

## Our stake in rebuilding the health care system

Those who attended a showing of Michael Moore's health care exposé "SiCKO" saw some moving and amusing scenes from Canada which gave an interesting snapshot of that country's universal, tax-supported health care system. Absent from the movie was any sense of history or of the intense struggle Canadians undertook to fashion such a system. Just as mouthpieces of the commercial insurance industry demonize Canada's single-payer system, so too do many health reform activists here idealize it. Right on time, the Canadian Federation of Nurses Unions (CFNU) has just issued a 96-page book, *Conversations with Champions of Medicare*.

"Champions" is a readable collection of interviews with leading veterans of the battle for health care rights in Canada. The dynamics of social change are revealed in human terms, the elation of wins and the discouragement

of losses. This little book holds many lessons for us as we strive to build a just health care system here. Most fascinating to us is the conversation with Kathleen Connors, who retired in 2003 after 20 years as president of CFNU. Connors continues



**Kathleen Connors**

to serve as chair of the Canadian Health Coalition, a broad-based national movement founded in 1979 to protect and improve Medicare. What follows are a few of Connors' key observations:

"I grew up 17 miles from the North Dakota border, and you were aware that people from North Dakota did come across. The women came to have their babies because it was cheaper in Canada."

"I worked maternity, so for the women having their babies it didn't matter if you were an Aboriginal woman from South Indian Lake or a young Inco executive's wife who had been transferred to Thompson from Toronto ... there was a recognition that both of them got the same kind of care."

"Quality [care] and safety—you kind of take those things for granted. And never once did we have to ask, 'Who are you and let's see your bank balance' before we provided care."

"I was a little anxious about [testifying for the first time before a Parliamentary committee], thinking what can we offer that these people don't know? And then suddenly this realization: We know a heck of a lot more about health care than these guys ever will. We represent nurses who are there 24/7."

"There was the huge capitulation on the part of the Mulroney government [extending patent protection to pharmaceuticals] and then absolutely no change in pace when the Liberals were elected. And as a country we are bearing the direct results of those decisions. Today the federal government is missing in action on a national pharmaceutical strategy."

### Canada's Medicare: 5 principles

1. **Public administration:** Accountable to the provincial government.
2. **Comprehensiveness:** All medically necessary services covered.
3. **Universality:** Coverage for all on uniform terms and conditions.
4. **Portability:** Coverage provided in all provinces.
5. **Accessibility:** Access must be reasonable, uniform and free of barriers.

"During the period of the National Forum on Health ... they articulated that we have to move beyond what we have got, and it can only be better for the people—pharmaceuticals, information technology and home care. There was a sense of momentum in this country that we were going to move these agendas along, and it was because of the strategic coming together of groups that maybe hadn't worked together before."

"You look at the time and effort that you, or the organization you work with, put into addressing an issue and you think, 'Oh my god we are standing still!' That can be discouraging, or you can come to the realization that we've kept the system without it being eroded, and ultimately that is a victory in itself, so you have to take solace in that."

"[T]he public assumes [the health care system] will always be there. The public assumes that governments will make the decisions that are based on the best interests of the citizens, when we know that they will respond to who creates the biggest political heat for them."

"[W]e need a national health resource strategy. It isn't enough for provinces or territories to develop their human resource strategies because all that is going to do is we are going to poach from each other, and we are going to poach from developing countries robbing them of one of their most important resources."

"Medicare isn't perfect, but I have sat at international meetings where health ministers have said, 'Why are you coming to our country to study our health care system? Yours is the model that we should be emulating.'" ■

Visit [www.nursesunions.ca](http://www.nursesunions.ca) or call 613-526-4661 for more information.

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