



**HEALTH
+HOPE**

CANADIAN HEALTH
COALITION

**HEALTH +
HOPE LOBBY**

2024+

**WHAT WE HEARD
AND WHAT'S NEXT**

More than 100 health care workers and advocates participated in the 2024 Canadian Health Coalition's Health and Hope Lobby. This year's lobby was focused on stopping privatization and enforcing the *Canada Health Act*, implementing public universal pharmacare, creating safer long-term care and phasing out for-profit investors, and expanding universal coverage of public health care.

The Canadian Health Coalition arranged meetings with 85 parliamentarians on February 13, 2024, about two weeks before Health Minister Mark Holland introduced Bill C-64, the *Pharmacare Act*, in Parliament. The Act includes Canada's intent to work with provinces and territories to provide universal, single-payer coverage for a number of contraceptive and diabetes medications, which we felt was important progress.



Clockwise from top left: *Tylia Joseph*, a volunteer from CUPE, greeting Health and Hope lobby participants. Photo by John Major. • *Cheryl-Anne Simoneau* getting ready to lobby MPs at the 2024 Health and Hope Lobby. In the year 2000, Simoneau was diagnosed with chronic myelogenous leukemia. She co-founded the CML Society of Canada and became a patient and pharmacare advocate. Photo by John Major • Pre-lobby strategizing. *Malcolm Lewis-Richmond* and *Andria Desjardins* with the Professional Institute of the Public Service of Canada (PIPSC). Photo by John Major.

Lobby teams were asked to complete report-back forms following each meeting with a parliamentarian. Here is a snapshot of what we heard based on information from 65 forms received and comments by participants at the debrief session held on February 14. The compilation of the report-back forms is followed by a calendar of events regarded as opportunities for us to advance our public health care priorities.



Health and Hope Lobby participants in Ottawa on February 12, 2024. Photo by John Major.

WHAT WE HEARD

1. Did they understand the issues?

YES/ NEUTRAL/NO	TOTAL	LIBERAL MPS	NDP MPS	CONSER- VATIVE MPS	BLOC MPS	GREEN MPS	SENATORS
YES	41	13	15	4	-	1	8
NEUTRAL	19	7	1	8	2	-	1
NO	5	2	-	1	-	-	2

2. Did they support universal pharmacare?

YES/ NEUTRAL/NO	TOTAL	LIBERAL MPS	NDP MPS	CONSER- VATIVE MPS	BLOC MPS	GREEN MPS	SENATORS
YES	32	12	15	-	-	1	4
NEUTRAL	21	9	1	4	2	-	5
NO	12	1	-	9	-	-	2

3. Did they support our other public health care priorities?

YES/ NEUTRAL/NO	TOTAL	LIBERAL MPS	NDP MPS	CONSER- VATIVE MPS	BLOC MPS	GREEN MPS	SENATORS
YES	35	11	16	-	1	1	6
NEUTRAL	23	10	-	8	1	-	4
NO	7	1	-	5	-	-	1



Lisa Goulet, Centrale des syndicats du Québec (CSQ), speaking at the Profit Doesn't Care Rally, on Parliament Hill on February 13, 2024.

Photo by John Major.

Summary of Liberal MP meetings

Health and Hope lobbyists met with two cabinet ministers: Jenna Suds, Minister of Families, Children and Social Development, and Steven Guilbeault, Minister of the Environment and Climate Change. Both of these ministers expressed their support for pharmacare. Parliamentary Secretary to the Minister of Health Yasir Naqvi and Parliamentary Secretary to the Minister of Seniors Terry Sheehan addressed lobby participants on February 13. They stated their commitment to ushering in pharmacare and supporting health care workers.



Yasir Naqvi, MP for Ottawa Centre and Parliamentary Secretary to the Minister of Health, addressing the Health and Hope lobby participants on February 13, 2024. Photo: John Major.



Terry Sheehan, MP for Sault Ste. Marie and Parliamentary Secretary to the Minister of Labour and Seniors, speaking to Pauline Worsfold, RN and Chair of the Canadian Health Coalition, before taking the stage at the Health and Hope Conference on February 13, 2024. Photo: John Major.

Several Liberal MPs said they support the idea of universal pharmacare and our other public health priorities, but some expressed hesitation at how it will be achieved.

Liberal MPs who voiced their strong support for pharmacare included Salma Zahid (Scarborough Centre), Jenica Atwin (Fredericton) and Parliamentary Secretary to the Minister of Indigenous Services, Mike Kelloway (Cape Breton-Canso), and Ken Hardie (Fleetwood-Port Kells).

“The Canadian health care system saved my life,” said Salma Zahid, when sharing her experiences having stage 4 lymphoma and undergoing aggressive chemotherapy. She also shared that her husband is a diabetic. Zahid was concerned about privatization and as an immigrant felt that health care and education were the two most treasured public services in the country. She noted her kids are 23 and 25 years old and do not have any extended health care benefits. She also shared her concerns for workers in the gig economy and how they have inadequate health care coverage.



Left-to-right: Julie White, Congress of Union Retirees of Canada, Rita Morbia, Inter Pares, Salma Zahid, Liberal MP for Scarborough Centre, Emilio Rodriguez, Citizens for Public Justice, and Siobhán Vipond, Canadian Labour Congress.

“You are all heroes in my eyes,” said Jenica Atwin about health care workers. Atwin and Mike Kelloway both spoke about the federal government having limited tools to hold provinces to account for properly spending health care dollars. Atwin encouraged continued mobilizing for public health care.

Dr. Helena Jazcek, MP for Markham-Stouffville and former Minister of Public Services and Procurement and Receiver General for Canada, raised concerns about growing privatization, “upselling,” and the inability of the federal government to enforce any laws or standards due to jurisdictional issues. She believed we should learn lessons from the UK (i.e., that they are increasing privatization which are leading to poorer health outcomes). She also indicated that Big Pharma and insurance industry benefited from “corporate welfare.”



Left-to-right: Julie White, Congress of Union Retirees of Canada, Rita Morbia, Inter Pares, Helena Jazcek, Liberal MP for Markham-Stouffville, Emilio Rodriguez, Citizens for Public Justice, and Siobhán Vipond, Canadian Labour Congress.

Dr. Jaczek became Ontario's Minister of Health immediately following the exit from the position of Dr. Eric Hoskins, the author of *A Prescription for Canada: Achieving Pharmacare for All*. She got into politics because she was a doctor and opposed a two-tier health care system. She shared family experiences with having to access long-term care and stated her respect for personal support workers and their work.

Chris Bittle, MP for St. Catharines, liked the idea that he was able to use his provincial health card at a pharmacy and obtain a prescription. Similar to other Liberal MPs, he noted pharmacare is not being brought forward by his constituents and it does not appear to be a priority for them like the cost of living, housing and lack of access to primary care. He requested more information on for-profit plasma collection.

Francis Drouin, MP for Glengarry-Prescott-Russell, was concerned about the Québec model of pharmacare and that province's reluctance to join national pharmacare.

Several Liberal MPs were lukewarm or hesitant about the costs of pharmacare and how it would be achieved, namely Andy Fillmore (Halifax), Tony Van Bynen (Newmarket-Aurora), Peter Fragiskatos (London North Centre), Shaun Chen (Scarborough North), Francis Scarpaleggia (Lac-Saint-Louis) and Judy Sgro (Humber River-Black Creek).

Brendan Hanley, MP for Yukon and a member of the Standing Committee on Health (HESA), agreed that patchwork pharmacare is of no benefit. Hanley, Yukon's former Chief Medical Officer of Health, felt the dental plan left little money for other programs, a belief expressed by other Liberal MPs. On long-term care, he supported aging close to home and family.

Parliamentary Secretary to the Minister of Health Yasir Naqvi stated that the Liberals had a public commitment to universality, but said, "it's complicated." He expressed concerns over jurisdictional issues with the provinces, including the difficulty of enforcing criteria nationally. He noted that insurance companies "didn't want to play ball" and that they were an obstacle.



Left-to-right: Siobhán Vipond, Canadian Labour Congress, Julie White, Congress of Union Retirees of Canada, Yasir Naqvi, Liberal MP for Ottawa Centre and Parliamentary Secretary to the Minister of Health, Rita Morbia, Inter Pares, and Emilio Rodriguez, Citizens for Public Justice.

Naqvi spent some time speaking about the *Safe Long-term Care Act*, noting there was no timeline. He mentioned enforcement as the fed's thorniest issue. His mother had breast cancer not that long ago and she had excellent care, and it left an impact on him.

Tony Van Bynen had reservations over the single-payer aspect of the national pharmacare program. He believes if employers are providing additional health care coverage then the government should not step in to play that role. He raised issues with Patented Medicines Review Board, its effectiveness and how to improve it. He wanted more information on the Quebec 'fill the gaps' model and why that's not a solution.

Iqwinder Gaheer, MP for Mississauga—Malt, questioned wait times, and wondered if reducing private health care options would result in longer wait times. He asked if the *Safe Long-Term Care Act* would cause jurisdictional problems. He said he shares our concern over more for-profit health care.

Judy Sgro noted the many achievements in health care that we should be proud of, while stating she doesn't think pharmacare will happen this year. For her, health care is a personal issue because her daughter was a nurse, who now works for Ontario Health, and her granddaughter is a nurse. She was aware that a lot of the federal money earmarked for pandemic pay was not spent on pandemic pay. She said she has no problem taking on the Ford government. She worries about what would happen if there was no Canadian Health Coalition.

Parm Bains, MP for Steveston-Richmond East, was concerned that Canada has overall low productivity and asked if privatization was a way to reduce waitlists and increase productivity.

Ryan Turnbull, MP for Whitby and Parliamentary Secretary to the Minister of Innovation, Science and Industry, said it would be dangerous to reopen the *Canada Health Act*. He felt that the feds have "done their part" and argued that Conservative premiers are the culprits, privatizing health care. He mentioned the modernization of health records as important.

Sean Casey, MP for Charlottetown and member of the Standing Committee on Health (HESA), had ideas of health care worker recruitment and retention like paying for schooling or reducing the barrier of costs to encourage enrollment. He was not aware of the privatization of plasma collection.

Some MPs like George Chahal, MP for Calgary Skyview, wanted us to focus our lobby efforts on MPs with health care expertise. Chahal had not read the Hoskins report, but said he would. He mentioned a couple of times that we need to figure out "the role of corporate Canada" in pharmacare and health care, as though they are a partner we need to work closely with.

Several Liberal MPs were preoccupied with the prospects of the Conservatives coming to power.

Summary of NDP MP meetings

NDP MPs strongly supported universal, single-payer public pharmacare and are opposed to privatization of health care, including profits in long-term care.

Alexandre Boulerice, MP for Rosemont-La Petite-Patrie, and Heather MacPherson, MP for Edmonton Strathcona, noted the intense big pharma lobbying as an obstacle. MacPherson was also concerned about staffing, recruitment, and retention in health care.



Left-to-right: Aditya Rao, Madhu Verma Migrant Justice Centre, Jens Gunderman, United Nurses of Alberta, Heather MacPherson, NDP MP for Edmonton Strathcona, Maria Richard, New Brunswick Nurses Union, and Tracy Glynn, Canadian Health Coalition.

Blake Desjarlais, MP for Edmonton Griesbach, talked about the need to change the narrative from how pharmacare is going to cost too much to how it's going to lead to long-term cost savings. Desjarlais asked for more information on labour workforce planning. He committed to writing about this to the Minister of Employment, Workforce Development and Official Languages.

Brian Masse, MP for Windsor West, was concerned about access to pharmacare and health care for migrant workers and international students.

Jenny Wai Ching Kwan, MP for Vancouver East, said the Liberals are not inclined to support universal public programs philosophically but that it is worthwhile to continue meeting with them to keep up the pressure as well as those Conservatives with portfolios connected to health. Respiratory therapist Ron Regier shared with Kwan how his patient died prematurely from a lack of medicine.

Niki Ashton, MP for Churchill-Keewatinook Aski, wants to see dental coverage extended to every Canadian. She suggested now is the time to put pressure on the Liberals to keep to their agreement with the NDP on pharmacare. She is going to do more research on the *Safe Long-Term Care Act* and committed to raising our concerns for federal oversight.

Peter Julian, MP for New Westminster-Burnaby, really appreciated the information about how bulk-buying of drugs was significantly cheaper than if people buy them on their own from the community pharmacy for drugs that have dual use (e.g. both chemo and fertility).

Lori Idlout, MP for Nunavut, wanted more information about pharmacare. She was surprised that Nunavut had 48 per cent health care vacancies and that the system is failing due to transient agency staff. The health care workers who met with her told her that patients are being transferred out of their communities due to lack of dementia facilities and long-term care homes. When patients are transferred to Ottawa or Winnipeg, they have no family support, they lack culture and country foods and advocacy for care. The health care workers noted that they are overworked due to staff shortages. Idlout wanted more information about job share and incentives for recruitment and retention. She also wanted ideas to reduce toxic work environments.

Summary of Conservative MP meetings

Conservative MPs continued to voice their concerns about the costs of a universal pharmacare program, but were more neutral on positions around public health care than last year. A few Conservative MPs said that they knew very little about the proposed pharmacare legislation on the table, but would read the plan carefully when it was released.

Blake Richards, MP for Banff-Airdrie, suggested we talk to the provinces because “health care is a provincial issue and not a federal issue.” He wanted information on the costs of pharmacare. He said he wanted more patients to get better care and was worried about people with coverage losing it.

Chris Warkentin, MP for Grande Prairie-Mackenzie, was mainly concerned about money. He did not understand the difference between publicly-delivered and privately-delivered health care, and did not have a problem with private delivery of care. He felt hospitals should be designed by engineers without consultation with health care workers.

Damien Kurek, MP for Battle River-Crowfoot, seemed to be more supportive of public health care. He raised concerns about funding and ensuring we get a pharmacare program right but was unsure about what it should look like. He raised concerns about the Shoppers/Manulife drug coverage program and how that would impact rural care access. Initially, Manulife announced it would only cover specialty drug prescriptions filled at Loblaw-owned Shoppers Drug Mart. Due to public backlash, Manulife reserved that decision during the week of our Lobby, stating it would cover the prescriptions filled at any pharmacy.

Kurek also noted that despite our health care pride, we have an illusion of universal Medicare. He shared that his wife was not able to afford her medications. He shared that when he was a staff person in the Saskatchewan Conservative government, they worked to pass insulin coverage for youth. He recognized the downstream cost savings of such coverage.

Dane Lloyd, MP for Sturgeon River-Parkland, was concerned about Albertans having to support other provinces and paying more in federal taxes. He noted he worked to get the cystic fibrosis drug, Tricepta, approved in Canada for approximately 200 families and how that saves patients from needing double lung transplants.

Eric Melilo, MP for Kenora, wanted pharmacare coverage similar to the Québec model to cover uninsured Canadians only. He agreed that Canadians needed more access to medications, noting that Manitoba has coverage for cancer treatments and Ontario does not.

Melilo agreed that the provinces should have more oversight to spend the money from the federal government to go towards the public system.

Mel Arnold, MP for North Okanagan-Shuswap, said he was not sure we can sustain universal health care today. He suggested there was room for people with different income levels to contribute to the payment of health care. Not in favour of single-payer pharmacare, he said it might diminish the choice of drugs.



Left-to-right: Jing-Yi Ng, a clinical pharmacist and Secretary-Treasurer and Region 3 Director of the Health Sciences Association of BC, Ron Regier, a respiratory therapist at the Surrey Memorial Hospital, Mel Arnold, MP for North Okanagan-Shuswap, and Tina Campbell, a health care assistant and shop steward with the BC General Employees' Union.

On long-term care, Arnold said the Conservatives raised concerns with privatization of long-term care facilities back in 2016/17. He is not sure if he supports phasing out of for-profit long-term care. He would need more information to decide. He spoke against the way the dental care plan has been rolled out. He said, for people who have plans with high premiums, they can't leave the plan and join the public plan. He wanted people to hold the provinces accountable when they reject requirements that accompany federal funding. "If the federal government pays the bill, we should be able to see the receipt," said Arnold.

Tako Van Popta, MP for Langley-Aldergrove, like Arnold was concerned that pharmacare would disrupt coverage where people are already happy with their coverage. He noted he had read the Hoskins report and knew the \$33 billion price tag. He referenced the previous debate in Parliament over the debt and how that's a barrier to funding pharmacare. He also thinks there is room for private providers in health care, including in long-term care.

Ziad Aboultaif, MP for Edmonton Manning, blamed the Liberals for the country being in debt and was not in support of pharmacare. He said, “I am a business man. This does not make business sense.” The team meeting with him reminded him that he is an elected Member of Parliament, and his business is to take care of all Canadians.

James Bezan, MP for Selkirk-Interlake-Eastman, said he supports public health care, but we cannot afford to implement pharmacare. He wanted the federal government to have tighter regulations on health care funding to provinces. He said he does not support the use of agencies that undermine health care. He said he supports cutting red tape for health care professionals coming into Canada.

Kelly Block, MP for Carlton Trail-Eagle Creek, said she will not say no to private health care. She will support pharmacare until she sees the proposal. She noted that the Conservative Party supports adding a sixth principle to the *Canada Health Act*: “stable and transparent funding.”



Left-to-right: Mandi Ayers, a laboratory technologist/manager in Haida Gwaii, Kelly Block, Conservative MP for Carlton Trail–Eagle Creek, Mary Rymal, a personal support worker at a long-term care facility in Ontario, Genny Goodyear, Vice-President of the Saskatchewan Government and General Employees' Union (SGEU) Health Sector, and Jenalle Mason, a pharmacy technician from Alberta.

Summary of the Bloc Québécois MP meetings

Luc Thériault, Bloc MP for Montcalm, and vice-chair of the Standing Committee on Health (HESA), said that the amount of money transferred from the federal government to the provinces is clearly insufficient.

Louise Chabot, Bloc MP for Thérèse-De Blainville, is the former president of Centrale des syndicats du Québec (CSQ). CSQ is the third biggest trade union in Québec. Chabot said that the party wants the right to withdraw from any federal plan and explained the problem of federal health transfers as Québec being “the ones who pay.”

Summary of the Green Party MP meetings

Mike Morrice, Green MP for Kitchener Centre, was very much in favour of universal pharmacare and our other public health care priorities. He requested statistics to help him support universal pharmacare. Morrice also discussed his fight to end poverty and for better living conditions for people with disabilities.

Summary of Senator meetings

Like last year, senators had mixed views on health care. Senators who are doctors support a more robust public health care system. Others with corporate backgrounds touted privatization and public-private partnerships.

Senator Mohamed-Iqbal Ravalia from Newfoundland and Labrador understood the issues and is a supporter of pharmacare and public health care. He is working with a group of senators that support pharmacare to raise issues with the Health Minister and the Prime Minister’s office. He works closely with NDP Health Critic Don Davis. He believes that immigrants and refugees should have access to health care and pharmacare, “otherwise they become social burdens.” He noted that the high turnover of the Health Minister seat tends to delay progress. He noted he had a good relationship with the previous Health Minister.

Senator Hassan Yussuff, former president of the Canadian Labour Congress, noted the importance of labour in health care solutions. He said we need to continue to insist that health care dollars are deducted from provinces when they use privatization of care. He was hopeful regarding national pharmacare. He says it will not happen quickly and gave the example of the Canada Pension Plan, which took 9 years to implement. He said essential medicine should be in the first phase of the agreement, a foundation to build upon.

On long-term care, Yussuff expressed that we need to push for a national charter on minimum care standards, otherwise we are collectively failing. He said we need minimum standards such as four hours of care, baths every two days, staffing levels, qualifications, and skills. He suggested looking at other countries that have had success and adopt their charters or actions. He noted workers should push towards achieving such a national framework/charter.

Senator Rebecca Patterson argued that mental health care needs to be priority. She also wanted us to lobby MP and MPPs on accountability of health care transfers. She did not expect the pharmacare program to take long in senate. She thinks the *Canada Health Act* is outdated and needs updating. She also requested more information on paid plasma.

Senator Eric Forest was supportive of pharmacare and our other public health priorities and was interested in how Québec sees the introduction of universal public drug insurance.

Senator Gwen Boniface was somewhat supportive of pharmacare and our other public health priorities. She suggested we pose our health care questions to the senators who are doctors. She also suggested approaching Senator Frances Lankin, a lifelong advocate for workers' and women's rights.

Senator Lucie Moncion was less optimistic. She said we won't achieve a universal, single-payer public plan. She wanted information on countries with medical and drug coverage.

Senator Tony Loffreda, from Shawinigan and a former RBC executive, was not supportive of pharmacare and public health care. He argued that private health care reduces wait times. He raised concerns of the cost of pharmacare and public health care. He said there is no accountability put on provinces to spend health care dollars on health care. He noted his banker background and shared his experience getting an MRI. He didn't want to jump the queue, but was willing to pay \$1,000 for it. He referenced the \$40 billion deficit and asked where we would get money to fund health care.

Senator Andrew Cardozo Senator wondered if a patchwork framework for pharmacare is easier to sell politically. He understands universal pharmacare will save us money with bulk buying and keeping people out of the hospital. He commented that there are people with "Platinum" drug packages who make want to keep it rather than going with something less.

PROFIT DOESN'T CARE

The Lobby Day was punctuated by a spirited Profit Doesn't Care Rally over the noon hour on Parliament Hill.



Lana Payne, president of Unifor, addressing the Profit Doesn't Care Rally, on Parliament Hill on February 13, 2024. Photo by John Major.



NDP Leader Jagmeet Singh and Vivian Eze, Public Service Alliance of Canada (PSAC) at the Profit Doesn't Care Rally, on Parliament Hill on February 13, 2024. Photo by John Major.

Honouring Nell Toussaint and her fight for universal health care

After a day of lobbying, lobby participants were treated to a special event honouring Nell Toussaint, a champion for universal health care. Toussaint died prematurely due to barriers to accessing health care due to her immigration status. CUPE honoured Toussaint with a poster celebrating her achievements during Black History Month.



Left-to-right: Aubrey Gonsalves, CUPE's Diversity Vice-President representing Black and racialized workers, Greg Fergus, Speaker of the House of Commons and Liberal MP for Hull—Aylmer, Whendeann Gittens, Nell Toussaint's niece, Arielle Kayabanga, Liberal MP for London-West, Carol Hughes, NDP MP for Algoma—Manitoulin—Kapuskasing, Jason MacLean, NUPGE Secretary-Treasurer, and Marie-Hélène Gaudreau, Bloc MP for Laurentides—Labelle.

Lobby participants ended the day with a social at 3 Brewers. NDP Health Critic Don Davies, Edmonton-Griesbach NDP MP Blake Desjarlais and former Canadian Health Coalition staff and board members were in attendance.



Canadian Health Coalition staff with NDP Health Critic Don Davies. Left-to-right: Anne Lagacé Dowson, Don Davies, Steve Staples and Tracy Glynn. Photo by John Major.



Left-to-right: Don Davies, NDP Health Critic, Kane Tse, President of the Health Sciences Association of BC, and Anil Naidoo, National Union of Public and General Employees (NUPGE). Photo by John Major.



Left-to-right: Eunice O'Mahony, Ontario Secondary School Teachers' Federation, Erin Little, patient advocate, Mary Huang, long-term care and seniors' advocate, and Nikolas Barry-Shaw, Council of Canadians. Photo by John Major.



Left-to-right: Cora Meyer, Manitoba Government and General Employees' Union, Maxime Dorais, Union des consommateurs, Shelly Rougeau, Manitoba Government and General Employees' Union, and Olivier Suprenant, Union des consommateurs. Photo by John Major.



Left-to-right: Michele Brill-Edwards, whistleblower and former Canadian Health Coalition board member, and Pauline Worsfold, RN, chair of the Canadian Health Coalition. Photo by John Major.



Left-to-right: Steven Staples, Canadian Health Coalition, and Mike McBane, former national coordinator of the Canadian Health Coalition.

WHAT'S NEXT

Future opportunities for defending and expanding public health care

Lobby participants noted the following opportunities to engage on public health care priorities.

MAY 1: International Workers' Day

JUNE 20: Canada Health Act at 40 Research Roundtable

JUNE 20-21: Canadian Blood Services Board Meeting in Dartmouth, NS and virtual

JULY 15-17: Council of the Federations Meeting in Halifax

OCTOBER 9-11: G7 Health Ministers Summit in Ancona, Italy

OCTOBER 17: International Day to Eradicate Poverty



Special thanks to Pat Van Horne, representing the United Steelworkers on the Canadian Health Coalition board, who staffed lobby headquarters. She compiles Health files, a weekly compilation of who is saying what on public health care for the Canadian Health Coalition's e-newsletter. [Sign up here](#). Photo by John Major.

STAY TUNED

2025 Canadian Health Coalition Lobby!



*Left-to-right:
Health care
workers Danielle
Morash, Unifor
Local 324, and
Damien Shields,
Unifor Local 8300.*