

Alice Through the Looking Glass:
Standing Up for the Future of Medicare

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Notes for Keynote Address

RNAO Annual General Meeting

April 23, 2004

Thank you very much for your kind introduction, Madame President. I want to start by thanking you and Doris for your dynamic leadership of this wonderful organization. With people like you, and all gathered here, we are all in good hands in Ontario.

And thank you for allowing me to be part of this very special anniversary celebration for your great good work - 100 years of organized nursing in Ontario!

Quite frankly, I am humbled to stand before an audience who works unselfishly at the front lines of a system that has become the most important expression of Canadian identity, our public health care system.

Perhaps no one understands better than Ontario's nurses, the urgency behind the need to move forward with a plan to sustain public health care. We were supposed to meet a year ago but the meeting had to be cancelled. Just a year ago you lived through one of the greatest crises in public health care this country has ever seen.

It was the nurses and doctors of Ontario who stood on the front lines of Canada's health care system when SARS struck, out of the blue, with no warning whatsoever. No one understands better than you - the pressures facing our health care system, falling like a ton of bricks on your shoulders.

But you rose to the challenge. You adapted instantly to the rigors of the "new normal". You clocked inhuman hours. You stayed away from your families and loved ones - to protect them from getting sick. You stood by fallen patients and saw them through the worst. You rushed to keep abreast of new developments, leading the world in setting new standards for SARS responses. Sadly, some of you were stricken by SARS yourselves. You did this because of your humanity in an under-resourced hospital setting and you did your job with dedication and commitment.

So let me say this - the word "crisis" is genuinely overused in the often over-heated political rhetoric that surrounds health care. But the truth is that the crisis you faced on the SARS front line last year was real. The system was overwhelmed but, out of sheer personal and professional resolve, you made it work. Failure was not an option. So with humility and gratitude I am proud to be here in your midst, even if a year later.

Time for Action

Now let me turn to the larger issue of the future of Canada's healthcare system. The time for action is now!

We have had studies galore ... still no reforms!

Yes, we have had large amounts of cash transferred from one level of government to another ... still no reforms!

We have had a major commission's blueprint for change with the support of an overwhelming percentage of the Canadian people ... still no reforms!

Is it any wonder that confidence in the future of health care is eroding?

That's bad enough, but now the environment is replete with statements, masquerading as new and novel, designed to undermine the fundamental values and purposes of medicare.

My friends, even though well over 80% of the Canadian population strongly supports our commission's prescription for reforming medicare, there still remains a small but powerful minority who chip away at Medicare's immune system, already weakened by issues of funding shortfalls and half-hearted stop and start reforms. It is time to stand up for properly transforming health care and to ensure its publicly supported viability.

Simply put, the time for action is now.

All this brings me to a critical issue regarding the current debate.

Sustainability

As of late, the word "sustainability" is used everywhere.

Let me explain.

When I talk about sustainability with Premier McGuinty and Health Minister Smitherman in this province, I hear a strong commitment to the future of publicly supported medicare, and a resolve to spending resources designed to leverage the changes necessary, rather than spending on the status quo. Ontario's Bill 8 has some very important features that reinforce what we had in mind regarding accountability. It seems to me, that Ontario wants to do the "real work" required to ensure Medicare's sustainability. And Premier McGuinty played a key role in breaking the log jam that led to the creation of the Health Council of Canada.

But my friends, others have subverted the word "sustainability" to mean that we can no longer deliver and afford a modernized public system of health care. They use sustainability as a Trojan Horse filled with misinformation about health care financing, informed by ideology not evidence.

Sustainability?

What does the word "sustainability" really mean? It simply means the availability of a balanced measure of resources, services, and evolving needs. Of course, it is a constant challenge to keep these in balance.

And there are two fundamentally competing visions regarding how to determine this balance.

One vision is based on the premise that healthcare is a commodity. If you accept this view, healthcare ebbs and flows with “markets”, markets determine the proper balance. The U.S. and Switzerland are the best examples of the market commodity vision. In the U.S., healthcare spending represents over 14% of GDP and over 100 million of its people are uninsured or inadequately insured.

The second vision is based on the notion that healthcare is a “public good” leaving to democratically elected governments, the task to balance resources, services, and needs, and in what should be a transparent process. And as we know in Canada, it’s also a challenge to find the proper balance as resources required for a healthy population - such as income, education, the environment, housing, and early child development and care - compete with the here and now needs of our health care system.

But the public good vision and its expression of the appropriate balancing act, is democratically determined. And it is efficient, costing currently in Canada, 9.5% of GDP for universal coverage and 1/3 cheaper in administration and overhead than in the U.S. And health outcomes? Well, they can always be improved, but we remain near the top.

Health care as a commodity? Health care as a public good? These are the stark choices. That’s where we are — again.

But, what is the evidence to say Medicare is not sustainable? Or is it simply ideology at play?

The evidence regarding sustainability is substantial and I am pleased our Commission contributed to the many other reports that concur. But don’t just take my word for it. Recently the Federal Finance department completed a report - in January of this year - but only reported on last week in the Globe and Mail

Referring to those who say it is not sustainable, the study says:

“The analysis discounts ... theories that rising health-care costs will bankrupt federal and provincial governments ... The aging population alone will not drive up costs astronomically ... As the country gets richer, it will be able to afford more health care as well. Governments’ share of total health care spending for the country will likely remain less than 10% of the size of the Canadian economy.”

And their time frame for this affordability is 40 years! So don’t take my word for it, this Federal Finance report is the latest bit of evidence.

Friends, I have challenged those who hold a view that the marketplace will take care of everything to bring forward evidence, not ideology. So far, the silence has been deafening. The time for rhetoric is over.

The Rear View Mirror

So in the absence of evidence, sustainability has been a code word for privatization, for the markets to rule, for more private delivery, for more private payment.

And worse, this commodity vision or value is portrayed as something new, out of the box thinking, innovative. New?

Let me read you something. Two quotes.

The first one:

"What is meant by 'universal' is that the plan arbitrarily includes everybody, whether they need the benefits and whether they wish to be included or not. It is a compulsory program in which participation is compelled by the state and not left to the voluntary choice of the citizen himself ... This violates a fundamental principle of free society, namely, the right of each citizen to exercise freedom of choice."

Now, the second one:

"Free medicare empowers the poor but after 40 years of medicare, lower income Canadians still have more chronic disease and use the health system more."

Who said each and when?

Well the first quote was by former Alberta Premier Earnest Manning in 1965! 1965!

Let me repeat:

"What is meant by 'universal' is that the plan arbitrarily includes everybody, whether they need the benefits and whether they wish to be included or not. It is a compulsory program in which participation is compelled by the state and not left to the voluntary choice of the citizen himself ... Medicare violates a fundamental principle of free society, namely, the right of each citizen to exercise freedom of choice."

1965! And this sentiment today is sold as new!

Ask the parents or guardians of the millions of American children who are not covered by health insurance if they are enjoying their exercise of freedom of choice!

And the second quote? It was uttered by Mr. Klein's government two days ago and I quote again:

"Free medicare empowers the poor but after 40 years of medicare, lower income Canadians still have more chronic disease and use the health system more."

And they sell this as NEW?? Slightly different words, same message. 2004 --- 1965! New, out of the box? I don't think so.

So friends, despite the evidence, despite the clarion call of so many Canadian voices, despite all of your remarkable hands-on knowledge, we are at a serious crossroads.

What pathway will we choose? Whose side are you on?

The good news is that Canadians continue to overwhelmingly support the vision that Medicare is a public good, the expression of which needs major reform, not a rear view mirror backtracking to a time when people of modest means got sick, worrying about getting sick.

Thankfully, we have emerging voices who have said they wish to provide democratic expression to this vision. Earlier, I mentioned Premier McGuinty and Minister Smitherman. They seem willing to do what's necessary, to take the long view not the expedient one, and begin the heavy lifting of reform, sooner rather than later.

As are other premiers and opposition leaders at different levels.

And a week ago, I was pleased that the Prime Minister noted that increased Federal resources should be tied to provincial reforms. If the resources are both adequate and predictable over a long period of time and the conditions that are attached have some reasonable provincial flexibility and transparently reported standards of progress, then we should all be pleased. Time will tell.

And while there are hopeful signs and some important political voices, we still have a clash of values of major proportions --- between a vision supported by well over 80% of the population versus a powerful minority, low in numbers armed with ideology not evidence.

So where do we go from here?

First, let me refer to what Monique Begin, author of the Canada Health Act, has said repeatedly. The only true guardians of Medicare --- this most cherished expression of what it means to be Canadian --- are the people of Canada.

I concur.

But in our democratic system, messy as it is, our governments are elected to fulfill our collective aspirations. That's the theory, and many do, in practice.

But, I say to those governments who have said recently that Medicare would not be around in 10 years because it is not sustainable, I say not so fast! Canadians will have their say!

Well, our first ministers will be meeting soon. And I urge them to have their deliberations televised --- no more backrooms when it comes to the things that bear critically on the future of our country.

No more short term, quick fix deals.

No more money advanced to protect the status quo.

Let all Canadians see who stands up for the vision of 1965 and who stands up for the vision of 2005.

Let all Canadians see who portrays health care as a market place survival of the fittest commodity and who stands up for a modernized health care as a public good, an expression of what we owe each other as Canadians!

It's time to pull back the curtain!

And what are the options at this meeting?

There are three pathways. One must be chosen by the majority of those present. Dr. Greg Marchildon articulated them in a report published last week by the Caledon Institute.

They are:

1) **Status quo**. This is not for me. It is not for you — the status quo let you down during SARS. It is not for the Canadian people. The status quo shows no respect for the reforms needed.

2) **Turn it over to the provinces, lock, stock, and barrel**. This option offers clarity regarding responsibility and accountability, but no Canada Health Act and no national Medicare. And, my friends, what kind of Canada would be left?

3) **Leadership for Reform**, particularly by Ottawa. The blueprint is done. The values are clear. The resources required are clear. We know what reforms are necessary.

We need stable, adequate, and predictable funding from Ottawa, in particular, and then Ottawa engaged in full partnership with the Provinces;

We need the Canada Health Act modernized, bringing into coverage:

- homecare;
- catastrophic drug coverage;
- appropriate diagnostics;

And we need to add accountability to the Act.

We need primary health care reform including the increased scope of nursing practice. And what about wait list guarantees? Well, they are certainly politically appealing. But dealing with wait lists properly must involve an integrated approach to reform. Isolated, quick fix, cherry-picking reforms, won't work.

And we need to pay attention to the determinants of health. Remember that Alberta quote from a few days ago: "*Free medicare empowers the poor but after 40 years of medicare, lower income Canadians still have more chronic disease and use the health system more.*"

Where has Alberta been to make this statement?

Does this government not know that income is the most important determinant of health? Does his government not know that education, housing, the environment, early childhood development and care, and other determinants contribute to health outcomes?

Something old, sold as something new!

We need to match our efforts on health care reforms with the determinants of health and we need to account for how we are doing. A good deal of my work with the Atkinson Foundation deals with the development of a Canadian Index of Well-being that will measure and report regularly on the things that matter in term of our health and well-being.

We can't wait any longer

Friends, in closing, we cannot be complacent in this crucial debate about the future of health care in Canada.

Nor do we need any more studies.

You and I share this important common cause. It is time to transform and secure the publicly supported health care that Canadians need and deserve.

For my part, I am proud to be a partner of the RAO in pressing for action.

As Alice in Wonderland said, "Jam yesterday, jam tomorrow, but never jam today." Well, we want jam today. Let's get on with it.

Thank you.