

Action Plan
People's Summit on Health Care
February 8-9, 2003

Hundreds of concerned citizens came together at the beginning of February, 2003 to discuss the future of Canada's health care system in light of the First Ministers Accord. The Accord is a first step in the reform process but it falls far short of the recommendations made by the Romanow report. Faith groups, First Nations representatives, Council activists, labour groups agreed to an action plan that calls for a moratorium on for-profit health services, greater accountability from the Provinces and increased funding. The Action Plan is a result of three days of deliberations by delegates and it will be used to guide local, regional and national actions in the coming months.

The peoples of Canada believe that health is a fundamental right of every human being without distinction of race, gender, age, disability, religion, sexual orientation, political belief, economic or social condition. We will mobilize to defend this right and to ensure that the following principles shape the future direction of the health care system:

1. The recognition of the highest attainment of health as a fundamental right throughout life and the necessity of preserving public health through active measures of promotion, prevention, and protection including such determinants as housing, food safety, income, gender and race equality, education, environment, employment and peace.
2. The recognition of health care as a public good in which the few must not profit at the expense of the many. We affirm the need for a system of public health care which is organized on the basis of public administration, public insurance and the public delivery of services on a public, not-for-profit basis.
3. The recognition of the rights of aboriginal peoples including Metis, the First Nations and Inuit to determine and control, with sufficient resources, the provision of their health care services. These rights are recognized as part of their human, treaty and Aboriginal rights and traditional practice.
4. The need to recognize the distinct interests of the people of Quebec and their right to self-determination over their own publicly-funded and publicly delivered health care system.
5. Opposition to any commercialization, corporatization and privatization of health. Therefore the federal government must negotiate a general exclusion of health services and health insurance from all trade agreements.
6. The need for the federal government to fully assume its responsibilities in respect to health, particularly by restoring and increasing federal transfers to levels sufficient to secure the integrity and enforcement of the Canada Health Act, 1984.
7. The reaffirmation of the original vision of a truly comprehensive public health care system for Canadians providing a continuum of services including community care, dental and vision care. The next steps are the expansion of the public system to include a universal system of home and long-term care services and pharmacare.

- must be sufficient so that the burden of care does not fall on families, mainly women.
9. An accountable health care system through democratic participation and transparent governance at all levels.
 10. A health care system that is sensitive and responsive to the diversity of our communities and that can meet the specific needs of individuals and families.
 11. The recognition that all health care workers are critical to the effective operation of the health care system and that decent wages, working conditions and training opportunities are essential to high quality care and the retention of health care workers.

The federal-provincial “arrangement” on health care fails us

The First Ministers’ meeting on health care on February 4 and 5, 2003 has betrayed the vision and values of health care for all Canadians. The arrangement, which was rejected by the three territorial premiers for failing to meet the needs of the northern, Aboriginal and First Nations peoples, also fails to meet the needs of all Canadian people. The Canadian people have spoken out time and time again in support of a fully funded publicly delivered and publicly insured health care system. Yet the arrangement contains not a single word about stopping the private, for-profit delivery of health care services. By signing this arrangement, the federal government has increased federal funding for health care with no conditions, allowing provincial governments to fund the privatization of health services.

Given the failure of our federal and provincial governments to protect the interests of the Canadian peoples, it is left to the people of Canada and Quebec to act.

We pledge to act

The participants in this People’s Summit on Health Care pledge to do the following, recognizing variations in the capacity of organizations to participate:

1. Mobilize against health privatization, whatever form it takes, including the privatization and contracting out of support services.
2. Hold governments to account for every dollar spent on health care and ensure that public money is not diverted to for-profit health care providers.
3. Demand that the Canada Health Act be enforced.
4. Demand an increase in public funding for health care; the federal government’s cash transfer to the provinces to be increased to at least 25 per cent of total public health care expenditures.

5. Demand that governments invest in expanding the public health capacity to deliver population-based health promotion, disease prevention and health protection measures to enhance the health of Canadians and to ensure the sustainability of the treatment system by reducing the demand for services.
6. Mobilize and organize for the modernization and expansion of the public health care system (in every region and territory) to include coverage of a continuum of not-for-profit health care services, including home care, rehabilitation, long term and community care, pharmacare, primary health care and due attention to health promotion and the determinants of health.
7. Demand and organize for the exclusion from all trade agreements of all public services, including health care and public health insurance.
8. Expose and target corporations (including pharmaceutical companies and private home care corporations and facility owners) that are driving up the costs of health care and pushing to privatize health care services so that they can reap profits from the public health care system.
9. Demonstrate active solidarity with the First Nations and Aboriginal Peoples of Canada and their demands with respect to health care for their peoples.
10. Make our movement for public health care more reflective of the visible and invisible diversity of our communities. This includes addressing the health concerns of women and their families; and it includes addressing the urgent health concerns of those with HIV/AIDS. It also involves communicating our message in as many languages as possible. We will also actively work to make our mobilization accessible to a broad range of civil society with specific attention to the most marginalized citizens by giving organizational support to marginalized groups but also by taking up the issues of these groups as a broad coalition.
11. Join with others to fight for affordable housing for all since decent housing is essential to good health.
12. Work and demonstrate our solidarity with people around the world to fight privatization and organize for universal access to publicly funded and publicly delivered health care as a respected human right.
13. Demand a moratorium on all privatization of all health care services.
14. Demand that our federal and provincial governments go back to the table and sign a health care accord that protects and expands public health care services.

We will intensify and escalate our action campaigns

To achieve this, we commit, to intensify our health care campaigns and organize escalated local, provincial and national actions culminating in a national day of

action/general strike if necessary, as endorsed by the last convention of the Canadian Labour Congress. Through these actions, and by developing a culture of resistance that includes acts of civil disobedience, we will aim to stop privatization so as to secure the future of our public health care system.

We will continue our education work, reaching out to the people of Canada (especially to young people) and reminding them of the days before public health care so that we can win their commitment to take action to defend public health care. In workplaces, this will take the form of a workplace canvass led and coordinated by the Canadian Labour Congress and other central labour bodies. In our communities, this will take the form of public meetings, local actions, establishing community “health watch” committees, as well as local media campaigns to get our message out.

We will demonstrate, have sit-ins, occupations, and obstruct the construction of P3 hospitals/private clinics. We will also organize to reverse privatization where it has occurred.

We will target key corporate privateers with consumer boycotts, among other actions.

We will take legal action to defend our legislated health care rights and to resist privatization.

We will undertake a national media campaign to give visibility to our arguments and to increase even further public opposition to privatization.

We will develop tools to share information, tactics, and successes across the country on an on-going basis. Our educational tools will include information on the cost and risks of private health care. We will develop tools to carry out community audits to assess the extent of privatization and violations of the Canada Health Act.

We work in solidarity with those opposing privatization of water, hydro and other public services. We will use the disastrous experiences of privatization in these other sectors to demonstrate to Canadians the consequences of privatizing health care.

We will join with groups opposing the NAFTA, FTAA, GATS, TRIPS as well as the WTO and the International Monetary Fund to ensure that our health care is not traded away and sold out to corporate interests.

We will intervene before and during upcoming provincial and municipal election campaigns, the federal Liberal leadership campaign and the subsequent federal election campaign.

We will call on all unions to use their collective bargaining and union strength to defend public health care.

We will work to ensure that our pension funds, including the Canada Pension Plan, are not used to finance privatization.

We will take action in support of health care workers as they defend their services from privatization and their collective agreements from contract-stripping legislation to enable privatization.

We will take action to stop the provision of private, for-profit services for injured workers through worker compensation boards.

We will work to pull the veil of secrecy hanging over health care decision-makers whether they are local authorities, provincial and territorial governments or the federal government.

Our commitment

Our plan requires each of us to reach out to others and broaden our coalition.

Our plan requires each of us to take action. We each commit to take this action plan back to our respective organizations and communities on an urgent basis and work to achieve the broadest support possible. All organizations will communicate their endorsement of this plan and share with others what actions they are prepared to take.

Our plan requires that we build and resource our community, provincial and national health coalitions.

But our plan also requires national leadership. We will call on our national organizations to provide national coordination and to raise the necessary resources to move forward this national plan of action.

We have demonstrated time and time again that people's action makes the difference. Together we will win.

People's Summit on Health Care

Domestic Challenges to Implementing Reforms

by Wendy Armstrong

A Comparison of Death Rates Between Non-Profit and For-Profit Health Care Facilities

by Dr. P.J. Devereaux

First Ministers' Accord & the Accountability Deficit

by Steven Shrybman

Trade Treaties and Health Care Reform

by Scott Sinclair

An Analysis of the Health Accord Funding

by Armine Yalnizyan