

## **Tory leadership candidates: one tier or two?**

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**By Dr. Gordon Guyatt**

Ernie Eves began his campaign to replace Mike Harris by following a long tradition of political hypocrisy. Eves expressed a clear preference for allowing wealthy Canadians to pay for superior health care. It doesn't make any sense, said the former Finance Minister, that you can pay to get an expensive diagnostic test like an MRI for your pet, but not for your mother.

At the time, reporters asked Eves if he was talking about two-tier medicine that would allow people to pay to bypass waiting lists. "Two-tier, you can call it whatever you want," he replied.

The words were barely out of his mouth when he began to backpedal. Perhaps he expected the other leadership candidates to line up in support. Instead, all four of his opponents rushed to affirm their commitment to universal access.

Realizing he was taking a position that still can't sell in Ontario, Eves explained he really didn't mean it. He was just providing an example of what Ontarians are telling him.

Sound weak? For sure, but before making too harsh a judgement about the leading candidate to replace Mike Harris, we should remember Eves isn't the first Canadian politician to trip up in this way.

Within days of his 1995 election victory, Jean Chretien said that Canadians must get used to a health-care system that provides only the most basic care. The public response was so negative that the Prime Minister quickly reversed his position. Since then, the Liberals have portrayed themselves as defenders of single-tier, universally accessible health care.

Stockwell Day faced the same problem in the 2000 election when members of his campaign team made statements supporting a health system that would give superior care to the wealthy. Despite Day's repeated denials, Canadians remained sceptical of the Alliance's not-so-

hidden agenda.

That scepticism is well warranted. No one can miss the right-wing campaign to abandon the principles of equitable health care embodied in the Canada Health Act. The National Post's editorial policy, under both the prior and current ownership, declares that Medicare has failed, and private money must provide the rescue. The Ontario Medical Association repeatedly attacks the Canada Health Act. The Fraser Institute, a right-wing think tank, calls for an American style system where private money guarantees better service.

What about the leadership hopefuls now expressing their commitment to equitable care? All five are current or former Harris government Ministers. Understanding their record requires remembering that one-tier care in Canada applies only to physician and hospital services. In all other parts of the system, including home care, pharmaceuticals, and eye care, affluent Canadians pay for superior services. If you don't have the money or the insurance coverage, you are out of luck.

How have the Tories done in terms of OHIP covered services? Rather than extending coverage, the Harris government has been delisting services. Last summer, for instance, they cut payments for hearing aids, and placed restrictions on audiologists, requiring them to practice under physician supervision to receive OHIP reimbursement. That means more user charges for the hearing-impaired.

One way hospitals have responded to government underfunding is by cutting rehabilitation services, which have moved to the community. There, patients face two-tier care. Those without private insurance face delays of up to nine weeks and, when their time comes, inferior rehabilitation care.

The government performance in other areas outside the Canada Health Act shows even less support for equitable care. The Tories introduced a user charge for prescriptions for the elderly, and those on social assistance. Evidence suggests that the charges have deterred some patients with psychiatric illness from filling their prescriptions.

Health Minister Tony Clement, one of the leadership candidates now taking Ernie Eves to task for his public statements, has ruthlessly failed

to support home care. In June of 2000, the publicly elected boards of the 43 Ontario Community Care Access Centres (CACCs) let the government know that without funding increases, major cuts in home care were inevitable. The government said no, and the result has been reductions in nursing, rehabilitation, and homemaking services.

Worse yet, the government has punished the CCAC boards for their public advocacy with legislation that will replace elected representatives with government-appointed boards. The Tories have not only cut health services to another vulnerable group, but robbed them of an supportive voice.

The Harris government has justified their behaviour by giving the misleading impression that health spending is out of control. Ignoring cuts in spending in their first years in office, they comment only on the catch-up spending of the last three years. They note increases in the percentage of the provincial budget going to health, ignoring that cuts in education and social services, rather than increases in health spending, are responsible. They neglect to mention that, over the last decade, spending on health has grown more slowly than the rest of the economy. Above all, they persist in putting a higher priority on tax cuts than on public health services.

A real one-tier advocate would acknowledge the mistake of focussing on tax cuts. Instead, the Tories should have ensured that no Ontario citizen, rich or poor, has to wait for an MRI that is available for a rich person's pet. Or do without home care, or needed prescription drugs. Without that acknowledgement, the other candidates may just be doing a better job than Ernie Eves of hiding their lack of support for equitable health care.