



## This time we can vote positive for health care

### **What we want**

We want an end to all forms of privatization in the health care system. That means an end to private clinics, public private partnerships (P3s) in hospitals and long-term care facilities, and contracted-out clinical services and support services like cleaning, food and laundry.

We want an expansion of public health care to include a national pharmacare strategy and program, long-term care and home care plans.

We want a new federal funding transfer for public health care infrastructure. We need to build and redevelop health care facilities with public financing much like the Canada health grants system that built our existing hospitals.

We want action to address wait list pressures. We want a strategy that moves beyond the flawed benchmark model to get at some of the root causes of long wait lists, like understaffing and the growth of privatization.

We want the *Canada Health Act* (CHA) enforced and strengthened. Violations of the CHA have taken place without action by the Liberals and this has to stop. Under the CHA the Liberals have the tools they need to restructure the health care system so that it provides consistent and fully public care.

We want health care excluded from all trade deals so that our public system isn't undermined any further.

## **How the Liberals have failed health care**

The actions of successive Liberal governments have put public health services at risk. By failing to pay their fair share of health care costs and opening the door to privatization, the Liberals are making Canadians wait for care while creating opportunities for their business backers to pocket huge profits.

During his nine years as finance minister, Paul Martin cut federal health care funding by 40 per cent. Martin's cuts set the stage for provincial hospital closures and cuts to essential health services. As a result, private, for-profit clinics flourish throughout Canada contrary to the CHA.

The Liberals continue to promote P3s, ignoring the risk they represent to the principles of the CHA and the health of Canadians.

The Liberals called for the Romanow commission on health care and the national forum on health, then arrogantly ignored their recommendations to strengthen public health care through the introduction of public pharmacare and home care. Government trade negotiators have continued to put public health care at risk in trade talks.

After 12 years of Liberal government, there is no long-term care plan for seniors or a plan for stable and comprehensive home care.

More private, for-profit diagnostic clinics and clinics selling primary health care have opened in Canada since the Liberals took power. For example, the Copeman Clinic in Vancouver is charging for medically necessary services under the guise of membership fees and charges for "enhanced services." The Copeman Clinic charges a \$1,200 initiation fee plus \$2,300 per year for a no-waiting access system to doctors and primary care.

What is most troubling about the growth of private insurance alongside our public system is that there is no proof that it actually helps in terms of quality of care, timeliness, access and affordability. In fact, there is evidence that private growth hurts the public system. The Liberals have failed to put an immediate end to provinces pursuing the private insurance route.

Drug costs are the fastest growing part of health care, but the Liberals oppose patent reform to make drugs cheaper and ignore proposals to save money by bulk-buying drugs.

They also oppose implementing reference-based pricing or allowing generic drugs on to the market more quickly.

## **Why the Conservatives would be worse**

The Conservatives say on their website that they are against two-tier or privatized medicine because they know most Canadians do not want it. Yet conservative forces across the country have been pushing for privatized and for-profit health care calling it the "Third Way" or "innovative."

Leader Stephen Harper has talked a lot about maintaining a publicly funded health care system, but he has never made a promise about preventing the further growth of privatization within the public system.

Harper supports the Liberals and the 2003 health accord. In Parliament, he congratulated the Liberals because the accord contains "no restrictions on private health care delivery within the public system" and it allows for "flexibility of delivery options with the public health care system."

Harper sees no problem with provinces experimenting with private sector delivery of vital health services like CAT scans, MRIs and elective surgery.

Harper's support for private, for-profit health services is clear when he says, "it does not matter who delivers health care; it matters who can receive it."

Conservative health critic Steven Fletcher said the party, if elected, would implement recommendations of the Kirby report that called for "care guarantees" instead of properly funding and staffing the public system.

The Conservatives continue to stand for a fractured, privatized health care system that would favour those with the ability to pay over the health care needs of all Canadians.

## **What the New Democrats say**

The NDP is the only party that has consistently defended our public health care system. They have called for the strengthening of the CHA to prohibit public money from being spent on privatized health care.

The NDP would demand accountability of federal funds. Leader Jack Layton has said on the NDP website that the "failure on the part of provinces...will result in the holding back of Canada Health Transfers until the province" can prove compliance with the CHA. The NDP would ensure "funds would not be used to subsidize a parallel, for-profit insurance system."

Diagnostic services, such as MRIs, would be deemed medically necessary under the NDP and would be protected from privatization.

The NDP call for action on high drug costs and alternatives to costly hospital care. They would stop doctors from double-dipping. Layton says that "federal funds should not be available to cross-subsidize physicians building practices in for-profit privatized care."

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