

Do you support expanding our health care system to cover prescription drugs? ☐ Yes ☐ No
Do you support harm reduction strategies to fight the opioid crisis? ☐ Yes ☐ No
Do you think more needs to be done to help patients with Lyme disease? ☐ Yes ☐ No

☐ Please sign me up to the *Parliamentary Week in Review* e-newsletter.

Name _____ Address _____
Postal code _____ Email address _____

Your comments

I WANT TO HEAR
FROM YOU!

Name _____
Address _____
Telephone _____
Email _____



Specific health care concerns

As an MP, I hear from many groups advocating for help for a specific illness. The pleas for help are all real. We need more research into a myriad of medical conditions – many of which are increasing in incidence while also confounding the researchers as to the trigger, the cause and the treatment.

Every year, I meet with representatives advocating for more research and help for ALS, Multiple Sclerosis, cancers of all kinds, heart disease, diabetes, and rare diseases. Those with hard to diagnose issues can be misdiagnosed, complicating recovery. Lyme disease patients are often misdiagnosed as having MS. Those with chronic illnesses such as fibromyalgia can be misdiagnosed as having Myalgic Encephalomyelitis (what used to be called 'chronic fatigue syndrome.')

Often, what is most needed is better supports for families and a recognition that our health care system is failing people with treatable diseases. For example, families with children diagnosed with Type 1 Diabetes (what we used to call juvenile diabetes) have many extra expenses not covered by the health care system. The pipettes to test blood sugar, for example, add serious stress. The added costs can be significant. Many parents are up through the night to monitor their children's blood sugar. The exhaustion and lack of supports can result in a family experiencing shared stress, which itself is a threat to health. Fundraising for better treatments for both Type 1 and Type 2 Diabetes are urgently needed. Statistics Canada lists diabetes as the seventh leading cause of death in Canada, but that figure belies a key issue. The top three causes – cancer, heart disease and stroke – are all linked to diabetes in that diabetes is a key contributor to developing the top three. Still, as much as research can help, I frequently meet with parents who want help now, given what we know now.

So too are parents of children with autism wanting government to cover proven therapies for their children within the health care system. Behavioural treatment can make all the difference in the world to a functioning and contributing member of our society. Children with autism become adults with autism and should be entitled to treatments through the health care system.

I met recently with local parents of children affected by vanishingly rare syndromes that are totally debilitating. Some families go for many years before getting a diagnosis. Often the conditions are the result of a genetic variation. And once they have a diagnosis, they often still have no proven treatment options.

The Rare Disease Foundation advocates for people of all ages, but the parents of the very young are in need of better supports. While this is largely provincial jurisdiction, the commonalities of the issues facing families of those dealing with a range of illnesses suggests to me a broader, systemic improvement is needed to our health care system for people with illnesses that for various reasons fall through the cracks.

January 2019 Community Meetings

Saturna Island
Thursday, January 10
7:00—8:30pm
Saturna Island Community Hall
109 East Point Road

Galiano Island
Friday, January 11
6:30—8:00pm
Galiano Community Hall
141 Sturdies Bay Road

Saanich
Saturday, January 12
7:00—8:30pm
Saanich Commonwealth Place
4636 Elk Lake Drive

Mayne Island
Tuesday, January 15
7:00—8:30pm
Mayne Island Community Centre
493 Felix Jack Road

Salt Spring Island
Thursday, January 17
5:30—7:00pm
Multipurpose Room
Gulf Islands Secondary School
232 Rainbow Road

Pender Island
Friday, January 18
7:00—8:30pm
Pender Island Community Hall
4418 Bedwell Harbour Road

North Saanich & Sidney
Saturday, January 19
6:00—7:30pm
Bodine Family Hall
Mary Winspear Centre
2243 Beacon Avenue

Saanich
Friday, January 25
7:00—8:30pm
Reynolds Secondary School Theatre
3963 Borden Street

Central Saanich
Saturday, January 26
7:00—8:30pm
Brentwood Bay Community Club
7082 Wallace Drive



Elizabeth May
Your Member of Parliament in Saanich–Gulf Islands

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Along with MLA Adam Olsen, meeting with constituents on Piers Island in October 2018

TABLE OF CONTENTS

Introduction	1
Getting more doctors to work	2
Climate change is a health issue	2
Pharmacare	3
Local initiatives for improving health care in small communities	3
The opioid crisis strikes close to home	4
Specific health care concerns.....	5
January 2019 Community Meetings	6

Introduction

From community meetings and going door-to-door to touch base with constituents, it is clear to me that the state of our health care system is very much a pressing issue.

Many of my constituents do not have a family doctor, and those who do are worried that their doctor may retire and leave them dependent on walk-in clinics and hospital emergency rooms instead of the familiar face they know.

At the same time, concern is growing about the cost of prescription drugs, the lack of a seniors strategy at the federal level, the opioid crisis, mental health issues, the growing cancer rate, and diseases spreading as a result of the climate crisis.

As your MP, I am keenly aware of the challenges. We are very fortunate as a society that we have universal health care. The evidence is overwhelming that

Canada's single payer public health care system delivers better health outcomes at much lower cost than the model of private, for-profit health care south of the border.

But that is not to say our system is not without serious gaps and challenges. Part of the problem is that the delivery of health care is provincial jurisdiction, while the guarantee of health care for everyone falls under the federal Canada Health Act. Federal transfer payments pay for much of our health care, but it is the provinces that make key decisions.

In this newsletter, I will try to provide updates on some of these issues, focusing on innovative solutions.

Elizabeth May

Getting more doctors to work

In the early 1990s, when Paul Martin was our Minister of Finance, he had his work cut out for him in slaying the deficit. I like and respect Paul Martin, but those cuts did serious damage that remain to this day. For the first time, student loans had interest payments attached. Serious cuts to CBC, VIA Rail, the National Film Board (NFB), and so on were never reversed. But it was the health care system that suffered the most. We lost 20% of our hospital beds as hospitals across the country were shut down. Many were demolished. The supply of doctors was restricted by reducing the number of medical students; and the supply of nurses was reduced the same way. We choked supply of health care professionals and cut our hospital beds in a grand experiment.

A friend of mine once asked Paul Martin how he felt about the pain of the cuts. He said he had to adopt the attitude of a bomber pilot. The mission was essential. He could not afford to think of the impact on the ground.

It turns out, this experiment was not Paul Martin's idea. It was a domestic Structural Adjustment Plan dictated to the Government of Canada by the International Monetary Fund (IMF). All the measures I cite above—student loans, CBC, VIA Rail, NFB and shutting down hospitals—were in the IMF list of demands. The World Health Organization (WHO) studied the Canadian health care experiment. We are the only industrialized country to voluntarily sabotage our health care system with the goal of cutting costs.

No surprise to Canadians who lived through it: the WHO found the reduction in hospital beds and health care professionals did not cut costs. They raised costs. Instead of treating people with chronic treatable illnesses, their treatment was postponed until it became catastrophic. Ever since, we have been trying to bring back the number of doctors and the number of hospital beds. *(Source: Dressel, Holly, Who Killed the Queen? The Story of a Community Hospital, McGill-Queens University Press, 2008)*

So now, we are supposed to be bringing back doctors, but we are

sabotaging the effort in numerous ways. One is the constriction on placements for new doctors. The Canadian Federation of Medical Students is campaigning on this issue. This year over 100 new medical students, recently graduated from Canadian universities, were unable to find residencies in Canadian hospitals. The gap is growing. In 2009, only 11 graduates could not be matched for a residency; by 2021, it is projected to be 140.

I had a chance conversation at the Saanich Fair over the Labour Day weekend that expanded the degree of the problem. The figures cited above omit the numbers of Canadian citizens who graduate from off-shore medical schools. The future doctor who stopped to speak with me had hundreds of thousands of dollars in student loans, having recently graduated from medical school in Dublin. She really wanted to be one of our doctors, living and working where she grew up, here in Saanich-Gulf Islands. But she needed to get a residency. She explained her only route to getting back home to practice medicine was to head to the United States. There was no chance of getting a residency in Canada.

We need to ensure Canadian medical students have an on-ramp to become Canadian doctors. This is a classic area of mixed jurisdiction between provincial and federal governments, with a large measure of responsibility for action on the medical community itself. I am supporting the Canadian Federation of Medical Students' three step action plan:

- For federal-provincial-territorial governments to create and fund residency positions for 120 Canadian residencies for every 100 Canadian medical graduates.
- Commit to a Pan-Canadian strategy for effective and socially-responsible physician and health workforce resource planning that is evidence based and transparent to both medical trainees and the public.
- Put this issue of a crisis in residency positions on the agenda for the next Health Ministers meeting.

Climate Change is a health issue

Many in our area are suffering the effects of the tick-borne illness, Lyme disease. The warnings of scientists have been clear that vector-borne diseases, including Lyme disease, will increase if we fail to address the climate crisis. In the case of Lyme disease, we have a national epidemic.

The law to create a Federal Lyme Disease Framework was one I drafted and successfully got passed through Parliament in 2016. Unfortunately, even with the passage of my bill, there is still an unacceptable gap in diagnosing and treating Lyme disease. We need to press the medical community to take up the challenge of training far more Lyme-literate physicians. No Canadian should have to go to the United States to seek treatment for Lyme.

But Lyme disease is not the only health threat slated to increase due to climate change. The recent Intergovernmental Panel on Climate Change (IPCC) report warned that failing to reach Paris targets would cause an increase in malaria and dengue fever, as well as a shift northward in the geographic range of those diseases. The IPCC report also warned of an increased number of extreme heat waves. Globally and within Canada, extreme heat is forecast to kill far more people with every coming year. The impact on our respiratory health from

increasing forest fires is something I do not need to explain to residents of southern Vancouver Island. We have been experiencing it.

One aspect of climate change that I had never even considered was the gap in our health care system in coping with new climate extremes. I learned about it from Robert LePage, a professional engineer in Victoria. He was part of a team commissioned to examine the climate vulnerability of the Nanaimo General Hospital. Their report concluded that our existing hospital infrastructure “is already unable to meet current climate loads.” Due to forest fires and smoke blanketing our area, this summer on some days in Victoria, we had air quality that was as bad as Beijing. That can lead to cancelled surgeries, as the hospitals cannot provide sufficient fresh air inside operating theatres.

One surprising health challenge from heat waves is that our hospitals were not designed to handle the air conditioning requirements to stay within an acceptable range of temperatures for patients. Without a massive investment in adapting our hospitals to higher temperatures and other climate extremes, our health care system can be further compromised.

Pharmacare

The fastest rising component of our health care system is prescription drugs. Canada is the only country in the world with universal health care that does not provide universal drug coverage. The landmark 2015 report, Pharmacare 2020, produced by top researchers from University of British Columbia, University of Toronto, Harvard University, University of Sydney and York confirm that a national pharmacare programme will save Canadians at least \$4 billion and potentially \$11 billion/year. One example, in New Zealand, a country with pharmacare, an annual supply of Lipitor is \$15. The same drug in Canada costs \$811/year!

Essentially, the world's largest pharmaceutical companies can charge whatever they want for prescription drugs. These companies claim that their exorbitant profits are necessary to recoup their investment in research, but empirical reviews demonstrate that most new products are merely tweaks on existing products.

In order to keep health care spending from continuing to skyrocket, we must find a way to control the cost of drugs. Currently, 20% of our health care budget is spent on pharmaceuticals – and this is the area of health care in which costs are rising most quickly.

Pharmaceutical use must be more rigorously assessed on an evidence-based approach. Used as directed, it is estimated that prescription drug use leads to 150,000 deaths every year in North America. Health Canada has not performed adequately in assessing risks. Canada only recently established a law (Vanessa's Law under the previous Conservative government) to require mandatory reporting of side-effects from prescribed drugs. Far too often, conflict of interest in the relationship between those who advise government agencies, and even physicians who accept trips and promotions from the pharmaceutical industry, can influence decisions. There are two and a half drug sales representatives for every physician in Canada.

Getting a handle on the use of prescription drugs can both save lives and cut costs.

The best way to accomplish both life-saving and cost-cutting goals is through a universal Pharmacare program, a bulk drug purchasing agency, and make new drug patent protection times shorter. This national agency would follow the principles of the gold standard for evidence-based assessment of the risks and benefits of pharmaceuticals – the Therapeutics Initiative (TI) at the University of British Columbia. It is critical that no conflict of interest corrupts the drug assessment process. Drugs showing a greater harmful effect versus beneficial effect will not be part of a national Pharmacare program. The TI approach identified Vioxx as such a drug, when Health Canada missed the risks. It is estimated that the TI assessment, and the willingness of the British Columbia Health Department to accept that advice, saved 500 lives in BC. Advice to physicians from TI saved the provincial health care system approximately \$700 million/year. These kinds of savings – in lives and health care costs – must be pursued across Canada.

By bulk buying prescription drugs, based on a strong evidence-based assessment, costs will come down for the provincial delivery of health care.

As well, we used to have a successful generic drug market in Canada, but changes to the patent laws have almost wiped it out. The newly negotiated NAFTA—the USMCA—actually moves us backward in this regard. As patents for a number of commonly prescribed drugs are set to expire in the near future, this presents a great opportunity for the government to step in and provide less expensive generic drugs. The Canadian Diabetes Association is right that no Canadian should spend more than 3% of their total income after tax earnings on necessary prescribed medications and other treatments.

Health is about more than 'health care'. Prevention is as important. Cancer rates continue to increase. Hundreds of chemicals used in our everyday life carry risks of increased cancer, infertility, learning disabilities and other intellectual impairment, and damage to the immune system. There are less toxic substitutes for these products, but industry lobbies to maintain their registration and legal use, drowning out the voices of concerned health professionals and families concerned about the risks.

Local initiatives for improving health care in small communities—Salt Spring Community Health Society

Due to the geography of this region, health care service providers can have difficulties with providing services in small communities. Gulf Island residents don't have easy access to all of the health care services available to residents on the Saanich Peninsula.

The Gulf Islands have had to be innovative to ensure continued access to the services that they require.

In the case of Salt Spring Island, the Salt Spring Community Health Society (SSCHS) was formed to promote health by providing the residents of the Salt Spring Island community with access to a full range of health services. This may include the development of a multi-disciplinary health care centre. The SSCHS has spent its first year studying the successful community health efforts on other Gulf Islands as well as in other regions of Canada. Salt Spring is currently serviced by private practice physicians and a small Island Health Authority hospital. The hospital also provides outpatient services from an emergency department staffed by the same private practice physicians.

The opioid crisis strikes close to home

The opioid crisis is a major health threat, killing 3,987 Canadians last year and 1,036 in only the first three months of 2018.

Canada has a particularly high rate of opioid addiction, as the population with the second highest rate of prescription opioids in the world. It was in the 1990s that the drug manufacturers marketed the drug Oxycontin as a great pain reliever, with a low risk of addiction. It was true that a prescription opioid (such as Oxycontin) is 1.5 to two times more potent in relieving pain than morphine.

It was completely untrue to claim it was not addictive. It was far more addictive than other prescription pain killers. According to testimony to the Parliamentary Health Committee from Dr. David Juurlink of Sunnybrook Health Science Centre, approximately ten percent of those prescribed Oxycontin by their doctor became addicted. Without access to a continual supply of Oxycontin, many Canadians turned to street drugs to feed their addiction. The tendency in media coverage is to focus on areas like the Downtown East Side of Vancouver. The loss of life in our inner cities has been tragic, but the truth is the opioid crisis can strike anywhere.

Quite a number of my constituents have lost loved ones due to the poisoning of illicit drugs with a powerful and hugely toxic drug, fentanyl. One of the most effective advocacy groups working to find solutions to the crisis was co-founded by a grief-stricken mother from Pender Island. Leslie McBain lost her son Jordan due to an addiction that was created by his doctor's prescription. She and Jordan's father had supported him in a private rehabilitation programme, but one that failed him utterly. Devastated by the loss, Leslie reached out to other parents who had suffered the same shocking loss. Meeting with two Edmonton area moms, Lorna Thomas and Petra Schulz, the three of them started working together in 2015. In 2016, they founded a national network of families touched by what they call the “ongoing drug poisoning crisis.” Moms Stop the Harm has grown to a network of several hundred families across Canada. Leslie, Lorna and Petra are hugely respected by experts in the field – and by politicians of all stripes.

What I have learned from Moms Stop the Harm is that describing deaths in the current crisis as being ‘overdoses’ is frequently simply wrong. The people who are dying have consumed a product that was poisoned by trace amounts of the cheap opioid Fentanyl. Fentanyl is extremely powerful – 100 times more potent than morphine. Even minute quantities can kill. It is primarily entering Canada through an illicit trade from China.

Fighting the opioid crisis begins by recognizing it is primarily a health crisis, and not a criminal matter. Responding to it, governments have moved toward more of a harm reduction model, in which people can go to a safe injection site and have their drug tested for fentanyl contamination. Many first responders have been exhausting themselves racing to save lives. The drug Naxolone is an effective antidote to fentanyl poisoning. Many more people need to have confidence and access to Naxolone training to be able to save lives.

Ultimately, I believe we need to recognize that as long as fentanyl is contaminating the supply of drugs, we must decriminalize and regulate them so that full testing can take place. We must prevent more poisoning deaths. It should be seen as a temporary measure to ensure that thousands more Canadians do not die.



Meeting a young constituent with the Greater Victoria Public Library's Summer Reading Program

NO
POSTAGE
REQUIRED

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