



**MEDICARE**

**can we  
afford to  
lose it?**

# Here are three important facts you need to know about **medicare**

## 1 **Federal cuts to health, education and social programs could destroy our medicare system.**

The federal Liberal government is cutting funding for B.C. health, education and social services by up to \$800 million next year.

Federal support will be eliminated completely in six years.

That means at least \$200 million out of our B.C. medicare budget, which equals the entire Pharmacare program, the entire long-term care program or the entire home support program.

Even doubling the premiums many British Columbians now pay for medicare would barely cover the loss.

We can't afford to lose any of our medicare program – it's a cornerstone of our democratic society that no one should go without the necessary care and services to live a healthy life. That's a principle we can't afford to live without! But it's in danger.

## 2 **Any move to a US-style, two-tier scheme through private clinics and user fees will only make things worse.**

Some people believe that a two-tier system – where services are made available to those who can pay for them – will help our medicare system get through the tough times.

But this just isn't so.

The US-style, two-tier system is the most expensive in the world. Yet 37 million Americans have inadequate coverage and a larger number have no coverage at all. Why? Because they can't afford it.

Studies around the world show that a universal, fully-accessible medicare system provides the best care in the most cost-effective way.

Creating one system for those who can afford care and another for those who can't will destroy Canadian medicare. And it won't save us a dime. It will cost us more as individuals and as a society. And it will cost lives.

**What's the American system like? Here's what Frommer's, a popular tour guide, warns tourists to expect in New York: long waits and big charges, even if you have cash.**

FROMMERS NEW YORK (1995)

**Doctors** Should you need a physician when in New York, do not go to a hospital emergency room unless you are in a very serious or life-threatening situation. Waits in overcrowded, understaffed hospital emergency rooms can be agonizingly long. Nonemergency situations can be better handled at a place like **Manhattan Medical Care**, 152 W. 72nd St. (tel. 496-9620), where Dr. Richard Shepard and his staff provide expert care, without the necessity of an appointment. It is open weekdays from 8am to 8pm and Saturday from 9pm to 5pm. A basic office visit is \$85. If you are in doubt as to whether you should go to a hospital or can be taken care of here, phone and discuss your situation with the nurse.

### 3 We can take action in B.C. to make medicare better

The third thing we need to understand is that we can take action – right here in B.C. – to make medicare better for all Canadians.

British Columbia can make a difference if all parties in our provincial Legislature commit to fight for the full restoration of federal funding to our health, education and social services.

And they must pass a law designed to protect us from a two-tier, U.S.-style system.

The B.C. government has introduced legislation which outlaws extra billing fees charged by doctors and clinics.

The B.C. Medicare Protection Act also entrenches the principles of the Canada Health Act – universality, portability, accessibility, comprehensiveness, and public administration.

**Our health is too precious to sell off to the highest bidder**

We need this law, but we also need further legislation which discourages the development or expansion of corporate, for profit services in our public health system.

Sound complicated?

We're simply saying that our health – and our health care system – are too precious to sell off to the highest bidders.

Our job is to stand up and tell our politicians that we care about our medicare system and we're not prepared to give it up.

In midtown, **Beth Israel Medical Center** runs **Doctors Walk-In** at 57 E. 34th St. (tel. 683-1000), which charges \$65 for an office visit and is open weekdays from 8am to 6pm and Saturday from 10am to 2pm. No lab or X-ray work can be done after 4pm.  
House calls are available from **Doctors on Call** (tel. 718/238-2100) 24 hours a day, 7 days a week, for a charge of between \$80 and \$95 per visit, depending on the time of day or night. Minimum waiting time is 1 1/2 hours. If the situation appears serious, you will be advised to go to a hospital emergency room (see "Hospitals," below).

**We don't want a two-tier system here, but that's what we'll get if we don't act now.**

## BCers AGREE! WE LOVE MEDICARE

Our medicare system is in danger

**71 PER CENT AGREE**

Our B.C. health care system is good to excellent

**86 PER CENT AGREE**

Our B.C. health system funding should remain the same or increase

**89 PER CENT AGREE**

Source: McIntyre and Mustel survey of Public Attitudes to Health Care in B.C., February 1995

## MYTH OR FACT?

# Quiz!

1. User fees will help pay medicare costs and control abuse
2. Our health care costs are spiralling out of control
3. The private sector can deliver health services more efficiently
4. If those with more money can use private services, there will be more room for the rest of us in the public system
5. The growing numbers of seniors are driving health costs out of sight
6. Given the debt, we just can't afford our existing levels of health care

# Have you heard these health care myths?

**MYTH 1** **If people have to pay, we'll make money and cut down on abuse. Sounds reasonable, right? Think again.** Study after study has shown that user fees only deter those on lower or fixed incomes. The result is people often become much more ill and require more costly treatment. User fees often cost more to collect than they generate in revenue. So-called abuse by patients is, in fact, a minuscule element of health costs. Much more costly is the over-prescribing of drugs and the inappropriate use of costly surgery. Dr. Robert Evans, a prominent health economist, has concluded that "moving back to more payment by users and private insurers will lead to higher overall costs."

**MYTH 2** **We hear it every day – health care costs are rising. Think again.** What we don't hear is that our spending on medicare has been constant

for many years at about 10 per cent of our Gross Domestic Product. In the United States, by contrast, spending has risen steadily in their private, for-profit system, to about 14 per cent of their entire economy.

Our public health spending in Canada grew only about two per cent in 1993, but the private health care sector expenditures rose 6.4 per cent. The facts are clear: the bigger the private role, the bigger the cost increases.

**MYTH 3** **The private American system is more efficient than our Canadian medicare approach.** U.S. health care costs 40 per cent more than ours on a per capita basis – and nearly 37 million Americans don't get covered. If that's not proof enough, consider the huge savings we make by collecting necessary funding at tax time – on a progressive income-tax basis – and allocating efficiently where

# Compare your knowledge of medicare facts with these commonly-held “expert opinions.” You’d be surprised how often they’ve got it wrong.

needs are greatest. You can’t do that in the U.S. But we can do it here.

## **MYTH 4** Let the rich pay – there will be more room and shorter waits for the rest of us, right?

Wrong. Private clinics cream off the profitable procedures which, in the public system, help fund the costly services few of us could afford on our own. And how long will the well-to-do agree to pay twice, once in taxes and again at the clinic? Not long. Pressure to cut funding to the public system will be intense.

**MYTH 5** The cost of caring for our growing population of seniors will break the system. It’s tough to be a senior – first you build the medicare system, then you’re blamed for bankrupting it! But a comprehensive study of B.C. health care costs by a team of UBC economists concluded “it is not aging that poses the threat, it is what we are choosing to do to and with our elderly.” The problem is that we are hospitalizing our elderly

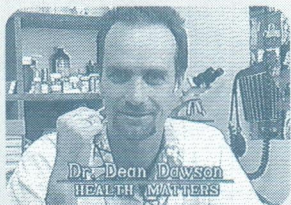
more often, and for much longer times, than we did 20 years ago. There are alternatives available. Dismantling medicare just when our seniors need it just doesn’t make sense.

**MYTH 6** Then there’s the debt – we can’t afford medicare. As the Royal Bank recently pointed out, a large share of the blame for the last recession, with its dramatic increase in Canada’s debt, can be traced to the no-inflation policy of the Bank of Canada. Another contributor was the steady decline in amount of taxes paid by the corporate sector. With better economic management, we’d have more funds for medicare. Health economists and care providers agree that existing funding is adequate if we change our philosophy, eliminate wasteful practices and maintain the benefits of our public medicare system.

## Costly myths

There is a powerful lobby, backed by those who would profit from a US-style private medical system, working hard to cover the facts and spread these myths. Fighting these myths will help us save medicare.

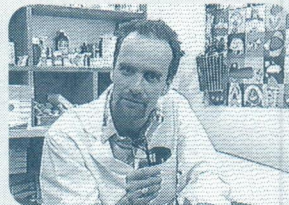
### DR. DEAN DAWSON - YOUR HEALTH QUESTIONS ANSWERED



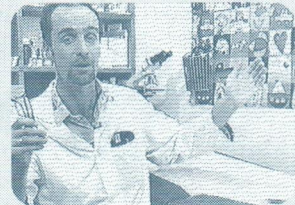
1. Hi, I’m Dr. Dean Dawson and I’m here to answer your questions about health and our medicare system.



2. A patient of mine asks, “Dear Dr. Dawson: I’m a senior on a fixed income. If the government allows user fees and private clinics, how will I be able to afford proper care?”



3. Well . . . .



4. . . Search me!

# how can we change medicare to make it better?

**We** can reform our medicare system to more fully reflect the principles on which our system was founded.

Here are some of the goals originally developed by members of the Canadian Health Coalition to improve medicare and the health of Canadians.

## **Make health a social and economic issue**

We must create conditions for good health. That means we need public policies that make for healthy people, including full access to education, affordable housing, and decent paying jobs.

## **Preserve the principles of medicare**

The five principles of medicare contained in the Canada Health Act must be maintained and enforced: universal coverage, accessibility, portability between provinces and territories, comprehensive coverage, and non-profit public administration.

## **Make the health care system democratic and open**

Let all Canadians participate in health decision-making, not just private corporations and unelected boards. Bring everyone – including patients, members of the public, and health care workers – into the reform and evaluation of the health care system.

## **Ensure that the whole system works together**

This means providing good quality care with appropriate treatment and supports while providing choice of location – from hospital to home – to the patient.

## **Protect our investment in the skills of health providers**

Cutting front-line workers means cutting quality of care. We have built up a tremendous resource in the skills and abilities of health care workers.

## **Eliminate profit-making from illness**

Public administration of medicare has saved Canadians billions of dollars. There is no room for profit and inequity in health care.

## **Control drug costs more effectively**

Drug companies are adding millions to health care costs by driving up prices and encouraging overuse of medications. We need to repeal the drug patent legislation which prevents competition.

## **Change the way doctors are paid**

We should pay all health workers on a salaried basis, not the fee-for-service system used by doctors, other health care providers and private labs. Fee-for-service encourages over-booking, over-prescribing, over-treating and the concentration of physicians in urban areas at the expense of rural areas.

## **Change who does what in health care**

We must develop holistic approaches to health care that expand the role of non-doctor health care providers. Nurses, midwives and others can handle many procedures in the full scope of their professions, including areas neglected by doctors, such as services for women or cultural communities.

## NEEDED NOW

# Action to restore funding and a law to protect B.C. medicare

The B.C. Coalition for Health Care Reform is a broadly-based group of community health care, consumer, advocacy and labour organizations committed to progressive reform of the public health care system. We are seeking the support of all British Columbians for a campaign to protect and improve our Medicare system.

We are non-partisan. We operate on the basis of consensus decision-making and each member organization is accountable to its constituents.

Our collective membership includes hundreds of thousands of British Columbians – from every walk of life, all parts of the province and each with a deep commitment to our Medicare system.

We came together first in 1994 to review the NDP government's New Directions in Health Care initiative. Since then, the federal budget and the profound changes to health funding have made the defence of Medicare a priority.

We need your help to ensure B.C. takes leadership to make Medicare better for British Columbians – and for all Canadians.

## WHO WE ARE!

THE B.C. COALITION  
FOR HEALTH REFORM IS

AIDS Vancouver

B.C. Association for Community Living

B.C. Coalition of People with Disabilities

B.C. Nurses' Union

B.C. Old Age Pensioners Organization

B.C. Persons with AIDS Society

Canadian Union of Public Employees, B.C. Division

Council of Senior Citizens Organizations of B.C.

DisAbled Women's Network British Columbia

DisAbled Women's Network Canada

Downtown Eastside Residents' Association

End Legislated Poverty

Family Support Institute

Hospital Employees' Union

National Action Committee on the Status of Women

Neil Squire Foundation

North Shore Disability Centre

Seniors Resources and Research Society

Social Planning and Research Council of B.C.

Surrey Association for the Mentally Handicapped

Vancouver & District Labour Council

Vancouver Status of Women

Vancouver Women's Health Collective

# what you can do to protect medicare



- 1** Call or write your federal Member of Parliament to say that you oppose the federal government's cuts to health care funding.
- 2** Write a letter to your community paper speaking out against two-tier, U.S.-style health care.
- 3** Call your local talk-show and speak out for medicare. Suggest they contact the B.C. Coalition for Health Care Reform for an on-air guest to discuss the topic.
- 4** Contact your local Community Health Council and Regional Health Board, and ask them to endorse the goals contained in this leaflet for improving health care for Canadians. Ask them to join the protests against federal spending cuts.
- 5** Ask your physician if she or he supports a two-tier system. If they do, consider changing doctors.
- 6** Call or write your local member of the B.C. legislature to say that you oppose two-tier medicare.
- 7** Raise the issue of medicare at meetings of organizations you belong to.

## How to contact the coalition:

300 - 30 East 6th Avenue  
Vancouver, BC V5T 4P4