



January 12, 2006

**RE: Canadian Health Coalition Questionnaire**

Attached please find the response of the New Democratic Party to your 2006 Election Survey. It is the policy of our party to respond to surveys on behalf of all New Democratic candidates.

For more information, we encourage you to consult our full 2006 election platform at: <http://www.ndp.ca/page/2963>

Thank you for your interest in the views of the New Democratic Party on the critical issues facing Canadians.

We appreciate your efforts to help voters make an informed decision on voting day.

Sincerely,

A handwritten signature in black ink, which appears to read 'Jack', is positioned above the printed name.

Jack Layton  
Leader of Canada's NDP

## 1. Wait Times

Preamble: Canadians want wait time problems in the public health care system fixed. Meaningful reduction in wait times will only occur if we address the key barriers to access, such as the shortage of health care providers, and lack of effective wait time management. Since health care practitioners can't be in more than one place at the same time, creating a parallel private, for-profit system will simply take much-needed doctors, nurses and radiologists out of our public hospitals. Furthermore, since doctors earn more in the private sector, they will have what economists call a "perverse incentive" to keep public waiting lists long. Their incomes will be dependent upon the wait list and wait times "crises" (real or manufactured).

*Q. 1*

*Part 1 - Do you believe that wait time problems should be solved in the public system, or by creating a parallel, for-profit system?*

*Part 2 - Do you think the same doctor should be able to work both in the public system, and in a for-profit clinic?*

## 2. Privatization

Preamble: According to Dr. Arnold Relman, Professor Emeritus at Harvard University: "No one has ever shown in fair, accurate comparisons, that for-profit makes for greater efficiencies or better quality, and certainly have never shown that it serves the public interest any better. Never." The Romanow Commission came to the same conclusion. In fact, all available peer-reviewed studies clearly conclude that for-profit medicine has higher death rates, provides lower quality care and cost more than non-profit models.

*Q. 2 Do you support a federal plan to stop public funds from being diverted to for-profit health care delivery?*

### Question 1 and 2)

**Jack Layton and the NDP will not permit the dismantling of Canada's single-payer medicare system. We will oppose the privatization of Canada's health system.**

- **Public funds to support the public system:** In the next Parliament, we will introduce tough new rules in the legislation and agreements that govern federal transfers to provinces for health care. We will make stable, long-term federal transfers for health care contingent on a commitment from provinces and territories that no federal money, directly or indirectly, will be used to subsidize a new, separate, profit-making private insurance system covering medically necessary services.
- **Ending cross-subsidization:** We will make stable, long-term federal transfers for health care contingent on no federal money being used to cover the salaries or costs of doctors and other medical personnel involved in a new, separate, profit-making private insurance system.
- **Accountable and enforced:** These tough new rules, along with all provisions of the *Canada HealthAct*, will be monitored and enforced.

### 3. Canada Health Act

Preamble: The Auditor General of Canada found that 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. The Federal Minister of Health's Annual Report to Parliament on the Canada Health Act consistently fails to identify, let alone assess, significant privatization initiatives underway which threaten the integrity and sustainability of Medicare. Canadians own Medicare. We pay for it. We expect to know where and how our money is being spent.

*Q. 3 Do you think the Minister of Health should perform his statutory duty to report, monitor, and enforce the Canada Health Act in all provinces and territories?*

**Yes. In his letter to Health Minister Ujjal Dosanjh, Jack Layton made three clear requests:**

- **Asked the government to commit that its funds would not be used to subsidize a parallel, for-profit insurance system.**
- **Asked that the government ensure that health practitioners could not work simultaneously in the public and for-profit, private-pay system**
- **Asked the government to commit to seriously and enforcing these terms.**

### 4. Home Care, Elder Care and Long-term care

Preamble: The health needs of the frail elderly and other vulnerable people are being neglected. Lack of attention to home care has led to preventable hospitalizations and an increased need for nursing home beds. Increasingly, the most vulnerable people in our society, our elders and those with disabilities, are being placed in the hands of profit-seeking, investor-owned nursing homes. According to peer-reviewed studies, for-profit nursing homes clearly provide worse care and less nursing than not-for-profit facilities.

*Q. 4*

*Part 1 - Do you support national standards for home care, elder care, and long-term care as a stepping stone to a national continuing care program?*

*Part 2 - Do you support a federal plan to stop public funds from being used to subsidize investor-owned nursing home facilities?*

**The NDP is committed to invest in long-term care for seniors. As the New Democratic Party argued in the recent British Columbia provincial election, long-term care for seniors must be the starting point for any plan to reduce waitlists. Currently, 10-25% of acute-care beds are occupied by seniors who are stuck waiting for long-term care beds. Expanding good quality, well-regulated, affordable long-term care will reduce pressure on hospitals, cut surgery waitlists and allow seniors to live with the dignity they deserve.**

**Long-term care is sadly neglected in many parts of Canada. The result is greater stress on seniors' families and the health care system. Beyond that,**

**the people who have helped build Canada deserve better. They've earned better.**

**We respect the past contributions and present needs of Canadian seniors. We believe that a full range of supports must be available for seniors, from home care and home support through assisted living, to complex care and palliative care.**

- As a first practical step, we will launch an achievable publicly regulated long-term care expansion plan – beginning with 10,000 units in the first year, and a total of 40,000 units by 2009 – that will help seniors to live with respect and in comfort, and help take the pressure off emergency and acute care beds.**

## **5. Pharmacare**

Preamble: Drug costs are out of control and are eating up more and more of scarce health care dollars every year. And there is no evidence that we are getting value for money. Some new drugs cost 100 times more than their traditional counterpart, yet provide no measurable improvement. Meanwhile many disadvantaged Canadians are denied access to life-saving medicine because they can't afford to pay. A public Pharmacare plan, with a national formulary and using bulk purchasing, would reduce costs, and improve equity and drug effectiveness.

*Q. 5 Do you support the creation of a national public Pharmacare plan?*

**Yes. The NDP is committed to a national public Pharmacare plan. At their 2004 summit, the premiers estimated \$2 billion would be saved overall through a national pharmacare plan. The provinces and territories are now waiting for the kind of leadership from Ottawa this NDP commitment provides.**

**We are committed to:**

- building on the offer of the provinces and territories and work together towards the establishment of a national prescription drug plan, which would be phased in beginning with coverage for key catastrophic drug costs and gradually expanding coverage, as finances permit, until the plan is universal in application.**
- beginning by phasing out the evergreening of patent drugs so cheaper generic drugs can come to market sooner. And the ban on direct-to-consumer advertising of pharmaceuticals so there is less unnecessary prescribing of drug therapies.**

**Moving to a national plan would be good for individuals, businesses and our national economy. Employers would gain a significant competitive advantage over their U.S. counterparts.**

## **6. Health Care Infrastructure Financing**

Preamble: Across the country, provinces and territories are grappling with the need to upgrade and build new health care infrastructure. Several provinces are turning to private sector loan financing through so-called "P3s" (public-private 'partnerships'). These P3s will not only cost taxpayers more in the long-term, they will entrench a powerful group of for-profit corporations with an interest in two-tier healthcare as a potential revenue stream. Historically, the federal government played a critical role

in creating health care infrastructure through the National Health Grants program. This model was created by then Health Minister Paul Martin, Sr., in 1948 and continued until 1971.

*Q. 6 Do you support re-establishing a federal role in health care infrastructure financing?*

**The NDP is against the private sector loan financing through so-called "P3s". We would like the government to invest more in health care infrastructure like building hospitals and funding the purchase of new medical equipment.**

7. Keep People Healthy

Preamble: Tommy Douglas use to say "it's a lot cheaper to keep people healthy, rather than patching them up after they're sick", and that "Only through the practice of preventive medicine will we keep the costs from becoming so excessive that the public will decide that Medicare is not in the best interests of the people of the country" The greatest determinants of health in Canada are income and economic security.

*Q. 7*

*Part 1 - Do you support a federal plan to strengthen the social determinants of health, including housing and poverty reduction strategies?*

**Yes. The NDP continues to support the principle of strengthening the social determinants of health. In this election, the NDP is committed to increase the Child Tax Benefit by \$1,000 per child above the currently scheduled increases and inflation adjustments. This improvement will be directed to the first tier of the benefit, which is not subject to clawback of provincial social assistance benefits.**

**Also the NDP is committed to restart a 10-year national housing program to build 200,000 affordable and co-op housing units (including homes for aboriginal people, seniors, people with disabilities and students), renovate 100,000 existing units, and provide rent supplements to 40,000 low-income tenants, many of whom are single mothers who pay a large percentage of their income in rent.**

*Part 2 - Do you support the dismantling of health and environmental protections in favour of economic growth as outlined in the Government of Canada's 'Smart Regulation' plan?*

**No, we are against the dismantling of health and environmental protections. The NDP is concerned about the potential dangers posed by smart-regulation such as the implementation of a trade and entrepreneur cultures in sectors like health, safety or environment. Smart regulation applied for health issues means more power given to biotechnology corporations and less liability to the regulatory body such as the Health Canada or Industry Canada. Smart regulation applied to oil exploration could mean less environmental assessment and more dependency on non-renewable sources of energy.**