

Medicare and Beyond A 21st Century Vision

Speaking notes for

The Hon. Roy J. Romanow, P.C., O.C., S.O.M., Q.C.

Chair, Canadian Index of Wellbeing Advisory Board
Senior Fellow, Political Studies, University of Saskatchewan;
Atkinson Economic Justice Fellow;
Commissioner on the Future of Health Care in Canada;
Former Premier of Saskatchewan

To Canadian Doctors of Medicare
25th Anniversary Celebration of the Canada Health Act

Saskatoon, Saskatchewan, Canada

August 16, 2009

1. Introduction

Good evening everyone. It's wonderful to join you on this historic evening celebrating the 25th Anniversary of the Canada Health Act.

Let me start by thanking Canadian Doctors for Medicare for your kind invitation to speak. Thank you Ryan (Meili) for your warm introduction. I've come to accept that the older I get the more my introductions sound like eulogies, but let me assure you I have miles to go before I sleep.

I can't think of a better place to mark this anniversary. Many of you know that I'm a Saskatoon native, born and bred, and I take pride in the fact that the Broadway Theatre is community-owned and operated. Those of you who are from other parts of the country may not know that this theatre was built in 1945, the very same year that the Province of Saskatchewan issued government health-care cards to all pensioners, all women on mother's allowance, and all disabled people in Saskatchewan, entitling them to full medicare coverage including drugs.

I'm very pleased to be here, and I'm even more pleased to serve as Danielle Martin's warm-up act. It gives me a chance to repay a favour that I've owed her for several years.

When I had the privilege of serving as the Commissioner on the Future of Health Care in Canada, I decided that we would conduct coast-to-coast hearings to give every Canadian an opportunity to have a say on this vital program. I don't know if you've ever been to these kinds of hearings. They tend to be rather staid and formal. The Commissioner sits up front with his staff. People come in and make their formal presentations.

But then Danielle and a few of her colleagues paraded in and with great fanfare unfurled a banner that said "Young Docs for Medicare". Later we were in Toronto for hearings and I looked around and there they were again with their "Young Docs for Medicare" banner.

To me it was like a breath of fresh air. It was out-of-the ordinary, and a little outrageous. It was inspiring to see a new generation of doctors eager and committed to fighting for a vision of a health system that treats everyone based on the urgency of their need not the size of their wallet.

Even more inspiring is that Danielle hasn't lost an ounce of that fire. She knew then what I believe all of you know today – that medicare cannot be taken for granted, that we have to keep on fighting to strengthen and expand it to meet the needs of a new century.

2. Medicare as an Icon

As Canadians, we can take enormous pride in the fact that ours was the country that created the first universal health-care system in North America.

Some have called medicare “the most Canadian of programs” – the one program that best captures what Canadians value and hold dear. When our friends south of the border say “as American as apple pie” we say “as Canadian as medicare.”

At least that's what we say now. In 1972, CBC radio, held a contest to complete the phrase "As Canadian as...". The winning entry was "As Canadian as possible under the circumstances."

But times change. You will remember that a few years ago CBC television asked viewers to vote for the Greatest Canadian ever, and I was extremely happy when the winner was Tommy Douglas, the father of medicare.

Over the years, medicare and Tommy have become iconic symbols of Canada. Tommy was a very modest man, but I think he enjoyed that status. In fact, he once said, *“I don't mind being a symbol but I don't want to become a monument.... ...I've seen what pigeons do to monuments.”*

3. The Early History of Medicare

I've been asked to share with you tonight some thoughts on the history of universal health care in Canada and the tremendously important role that the Canada Health Act has played in preserving it.

I'm talking, by the way, about the real Canadian medicare program, not the one you've seen portrayed by insurance company lobbyists and right-wing ideologues in the battle taking place in the United States. You've seen their commercials, the ones where every examination room has three people in it: the doctor, the patient, and the government bureaucrat shaking his head “no” faster than a bobby-headed doll.

They forget to mention, of course, that the majority of Canadians rate the quality of their health-care system as high and most are satisfied with their health-care services.

The real story of Canadian medicare is, of course, not one story, but many stories.

It's the story of a young Baptist minister named Tommy Douglas, who reported to his assigned congregation in Weymouth, Saskatchewan at the beginning of the Great Depression and suffered the anguish of burying two men in their 30's – young fathers who died because they couldn't afford doctors.

Tommy vowed that one day proper health care would be available free of charge to every Canadian. He moved from the religious pulpit to the political podium and in July 1944 was elected Premier of Saskatchewan. Three months later his government began providing completely free health treatment for cancer, mental illness and sexually transmitted diseases,

In 1946, the Saskatchewan government introduced the first comprehensive hospital insurance program, by which every man, woman and child in the province was entitled to all the hospital care their doctor ordered.

I should point out that in those days Saskatchewan wasn't the economic powerhouse it is today. It was one of the poorest provinces in Canada. It had the second-highest per capita debt and the second-lowest per-capita income. It was close to a state of bankruptcy. So don't ever let government get away with telling you that it can only move on social reforms during good times when the coffers are full. It's precisely during the harsh times that support is most desperately needed.

Unfortunately, Tommy's dream of having all medically needed services – not just hospital services – provided to all residents of Saskatchewan could not be realized without federal financial assistance – and it wasn't forthcoming at that time.

But the story of medicare is also the story of John Diefenbaker, Canada's 13th Prime Minister and a Conservative populist from Saskatchewan who agreed to fund 50% of hospital services, and with that, the Douglas government introduced full medicare in Saskatchewan in 1962.

Prime Minister Diefenbaker did something else of historical importance. Medicare in Saskatchewan had become so popular and so successful that in 1961 he

appointed a fellow Conservative, Justice Emmett Hall, to chair a royal commission on the health-care needs of Canadians.

4. Justice Hall and Prime Minister Pearson

Justice Hall was a fair and wise man, a man who based his decisions on hard evidence. As an aside, when the Supreme Court voted to uphold Steven Truscott's initial conviction, Justice Hall cast the only dissenting vote. So when he brought down his report in 1964, he recommended a comprehensive and universal medicare system for all Canadians.

Medicare is also the story of Prime Minister Lester Pearson – Mike Pearson as he was better known. In 1964, Mike Pearson succeeded John Diefenbaker, and over the course of the next five years he introduced a national system of universal Medicare, brought in the Canada Pension Plan, created a family assistance plan and interest-free student loans, signed the Auto Pact with the U.S., gave Canada its own national flag – all without the benefit of a majority government.

Pearson's medical program funded 50% of provincial hospital and doctor insurance programs provided that – and here we're really beginning to see the Canada Health Act starting to take form – they adhered to four principles: comprehensive coverage of physicians' services, universality, public administration and portability of services.

A number of provinces objected to the Medicare program, some on philosophic grounds like Alberta, which believed there had to be patient co-payments, others on constitutional grounds, like Quebec, which said it was an intrusion into provincial jurisdiction.

But Prime Minister Pearson was a skilled mediator and he understood the principle of fiscal federalism, which, loosely translated means that if you appeal to the wallets of the provinces, their hearts and minds will surely follow. By 1972, every province was on board.

Pearson's Medicare program was a major step forward. But it wasn't perfect and over the next decade the imperfections started drawing a lot of attention. That's when Medicare again becomes the story of Justice Hall who headed a special inquiry into emerging threats to Medicare.

True to form, Justice Hall reported in 1980 that the principles of medicare had indeed been violated: by doctors who were extra-billing; by hospitals that were charging user fees; and by provinces like Alberta, B.C. and Ontario that were charging health premiums. He said clearly and unequivocally: Canada is being threatened by a two-tier health-care system.

5. The Canada Health Act

Medicare is also the story of Prime Minister Pierre Elliot Trudeau and Health Minister Monique Bégin. Madame Bégin was tasked with the job of drafting the Canada Health Act to fix the problems identified by Justice Hall and see it through Parliament.

The Act, as you know enshrined five principles – the four Pearson principles plus a new one “accessibility”. Most importantly, the Act said to the provinces: for every dollar that you allow in extra-billing and user fees, we will take away a dollar of your funding.

The debate over the Act lasted for three acrimonious years. The President of the CMA called it “a rape of the spirit, if not the legal constitutions of the Canadian spirit.”

Monique Begin says that at one point she went into the Prime Minister’s office and said “I think we have a problem with the legislation. The provinces hate it. The CMA hates it. The hospitals hate it. The opposition hates it.”

Prime Minister Trudeau responded, “where do the people stand ?”

“In favour”, the Minister replied.

To which the Prime Minister said, “Well Monique, what’s the problem?”

As it turned out, there was no problem. When the CHA was put to a final vote, given the overwhelming public support behind it, it passed unanimously.

I’ll repeat, it passed unanimously. Think about that for a moment. Think about the incredibly diverse group of political leaders who voted to make the CHA the law of the land: Brian Mulroney, Ed Broadbent, Bob Rae, Flora MacDonald, Michael Wilson, Joe Clark, David Crombie, Margaret Mitchell, Pat Carney – a pretty unlikely cast of characters to find in one big agreement.

But the values at the heart of the CHA are values that bring us together – values that reflect the reality that the sum of Canada is often greater than its remarkably diverse parts – values that recognize that we are at our best as a nation when we work together and build together for the common good.

It was a defining moment in Canadian history. What started out as simple conditions attached to federal funding for health care became what an article in Canadian Health Magazine called “a kind of Canadian Ark of the Covenant.”

I wish that I could end the story here with the traditional “and we lived happily ever after.” But you know that’s not the case.

6. The Romanow Report

This is where I enter the story. In 2001, Prime Minister Chretien asked me to serve as a one-man commission into the future of health care. I won’t go into my full report, let me just mention a few things that concerned me.

The Canada Health Act was 17-years-old at the time and like an old pair of blue jeans it was comfortable but had holes in it. The Act was limited to funding medically necessary services provided by health practitioners and in hospitals.

No one foresaw, when it was passed, the kinds of advances that would take place in medicine: the number of illnesses and diseases that could be cured or at least kept in check with medication; the sophisticated and expensive diagnostic tests like MRIs that could be given in clinical settings; or how we would be able to assist seniors and others in their own homes instead of institutions; or that palliative care could be delivered outside a hospital.

These services aren’t covered by the Canada Health Act, and because of that, the ratio of publicly funded to privately funded healthcare has grown from 80/20 to 70/30 and the private portion is still going up. That’s not good at anytime, but it’s even worse during a recession when some people are forced to choose between buying food and buying medicine; between buying their kids clothes or going to the dentist.

In my report, I said we need to update the Act – to take the first steps to integrate coverage for prescription drugs and recognize homecare including mental health and palliative care as an essential service.

I called for a sixth principle – accountability – and a Canada Health Covenant with a clear vision statement of the Canadian values that would underlie Medicare and outline the responsibilities and entitlements of individuals, providers and governments. Canadians want to be able to hold the appropriate people accountable for what happens in our health-care system.

7. Conclusion: Recommitting to the Fight

And now this is where you enter the story, or rather where many of you did some years ago. On your shoulders rests a great responsibility. It's up to you to carry the fight to preserve what has been hard won over the years. Because battles are fought but the war is never won. There will always be those who will try to destroy Medicare in this country.

It's up to you to carry the fight for the expansion of the Canada Health Act. What we have today is really just Phase I of what our visionary leaders saw as a much broader program of Medicare. We have to strengthen the Act to embrace a 21st century vision of “medically necessary services”, including: denticare, pharmacare, home care, mental health care and palliative care.

It's up to you to carry the fight for a much broader societal understanding of wellbeing. We know now that there are so many more factors shaping the quality of life of Canadians than just health care. A couple of months ago I had the pleasure of launching a bold, new Canadian initiative called the Institute of Wellbeing and its signature product, the Canadian Index of Wellbeing.

We're working to help policy shapers and decision makers understand that the quality of life of Canadians is determined by a variety of dynamic factors including: our standard of living, our health, the vitality of our communities, our education, the way we use our time, our participation in the democratic process, the state of our arts, culture and recreation and the quality of our environment. I urge you to learn about our effort at our website www.ciw.ca

So tonight, we rejoice in this important and historic anniversary – and I thank you so much for allowing me to be a part of it.

Let us also commit to the struggle ahead. Because to me public health care is like a canary in a coal mine. How we deal with it will answer a critical question: can we solve our challenges in a way that is true to Canadian values? If we can it will strengthen the bonds of Canadian unity.

Now more than ever we need men and women to come forward with a strong vision of what this country is all about and the programs that identify and keep it.

Let us dare to have that vision. And let us dare to make it come true – for ourselves and for future generations that are depending on us.

Thank you very much.