

Book Review (PDF)

Pat Armstrong, Carol Amaratunga, Jocelyne Bernier, Karen Grant, Ann Pederson and Kay Wilson

Exposing Privatization: Women and Health Care Reform in Canada
Aurora, ON: Garamond Press, 2002

Reviewed by Howard A. Doughty

A spectre is haunting Canada, the spectre of Americanized health care. Governments across the country are grappling with a number of related problems including the list of health care services that should be publicly funded, the best method of delivering health care services, the question of physicians receiving salaries rather than fee-for-service, the role of public funding for private providers, the place of preventive medicine, home care versus chronic care facilities, and so on. Despite the diversity of issues, however, the common element uniting them boils down to money. It is widely believed that there is a fiscal crisis in health care and that much innovative work must be done to solve it.

Some of these innovations involve medical technologies including the new diagnostic tools and therapeutic procedures. Most, though, involve the appropriate use of human resources, fiscal relationships and the organization of service provision. A common theme is the degree to which the private sector can be enlisted, ostensibly to improve systemic effectiveness and efficiency. The procedural and policy innovations that are implied by such considerations are, of course, a subject of considerable controversy.

In February, 2002, Dr. Arnold Relman, professor emeritus of medicine at Harvard University and former editor-in-chief of the very prestigious *New England Journal of Medicine*, made a presentation to the Canadian Senate Committee on Social Affairs, Science and Technology. His argument was clear. Referring to the US, he said, “no health care system in the industrialized world is as heavily commercialized as ours, and none is as expensive, inefficient, and inequitable – or as unpopular.”

Over the next year, noise was emanating from right-wing think tanks, the governments of Ontario and Alberta, and the Romanow Commission. Then, in March, 2002, leaked documents revealed that the Government of British Columbia was about to embark on the most comprehensive privatization initiative in health care since the passage of the Canada Health Act. Something is up.

Canadians might well agree with Dr. Relman; yet, we continue to vote for politicians who appear to be dedicated to do what we say that we do not want done – to destroy medicare. We find the relentless pressure for privatization of Canadian medicare abhorrent, and yet we feel compelled to be pragmatic. We seem speechless, unable to respond to cries of fiscal inevitability. We seem willing to abandon existing arrangements (to say nothing of taking measures to improve them through pharmacare, denticare, and the like). So successful have neoliberal enthusiasts been in promoting the idea that the Canada Health Act is in desperate need of change, and that the

direction of change must be toward a US (the most expensive, inefficient, inequitable and unpopular) model that we appear frozen. Not so much to mix as to purée metaphors, the light at the end of the tunnel now captures us like deer in headlights.

True, there are some bits of discordant chatter. Encouraged by turf-holders, we engage in amusing federal-provincial hissy fits. We (on all sides) say that current funding arrangements are inappropriate, that adequate treatment is denied to critical care patients who increasingly are being sent to the US, that the prevailing methods of delivering health care need to be revised, that we simply can no longer afford the level of service that we have come to expect, that hopes for any additional health-related must be aside, and so on. We are, however, so stupefied that we would be embarrassed by ex-US President Richard M. Nixon's bromide: "We're all Keynesians now." From Roy Romanow to Ralph Klein, medicare is on a gurney and the only serious question seems to be whether it is to be put in chronic care, intensive care or just packed off to the morgue.

That what was once hypocritically called a "sacred trust" (by Brian Mulroney) and insipidly said to be a "defining characteristic" of Canadian culture (by everybody else) is now subject to attack should not surprise us. National medicare is, after all, less than forty years old. It was initiated despite howls of protest from private insurers, threats of non-compliance from doctors, and expressions of stern scepticism from politicians. With little but rhetorical commitment to universal health care, proponents of privatization are joined by moderate reformers who see fundamental restructuring as a solution to a problem that cannot be solved by "throwing money at it," and even by social democrats who speak solemnly of the need for realism.

In this depressing context, it is important to hear voices that speak calmly but firmly about the hoax that is being perpetrated upon the Canadian public. Such voices are to be heard in *Exposing Privatization*. Pat Armstrong is the general editor of Garamond's *Health Care in Canada* series. An awesomely prolific writer, she has been joined in this book by five very even-handed women who present their case with both skill and passion, but who never descend to shrill sloganeering. Well-researched and well-written, this volume provides an excellent account of Canada's health care crisis from a feminist perspective that is tempered by standards of scholarship that are never permitted to fall victim to political posturing. Unlike the privateers, these authors present incisive, fact-based arguments that will be persuasive to all but the most recalcitrant ideologues.

From coast to coast, provincial analyses of Nova Scotia, Québec, Ontario, Manitoba, Saskatchewan, Alberta and British Columbia provide abundant and astute stories of how governments are abandoning the well-being of their citizens. The degree of malfeasance is not always equal: as a resident of Ontario, for example, I always thought that Ralph Klein was the largest enemy of public health care, only to learn (as I should have known) that Mike Harris' "common sense revolution" had destroyed a larger part of Ontario's health care system (though by only about 3%) than Klein had done in "wild rose country."

The provincial studies, I might add, are thorough and insightful. Of special interest to me (as I creak toward retirement) is the quite thoughtless and cruel dismantling of geriatric care by the common sense revolutionaries in Ontario, as revealed in the chapter on this topic by Pat and Hugh Armstrong.

Pat Armstrong and her colleagues have shown what we are in danger of losing. They have done so with a compelling historical introduction, followed by powerful case studies that will not merely be of interest but of immediate practical use to anyone concerned to see that innovation in health care does not necessarily mean destruction of health care. While the usual disclaimer is entered by Health Canada (“The views contained herein do not necessarily represent the views of the official policy of Health Canada”), it is worth applauding the fact the this book was financially supported by the Canadian Studies Bureau of the Department of Canadian Heritage, the Centres of Excellence for Women’s Health Program, Women’s Health Bureau, and Health Canada. In supporting books like this one, it is plain that someone is making good decisions. So, though former CBC broadcaster and current life insurance company shill Don Harron may say “we’ve all paid enough taxes,” these are surely tax monies well spent.

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