



backgrounder

Canada's Medicare: It's All About Equality for Canadians with Disabilities

November 2002

A campaign to respect, restore and expand the equality of Canadians with disabilities

MOST NATIONS proclaim a passionate love of equality. And, most nations do little to prove it. Canada is not most nations.

One of our basic operating principles is to use public policy in unique and daring ways to ensure and promote practical, day-to-day, equality. Medicare was our best example. No one single public policy instrument ever did more to let us live up to our equality ideal.

But, as we desert and diminish Medicare we desert and diminish our commitment to equality for all. No one knows this better than Canadians with disabilities. Thus, the campaign to respect, restore and expand Medicare is, for them, not just about better medical care. It is also a campaign to respect, restore and expand the equality of Canadians with disabilities.

A giant step backwards

Statistics readily show us that it's the most vulnerable citizens of our society—people with disabilities and seniors—who benefit the most from our Medicare system. After all, they are less likely to have the financial resources to access the growing for-profit element of health care in Canada.

Since the inception of Medicare, Canadian society has become much more inclusive of, accessible to, and accepting of, people with various types of disabilities. However, the growing gaps and privatization of our Medicare system mean less access to health support services for seniors and people with disabilities and represents a step backwards in their struggle for equality.

This is seen mostly within the community and continuing care sector of our health system. The irony of this situation is that preservation and expansion of this sector of our public health system not only promotes equality, it makes good economic sense.

Politicians failed to provide adequate infrastructure and resources to community care

No money for the new model

The problem with respect to inadequate access to health support services in the community has existed for decades but reached a crisis point in the mid-1990s when provincial governments began to restructure health care in Canada. The health care buzz words of ‘*closer to home*’ health care and the ‘*continuing care model*’ of health care were to be heard in every jurisdiction across the country, giving rise to the closure of close to 300 hospitals and the elimination of thousands of acute care beds in the last decade.

Unfortunately, when it came to implementing a community-based health care model, our politicians failed to provide adequate infrastructure and resources to community care—the less expensive preventative side of our health care system. The result has created an overburdened Medicare system that provides less equal access for persons with disabilities and seniors.

Canada’s ability to promote equality should be measured by the degree to which our most vulnerable citizens can fully participate in all aspects of society. An important vehicle to achieve this is through the provision of a range of public services that supports the integration and participation of our disadvantaged citizens. Most of these services support and form a community-based health care system.

Paul Martin pulls the plug

Around the time that health care was being restructured across the country towards a community-based model of health care, our federal government, through its war on the deficit, cut back on its funding of health care and eliminated its funding for the many services that support a community-based health care system. The biggest single factor in this regard was the 1995 federal budget of former Finance Minister Paul Martin, which reduced federal funding for health care and eliminated an im-

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portant public policy instrument that promoted greater equality in Canada—the Canada Assistance Plan (CAP). CAP would have also gone a long way in providing financial resources to support a community care model of health within Canada.

CAP was a federal/provincial fiscal arrangement dating back to 1966 whereby the federal government provided provincial governments with fifty cents for every dollar they spent on community-based health and social services.

These federal ‘50¢ dollars’ provided provincial governments with a significant incentive to expand services and programs to allow our more vulnerable citizens, like people with disabilities to fully participate in the lives of their communities.

The support services funded under CAP included such programs as home care, homemaker services, attendant care and respite care. CAP also contributed to the costs of medical and assistive devices that allowed seniors and people with disabilities, to be integrated and fully participate in society.

These inexpensive people-oriented services not only improved their quality of life, they helped keep them out of long-term care institutions and/or hospitals. Without CAP funding and no recognition under the *Canada Health Act*, these services now lack stability and can be changed or eliminated at the drop of a hat. As a result, the real-life needs of many people with disabilities are being ignored.

A half-million short changed

It’s estimated that more than one million Canadians with disabilities need help with one or more everyday activities—but over half of those persons are not getting the help they need. There are many examples where provincial governments across the country have slashed, privatized, and/or downsized a range of serv-

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ices that would have greatly supported people with disabilities in overcoming barriers to participating fully in daily living, including economic and social activities.

Since the elimination of CAP, provincial governments have failed to provide adequate funding for the necessary support services to sustain a community-based health care system. Private expenditures on community-based services have increased by almost 200%. The increased demand for health support services has greatly outstripped the increases in public spending.

The elimination of CAP has affected the lives of persons with disabilities disproportionately to other Canadians. The loss of the national standards of CAP meant the loss of any assurance of access to many of the vital services they relied on for independent living in their communities.

CAP ensured that the sharing and caring values of Canadians formed a part of our country's overall prosperity.

CAP also provided a strong signal that the state had a collective responsibility for the associated costs related to an individual's disabilities.

The 'for-profit' sharks close in

This instability in funding for these vital support services has greatly attracted 'for-profit' interests and thus spread the growth of two-tier health care.

The growth of 'for-profit' private services in community health will always hit those with the lowest incomes hardest, resulting in less access to health care services for them, compared to those who can afford to pay directly for health care.

People with disabilities are disproportionately poor, and as a result their access to health services will decrease as a result of increased fees and privatization.

People with disabilities are being forced to rely more on the old 'charity' model of care

Choking on the cost of drugs

The same can be said about access to drugs that many people with disabilities need to ensure their health and well-being. As with health support services in the community, Canadians with disabilities need to have affordable access to drugs.

The spiraling costs of drugs as well as the de-listing of many drug therapies for people with disabilities by provincial governments, are undermining many of the advances that the disabled community has made in terms of independence, equality and full participation.

Drugs are the fastest growing single cost of our entire health care system.

While a majority of Canadian workers has access to drugs through private insurance, the same cannot be said for the majority of Canadians with disabilities. They don't have access to a private drug plan and are being denied proper access to drugs as a result of many provincial governments increasingly de-listing medications and introducing co-payment plans.

If we are committed to community-based care that promotes health, then we must have a national pharmacare plan. Such a program would not only ensure greater access and equality, it would provide an overall savings to Canada's health care system.

Welcome to the 17th century

For people with disabilities, the goals of Canada's Medicare system should be to ensure equality of opportunity, full participation, independent living, and economic self-sufficiency.

A health care system that increasingly relies on private financing results in the opposite—it creates unequal access. In fact, private sector involvement in our health care system only forces people with dis-

Our Medicare system needs to be revamped and strengthened with additional national standards

abilities to rely more on the old ‘charity’ model of care—a model that emphasizes dependence, segregation and transfers the costs of disabilities away from the state and towards families and charitable organizations.

The disability rights community strongly objects to this model as a throwback to the old British Poor Laws of the 1600s.

Three priorities to get us started

Canada’s Medicare system needs to be revamped and strengthened through the development of additional national standards that ensure it no longer discriminates against people with disabilities.

There are many essential health support services that are unavailable or unaffordable to thousands of Canadians with disabilities. While these necessary supports are diverse, the most widespread and acute needs relate to three areas:

- personal support services of all kinds (such as self-directed attendant care, home support services, sign language interpretation, communication supports, and support workers);
- assistive devices and supplies (such as mobility aids, hearing aids and other communication aids, incontinence supplies, home oxygen, etc.); and
- prescription drugs and related health needs (such as special diets).

A priority for improving our Medicare system should be a coordinated plan involving the Federal/Provincial/Territorial governments in each of these areas.

Such a plan must be developed in consultation with disability rights activists, to ensure that Canadians with disabilities are guaranteed these supports.

These principles are essential for cementing the link between equality, full participation and health care

Four fundamental principles

The fundamental principles that should form the basis for this type of plan are:

- Health support services made available to all Canadians regardless of type of disability, age or geographic location.
- Health support services provided on an equal basis to all, regardless of their residential or living arrangements. In particular, persons living independently or with families and other caregivers in the community should be eligible on an equal basis with persons living in residences and institutions.
- Health support services provided based on national standards applicable to Provinces and Territories, and be portable across jurisdictions.
- Access to health support services not restricted by user fees or co-payments.

These principles are essential for cementing the link between equality, full participation and health care. By incorporating home care, other health support services and Pharmacare into the Medicare system, the federal government could go a long way in promoting better health outcomes, greater equality and independence for Canadians with disabilities, and ensuring that our public universal health care system is accessible, sustainable and equitable.

*This paper was prepared by the
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