanow uses his position as federally-appointed adviser on health care to come out strongly for strengthening medicare in his report next month, it could make a huge difference. What's been lacking so far is some clear, articulate leadership. Romanow might be able to prod Ottawa into doing what needs to be done — restoring adequate long-term funding to the provinces, rather than making the showy, one-off cash infusions that the Chrétien government has favoured in recent years.

Meanwhile, advocates of private health care have been trying to subtly shift the debate away from the affordability issue onto the alleged benefits of private health care — not an easy case to make, given the evidence from south of the border.

Brian Lee Crowley, president of the Atlantic Institute for Market Studies, has tried to suggest, for instance, that more private health care will enhance personal freedom, arguing that Canadians don't want "just to take what the system dishes out and be grateful for it. People want to make their own health-care choices, and control their own health-care budgets."

Couched in this sort of language of self-empowerment, the case sounds reasonable until, after you mull it over for about three or four seconds, you realize that health care isn't just another consumer experience, like choosing a new set of drapes or a CD system for your car. ("It was a tough choice, but I decided to skip the heart transplant and go with the brain surgery.") It's about ensuring you have access to the services and facilities you need. The image of a freedom-loving people throwing off the yoke of guaranteed access to medical care just doesn't work.

Of course, the push to privatize health care has never really been based on rational argument.

If it were, the privatizers would have been pretty much forced to admit defeat last May, when the Canadian Medical Association Journal published the results of a major study showing that one consequence of switching to profit-making hospitals in Canada would be a higher death rate. (The study, based on data from 26,000 U.S. hospitals, found that there was a significant difference in death rates between non-profit and for-profit hospitals, and concluded that we could expect about 2,000 extra deaths here a year if we decided to go the profit-making route.)

Now that could be considered a kind of slam-dunk argument, something which so totally trumps any pseudo-consumer argument about people making their own health-care choices that all those pushing to allow large American hospital chains into Canada might have just, out of sheer embarrassment, felt obliged to fold their tents and go home.

But that didn't happen. And, with the debate about to heat up, the privatizers are no doubt working hard, fine-tuning their arguments about the benefits of more private health care. (Even if death rates rise, think of the freedom...)