



Beware! They speak in code

The hidden agenda behind their words

HEALTH CARE DECODER



‘Innovation’ = Commercialization of health care services and cut-throat markets.

Problem: Some things don't belong in the market – human life, blood, health care, etc.

‘European model’ = U.S.-style 2-tier, for-profit health disguised as a ‘Third Way’.

Problem: Canada is integrating with the U.S, not Sweden or Norway, and it is U.S. health industries pushing for access to Canada



‘Flexibility’ = Operating outside the parameters of the *Canada Health Act*.

Problem: The duty of the Minister of Health is to ensure that people with money do not buy their way to the front of the line.

‘Modernization’ = Returning to the old days of life before Medicare.

Problem: Private health insurance for the healthy and wealthy, and doctors charge whatever they want.

‘Choice’ = Health care services treated like any other commodity.

Problem: Health care is a human right and access should be based on need not ability to pay. In U.S. over 46 million citizens have freedom from health insurance and care.



‘Partnership’ = Corporate ‘partnership’ (P3) is a parasite that costs taxpayers more money. The public pays & private investors profit.

Problem: Costs go up, quality goes down and there is no accountability.



‘Experimentation’ = This is no ‘experiment’. Commercialization of health services triggers international trade agreement rules.

Problem: Once foreign insurers are inside the walls of the Canadian health system, international trade treaties will give them weapons to fight any government to displace them or even control their market share.

“To reassure us, they lie to us, and then treat us as idiots by insisting on things we all know are untrue. Not only does this prevent a reasonable debate from taking place, but it also creates a very unhealthy relationship between citizens and their elected representatives.”

- John Ralston Saul, “Health Care at the End of the Twentieth Century”, 1999



We seniors had to fight long and hard to establish Universal Medicare as the premier social program in Canada. We 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 health-care for the vast majority of Canadians.

These forces include the insurance industry, the private health industry, 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: choice, innovation, modernization, experimentation, flexibility, European model, competition, public-private-partnership, reform, private clinics, aging population, sustainability and affordability.

All these terms are code words for one thing – the dismantling of our universal Medicare system. The end result will be a two-tier system — one high quality private system for about ten percent of the population who can afford to pay, and a public system with built-in private for-profit centres with less accessibility and lower quality for the remaining ninety percent.

We seniors are the children of the great Depression who fought for Medicare because we believe that quality accessible healthcare is a fundamental right of every human being without distinction of race, gender, disability, political belief, social conditions, or ability to pay. 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.

We are the children of the Great Depression, who fought for Medicare because we believe that quality accessible health care is a fundamental right of every person, without distinction.

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 communities. We have unused capacity in hospital operating rooms and under-utilized MRI and CT scanners with insufficient 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, Vancouver's

Cambie Surgery Centre as a big business, with 122 doctors performing 3,200 surgeries a year. Average cost: \$2,500 – Visa and MasterCard accepted — which works out to \$8 million annually. Subtract operating costs of \$3.6 million a year and you can see why these places are called “for-profit” clinics.

The decision to introduce public-private partnerships (P3s) in the construction and operation of health facilities is not designed to save money, but to bring the profit motive into the healthcare system, and to philosophically appease the most conservative elements of our society.

After the P3 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.

The provincial government wants 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 projects no major increase in the future.

The Minister of Finance has engaged in a smoke and mirrors exercise to scare the public and justify their under-funding of healthcare.

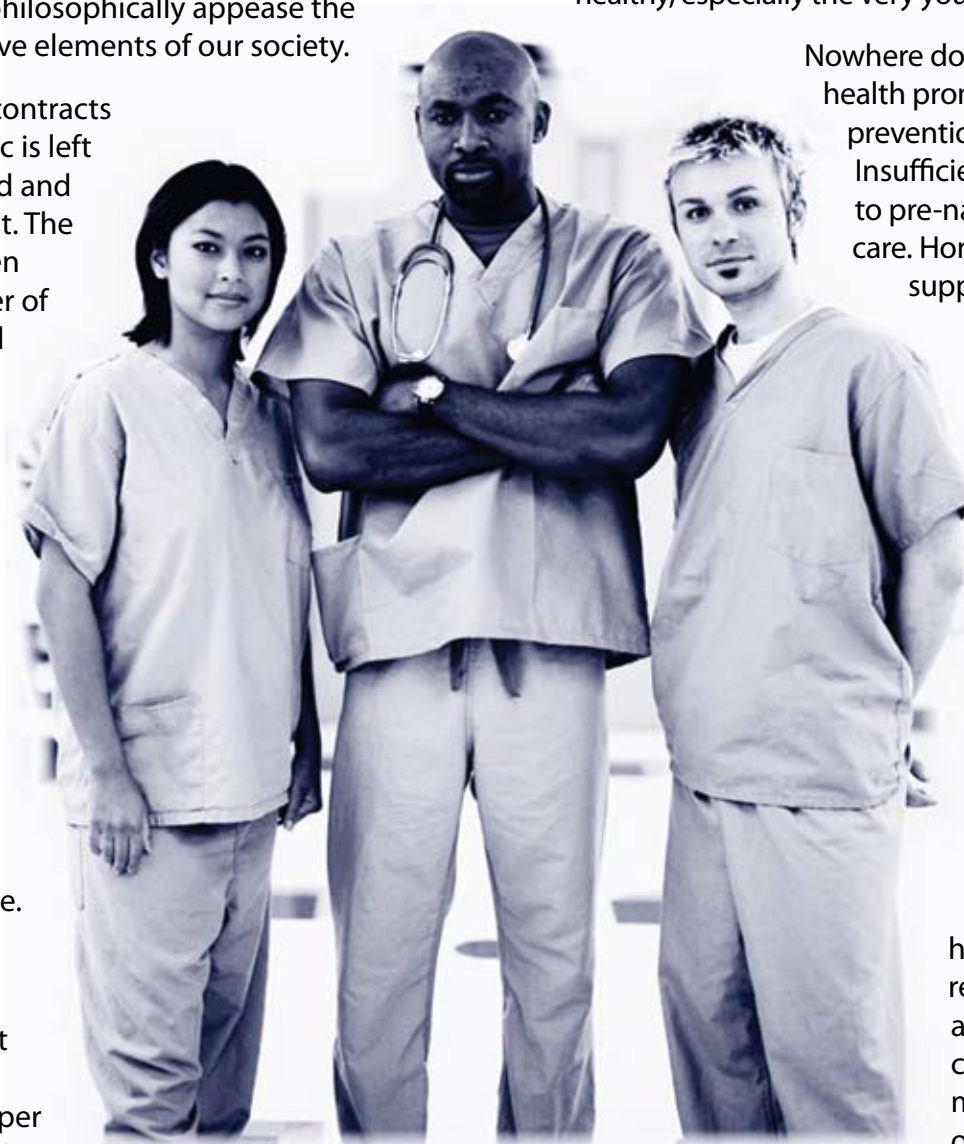
If the government is looking for a culprit, it should focus on the pharmaceutical industry, which raised the cost of prescription drugs over the last ten years by at least 10% per year.

If the government is concerned about future healthcare costs, they should focus on keeping people healthy, especially the very young and the elderly.

Nowhere do we hear talk of health promotion and the prevention of sickness. 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 could do so with sufficient home-care and home-support, rather than be labelled as bed blockers in hospitals.

By supporting home care, we can reduce intake to acute and long-term care, which is the most expensive part of health care.



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 determinants as housing, food safety, income, education, environment, employment and peace.

2 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.

3 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.

4 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.

5 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.

6 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 service must be sufficient so that the burden of care does not fall on families, mostly women.

7 Governments must promote an accountable health care system through democratic participation and governance at all levels.

8 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.

If you are attending the regional forum, speak out strongly for a universal public Medicare program in line with the reforms we are advocating. Contact your Member of the Legislative Assembly and your Member of Parliament and advocate on behalf of Medicare. Join FRIENDS OF MEDICARE and do your part to protect and enhance Medicare. We count on you.

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