



NOTES FOR REMARKS

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INTRODUCTION

Thank you for that kind introduction and warm welcome and good evening to all of you.

I want to say that I'm humbled to stand before an audience who works so unselfishly and courageously to promote change in the American health care system.

By being here tonight, by being part of this great organization and movement, you have made a commitment to strong and healthy communities, a strong and healthy country, and a better life for your families and neighbours.

I know it was an easy decision for you to make.

After all, when you get right down to it, it's about:

A choice between a strong health care system and future for your families, communities and country

or the continuing chaos and calamity of the current system.

A choice between the steady, determined leadership of the Coalition for Wisconsin Health

or the slippery slope of self-interest that's offered by the leaders of the private health insurance industry and for-profit health care corporations.

A choice all too often between profits or people's health.

Friends, you made the right choice and I am proud to be here in your midst.

Now let me describe the three things I want to talk with you about this evening:

First, I want to tell you why I believe Canada's health care system – Medicare – offers some useful experiences that can help inform the debate here.

Second, I want to update you on the issue of the future of Canada's system and some of the directions for change that my union is advocating.

And thirdly, I want to leave you with a few words that are intended to provide a mixture of perspective and hope as you prepare for your next challenge in the battle to win health care for all in America.

But before I get to those three topics I'd like to just briefly explain what I mean when I use the term: Canada's medicare.

CONTEXT

I feel it's important that I provide you with some context because I know there are ongoing debates about the methods by which America could extend health care coverage to uninsured families.

And I know that some of these proposed methods could mean a difference between fighting for fundamental change or incremental change, whether it's

single-payer, publicly-funded,

managed competition (a market-based system in which groups of doctors or hospitals compete for patients),

employer mandate (employers made responsible for paying a portion of their employees' insurance premiums),

"pay-or-play" model (employers forced to provide insurance or pay into a state pool that would cover uninsured),

health alliances (small businesses and individual consumers band together to negotiate for care at an affordable price),

or some combination of these or other models.

So I want provide you with some context in order for you to better understand my vantage point and what I'm advocating for in my remarks tonight.

Let me begin by telling you that health care in Canada is administered by each individual province and territory.

The system, however, is bound together by the shared principles enunciated in a federal law called the Canada Health Act.

That federal legislation states that all patients are entitled to medically necessary services, delivered by doctors and hospitals and paid for from the public purse.

That is to say, individual Canadians pay indirectly through a progressive tax system for all medically necessary services delivered by doctors and hospitals – direct charges are prohibited.

More specifically, the Canada Health Act outlines the five pillars of Canada's medicare system: Medically necessary services – delivered by doctors and hospitals – must be

universally available,
comprehensive in nature,
portable between provinces,
delivered without direct charge to patients,
and publicly administered.

So when I say “Canada's medicare,” I refer to a system based on and structured around those five principles.

Now, the federal government can enforce the national law and its five principles by withholding cash transfer payments for health services.

So the federal government has some control, but, at the end of the day, each province and territory has a lot of autonomy and latitude to set up its health care system in whatever way it sees fit.

My point is that Canada's medicare is not an unwieldy federal behemoth.

I'm glad to clear up that popular myth because I wouldn't want you to think I'm suggesting that health care in Wisconsin should be run by the U.S. federal government –

Some of you might be frightened by such a prospect.

Moreover, Canada's medicare system is not “socialized medicine” or “government-run medicine” in the common understanding of the term.

It is not “state-run” in the sense that many hospitals and other health care institutions are community-based non-profit bodies.

And most doctors are effectively independent contractors paid according to fee schedules; they don't receive a government salary.

That's another important misconception I'm happy to clarify –

because I wouldn't want anybody to leave here tonight thinking I was promoting some giant socialist government takeover plot!

Now, I want to tell you that there is a broad consensus in Canada that the features of our system which I just described –

universal coverage,
a single-payer / public-payer model,
comprehensive coverage in nature,
portability,
and public administration.

these features of our system are well worth preserving

and I would go even further and say that the majority of Canadians want the features of this system expanded beyond the basket of services provided by doctors and in hospitals.

However, I should mention that there is, unfortunately, an intense debate in Canada about the delivery of services –

That is, should private for-profit companies be given a larger role in terms of the direct provision of services within the universally accessible, publicly-funded and administered system?

Currently, the delivery of the vast majority of services provided in Canada's system rests with public employees or non-profit organizations.

But, as one would expect, there are for-profit multinational companies waiting in the wings, eager to take advantage of any cracks in the delivery of services within the public system.

That is an ongoing debate, but I don't want to spend a lot of time tonight talking about those political parties in Canada that have rich friends in the private for-profit health care industry –

Their transparent hypocrisy –

their sleazy middle-of-the-night deals to betray ordinary working Canadians.

Those aren't the things I want to focus on tonight.

I want to talk about positive things – our season of hope, our spring of light, as Charles Dickens would say.

So, let me turn to the first topic I want to address:

Why Americans should look to the top half of North America for potential solutions to their health care problems.

VALUES AND ECONOMICS

I recognize that when it comes to the topic of Canada's medicare there's not much I can throw at you that you haven't already heard.

But please allow me to make two points.

First, Americans should adopt a single-payer system because

it's the right thing to do.

It's about values and notions of citizenship.

Canada's single-payer system speaks volumes about the character of our nation.

Less than a generation ago, Canadians decided the good of our health was a public responsibility, something we would all share, something we all owed ourselves, something we would all pay for.

So we set up a system to guarantee that every Canadian would get the best medical care available – no matter who you were, no matter what illness you had, no matter where you lived or worked, and no matter how much money you had in the bank.

All that mattered was that you were sick. If you were, you got care.

It was a vision of cooperation based on the premise that, at heart, a society represents a commitment by those in it to share in a future together.

We knew that without our health, we had nothing. With it, we always had a chance.

Our medicare system is a concrete expression of that mutual commitment to ensure everybody has a chance in life.

Today, Canadians continue to strongly support the core values on which our system is premised – equity, fairness and solidarity.

In fact, these values are now tied to our understanding of citizenship.

More than a social program, medicare to us represents a birthright, an icon, an identifying mark of Canadian-ness.

Of course, a minority in Canada have always advocated radical changes to our system – user fees, medical savings accounts, privatization, a parallel for-profit system.

But Canadians have repeatedly said “NO” to these proposals.

Not now, not ever.

And that’s because the principles on which these radical proposals rest cannot be reconciled with the values at the heart of our medicare.

The opponents of our single-payer system claim it is a perversion of Canadian values that they cannot use their money to purchase faster treatment from a private for-profit provider.

But the consensus view of Canadians on this is clear:

it is a far greater perversion of Canadian values to accept a system where money, rather than need, determines who gets access to care.

So, Canada’s medicare is about

cementing a country’s role as one of the world’s compassionate societies

underscoring the belief that citizenship confers upon us rights that are based on the strength of our need and not the size of our wallet

and demonstrating that as a community of people we can accomplish so much more than we could ever dream of doing as individuals

It’s the right thing to do.

And that’s the first reason why Americans should consider adopting a single-payer system.

By the way, I note that a recent ABC News poll found that 80% of Americans would prefer a government system covering everyone instead of an employer-based system.

So I think that “doing the right thing” in America doesn’t require a cultural shift – Americans and Canadians share many of the same values – instead, it requires a shift in political choices.

The second reason why Americans should consider adopting a single-payer system is that it's the smart thing to do.

While the core principles of Canada's medicare reflect fundamental values, these principles also make sound economic sense.

The reasons are clear and you know them well.

- The system covers everyone - SO economies of scale are maximized. Although it seems to cut against common sense, the more people who have coverage, the less the costs go up.

For insurance to work efficiently, you have to spread the risk among as many people as possible. In a single-payer system, the costs are spread over the whole community and over lifetimes. Pooled risk and pooled reward.

- There's no rating or discrimination, everyone has the same entitlement - SO large administrative savings occur.
- The system is paid for through general tax revenues – SO there's no need for the multiple collection practices that come with a multi-payer system.
- Payments are provided directly to physicians by the government - SO there's no expensive multi-stage billing.
- Finally – and this one always annoys those who advocate a free market commodity vision of health care – Canada's medicare provides the highest level of choice for citizens when it comes to the provision of their health care.

This is not argument. It is fact.

In Canada, we're free to choose whatever doctor we want.

I know there is a popular myth in America that choice of doctors is limited in Canada.

But the reality is that in Canada, we're free to choose whatever doctor we want.

We also choose which hospital we stay at. We go to the emergency room when we want and need to. We choose who our specialist will be. We pick our treatments too.

No “phantom networks.” No “physician gag clauses in contracts.” We don’t have to worry about reading the fine print. There’s no “renewability clause.” No need to “seek prior authorization from our insurance company.”

In Canada there’s no fine print to decode.

All decisions about care are left up to those needing treatment and their doctors.

We have complete personal control over our care.

It’s that simple. And it’s the truth.

Now, a speech filled with statistics will remind you of a high school math lesson and I don’t want to do that to you.

But consider this: before Medicare was introduced in my country, Canada and the United States paid about the same, per capita, for health care.

Today, Canada spends about 9.4% of GDP. But the U.S. spends over 14%. Everyone in Canada is covered. But over 43 million Americans are not covered – and when you include the under-insured that figure jumps to 100 million.

Moreover, the U.S. costs are rising while Canada devotes a smaller portion of our GDP to health care today than we did a decade ago.

The administrative costs of the U.S. system have been estimated to be about *three* times Canada’s.

Your group and others have calculated that if the U.S. was to adopt Canada’s system, the savings would be so large as to allow America to provide coverage for those 43 million plus citizens.

Furthermore, when it comes to health outcomes, on almost every critical measure, Canada rates better than America and we’re among the best in the world.

A strong majority of Canadians who use the system are highly satisfied with the quality and standard of care they receive.

So in comparison to the American system, we spend less and get more in terms of coverage and outcomes.

But, wait a minute, there's more.

Our medicare system also makes it cheaper to run a business in Canada.

Canadian employers don't have to provide basic health care for their workers.

Our medicare does that.

This significantly lowers the cost of being in business in Canada and that gives us a real competitive edge with the rest of the world.

Other benefits to businesses in Canada include:

- A healthier and therefore more productive workforce;
- More spending money for Canadians to purchase private goods and services;
- Less labour relations strife;
- Less job lock and increased labour mobility because workers that don't have to worry about losing basic health benefits are more willing to switch jobs and move to where the work is;
- Lower administrative costs for businesses because they don't need to hire expensive HR consultants to explain, negotiate and administer the ins and outs of private insurance schemes;

And our system encourages the creation of new businesses because, for potential entrepreneurs, quitting a job does not mean forgoing health insurance, which would likely be a risk too big to take.

The situation in the U.S. – with so many Americans under 65 relying on health coverage from an employer – just doesn't make sense.

I mean, nobody expects employers to provide groceries, housing or clothing, but for some odd reason, many American employers have evolved into providers of health insurance.

One analyst recently called the Big Three auto-makers "HMO's with wheels."

It sounds funny but the reality is no laughing matter.

There isn't one good, rational reason for this situation.

With a presidential election campaign underway, I say it's the perfect time for business leaders in America

To take a stand

To acknowledge the sizeable, strategic advantage businesses in Canada have

And to put the issue of single-payer, universal health care back on the political agenda.

I don't expect them to do this out of moral strength or a sense of public spiritedness.

But I would expect them to come to their senses and do it because it has a strong bottom-line appeal.

Canada's medicare also offers significant advantages to unions and their members.

Because basic health care is never on the bargaining table:

- there's one less item employers can threaten to take away from workers;
- there's one less item employers can use to push down, or hold back, wage increases;
- health care is usually incidental in labour negotiations in Canada; in contrast health care costs are a large and growing pitfall in contract negotiations in the US, being the key factor in over 50% of recent strikes and lockouts;
- striking or locked-out workers don't lose health care coverage;
- unions can concentrate their resources on other important fights.

So let me just say that, for Canadian unions, our medicare is like a win at every bargaining table.

But unions are a champion of all workers, not just those with a membership card.

So we also acknowledge that our medicare is an invisible benefit that guarantees a minimum foundation of the overall compensation package for all Canadian workers.

No worker in Canada – union or non-union; full-time or part-time; permanent or casual employee – has to worry about trading off their wage levels or other benefits in order to get or maintain health care coverage for his or her kids.

A recent study by the U.S. Census Bureau concluded that nearly 20 million working Americans, many with families, have no health coverage.

This is an abhorrent situation.

Unions in Canada recognize that all workers are better off both in terms of financial and physical health thanks to our medicare.

That's why we repeatedly join hands with our many non-union, social allies in fighting to preserve and strengthen our medicare system.

Finally, I am also pleased to report that Canadian doctors, too, support our medicare system.

Some of you might recall that doctors fought hard to keep Medicare out of Canada.

You might remember the doctor's strike that took place in Saskatchewan in 1962 when that government introduced the first single-payer model in North America.

The doctors, enlisted by insurance companies to be their frontline fighters, refused to provide any care under the terms of the new law.

They closed their offices. They broke the law. They became outlaws.

It was one of the most direct and brazen challenges to the rule of law in Canada's history.

But the fact of the matter is that the overwhelming majority of doctors in Canada today support and defend our medicare.

For the majority of them, our medicare system is in their economic self-interest – they're well-paid and don't have the administrative expenses they would under a multi-payer system.

But more importantly, doctors recognize that our medicare allows them to do what they really want to do – concentrate on treatment, prevention, and primary care.

Doctors in Canada never have to choose between their wealth and a patients' health – our medicare eliminates that choice – it provides for both of these things.

Today, doctors in Canada recognize this advantage.

So in summary:

Canada's medicare has consistently delivered affordable, timely, accessible and high quality care to the overwhelming majority of Canadians on the basis of need, not income.

It has contributed to our international competitiveness, to the extraordinary standard of living we enjoy, and to the quality and productivity of our workforce.

It represents the triumph of solid values and sensible economics.

My friends, I didn't tell you all of this just to brag or to evoke some kind of star-spangled envy.

I did it to confirm that the vision and example of what you want and need for America's health care system exists today in Canada.

And you should point to Canada as the way forward –

because the Canadian way is working well.

The often overheated political rhetoric you hear about the affordability, effectiveness and viability of Canada's system does not stand up to scrutiny -

That political rhetoric is baseless and false.

It is informed by ideology not evidence.

Now I'm not saying that the Canadian system is perfect; that it should remain on auto-pilot and be immune from change.

Far from it.

There's an old saying: "Being optimistic after you've got everything you want doesn't count."

Well, if that's true, then the optimism we're experiencing now in Canada must count.

We certainly don't have everything we want yet – but we do have what it takes to continue to succeed.

And that brings me to my second topic:

The future of Canada's system – challenges and prescriptions for change.

CHALLENGES AND DIRECTIONS FOR CHANGE

The first major challenge is securing Leadership for Reform from the Canadian government.

We recently had a Royal Commission study the issue of the future of health care in Canada.

It took 18 months to complete its work.

It engaged tens of thousands of Canadians in a dialogue on the subject.

It met with some of the greatest health care experts in the world.

It reviewed the most thorough research in the field of health care reform.

It separated myth from reality, ideology from sound policy, and knee-jerk reactions from long-term solutions.

It concluded that our medicare house needs some remodeling, not demolishing.

So the blueprint is done. The values are clear. The resources required are clear. We know what reforms are necessary.

1. First, we need stable, adequate, and long-term funding from the Canadian government.

When medicare was first established the program was cost-shared 50-50 between the Canadian government and the provinces.

Today, the Canadian government pays only 16% of the total bill – despite annual surpluses in the billions.

It's time for the Canadian government to demonstrate leadership for reform by once again becoming equal partners in the financing of medicare.

And this is a matter of long-term commitment.

A budget here, a re-investment there will help but they will not do the job.

It's time the Canadian government put an end once and for all to the annual "dance for dollars." Or as we sometimes call it, "the medicare minuet."

2. Secondly, the major cost drivers in health care in Canada today – prescription drugs, home care and long-term care – lie outside the single-payer system.

This is not the main point I want to make here, but I think it's worth noting that if we were to compare cost increases in the publicly funded and privately funded groups of health services in Canada, it's the publicly funded group – hospital and physician services – that wins, hands down.

Indeed, per-capita spending on publicly funded hospital and physician services is the same today as it was in 1991.

By comparison, drug costs have doubled in the past 25 years.

As a result of the rising costs for drugs, home care and long-term care, there is, increasingly,

an over-reliance on more expensive treatment in hospitals,

unacceptable pressures on informal caregivers (usually women),

more out-of-pocket medical expenses for families,

and inequity between those who can afford these services and those who can't.

When medicare was established in Canada, health care meant doctors and hospitals.

That's no longer true.

New drugs have replaced surgery.

New surgical techniques have shortened hospital stays.

People are living longer and experiencing health problems that don't require hospitalization but do require more attention than what could be provided in their home.

Prescription drugs, home care, and long-term care have become critical parts of the health care equation.

But we haven't made them part of our health care system.

Home care, prescription drugs, and long-term care are not what some have called 'boutique' programs.

They are, in a very real sense, the indispensable condition of a sustainable and equitable health system in the 21st Century.

It's time for the Canadian government to demonstrate leadership for reform by expanding the single-payer system, bringing into coverage all home care, long-term care and drug costs.

3. Thirdly, we do have some problems in Canada with waiting lists for some forms of non-emergency, elective surgery.

The source of this problem is not the system itself, but a lack of federal funding – which I already spoke about – and a health human resources crisis – and the crisis not only about doctors and nurses.

It's about all health professionals.

They're retiring. The remaining workforce is ageing. The various schools are part empty. Fewer young people believe health care is a rewarded and respected career anymore.

To be successful in reducing those waiting lines, we need the Canadian government to design and implement a national strategy that will lead to a greatly expanded workforce of health care professionals.

4. Fourth, we need the Canadian government to show leadership for reform by working with others to ensure that all countries have the right to chart their own health care course independent of international trade agreements.

The second major challenge is that we need to start paying more attention to the determinants of health.

In Canada we have taken the first step of removing money as a major obstacle to the provision of good medical care.

But we are still waiting for the next step to be addressed and that is to introduce into health care the concept of wellness and prevention.

When we go to see a doctor or we're admitted to a hospital it is health care, to be sure, of a certain sort.

But let's also understand exactly what it is: It is illness care.

This is critically important, don't get me wrong.

I know the need for bricks and mortar and all the technology and the help of the care-givers.

That is health care.

But we need something else.

We need in addition, a system of wellness – health education, and prevention.

A health care system – even the best system in the world – will only be one of the ingredients that determine whether your life will be long or short, healthy or sick, full of fulfillment or full of despair.

Stable jobs, good wages and working conditions, clean air and water, affordable housing and child care, and a healthy diet help prevent people from becoming sick in the first place.

Although individual health is influenced by a combination of factors, most government health care initiatives focus disproportionately on the impact of individual behaviour.

We need, instead, an integrated strategy that recognizes the impact of all policies on our health.

The Canadian Council on Children's Poverty says that, if a child is born into poverty, that child is more likely to die in infancy than children born into middle or upper-income families; and to be ill during adulthood, and many more times likely to die at an earlier age.

If we could take a holistic view of health care, knowing that doctors, drugs and medical technology are important, but also knowing that poverty has got to be tackled, knowing that a job, an education, all of the essential characteristics described by the United Nations – that too is health care – we will be better off for it.

We would be healthier, happier, live longer, and actually save money to boot.

I believe the next great revolution in Canada's system must be about moving from an illness model to all of those things that both prevent illness and promote a holistic sense of wellbeing.

The third major challenge is that we need to continue winning the battle of values.

Even though well over 80% of Canadians strongly support our medicare system and the directions for change I've just mentioned,

there remains a small but powerful for-profit medical lobby that circles around our system like sharks circling a sinking boat.

Five times in Canada's history, the federal government has asked high-profile political or judicial leaders to debate and resolve the health-funding controversy.

The five reviews all came to the same conclusion: Single-payer, publicly-funded health care is more equitable, more efficient and more effective.

Those who hold a view that the marketplace will take care of everything, have been repeatedly challenged to bring forward the evidence.

The silence has been deafening.

Nevertheless, the private for-profit health care lobby in Canada is like a zombie:

It's intellectually dead, but destined to keep rising again and again to haunt health-policy debates in Canada.

So we're destined to keep fighting until the day this virtual zombie is finally retired to the storage unit containing the other fictional bogeymen.

And that brings me to my third and final topic which I will now articulate as two questions:

If not us, who?

If not now, when?

IT IS UP TO US

I believe that triumphs of the human spirit always begin with honest answers to these two deceptively simple questions.

In our heart of hearts we know the answers.

We know it must always be us.

And we know we must do it now.

When we first began the struggle for our medicare system in Canada, governments were not on our side – and by the way, some are still not on our side today.

And we certainly didn't have the deep pockets the for-profit health lobby had – and by the way, we still don't.

So, we weren't allowed in the front door of the legislature and we didn't have the money to get in the back door.

But, we had something better – we had ourselves and all the other everyday, regular folks.

And we would not allow ourselves to be talked out of what we liked, needed and wanted.

We held out for the kind of Medicare we wanted.

Elections were won and lost on the issue until our politicians finally got the message and we got our single-payer medicare program.

So my insight and my perception is this:

The heart of the Great Medicare Debate in Canada and the U.S. is not simply about the provision of medical care.

It is, first and last, about responding to the will of the people.

It is, first and last, about democracy.

Don't get me wrong.

Good ideas and policies are important. They do have power.

But they don't have legs.

The eight hour day, the minimum wage, the protection of our air, water and natural resources, women's rights and civil rights, social security, and medicare in Canada –

all of these were launched as citizen's movements and won the endorsement of the political class only AFTER long struggles and in the face of bitter opposition and sneering attacks.

The idea of universal health care is important.

And good policies that explain how such a system could be implemented in America – single-payer or another model – are also important.

But an idea and a policy alone cannot, and will not, lead us to victory.

And that is why ideas and policies must come second.

We, “the people,” –

all of us here tonight and all the other everyday, regular folks out there that want more and better health care for their moms and dads, sons and daughters

we must always come first.

Democracy doesn't work without citizen activism and participation, starting at the personal and the community level.

The elites, the powerful, the privileged, the politicians, they are never going to serve it up to us.

No matter how good or how right the idea or policy is.

Trickle down politics doesn't work much better than trickle down economics.

We have to give it to ourselves.

We have to do it for ourselves.

We have to stand up and fight for it as if the cause depends on each one of us individually – because it really does.

Civilization happens because we don't leave things to other people.

The people that fought for medicare in Canada were all everyday, regular folks.

They had nothing much going for them except

their belief in themselves,

their common desire to make the country a better place,

and their faith in the power of ordinary people to do extraordinary things.

That is what made them strong then.

That is what makes us strong now.

That is what will keep us strong in the future.

The fight for universal health care in the U.S. –

and the fight to protect and strengthen it in Canada

is not simply about organizing merely in defence of an idea or a policy.

It is about organizing to preserve democracy itself – to defeat the drift to democratic despair.

To do this we must come on strong.

We must rally all the other everyday, regular folks with the conviction that they can hold out for themselves and the kind of medical system they want and need.

We must state and restate our conviction that

this is our country and our world and we are not about to throw up our hands and lose it by default to the powerful and the privileged;

that we are not about to let our country and our democracy slip through our fingers.

Once we do that, once we unlock that power, the power of everyday, regular people daring to demand their due, a win for universal health care in America will be just the beginning.

So tonight, let us together openly declare that

we are going to continue holding out for what is right and just and ours;

and we are going to lead by example, with conviction and courage.

I urge everybody here tonight to allow yourself that conceit –

to believe that the flame of democracy will never go out as long as there's one candle in your hand.

CONCLUSION

Friends, in closing, you and I will always share this important common cause.

For my part, I am proud to be a partner of the Coalition for Wisconsin Health in pressing for action.

If we continue to fight with passion and conviction and courage, we'll do more than make a difference, we'll create a world of which we can all be truly proud.

Working together – we can and will make that happen.

Thank you.