

TORONTO -- On February 3, 2003, Roy Romanow, Health Commissioner and former Premier of Saskatchewan, received the Atkinson Foundation's Economic Justice Award for his work on Health Care. The following is a Statement given by Mr. Romanow.

Statement by Hon. Roy Romanow on the Occasion of Receiving The Atkinson Economic Justice Award

Thank you all for being here today.

First and foremost, I want thank the Atkinson Charitable Foundation for this remarkable honor. I am both humbled and excited to receive this award, and my intention is to use the resources associated with it to advance the cause of public health care in Canada.

I also want to note how appropriate it is that this event is being hosted by the South Riverdale Community Health Centre. I cannot imagine a better backdrop for this award than a community-based health center that offers its patients an integrated array of medical services. It is nice to be back on the front-lines of the future.

Before I take questions, permit me the luxury of sharing some of my thoughts on the eve of tomorrow's meeting of First Ministers where the future of our health care system- and perhaps more- may be played out.

As most of you are aware, since submitting my Commission's final report just over 8 weeks ago, I have scrupulously stayed out of the fray. I felt that the onus was now on others- the health professionals, the advocacy groups, the politicians and, most importantly, the people of Canada- to decide whether I had gotten it right and if so, how to proceed with implementation.

Now I am not so presumptuous to believe that the detailed recommendations outlined in my report constitute the final word on all matters related to public health care in Canada.

To be sure, I absolutely stand by my recommendations and the integrity of the process that led to them. I remain convinced my team gathered the best available evidence; that we set a new standard for openness and transparency in making that evidence available for scrutiny. And we gave every opportunity to those espousing radically different solutions to the problems confronting our health care system to make their case to us and directly to Canadians. We strongly believe that facts and hard evidence, not ideology and polemics, shaped our conclusions.

And most of all, I believe the tone of my report, and the focus of its recommendations, are an accurate reflection of the values that Canadians- from one end of this great country to the other- said they wanted to see expressed in the policies and programs that define Medicare.

As a former Premier, I know how difficult and elusive consensus can sometimes be when First Ministers, representing provinces with widely differing circumstances, needs and capacities, try to tackle initiatives that have national repercussions.

Indeed, I've been at the table many times- some would say too many times debating behind closed doors issues that really deserve to be debated in the open. Health care is clearly one of those issues.

I am not inclined today to provide a line-by-line defence of my final report recommendations. They speak for themselves and I am emboldened by the public's understanding and support for our vision. But I would like to offer a few brief comments on where we are today.

First, I am hopeful about the First Ministers' commitment to achieving meaningful consensus. I sense that all governments have moved beyond the initial positions they staked out in early December. I think they have understood the message from Canadians to just get on with it, to stop fighting over Medicare and start working together for Medicare.

In reviewing recent media reports, I am struck by the frequency with which the word "flexibility" keeps coming to the fore. This is good because nobody is advocating- least of all me- a rigid, one-size fits all approach to health care that would stifle the innovation the system so desperately needs.

But Canadians do want a system premised on core principles and reflective of shared values, that contains recognizable features from sea-to-sea-to-sea. And while different jurisdictions, due to their respective circumstances, might invest in unique ways in the short run, the longer-range goal is, of course, to ensure that all citizens have access to the common health outcomes we all seek. Naturally, these benchmarks should be determined collaboratively among governments, with input from health professionals and patients. And this process needs to be transparent to the public.

Second, I am a bit perplexed by the continuing controversy generated by my recommendation to create a health care accountability mechanism reporting annually to Canadians on the performance of the health care system. Contrary to what some reports have suggested, I most certainly did not propose creating a new layer of bureaucracy to perform this function. Nor did I ever suggest that one level of government be accountable to another. Were I representing Saskatchewan at this meeting, I would be standing with other Premiers in resisting such a change.

What I did suggest is that there are ways to better integrate existing advisory bodies and information sources, and that as the health system's shareholders, the public has a fundamental right to be involved in decisions about its future.

I proposed one model as to how this might be done. But if there is a better way of achieving this goal, that's fine with me. But we cannot, must not, diminish the right of Canadians to be directly involved in their health care system, to have a forum that can assess and provide advice on how well the system is doing; one that can give Canadians confidence that they know what's really going on.

I believe First Ministers can reach consensus on an appropriate advisory body, respectful of jurisdictional roles, that provides for clear, independent public oversight of where and how health dollars are being spent by both levels of government.

Third, while there are very real differences between the proposed federal health accord and that put forward by the provincial and territorial governments, the distance between them is not so great that an agreement is out of reach.

- Each acknowledges the need for an increased federal funding contribution and the imperative for stable, predictable and long-term funding.
- Each recognizes the need to modernize Medicare
- Each sets out priority areas for further investment that are largely compatible and consistent with those set out in my report.

The basis for a deal is there, and with flexibility, good will, and good sense, it can be achieved. But it must be a good deal, a long-term fix, not a short-term patch.

Because if there is a single theme that cuts across all of the various health reports that have been commissioned over these past three years, it is that money must buy change. Not a vague promise of change, but a real action- plan with clear objectives and measurable outputs.

Canadians want to be able to see change in areas like primary care, home care, access to affordable drugs and more timely access to advanced diagnostics like MRIs. They don't want a shopping list of things that might happen. They want a commitment from governments on what will happen. This is not the time for half-hearted solutions or a tepid commitment to reform.

Yes, the federal share of health spending is lower than it has been and should be. Yes the health care system needs more money- just as it did in September 2000 when Canada's First Ministers- myself included- agreed to a Health Accord that provided for a \$23.4 billion targeted federal reinvestment into the health care system.

And yes, I did use the word "targeted". As First Ministers, we all committed to spending the new money in areas like primary care, infrastructure, and so on. But we agreed only on general principles, not objectives or defined outcomes. In retrospect, we should have done more than stabilize the status quo; we should have begun then to transform the system.

I am mindful that some provinces have expressed concern about the proposed targeting of new health transfers. They argue that other parts of their health system, not covered by any of these funds, also need shoring up.

They note that health care is a labour intensive sector, and that many health professionals are due wage increases. I do not question these claims, but I offer the following comments.

The targeted funds are designed to address priority issues that are eroding Canadians' confidence in their health care system – like waitlists, shortages of health professionals and inadequate supplies of advanced diagnostic services. And they are also designed to kick-start the process of transforming the system to make it more comprehensive and sustainable.

Properly applied, certain of the proposed funds will generate efficiencies and produce savings for reinvestment elsewhere in the system. Additional support for homecare and palliative care can free up expensive hospital beds.

Similarly, creating a network of community-based primary care centers, where teams of health professionals are able to offer 24/7 access to medical services, can also relieve pressure on hospital emergency rooms and across the system. Improving access to care in rural and remote regions can produce real savings.

Permit me one final observation... this time not as a Health Commissioner, but as an individual with a profound respect for democratic institutions and processes and a deep love of this wonderful country.

It will be for political scientists and historians to assess the significance of that remarkable six-month period last year when Canadians came out in massive numbers to participate in the debate over the future of their health care system. When they came out to try and make a difference.

I don't think anyone ever expected -- I certainly didn't -- that our processes would have so galvanizing an effect on Canadians.

I'm acutely aware that over the past decade, public opinion polls have ranked health care the foremost issue for Canadians. I know too that the extent of what I would characterize as "health literacy" among ordinary citizens was one of the most eye-opening aspects of our consultations.

And yet now, in the aftermath, when I reflect upon all that I heard, and all that I learned, I am left with a clear sense that it was not just health care people were talking about when they came to our meetings, or wrote, or e-mailed or called to share their views. It was also the health of our political institutions and of our democracy.

I think that a fair number of Canadians saw in our consultations an opportunity to participate in a direct way in the democratic process. That their contributions could make a difference. That for once, they were not powerless. That the demise of a program to which they were profoundly attached, and which appeared under threat, was not necessarily a foregone conclusion.

And so my plea to First Ministers, on the eve of their meeting tomorrow is this: respect the advice Canadians have given. Do not let them down or let them come to believe their efforts were for naught. That what they had to say was irrelevant.

Because it is not just the health care system that's at stake. It is also the health of our democratic institutions.

Again, my heartfelt thanks to the Atkinson for their support. It will enable me to carry on further dialogue and research on ideas that matter as we all move together to create something wonderful for the ages, a long lasting beacon for the rest of the world to emulate.

-- Roy Romanow