

20 March 2006

The Right Hon. Stephen Harper, Prime Minister
House of Commons
Ottawa, Ontario
K1A 0A6

Mr. Prime Minister,

The long-standing policy of the National Council of Women of Canada calls for a publicly-administered system of health care that is universally accessible to all Canadians. The Council's position was first established in 1980 and reiterated in our submission to the Romanow Commission in 2002. Subsequent developments have confirmed the wisdom of this policy.

The National Council of Women of Canada is a national organization whose membership includes five Provincial Councils, local Councils or study groups in twenty Canadian cities, and twenty-five affiliated national organizations. Policies are developed through study and discussion at the local level before being debated and approved at the national annual meeting. Since its beginning in 1893, health issues have been important to Council members.

The Supreme Court decision in the Chaoulli case in June 2005, the Quebec government's response to this in February 2006 and the "Third Way" plan for health care unveiled by Alberta Premier Ralph Klein in February 2006 all appear to challenge the delivery of health care as we have known it in this country. The Klein plan appears to contravene the principles of the National Health Act. Aimed at the problem of wait times (a major preoccupation of the public at this time), solutions such as private health insurance and the development of a private, parallel system of care, are being put forward.

The National Council of Women of Canada is very concerned about these proposals. Private insurers will offer insurance based on age and other factors and barring pre-existing conditions, unlike our public insurance that covers all of us in all conditions of health. There could be "cherry picking" of non-complex medical procedures that would readily provide insurance profits. The public, single-pay system is more efficient, more economical and provides equitable care for all.

Some people suggest that a parallel stream of care would shorten the waiting time in the public system, but experience elsewhere has demonstrated quite clearly that this is not the case. The provision of health care is limited by the numbers of doctors and other health professionals available to provide care and technical support, and this country has serious shortages. While some of our more affluent citizens might benefit from access to for-profit medical care, we do not see how a division of resources into two streams can increase over-all capacity. As Michael Dexter, chair of the Health Council of Canada has said, it is a supply problem. In every nation using parallel systems, the private

system drains resources from the public system, thereby increasing rather than reducing wait times.

We do need reform in the public system and it is already happening. New models for primary care are being implemented. Wait lists are being managed more effectively. New governance arrangements are leading to a better integration of services across the continuum of care. The Alberta Hip and Knee Replacement Project dramatically reduces wait times. Surgical registries are being established in Nova Scotia and New Brunswick. Local pilot projects in Quebec are using new information technology to streamline cancer care treatment. Ontario's Cardiac Care Network, the Western Canada Wait List Project and the Saskatchewan Surgical Care Network are further examples of effective reform. It would be tragic if energies were diverted from these advances in the public system by a push for the expansion of private, for-profit care which would be accessible only to those who can afford it.

Our health care system is vastly complicated, delivered in a variety of ways in many jurisdictions across the country. Tom McIntosh, Director of the Health Network at the Canadian Policy Research Networks, tells us the system requires a long, slow process of change across the board, rather than a "quick fix" aimed at a single problem. NCWC looks for a continuum of care from community-based primary health care to the hospital and back to the community in the form of home care, rehabilitation or long term care. The Council's vision of health care also includes attention being given to the social and economic determinants of health.

Our final point is that we need to remember we are bound by the NAFTA agreement. A move to make the medical service in this country a business and the care of the sick a commodity could open the door to private medical business operations moving into this country with resulting increases in costs and a noticeable decrease in quality of care.

The National Council of Women of Canada, speaking in behalf of its thousands of members across Canada, calls on the Federal government to enforce the Canada Health Act, to stem the tide of privatization and to ensure that all Canadians have equal access to adequate health care.

Sincerely,

Carla Kozak
President

cc: The Hon. Tony Clement, Minister of Health
The Hon. Dalton McGuinty, Premier of Ontario
M.P.
M. P. P.
Ontario Provincial Council of Women
Ottawa Council of Women