

Anniversary of the Romanow Report - Op-Ed submission

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By Maude Barlow

A year ago today, the much-anticipated Romanow Commission Report was tabled amid enormous public scrutiny. The story dominated every media outlet for days, and Canadians positively greeted its recommendations with what pollsters called a "deep national consensus." The report dominated the First Ministers Summit held last February in Ottawa and formed the centrepiece of the new health "accord" announced at the closing press conference. The report was a great success, declared the federal and provincial health ministers and they promised that many of its key recommendations would be acted upon, including a recommitment to federal funding. The cameras packed up, the health ministers went home, and most Canadians breathed a sigh of relief that finally, something was going to be done about the declining state of health care in this country.

A year later, Canadians are left to wonder what happened. After what many considered to be a wonderful exercise in democratic participation, a handful of the demands they made to their governments through the Romanow Report has been implemented. In some parts of the country, developments have moved the agenda the other way. It is worth reviewing what the report called for and what our governments have done with these recommendations over the past year.

In his report, Roy Romanow affirmed health care as a fundamental right of citizenship and called for a recommitment to public, universal health care for the 21st century. He called for an expansion of home care and primary care. He called on politicians to take control of rising drug costs. He called for a full exemption for health care from trade agreements. He called for a large infusion of federal funds. And he called for a National Health Council that would study best practices and focus on accountability and transparency in the delivery of quality health care for all Canadians.

Perhaps most important, he said that health care is not a commodity and that for-profit services would be detrimental to Canadians. "It is a perversion of Canadian values to accept a system where money – rather than need – determines who gets access to health care." Health care, the report stated flatly, is a moral, not a commercial enterprise.

A year later, very few of the promised funds has been released to the provinces, although there have been recent hopeful statements of intent from both Prime Minister Jean Chretien, and his successor, Paul Martin. Obviously, the lack of federal funds has prevented the implementation of the promised goal in the Accord of finding new monies for primary and home care; in any case, these recommendations are at "provincial discretion," and unlikely to be followed in at least several provinces, even if federal funding is freed up. The National Health Council, whose mandate falls far short of the one envisaged by Roy Romanow, has not been established, although there are some hopeful signs of improved federal provincial cooperation in this arena as well. Prescription drug costs, while lower than in the U.S., continue to be out of the reach of many Canadians. And Canada is still negotiating a full-services agreement at both the WTO and the Free Trade Area of the Americas (FTAA) that have not yet exempted health care.

And there has been no action whatsoever at the federal level to curb the proliferation of for-profit services in British Columbia and Alberta, both of whose governments totally ignore the wishes of their citizens for a non-profit system. While the citizens of Ontario have likely put a stop to the galloping for-profit services that flourished under the Eves government, Quebec's new Premier is talking about opening up that province's health care system to the private sector. This bodes very badly for the future of medicare.

Private spending on health care in Canada has grown by almost 100 percent in the last decade. Private clinics now capture about 10 per cent of the MRI market – a dramatic increase in just four years since they were introduced. There are 250 large for-profit health corporations, over 600 private home care agencies, and 140 private health insurance companies, many of them U.S. based transnationals, now operating in Canada.

These for-profit services pose a grave threat to Canada's public health care system. Under the terms of NAFTA, the exemptions for public services such as health care are applicable only if the service is delivered entirely on a not-for-profit basis. We are playing with fire by allowing the creeping commercialization of our health care system when there are big hospital and HMO corporations south of the border waiting in the wings. Already in Canada, there are elite think tanks, business leaders and right-wing politicians who see medicare as an anachronism incompatible with the rules of the global economy.

That's not what the people of Canada think. We know that because of what they told the Romanow Commission. But a year after its release, we are closer to destroying public health care in Canada than saving it and that must keep Mr. Romanow up at night.

Maude Barlow is the National Chairperson of the Council of Canadians and the author of Profit is Not the Cure—A Citizens' Guide to Saving Medicare.