

FEDERAL BUDGET

CUPE

2010

Health Care

What's in the budget?

\$345 million over two years to extend five Aboriginal health programs and a territorial health system restructuring.

\$45 million over two years for research and development on medical isotopes.

\$16 million more per year for health research.

No change in the Canada Health Transfer (CHT).

What does it mean for Canadians?

This budget fails to curb runaway costs of private for-profit health care, most notably prescription drug spending. It gives only symbolic recognition to seniors, with no meaningful action to improve long-term care. And health care facilities' infrastructure needs are once again ignored.

Health care consistently ranks as the top concern of Canadians, and federal action is urgently needed on seniors' care, hospital superbugs, drug costs, and other health care challenges. More and more of our public health care dollars are going to for-profit providers, hazarding our health, taking much-needed workers and resources out of the public system, and often violating medicare laws. This budget offers no solutions to these pressing problems.

Protecting the Canada Health Transfer is essential. We need a commitment from the federal government to long-

term, stable CHT funding, including an extension of the six per cent escalator past 2013/14.

Renewing the five Aboriginal health programs is welcome, but Aboriginal communities need predictable, stable funding past 2012 to meet these and other critical health care needs.

What would be better choices?

Federal leadership to protect universal, public health care. The federal government must enforce the *Canada Health Act* and turn back the privatization of our health care system.ⁱ It must also maintain growth in health transfers to address inflation, the growing needs of an aging population, and emerging demands.

A pan-Canadian long-term care program covering residential, home, and community-based care, with dedicated federal funding and legislated standards, including:

- *Canada Health Act* conditions and criteria;
- Legislated quality of care standards, starting with minimum staffing levels;
- A prohibition on contracting out and phasing out of public money to for-profit operators.ⁱⁱ

A national infrastructure fund to build and redevelop hospitals and long term care facilities - tied to public non-profit

ownership, management, and operation of the facilities, equipment and services.ⁱⁱⁱ

A federal strategy to combat health care associated infections through:

- more cleaning and infection control staff, training and workforce stability;
- an end to overcrowding;
- a ban on contracting out; and
- federal cleaning standards, with mandatory public reporting of infection and death rates.^{iv}

A national health human resources strategy built on improved working conditions, training, and wage parity

across the sector. An end to the exploitation of migrant workers.

A national pharmacare program that provides equal access to safe and effective drugs while keeping rising costs in check. The program should include first-dollar coverage for essential drugs on a national formulary, bulk purchasing, more rigorous safety standards, evidence-based prescribing, and stricter controls on drug company marketing.^v

A wait time strategy that guarantees public sector improvements like centralized lists and maximized use of operating rooms, with no outsourcing to for-profit clinics.^{vi}

For more information, visit <http://cupe.ca/budget>

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ⁱ Canadian Union of Public Employees. November 2008. *Private for-profit clinics*. <http://cupe.ca/updir/Private-For-Profit-Health-Care-Clinics.pdf>; Canadian Union of Public Employees. January 2008. *Defending Medicare: A Guide to Canadian Law and Regulation*. <http://cupe.ca/updir/DefendingMedicare.pdf>

ⁱⁱ Canadian Union of Public Employees. October 2009. *Residential Long-Term Care in Canada: Our Vision for Better Seniors' Care*. <http://cupe.ca/privatization-watch-february-2010/our-vision-research-paper>

ⁱⁱⁱ Canadian Health Coalition. *Re-establishing a Federal Role in Hospital Infrastructure Finance*. December 2005. http://www.cupe.ca/p3s/Reestablishing_a_Fed

^{iv} Canadian Union of Public Employees. January 2009. *Healthcare associated infections: a backgrounder*. <http://cupe.ca/healthcare-associated-infections/Contracting-out-hand>

^v Canadian Health Coalition. *More For Less: A National Pharmaceutical Strategy*. Updated September 2007. <http://www.healthcoalition.ca/learn.html>

^{vi} Canadian Union of Public Employees. *Backgrounder: Solutions to Healthcare Waiting Lists*. February 2007. http://www.cupe.ca/waitinglists/Backgrounder_Solutio