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Privatizing health care goal of elite: coalition

Mike Zettel
Dec 6, 2006

ST. CATHARINES -- The perception Canada's health-care system is unsustainable and must be radically overhauled is wrong-headed, and is being promoted by elite interests who want to profit from its privatization, said speakers at a town hall meeting Nov. 28 night.

The discussion, part of a nationwide tour organized by the Canadian Health Coalition to sound the alarm about threats to the public health-care system, attracted an audience of about 20 people to the Russell Avenue Community Centre.

One of the speakers, CHC coordinator Michael McBane, had just arrived from Sioux Lookout and had to leave immediately after to catch a plane to his next stop. He said any discussion on the state of health care in Canada needs to take history into account. With a chart showing U.S. and Canadian health statistics now and 35 years ago when public health care came into existence, McBane said areas where we were comparable with our southern neighbour then are better in Canada now.

"I would say our system works exceedingly well," he said.

So why is there such a common view health care is broken in Canada? McBane said it's because of the myths, or lies, as he called them, which are endlessly being repeated in a concerted effort to convince the public to accept privatization.

He said the unsustainability argument, the most common myth, falls apart when viewing statistics showing health-care spending has remained stable at four per cent of GDP. Another, that privatization is a solution, is also false, he said, as evidenced to the rising cost of prescriptions, the part of health care not fully under the public realm. Other myths are it doesn't matter who delivers health care and that two-tier systems reduce wait times by taking pressure off the public side.

McBane also warned the audience of code words, often used by politicians, which disguise the intent to privatize health care. These include: innovation, experimentation, flexibility, choice, partnership and modernization.

Terry Wade, a professor of community health services at Brock, said Canadians have always been told public health care is in crisis, from the time doctors protested against its formation under the leadership of Tommy Douglas.

Talk that people who can afford to buy health care should be able to indirectly puts a value on



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Brock pastor George Addison, Canadian Health Coalition coordinator Michael McBane and Eduardo Sousa, regional organizer for the Council of Canadians, take questions from the audience at a town hall meeting about health care privatization Tuesday night.

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people's lives, he said, and in effect states some people are worth more than others.

"Is medicare a commodity, something to be bought, or is it something we consider to be a right?" he asked.

Eduardo Sousa, regional organizer for the Council of Canadians, spoke of the local effects of health-care reforms, particularly the Local Health Integration Networks (LHINs) now being formed. Niagara's "local" network, he said, includes Hamilton, Haldimand and Brant, and has unprecedented powers to make significant changes to how health care is delivered, such as relocating services and personnel. The system does not need a radical overhaul, but incremental improvements, he said.

"Restructuring on this scale is precisely the last thing we need," Sousa said.

Rev. George Addison, a chaplain at Brock, walked the audience through a history of 20th century progressive politics, pointing out that as far back as the early 1900s, socially-progressive groups have been demanding health care as a basic right, and it has been the same monied interests fighting them every step of the way.

While the message sounded somewhat bleak to those in the room, who were, admittedly part of the same choir, the speakers insisted there have been small victories, mainly in the form of slowing down plans by governments, which violate the Canadian Health Act.

Here in St. Catharines and Niagara, where the new hospital is to be built using what is called alternative financing procurement, the audience was reminded they don't have to accept this creeping form of privatization, especially considering a plebiscite held last year indicated majority support for a fully public hospital.

The audience was left with a plea to not give up and to continue pressuring local politicians who will be making important decisions about health care in the coming year.



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