

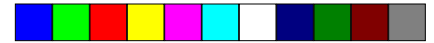


Putting Health First:
Canadian Health Care Reform
in a *Globalizing World*

Edited by Matt Sanger & Scott Sinclair



Canadian Centre for Policy Alternatives
2004



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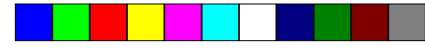


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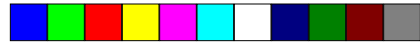
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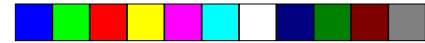
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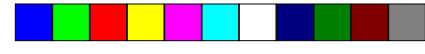


A number of distinguished experts reviewed and offered comments on drafts of the first three sections of this volume. As well as responding to our demands on very short notice, many generously provided copies of their own work. The authors of these reports are indebted to: Obijiofor Aginam (Carleton University), Hugh Armstrong (Carleton University), Patricia Baranek (Health policy and research consultant, Toronto), Nick Drager (World Health Organization, Geneva), Ross Duncan (Health Canada), Richard Elliot (AIDS/HIV Legal Network, Toronto), Robert Howse (University of Michigan), Andrew Jackson (formerly of the Canadian Council for Social Development), Jon R. Johnson (Goodmans LLP, Toronto), Tom Kent (former Policy Secretary to Prime Minister Lester Pearson), Debra Lipson (formerly with the Pan-American Health Organization, Washington), and Dr. James Orbinski (Médecins sans frontières/Munk Centre for International Studies). We are also grateful to David Fidler (University of Indiana) who generously shared his publications.



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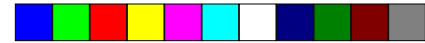
Preface

This collection brings together research reports prepared for the Romanow Commission to address different aspects of globalization and its consequences for the Canadian health care system.

Early in its work, the Commission (formally known as the Commission on the Future of Health Care in Canada) identified globalization and health as one of three major emerging issues that required in-depth study.¹ The relevance of international forces to the integrity of Canada's health care system was made clear by the SARS crisis after the Romanow report was released. This and other experiences — including the impact of intellectual property rules in international trade treaties on the cost of drugs both in Canada and the developing world and the inequities that are widened by health authorities in Canada and other wealthy countries recruiting physicians, nurses and other health professionals from developing countries — remind us that the health of Canadians continues to be inextricably linked with the well-being of humanity worldwide.

If sponsoring research on globalization and health was a far-sighted decision, it was also a bold move by the Romanow Commission. The area was seen by many within the federal government as a lightning rod that was better avoided, particularly by a high-profile national Commission. The implications of international trade rules for Canadian health policy has been a controversial issue since the negotiation of the Canada-US Free Trade Agreement. While some government officials and trade lawyers privately acknowledged weaknesses in the relevant safeguards, the official Government of Canada position was, and remains, that our health and social policies are fully protected





within NAFTA and the WTO agreements. There is no issue here, they maintained; critics of Canadian trade policy are simply misguided and ill-informed.

Rather than take the safe route and avoid adding a politically sensitive issue to its already charged mandate, the Commission listened to a group of experts and invited proposals for research on globalization and health. The winning consortium was led by the CCPA and included 19 researchers from 13 organizations, including non-profit organizations, a union, a law firm and university research institutes (members are listed in Appendix 1).

Our work program focused closely on international trade agreements and their implications for domestic health care policy, particularly the health reforms that were the central preoccupation of the Romanow Commission. This is the focus of the third section of this collection. We also recognized that in an increasingly interconnected world Canadians have a dual interest in the health of others. We have a moral stake in promoting Canadian values abroad; and for our own security we have an interest in preventing international disease outbreaks. This perspective led to us to consider health as a dimension of Canadian trade, aid and foreign policies, which is the focus of section two. The findings of these two reports were integrated and elaborated in our summary report, which is the first section of this collection.

An essential part of our work was to engage with policy makers and experts, to test our analysis and to help us develop viable recommendations for federal government action that could be taken up by the Commission. A number of recognized experts in the field were consulted both at a roundtable discussion with members of the consortium and through written communication (see Appendix 2).

Among the experts consulted was Jon Johnson, who is one of Canada's foremost international trade lawyers. He is also the author of a separate report for the Commission, which is included as section 4 in this collection. There are many areas of agreement with the analysis prepared by the CCPA consortium, most crucially on the significance of the NAFTA investment rules for health care policy.

Our efforts in this research were rewarded in the report of the Romanow Commission, which includes a chapter on health care and globalization that reflects many of the conclusions advanced in our

summary report. The Commission made four recommendations for the federal government:

- act to prevent potential trade challenges to Canada's health care system (recommendation 44);
- build alliances with other countries to ensure that future trade agreements and other international treaties explicitly allow for maintaining and expanding publicly insured, financed and delivered health care (recommendation 45);
- direct foreign aid and development programs to strengthening health care systems in developing nations (recommendation 46); and
- reduce Canada's reliance on recruiting health care professionals from developing countries (recommendation 47).

The reports in this volume are based on the conviction that the actions of Canadians, in particular our collective actions through our elected governments, should—and can—influence events so as to improve the health and well-being of Canadians and of citizens around the world. They share a common concern that if the underlying conflicts between Canadians' health care priorities and the commercial interests promoted in the most recent trade treaties are not addressed, the nation's health care system will come under increasing strain and the options for reform will be seriously diminished. The basic message, however, is hopeful – that, despite the challenges posed by globalization and trade treaties, that Medicare can be sustained and strengthened for future generations of Canadians and as a model for others around the globe.

Endnotes

- ¹ The three “consortia reports” were: *Globalization and Health* (Principal Investigator: Bruce Campbell, Canadian Centre for Policy Alternatives); *Health Human Resources* (Principal Investigator: Cathy Fooks, Health Network, Canadian Policy Research Networks) and *Fiscal Federalism and Health* (Principal Investigator: Harvey Lazar, Intergovernmental Relations, Queen's University). All three final reports are available at <http://www.hc-sc.gc.ca/english/care/romanow/hcc0391.html>.