

MEDICARE OUR LEGACY TO YOU

HELP US TO PROTECT IT AND ENHANCE IT.

We seniors had to fight long and hard to establish Universal Medicare as the Premier Social Program in Canada. We seniors remember the days before Medicare and the financial hardship our parents suffered if there was serious illness in the family. We endorsed the recommendations of the Hall Royal Commission on Healthcare set up by John Diefenbaker and we supported Tommy Douglas in his fight to implement Medicare in Saskatchewan. We also supported Lester B. Pearson's introduction of the National Medicare Program and Monique Begin's introduction of the Canada Health Act.

We had to continually fight the same forces which today are attempting, and partially succeeding, to undermine the principles of the Canada Health Act and the quality of healthcare for the vast majority of Canadians. These are the Insurance Industry, the private health industry predominantly from the United States, the pharmaceutical industry and the majority of Medical Specialists and politicians who front for these interests.

Today the attacks on Universal Medicare are more sophisticated and refined. No longer are they talking about doing away with Medicare. Today they use words like saving Medicare, choice, innovation, modernization, experimentation, flexibility, European model, competition, public-private-partnership, reform, private clinics, aging population, sustainability and affordability. All these are code words for one thing and one thing only - the dismantling of our Universal Medicare System and replacing it with a two tier system. The end result will be one high quality private system for about ten percent of the population who can afford to pay for it and a public system with built-in 'private for profit' centres with less accessibility and quality for the remaining ninety percent of the population.

We seniors who are the children of the great depression fought for Medicare because we believed then and still believe now, that quality accessible healthcare is a fundamental right of every human being without distinction of race, gender, disability, political belief, economic or social conditions. Therefore we ask our younger citizens to join us to defend and enhance Medicare so together we can pass it to future generations as their Inheritance.

Reform is needed; long waiting lists are not acceptable. Seniors have suffered and died prematurely because of the closure and shortage of residential care facilities in their respective communities. We have unused capacity in hospital operating rooms and under utilized MRI and CT scanners and lack the budgets to train and hire staff to run them. Setting up private clinics to provide MRI and CT services takes desperately needed staff out of the public system and allows people with money to jump the queue.

A 2002 article in the National Post Business Magazine, later reprinted in *Readers Digest* describes Dr. Brian Day's private clinic, the Cambie Surgery Centre, as a big business, with 122 doctors performing 3,200 surgeries a year. Average cost: \$2,500 -

Visa and MasterCard accepted! That works out to \$8 million annually. Subtract operating costs of \$3.6 million a year and you get an idea as to why these places are called “for profit” clinics. The whole concept of public-private-partnership in building and operating health facilities is not designed to save money but to bring the profit motive into the healthcare system and philosophically appease the most conservative elements. After the contracts expire the public is left with an outdated and dilapidated plant. The concept has been tried in a number of jurisdictions and then quietly abandoned because it proved more costly.

Governments want you to believe that seniors are making the healthcare system unaffordable. This is not born out by the facts. The impact of population aging was 0.9% per year over the 1995 to 2005 period. The BC Financial and Economic Review, (pp.27 and 29) clearly shows that healthcare expenditure as part of the BC Gross Domestic Product remained stable, hovering around 7% of GDP, and the projection indicates no major increase in the future. The Ministers of Finance do a smoke and mirrors exercise to scare the public to justify the under funding of healthcare.

If the Government is looking for a culprit it should look at the pharmaceutical industry which raised the cost of prescription drugs over the last ten years by at least 10% each year. If the government is concerned about future healthcare costs then the way to address them is to keep people healthy, especially the very young and the elderly. Nowhere do we hear talk of health promotion and accident and sickness prevention. Insufficient attention is paid to pre-natal and post-natal care. Home care and home support have been severely cut back. Seniors would prefer to stay in their homes through their final years and with sufficient home-care and home-support could do so, rather than be labelled as bed blockers in an institution. These are the areas which can reduce the intake into acute and long-term care, which is the most costly part of healthcare. As the Honourable Roy Romanow stated in his Royal Commission Report “The Future of Healthcare in Canada ‘ – “Medicare is not a business venture, but a moral enterprise”.

Put the heart back into Medicare! We must ensure that all levels of Government are fully committed to quality and accessible health care, therefore:

1. Governments have to recognize that the highest attainment of health is a fundamental right throughout life and the necessity of preserving public health is through active measures of promotion, prevention, and protection including such social determinants as housing, food safety, income, education, environment, employment and peace.
2. Government should emphasize health promotion, illness and accident prevention. In addition health literacy should be life long learning and provided to seniors in all different settings.
3. Governments must recognize health care as a public good in which the few must not profit at the expense of the many. They must affirm the need for a system of public and non-profit health care which is organized on the basis of public and non-profit administration, public insurance and the delivery of services on a public, not for profit basis.

4. Governments should oppose any commercialization and privatization of health. The federal government must negotiate a general exclusion of health services and health insurance from all trade agreements.
5. The Government of Canada must fully assume its responsibility in respect to health, particularly by restoring federal transfers to levels sufficient to secure the integrity and enforcement of the Canada Health Act of 1984.
6. Governments must reaffirm the original vision of a truly comprehensive public health care system for Canadians by providing a continuum of services. The next step is the expansion of the public system to include a universal system of home care, home support and long-term care services, pharmacare and dental care.
7. Governments need to move away from a fee-for-service model towards a community-based, multi-disciplinary approach to the management, organization and delivery of services and care. Levels of services must be sufficient so that the burden of care does not fall on families nor women.
8. Governments must promote an accountable health care system through democratic participation and governance at all levels.
9. Governments must fully recognize that health care workers are critical to the effective operation of the health care system and decent compensation, working conditions and training opportunities are essential to high quality care and the retention of health care workers.

As seniors it is imperative for us to reaffirm the social values with you, the younger generations. We ask you to rebuild with us the social solidarity which is necessary for a caring society of which Medicare is such an important part.

Adopted by the Council of Senior Citizens' Organization of British Columbia