LIFE AS A PERSONAL CARE WORKER – ONE CONSTITUENT'S STORY

I meet with many people from all walks of life as your MP. I try to help people with issues from their pensions to passports, from immigration to taxes. More often than I would like, there is nothing I can do. Often that is because the issues raised have no connection with the federal government or federal parliament, where I work for you.

A recent conversation really affected me. I thought, if nothing else, I can share this story with residents of Saanich-Gulf Islands in this newsletter. At least this constituent will know she was heard.

Haben, (I will not use her real name), moved here decades ago from Eritrea. She has worked for many years as a personal care giver. She describes it as "the least valued" work in Canada. Yet, I know how many of us do value the work. We saw through COVID-19 how critical these jobs are as front-line health care workers. The work is really hard physically due to heavy work in helping and lifting patients. It is not well paid.

Haben told me that she often gets assigned to stay in a home, caring for someone who may be sick or dying. A 21-hour shift is not uncommon, but the worker is only paid for 13.3 hours of that time. The assumption is that the personal care worker has slept at least seven hours of that time. But Haben says sleep is frequently interrupted by care giving. Typically, workers in BC nursing homes or sent to private homes are paid $18/hour. That is higher than BC's minimum wage of $15.65/hour, but this is skilled work in caring for the elderly, frail or ill. After ten years work her pay was increased to $22.50/hour.

These workers are not unionized. They feel that their situation is hopeless in trying to make ends meet. The average annual salary earned by a personal care worker in Canada is $37,050/year.

I hope those of us who value their work will let them know. I hope we might raise the issue with the large personal care corporations and ask for raises for the workers. Think about doing more to support workers taking care of loved ones. Even offering gas money will make a difference.

This is part of our health care system. It is not given the attention it deserves. ■

PRIVATE CLINICS GROWING EXPONENTIALLY

A recent story in the Vancouver Sun presented some pretty worrying statistics. (Daphne Bramham: Corporate ownership of medical clinics raises worries, including privacy *Opinion: It may be too late for governments to regulate this quiet takeover of a key health-care sector*, Vancouver Sun, February 21 2023)

Private sector medical services are popping up in some familiar places – from the local Pharmasave to Telus to Walmart. Veteran reporter Daphne Bramham found that British Columbia now has 516 walk-in clinics. Not surprising as we search for available doctors when we have no family doctor of our own. But, shockingly, one in five of those clinics is run by a "non-physician corporation."

These 97 non-physician corporations are all private sector and operating for profit. The list includes Jack Nathan Health, Primacy Management and the multinational Well Health. Their profits will increase as at least 27 of them have applied for provincial government health dollars intended to help medical clinics.

You may recall the BC government announcing $118-million for a stabilization fund for primary care clinics. It was money to help physicians with costs of their administration. It was not for operators like Jack Nathan Health, now employing thousands of doctors in three countries – mostly located in Walmarts. It seems the provincial government is allowing these corporations to gallop through the loopholes, further eroding funding for our public health care system.

Braham interviewed experts like Dr. Sheryl Spithoff from University of Toronto. She warns that pharmaceutical companies are buying the personal information of people using for-profit clinics.

"Since many Canadian pharmacies, and an increasing number of medical clinics and virtual care platforms, are owned by large corporations, internal research and development could include very broad uses, such as the development of commercial marketing tools," Spithoff and her collaborators reported last year in the Canadian Medical Association Journal.

This provincial government that claims a political pedigree related to national hero T.C. Douglas needs to hear from British Columbians that our health care must be protected in doctors offices, clinics and hospitals – not at Walmart. ■

THE HISTORY OF PUBLIC HEALTH CARE IN CANADA

It was a fight to establish public health care in Canada. Canadians know some of the history, but I am always amazed how little of it we really know. Thanks to my long friendship, more like an adopted daughter, of one of the Saskatchewan government civil service who fought for health care, I know details that I cannot find in a "Heritage Minute" or Wikipedia.

Jim MacNeill played a huge role in my life. He had been the Secretary-General of the Brundtland Commission, the World Commission on Environment and Development (WCED). It was the WCED that produced the landmark 1987 report "Our Common Future." Jim was the primary author although he never took the credit for writing an international best seller. He helped and advised me in myriad ways over the years, including suggesting me for the Earth Charter Commission where I had the honour of working with Maurice Strong and Mikhail Gorbechev.

Jim was from Saskatchewan and after gaining degrees in Sweden, his mother's homeland, he returned to Canada. In his early twenties, Jim was hired in the planning department of the Tommy Douglas government. In telling me stories of those times, he always referred to the premier as "T.C." He rose through the ranks of the civil service serving that remarkable premier. By 1960, he reported directly to T.C. Douglas. But Jim's work in energy and natural resources was not the premier's top priority. That year after more than a decade in government, Tommy Douglas had his sites set on getting universal, accessible, public and free health care to all. And it was a battle.

This account is from Jim's as yet unpublished memoire:

"In October 1961, following a period of near paralysis and months of negotiations, Douglas called the Legislature into special session to approve the Saskatchewan Medical Care Insurance Act. It received Royal assent on November 17 and the Medical Care Insurance Commission responsible for administering the Act was established in January 1962. This was followed by a further six months of conflict between the government and the small but powerful private body, College of Physicians and Surgeons, backed again by the American Medical Association (the AMA). The government insisted on publicly supported and administered universal medical care with the government as the single payer; the doctors were adamant that medical care should remain entirely private and that, if the government insisted on universal coverage, costs should be covered with by public subsidies with no restrictions whatsoever on what doctors charged for their services. In April, the Government entered into talks with the doctors and during the next two months the province went through one of the most politically disruptive periods in its history. The medical profession organized a Keep Our Doctors movement and supported by its allies conducted a well-oiled fear and smear campaign against the government and its leadership. Both sides refused to budge and on July 1, 1962 the doctors withdrew their services."

That famous Saskatchewan doctors' strike was brutal. It lasted only 23 days, but those days were emotional and the toll was high. To protect the health of its citizens, the Saskatchewan government asked for doctors from around the world to come to their aid. Most of those doctors came from the United Kingdom. When the British doctors arrived, the Saskatchewan doctors denied them hospital privileges. Surgeries were performed on kitchen tables. Some cabinet members had family members with health issues. One had a pregnant wife with complications. Some Saskatchewan residents lost family members. Some pregnant women died and public sentiment turned against the doctors.

They held their ground to get rid of private, for-profit health care. Canadians greatly value our health care system. Still, I don't think we recognize what a battle was fought to get it. In some ways that fight never really ended. Those who want for-profit private health care will never give up. ■

THE INCREASED THREAT OF PRIVATIZED HEALTH CARE

The threat of privatization has increased as COVID-19 exposed the frailties of the system. Too many people died in long-term care. Too many health care professionals – faced burn out. Too many emergency rooms closed for lack of staff.

To some the idea of two-tier health care is a solution. To health care policy experts, the idea of introducing for-profit health care violates the core principles of the Canada Health Act. The federal health care law was only possible thanks to the courage of the Saskatchewan government back in 1962.

The core principles of the Canada Health Act are:

"to protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers."

The core elements of the Canada Health Act are that health care is universal (meaning all Canadians have a right to health care), that there be "single payer" (only one source of dollars), be public and non-profit.

It is not hard to know that for profit health care costs more. Of course it does. Those operating the health care businesses need more money in order to make a profit.

In terms of health care results, Canada scores higher than the U.S. in terms of longevity. Canada does better than in terms of infant mortality.

Many people look at the UK and wonder why we would not follow their example and offer two-tier health care.

But Canada's health care system faces a risk that the UK system does not. That risk is due to the trade deals between Canada and the United States. What to Canadians is a sacred trust to care for each other, to the US private system, Canada's health care is a market.

The threat of a CUSMA (Canada United States Mexico trade deal; formerly known as NAFTA) challenge from the American for-profit health care industry cannot be over-estimated. Allowing for-profit health care would be the 'thin end of the wedge' that jeopardizes our entire health system. Based on the trade rules for 'national treatment,' as Canada allows increasing numbers of for-profit facilities, we run the risk of losing our entire universal single-payer system in a CUSMA challenge. We cannot take that risk. Fixing our health care system means protecting the core elements of universal single-payer health care. ■

ELIZABETH MAY WANTS TO HEAR FROM YOU!

Send me your comments, questions and concerns! If you are a constituent of Saanich-Gulf Islands, please email the Constituency Office at Elizabeth.May.C1A@parl.gc.ca OR mail the office on Parliament Hill: *229 Wellington Street Confederation Building, Room 349 Ottawa ON K1A 0H9*

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