PROVINCIAL CONGRESS: "Working Together to Serve British Columbians Better"

Congress Transcripts

Morris J. Wosk Centre for Dialogue
Simon Fraser University, Vancouver, B.C.
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Overview

The Provincial Congress: "Working Together To Serve British Columbians Better" is the second in a series of four dialogues introduced in the February 12, 2002 Throne Speech. The Congress brings together all of British Columbia's members of the Legislative Assembly, Members of Parliament and Senators. The purpose of the Congress is to establish a common understanding of pressing issues in British Columbia so that all elected representatives can work together on a provincial agenda that will meet the needs of all constituents.

The second Congress was held on October 10, 2006 at Simon Fraser University in Vancouver. Mayors from the province's 15 largest cities, the presidents of the five regional municipal associations, the President of the Union of BC Municipalities, and Aboriginal leaders were invited to attend. The focus of this years' Congress was on health and health care in B.C.

The following report is the unedited morning and afternoon transcripts from the second Provincial Congress.

Morning Session

Welcome and Opening Remarks: The Honourable Gordon Campbell, Premier

Let me start by saying that we do in fact have a strong health care system in Canada. Despite the challenges we face on a day-to-day basis it does what it's there to do. In fact, there are many stories from patients from throughout British Columbia about the quality of care they receive from our doctors, our nurses, our physiotherapists, our care givers, and the job that they do. Our system has already been rated the best in the country by the Conference Board. Our income sensitive Fair Pharmacare Program is recognized across the country for its scope and its breadth. Cancer care in BC is recognized by practitioners and patients as one of the best models in Canada. If BC was an independent nation today, we would have the second highest life expectancy on the planet. That is significant in terms of the work that has been done over the last generation to provide the quality of health care that people see. However, we have also been told today that this next generation of children in British Columbia, may be the first generation that we will have watched the life expectancy dropped, or reduced. That calls us all to examine the system that we have today, to examine the way that we deliver services, to examine the way we live our lives, to see, if together, we can find a way to sustain, to improve and to assure that our health care system is there for our kids in a way that delivers them the quality of care that they deserve. I want to acknowledge the health care professionals on the front lines who deserve much of the credit for British Columbia's leadership. We have launched the "Conversation on Health" to encourage all British Columbians, those who are involved in the system and those who are not, to participate, to discuss, to recommend, to learn, and to listen to one another so that we can, as a province, set a course that will improve health care for the long term and that will assure that we have health care that is available today and improves tomorrow and next year. There are some pretty daunting facts that face us today. The costs for the quality of care that British Columbians want, expect and deserve are rising significantly. Since 2001/2002 our population has increased approximately 4%. Our health care costs and budget in that time, has increased almost 10 times that rate, and none of us are getting any younger. Within the next 25 years, the number of British Columbians over the age of 65 will almost double. Nearly one out of every four British Columbians will be over 65, including many who are

now doctors, nurses and other health care providers. It is important for us to remember in terms of the aging that is taking place, the demographics of aging, is that they are touching not just our patients and not just those who may benefit from the health system, but also for those who provide us with health services across the province. It is important to also recognize that 40 years ago, when the BC Medical Plan began, fewer than 1 in 10 British Columbians was over 65. Today, I have asked Patricia Baird, to come and she will talk to us about the impact of this shift. Those of us in our 50's, like myself, the per capita costs of health care, about $2,100 per person. I know that many of you in this room who wouldn't share this goal, but I want to be in my 70's one day. For those of us who will be in our 70's the average cost of health care today is about $5,700 a person. I actually had two great grandfathers, both of whom lived to be in their mid-90s. Surely with modern health technologies, techniques, and the incredibly health lifestyle I live, I can at least match their goal. So when you are in your 90's the average cost of health care is $22,000 a person. The fastest growing age cohort we have in British Columbia today, 85+. These are not surprises. They are what have been called, inevitable surprises. They require us to change, they require us to think and they require us to think ahead so that we can manage those shifts in a way that protects our health services for those who will follow and do it in a means that is affordable to those who will pay for our health services. This year our health care budget in British Columbia, will consume $12.8 billion. That is over 40% of the provincial budget. We have done some estimates and laid out the assumptions of those estimates quite clearly, but if we continue on that path, we could well see our health care consume over 70% of our provincial budget by 2017. That is just 11 years away. For those of us who remember 1995, 2017 is just as close as 1995. It feels to me that the years from 1995 to 2006 just went like that. They are going to go just as quickly as we go through the next 10 years as they did when we went through the last 10 years and that is why we are calling all citizens in BC to participate in this discussion in a way that is both meaningful and open and direct. Some have taken issue with the projection that health will consume over 70% of the budget. We present that as an illustration of what can happen if we don't act. Clearly it is not something that we want to happen, or that we intend to happen, but it simply would not be feasible for any government to devote 70% of its resources to one single service. Just think of this. If we actually got to 70% for health care, currently in BC about 27% of our budget is for education. That is 97%. That leaves 3% for policing, transportation, environmental restoration, for all the other array of services that we ask government to provide. The assumption of 70% is based on the spending growth

of 8% that we have seen. In fact last year we watched health grow at about 7.7% not including the additional dollars that were required in terms of our labour agreements. What is clear is that health spending is the fastest growing portion of government expenditures in BC and that is not just recent. Over the last 20 years we have seen Health Ministry spending almost quadruple. The demographic and other cost pressures that we face are only going to increase and that is going to be something that we all have to deal with. And the reason I think it is so important for this Congress to have a chance to discuss this is because, whether you are a First Nations leader, a federal MP, a local government leader, a provincial MLA, all of us will have to deal with that and we are going to have to work on ways that we can deal with it together.

Some have said, that really health spending hasn't changed as much as we would have liked because it has grown about the same rate as GDP. The percentage of GDP hasn't changed much in the last 20 years. Unfortunately that argument doesn't really hold water. GDP is not revenue and governments can't invest GDP. Not all of the sources of revenue rise and fall with GDP. To suggest that health spending can be maintained as a percentage of GDP as has happened so far is to suggest that the status quo is more than sufficient. I think most of us in this room understand that the status quo requires us to make changes. There are improvements that are needed and if there are improvements that are needed, that means that we are going to face some changes. The issues of sustainability in health care are not something that we have just thought up in BC by the way. It is not even exclusively a Canadian issue. The cost and demographic pressures being faced in BC are being are being faced around the world. The technological costs, the pharmaceutical costs, the demographic costs are something that most communities and most western nations certainly are facing today. We have better treatments, we have better technologies to offer our patients. And they do come at a higher cost. As our population ages we will be required to provide more of those treatments and technologies than ever before. That is the reason why the public health care debate has continued in Canada for almost a generation. It is a debate that we have to change. We have to change it by opening it up, by talking to one another. One of the most interesting characteristics of the "Conversation on Health" since we launched it almost 2 weeks ago, is how many people really don't want to have a full and open conversation. I can tell you that we do. I welcome all the voices who look for answers to this challenge. I welcome all the participation. I welcome people to learn, to read, and discover new things about

health care that will help us deal with this. Health care is not just about treating the sick. Health care is about improving our quality of life. Health care is about preventing the needs for a health care system. We tend to focus on hospitals and those sorts of activities. We believe that we can do better than that, but we need help to do that. It won't be something that a government can legislate and say "we have decided that people will now do XYZ." The community, the whole population has got to start to get involved in this discussion and change some of our behaviours. In fact our habits lock us into the past. And our habits are locking us into some pretty dismal trends in terms of healthy living, in terms of health costs, in terms of other government services that we will be able to provide. One of the things that we have done is we have encouraged people to be part of this conversation through registering on a website. You can call and phone and register that way to participate in what we call regional forums. Regional forums are aimed at randomly selecting citizens who are interested in coming to talk about some of the challenges that we face. How do we achieve our goals and objectives together? How do we open up this system so that people can in fact be part of the solution by sharing information with them, by showing them the various activities that have taken place and that have improved the quality of health care in different parts of the province and parts of the country. I would encourage each of you, as MLAs, and MPs and Senators, to encourage your constituents to participate in this conversation as well. It is through their voices and through your voices that we will find the answers that we are looking for and at least map out a path to the future that will not just improve health care today, but sustain it for the long term.

We will be providing you with information with regard to how you can register yourself, how you can get your constituents registered so they can participate fully. When you go on the website, it is interesting to see some of the comments that people have made. Whether it is Paul from Vancouver who says, "medically necessary services should be 'based on the degree of pain, discomfort and inability to lead a normal life.'" Or Christine from Kamloops whose short post on the website says, "I just wanted to participate and read the thoughts of others." We are seeing British Columbians seize this opportunities. 100s have registered so far and we are hoping for 100s more in the days and months ahead. People want to be involved in these decisions. They want to talk about them and they want to be part of finding the solution with all of us and I encourage them to do that. We expect to see the initial interest continue to build and the diversity of ideas continue to expand as we hold the regional forums of citizens around

the province. As we carry out this conversation, I want to stress that we won't be downing tools on health care. We will continue working with health care providers and health care authorities to improve services across BC. Just the other day we opened a $32 million expansion to the East Kootenay Regional Hospital. The new 11 storey ambulatory care centre in Vancouver will open this year. The new 300 bed Abbotsford Regional Hospital and Cancer Centre is on track to open in 2008. We are adding new beds at Surrey Memorial Hospital and new state of the art emergency care facilities. We will be working to improve regional health delivery, primary care, telehealth, ambulatory care and assisted living. We will keep working to attract more nurses and doctors to care for BC patients. We have expanded nurse and doctor training and those new nurse and doctors will continue their training. A great example of the challenge that we face as we look term. Our government decided that we were going to try and double the number of physicians that we trained in BC in 2001. Within 2 months of being elected, we launched that program. We invested $134 million in building the physical plant of bringing together the program structure. We had the first students enter in 2005. The first students will graduate in 2009. The first students will be able to practice medicine by 2011. It is about 10 to 11 years for the average physician to be trained. When we think about that in terms of nurses, we have expanded nurse training spaces by over 60%. It takes at least 4 years to train a nurse and then they are in the hospital working to provide care and support to all of our patients. A lot of the decisions that we make will take a long time to deliver just because of the quality of care that we demand. We are endeavouring to attract, make BC an attractive place for professionals to practice their professions and in fact BC is the most popular destination in Canada for physicians to move to. But we are still behind the 8 ball when it comes to human resources and having the human resources we require to provide top quality services.

Last year in Kelowna we signed a Transformative Change Accord with the First Nations Leadership Council, the federal government and the province of BC. It calls for closing the health care gap, closing the education gap, closing the economic opportunity gap for First Nations people across this province. When we examine First Nations today we know their life expectancy, just think of this, in BC there is a group of people whose life expectancy is 7.5 years shorter than the rest of us. First Nations people. There is a 400% greater chance of Type II Diabetes in First Nations people. That create substantial pressure on our health care system, and it create substantial pressures on us to act, to close that gap, in a thoughtful, deliberate, planned, organized

and focused way over the next 10 years. We intend to do that. As we look at aging we look at the expansion of dementias, we look at the extensive expansion of Alzheimer's, those create huge pressures on the system as well. We know that today, finally in Canada people are looking at mental illness as a significant and substantial health care problem. In BC we are no longer willing to leave mental illness in the closet. We have invested literally $100 of millions of dollars for expanding services across the province. We will continue to do that because mental illness too adds pressure.

Finally in the province we are looking at ways that we can promote healthier lifestyles. It is interesting to me, we often talk about junk food in school and there is a general celebration of the fact that we are removing it. The issue for all of us is to recognize is that parents are one of the major purchasers of junk food. How do we actually encourage people to stop that kind of activity so our children do have a chance for the future? Those are the issues that we have to deal with in this conversation. There have been many, many predecessors, theses, books, debates that have taken place on health care in the past. Our goal is to tap into the good ideas for the future, to bring the people of BC together to find solutions to these challenges, and to work together to find ways that we can actually improve health care in the short term and sustain health care for the long term for our kids. We want a free and open discussion. Unfettered. We want a discussion where we in fact encourage new ideas. Instead of saying to people "we don't want to hear your idea," what we are trying to say to people is, "we would like to hear your ideas." As a community over the next year, we hope to work together, with you, with our colleagues, with professionals, but most importantly with citizens to find a way forward. In many ways BC has lead the country in developing new responses to the health challenges that we face. We would like to continue doing that but we recognize in doing that, it will require all of us to participate fully and openly in this discussion.

Again, let me say thank you to each of you. Thank you for coming. Thank you for your commitment to improving health care in Canada. Thank you for your commitment to improving the Canada Health Act. One of our goals as we come to the conclusion of this next September, will be to prepare legislation for BC that will define the five principles of the Canada Health Act, and add a 6th, Sustainability. We will have the opportunity through the next year to hear from people, to learn from people and I hope that you will help us in this great endeavour.

I want to say that at the end of the day, this isn't about political parties, and it is not about levels of government. Each of us are going to have to do something. This is the challenge. Each of us will have to look at how we can do things differently. At the local level, we are going to have to look at how we plan our communities. We are going to have to look at whether our communities are planned in a way that encourages healthy activity. Using Vancouver as an example. About 13 years ago, Vancouver rezoned its downtown. The rezoning took 25 million square feet of commercial space out of downtown and replaced it with residential space. And when that was done the Council of the day said, "What we want to do is offer people the opportunity, the choice, of walking to work." Some people said, "no one will ever walk to work." Today the fastest growing means of transportation from people from where they live to where they work in downtown Vancouver is walking to work. That 20 minutes of walking to work every day, 5 days a week, and 20 minutes back, will make a huge difference in each one of those people's lives. It will reduce their chances of being diagnosed for cancer by 50%. It reduces their chance of being diagnosed with Type II Diabetes by 90%. This all from just walking to work. So to local governments, I say, Have you designed your communities to give citizens a choice? Or have you designed your communities to say to citizens that there is only one way to get to work, get in your car and drive? To the provincial government, we have launched a new program called Act Now BC, which is aimed at health promotion. What can we do to encourage healthier activity, healthier lifestyles, to promote better health. To reduce the demands on health care across the province, and across the system as we get older. If we change what we are doing today, even when we are in our 50s, it will have a positive benefit on what happens when we are in our 70s and the demands that we put on the health care system. To the federal government I say, engage with us in closing the aboriginal health gap. Focus on that as a major goal, and a major opportunity in raising the level of health care across BC. Together we can make great strides in improving health care. Together we can make great strides in assuring that we have the health care that we take for granted today, available for our children in the next generation. Those are the goals that we have set for ourselves. They are broad goals, but they are goals that I believe working together, we can achieve together.

I want to say thank you for being part of that by being with us here today. I appreciate it. Thank you very much.

The morning is going to allow for a fair amount of participation. I thought we would start this morning with a presentation by the President Elect of the Canadian Medical Association, Dr. Brian Day, who is from British Columbia as you know. Following Dr. Day's presentation, we will have an opportunity for some discussion. We will then take a break. Following the break we will have a presentation from Dr. Baird. We have a Premier's Council on Seniors and Aging in British Columbia and she will be giving you a presentation on the demographics of healthy aging. That will be followed by a discussion and then we will have lunch. The Health Minister will be presenting some information on the Conversation on Health, specifically to you. Then we will have discussion and the opportunity to bring forward any other major items that you fell we should get on the agenda for the provincial Congress in the future and other steps that you believe we should be trying to take as we move ahead together. So we will start today with Dr. Day. Congratulations to you Dr. Day on your position as President Elect of the Canadian Medical Association. It is always good to have a voice from British Columbia in a major national body. Certainly a retiring and quiet voice like your own. I'm sure it will be interesting for all of them. And I also want to say that I appreciate you taking the time today to come and share some of your thoughts with us and look forward to your participation in the future. Thank you very much for being here.

National Perspective:
Dr. Brian Day
President-Elect, Canadian Medical Association (CMA)

Thank you Mr. Premier. I'm speaking to you today as a physician, as a hospital administrator and also now as a politician. I'm going to try focus my remarks on some national perspectives, but I would plead for a multi-party effort to try to come together on this. I don't think partisan politics is helping us move forward. That is one of the themes that I would like to promote also. As a doctor my primary mandate is the treatment of patients and if a system, or lack of a system gets in the way of that, then I think as a physician it is my, and our, responsibility to help change that system and that is what we need to do. What we are faced with here is a wants/needs. A supply and demand issue. Canadians want everything that modern medical science can offer, delivered equally and quickly to everyone. We have to tell patients and the population, that this is impossible. It is impossible to achieve this goal. It is an unrealistic goal. Our federal government has failed to do this. It and the provincial and municipal

governments have to take a part in educating the public and that is why I think this dialogue and this conversation is important.

The World Health Organization, in 1999 came out with this statement, "If services are to be provided for all, then not all services can be provided." We have to start acting in a more honest fashion and letting the people know that we are promising things that we can't deliver. Costs drivers in every field of medicine, whether it be new devices for heart treatment, whether new drugs, whether it be new interventions in technologies, the aging population. They are cost drivers. They are cost drivers at warp speed. The American Academy of Orthopedic Surgeons this year, projected that within the next several years, the knee replacement surgeries are going to rise by 670%. How are we going to pay for this? Where are the doctors and nurses going to come from to do these surgeries and that is just one operation? Cataract surgeries in Ontario, where is the money coming from to pay for this and where are the doctors and nurses and facilities? We can't deliver what we are promising. Carol Taylor was criticized for her projection on the 71% by 2017. Well, it is being echoed by other political leaders. Dalton McGuinty said, "There will come a time when the Ministry of Health is the only ministry we can afford to have and we still won't be able to afford the Ministry of Health." He is wrong because they will need a Ministry of Finance to collect the money to give to the Ministry of Health. It didn't all start in 1984 with the Canada Health Act. I sometimes think it is not a coincidence that George Orwell's book coincides with the year of that Act. It is true that this Act was a system really addressing the financial component and the exemptions in terms of workers, RCMP, armed forces and so on are well known to you. The Act received Royal assent on April 1, 1984. I refuse to say April's Fools day in 1984, but it has assumed the status of Holy Scripture, and really all it is, is an Act that stipulates the terms on which federal funding will be granted to each province. The principles have existed since the 1970s and the principles were formulated over 50 years ago. It needs to be updated for the 21st century.

Undefined terminology. What do we mean by medically required? People are talking about parallel private systems. I don't know what a parallel private system is. Parallel don't meet until infinity, whereas in every system that has mixed public/private delivery or funding, they cross many times. What is reasonable access which is defined in the Canada Health Act? User fees? We know that we have user fees in every aspect of medical care in this country. What do we mean by comprehensive and universal? And of course "words mean what you

want them to mean," is relevant there. Things changed in this country in a way that many governments have still failed to recognize on June 9th, 2005 when the Supreme Court of Canada came out with a ruling, and in that ruling the Supreme Court stated that delays in the public health care system are widespread and patients die as a result of waiting for public health care. And the Courts have to rise above political debate. This ruling was supported in an IPOS Reid poll of physicians in August of that year by 83% who supported this decision. 81% of physicians thought that this decision will lead to a reduction in waitlists in Quebec as did in the same poll, so did the majority of Canadians citizens. The thing that is perhaps not recognized is that this is probably the law in every other province. This is a statement by Peter Hogg, Canada's leading constitutional lawyer, "The Murray case is the new Chaoli coming to Alberta. It is coming soon to a province near you if the provincial governments don't address the statements and remarks and content of the Chaoli ruling." This was a class action suit that had been launched in Quebec and it is a parallel to the Chaoli case.

Here are some of the other problems. When Health Minister Pierre Pettigrew in one of the former, recent governments, came out with this kind of statement, "there is a need for deep and lasting structural change to the health care system" but he also reported, "a deep and abiding respect for the Canada Health Act." In other words, let's change the system, but keep it the same. Dr. Carolyn Bennett then Minister of Public Health said "our only real hope of sustaining our publicly funded system is to have Canadians stay healthy so they don't have to use it?" In other words the system will work well as long as we don't use it. There are things in need of urgent attention in this country. Aboriginal health, mental health, rural family practice, health worker shortages, technologies in EMR, children's health, drugs and dentistry. They should be part of a national health program. 65% of children in this country are awaiting a medically unacceptable period of time for health care. The wait time initiatives so far, the five categories, ignore children. Canada, in a recent survey, has the worst record of the six countries survey, significantly worse, in six adult patients waiting 6 days or longer to see a doctor. We are ranked #1 in the countries in which patients wait more than 4 hours in an emergency room. We know that patients with no family doctors is related, are 3.5 times more likely to end up in an emergency room. We know that our system of a single payout system has not helped to keep generic drug prices down. In fact we are the highest in the countries surveyed. Equality is something that we have deal with. In a country that is the 3rd most sparsely populated in the world, we

cannot deliver equal health care to everyone in this country. It is simply just not possibly and we shouldn't be saying it is so. It is dishonest to say it is so. We don't have paramedics in small towns. Your survival rate is going to be less if you are hit by a bus. Doctors aren't all equal. We physicians know who we go to for our health care. We are not all equal. Hospitals have different survival rates. Let's be honest with the public. With the recent five categories, and this is in the news today I believe, we have succeeded in reducing some of the waitlist in some of the provinces for the targeted areas, but it has been at the expense of other categories of health care. We have to be realistic and we have to address that. We have to acknowledge that user fees are widespread in the Canadian health system, whether it be for braces, artificial limbs, drugs, antibiotics, whether it be for a splint in the emergency room, whether it be for an upgraded hip replacement or a cataract lens. User fees are here.

The barriers to reform are the unrealistic expectations that we have given the public; public has a poor understanding of what the system is and what it can deliver and that is why this conversation is important; we have unhappy health workers; we have terrified politicians; we have even more terrified unions; we have inertia on the part of decision makers; and there is a lack of incentives and competition. Management and administrative costs, from the British National Health Service, said that the biggest growth in salaried employees in public health systems over the last decade has been in management and we have to address that. The Calgary Health Region. This was in a direct quote. I couldn't believe that they could say this, argues that "accurate cost accounting would require a diversion of effort, better expended elsewhere?" We cannot tolerate this kind of activity. The government of Ontario last year chose to send a patient, and there are many examples of this, at a cost of US $35,000, they sent the patient to Columbus Ohio for surgical procedure that our centre offered to perform for CDN $15,000. This is from Tony Blair, "the National Health Services is an important British institution but it will not be preserved by neglect." He goes on to say, "we have now reached the crunch point where the process of transition from one system to another is taking place," and it is. And I'm going to make my final remarks over that. The Canadian medical system is in a similar dire strait and we need to change it.

One of the ways we can do something and do it now is by addressing this one area, global budget system for funding hospitals. This is a system whereby limiting and rationing health care leads our hospitals to function in a fiscally satisfactory way to the hospital finance

managers. Close beds and operating rooms, reduce surgery, don't treat patients and you save money. It is a bizarre system of funding and we are pretty well unique now in having this system of funding for our hospital. I would propose that we attack the hospital budgetary and funding system first. It has been elsewhere. We have a thing in medicine called Sutton's law. Willy Sutton was a bank robber and he robbed banks because that is where the money was. Don't go looking for obscure weird diagnosis in medicine, look for the obvious things first. Over the last several years in Britain they have introduced a system called "Payment by results" or activity based funding. Essentially they are on route to an 18 week pathway. That is from the beginning, when a patient sees their family doctor through to the completion of treatment, it is 18 weeks. They changed the funding system for hospitals so they were funded on a per service basis. They did away with the global budgets. There is a fee for every single operation or procedure or intervention or diagnosis. It is on the British National Health Service's website. We don't have to reinvent the wheel here. A patient is allowed the choice of five facilities, four public, one non-public and they can choose. Different institutions compete for the business. No longer does a patient use up the hospitals money. They bring them revenue. And what have the results been? Results show that since the 31st of August, 2003, through to now, there are no patients in Britain waiting more than 26 weeks. Waiting for hospital care in March 1997, 284,000 in Britain. By December 2004, 66,000. By January of 2006, 12. Now there are none. This works and we can do it here. What about the cost? We must consider this and this is something we all know. It is empirically obvious, that treating someone more quickly is cheaper for a government. There is a study that the BCMA/CMA did that shows that the savings, if you treat people quickly and get them into hospital, get them treated, is actually in the billions of dollars. So we have to explore this. Does it work? We know it works because of the Worker's Compensation Board. It is the only jurisdiction in Canada that I know of, whose health care costs are flat, or dropping. They have activity based funding for their patients and the health costs have remained constant in the 10 years since they have been doing that.

The doctor's shortage. Up to 5 million people lack a family doctor in this country. This is an issue that is being dealt with in BC but we need to do more. We have a problem. It is not just about getting new doctors. 50% of young neurosurgeons and orthopaedic surgeons leave this country within 5 years of graduating. Why? Because there is no where for them to work because of the rationing system and I believe that eliminating the global budget is one simple way in which

we can improve that. The doctor's shortage is an issue. We have one of the lowest ratios of doctors per population in the OECD, we have physician age and health issue. Medical school expansion is a great start. We need to repatriate emigrated doctors. We need to repatriate those trained abroad. There are 250 Canadians being trained in Ireland right now in medical school. We need new Canadian medical schools and maybe we need private medical schools like Harvard, Yale, Princeton. These are not second rate institutions in the United States. We need to explore the role of physicians assistants. This is something that the CMA is involved in. We have a problem with this doctor shortage that is a crisis. 34% of Canada's obstetricians are going to retire in the next 5 years. Who is going to deliver the babies? The reality is that in these countries and now in Britain that use activity based funding or payment by results, there are no waits. We need to learn from this. In conclusion, we have a role in reforming the system, all of us. We need to learn from our experiences, and from our mistakes and from others. We need to educate ourselves and the public and that is why this conversation is important. We need to update the Canada Health Act for the 21st century. We need to convince all major political parties that this demands a cooperative effort and that supporting a failed system will mean a losing political strategy. No one should be denied basic health care on an ability to pay, but neither on governments inability to deliver. My plea for priority number one which is something you can achieve quickly without needing to study it, it has already been proven to work, is to move to activity based funding now. It is not going to cure every ill in the health care system, but it will generate savings and reduce suffering and I think it is a politically good move also. Thank you.

Question and Answer Period for Dr. Brian Day

The Honourable Stephen Owen, PC
MP for Vancouver-Quadra

Thank you Premier Campbell for bringing us together again in one of these very interesting and important ways of exchanging ideas and assisting each other in our various responsibilities. I would like to say a few short things, really around the theme of thanking Dr. Day for helping us to blow away the smoke from the discussion and the dialogue of health care in our country. All of us as politicians have been primarily responsible for the smoke that has been created and that has stopped us from actually getting to the solutions, many of which Dr. Day has mentioned. Let me just mention a couple of obvious ones I think. Dr. Day mentioned that there are five million Canadians who don't have access to a family doctor. Surely in our

country, and we have been talking about primary care for decades, we can have multi-professional, multi-disciplinary primary care clinics that operate around the clock and around the week so that these people aren't going to emergency rooms and taking up inappropriate and more expensive care and clogging the acute care system. That is in a way publicizing of the system and I would be interested to know from Dr. Day in his conversations with his colleagues across the country whether there is any appetite, and if not how can we generate one for doctors to actually, whether it is on a fee for service basis or whether it is on a salary basis moving into these more publicly multi-disciplinary clinics. On the other side, and Dr. Day has been one of the leaders in the country on it, let's stop being afraid of the idea of privatization of publicly paid for health care. It happens. My goodness, 95% of the clinicians in this country are private practitioners. Guess what? It is a privatized system in many parts. So let's get away this smoke from either publicizing it, or privatizing it, let's just do it in the most successful way we can. Premier, just two other quick points while I have the mike. One the Chaoli decision, this is not a revelation. It must be the most obvious statement of truth that we have heard from the Supreme Court that is not always crystal clear what we are hearing from them, but it was certainly crystal clear in that case, and makes perfect sense. If you can't provide someone with necessary medical care, then you can't stop them from purchasing it themselves. That is pretty obvious. The last thing that I would say is that as we see, and I think in many ways it is unseemly the health regions across this country trolling in 3rd world countries for health professionals. I think as a country, as provinces, and health districts, we have got to take on as a moral issue. The relative value of a physician in Bangladesh, has got to be 100 times the value that it is in Canada given the lack of them and the cost to their whole society of producing one. While we don't want to stop anyone's international human right of mobility, I think if we are going to attract health professionals from poor countries we had better, through our Canadian International Development Agency or some way, compensate that country for what they have lost, either by funding of their health administration systems or funding medical scholarships or doing something to recognize the fact that we are sucking away an essential resource.

Judy Darcy
President, Hospital Employees Union

Dr. Day, on one of your slides, on the list somewhere was terrified unions. I am not sure what it is that you think we are terrified of, but I want to say today on behalf of 43,000 members of the Hospital

Employees Union, that we plan to be very, very active participants in this debate and front line health care workers have an awful lot of solutions to offer. I do want to challenge you about, certain assumptions that seem to underlie the kind of solutions that you spoke of. Speaking on behalf of front line care workers we know that change is needed. We believe, from our own experience and from the experience in other countries that there are a whole lot of solutions and changes and improvements that will actually save the health care system money in the long run that are available to us within the public system. I am frankly surprised that you didn't speak to some of them. If we had for instance, an expanded home support program, seniors and people with disabilities would be able to stay in their homes longer, live independently, it could be proactive, preventive. If for instance, and Stephen Owen spoke to this, community clinics where there is care available around the clock with a multi-disciplinary team of health care providers can take enormous pressure off emergency rooms. Last year, according to the Ministry of Health stats, I think the figure was 54,000 transfers every year by ambulance from residential care to emergency rooms. The experience in Holland shows that if we have in place, again a multi-disciplinary team of providers and infirmary services in long term care that we can reduce those transfers to about 5%. Other people have spoken about the ability for us to use, unused operating room capacity in the public system if we dealt with our human resource issues and the staffing issues to ensure that we use them to full capacity. I find it somewhat disturbing. I think it is good for you to challenge us, but I find it disturbing that the solutions that you speak to are not solutions that would help to strengthen the public health care system and it seems to me that there are many of those solutions available to us that have been proven to work both in Canada, in BC and elsewhere in the world.

Dr. Brian Day
President-Elect, Canadian Medical Association

My priority is patients, not doctors, not health care workers, but patients and my remarks were based on putting patients first. Patients don't ask when they go see your doctor, are you a private doctor or public doctor? They want treatment and they want care. I think I pretty well avoided public/private discussions today, but I am a supporter of the private sector being involved in the delivery of health care in this country. They have been, they always have been, they always will be. 30% of the system is privatized. With respect to some of your other remarks, community health clinics and so on, I think we need to have evidence, clear evidence that they work. I think they work in some circumstances. I would like to ask Dr. Margaret

MacDiarmid who is a rural family physician from Trail and President of the BCMA, if she would comment on what she sees as the role for the community clinics in her and other communities. It is not helpful to polarize this into public and private. That is not the problem. The problem is that patients are not getting treated and patients want to be treated in an expeditious time. We know that when patients get access, they are happy. And when they don't get access, they are not. I would like Mr. Premier to defer to Dr. MacDiarmid on the community health clinics, because I think she is an expert in that field.

Dr. Margaret MacDiarmid
President, British Columbia Medical Association
Thanks very much Mr. Premier. I am not an expert in these clinics by any means. Like all of the other proposed solutions and I am sure that many of the things we will hear today, they will work well for some patient populations in some situations. They will not do anything for others. I think it is really important going forward that we are thoughtful, analytical and objective about what that will work for and what it won't work for. Family doctors or other members of the multi-disciplinary team being available 24/7 is actually ridiculous for many kinds of problems. We do need to be realistic about who is going to be available when? We need to be realistic about cost and having a multi-disciplinary team available for every kind of health need it would actually bankrupt us. I think many of the things that the shy and retiring Dr. Day had to say actually can happen within a strong public system. In particular the activity based funding which the BCMA embraces as an idea can happen within a strong publicly funded system. Whether we have privately provided, but publicly paid for is a side issue. I think they are totally not mutually exclusive. I would just like to say that you can see two examples of every engaged physicians in this dialogue. Dr. Day and I on the face of it, might not have much in common. I'm a rural GP and he is a downtown Vancouver Orthopaedic surgeon. But what we share is a great enthusiasm for the project, the dialogue, and also great engagement. I think our colleagues in BC are going to be equally engaged in this dialogue as are other health care providers that will be engaged in the dialogue. It is so important and I am delighted that we have the opportunity to do it. Thank you.

The Honourable Gordon Campbell
Premier
I just want to say to Judy, I am hoping that everyone that is involved in British Columbia will be part of the dialogue. We would like the dialogue to be not just be the First Nations leadership, but the First

Nations community. We would like it to be health care providers, physiotherapists, alternative medicine providers. All of those groups we are encouraging to be part and I think just as Judy as a list of things that she thinks might make a difference we need those on the table so that we can actually sort through them and come up with a strong, long term plan that will work for all of us. I appreciate the spirit that both of those comments were offered in.

John Nuraney
MLA for Burnaby-Willingdon
Thank you Mr. Premier. First of all I want to congratulate you for initiating this discussion which I think are long overdue. The Canada Health Act has been enacted now for over 50 years and I think it is time now to see if we can revisit and find out new definitions or to ensure in our own minds, what is really meant because in 50 years, things have changed. The world has changed. Everything had changed and we still have a Canada Health Act that is there without any tweaking, without any ideas of revisitation. Technologies have changed. The question of pharmaceutical needs have changed. Everything around us in the world has changed. My question really is to our colleagues from Ottawa who have the prerogative of enacting and revisiting this Act, to see if there is an appetite today in their minds of starting a conversation on health nationally with the purpose of revisiting the Canada Health Act.

The Honourable Gordon Campbell
Premier
In terms of the Canada Health Act, one of the things that is evident in the Canada Health Act is that there are no definitions around the five principles. There have been administrative practices that have been put in place but there are no definitions. One of the goals that we have in BC is to work towards definitions of those five principles, including a 6th principle which is sustainability. That is one of the things that came out of this. I think the federal government, the federal minister of health will decide whether he is going to follow that lead or not, but we intend to do that in BC.

Ron Cannan
MP for Kelowna-Lake Country
Thank you Mr. Premier. Thank you Dr. Day. Just wanted to comment on a couple of your slides. Coming from the Kelowna Lake, the interior, a vast growing community, a demographics of aging populations, seniors, recognize our chair of the Interior Health Authority here Alan Dolman, who has been working steadfastly to stay

on top of the challenges. One of the concerns that I heard from the constituents and you touched on it, is accountability and the lack and the challenge to see where the results are and where our dollars are going. I wanted to know if you could maybe expand a little bit more on your payment by results, or activity based funding. Are you proposing that it would possibly be a pilot project for BC, or is there somebody else in Canada that is thinking of this idea? I wanted to mention that a good healthy diet, an apple a day will keep the doctor away.

Dr. Brian Day
President-Elect, Canadian Medical Association
I would like BC to be the province that moves on it. This can't be a federal initiative. This has to be done in a province, our hospital funding system. I would like to see the province bring over experts who have been through this. They did make mistakes in Britain but they learned from their mistakes. We can learn from those same mistakes. We had a joint meeting between the CMA executive the BMA executive and the head of the BMA came out and said that they were shocked to find that this worked and it only took a few years. It is common sense. It is a basic economic principle. It is an internal market. It is where the patient going to the hospital is a source of delight to the finance department of the hospital instead of a cost. I think it can be done in BC. I think the mechanics have already been worked out and I would like to see BC be the beacon in this area.

Maurine Karagianis
MLA for Esquimalt-Metchosin
Thank you very much. Dr. Day the information you have presented to us here was presented quite rapidly and I think there are certainly a number of facts in there that I would like some time to digest and examine more fully. I am hoping that your base of information will be available for further research and for further examination. Secondly, there have been several indications here this morning of conversations about amending the Canada Health Act. That is a discussion that certainly needs to take place, not just here in British Columbia, but across Canada. I would hope that that discussion is not left to us to simply amend as we see fit here, politically or ethically, or medically here in BC. I do have some concerns about the reformation of the Health Act that is done in isolation. Thirdly, I think that you have addressed several times in here, barriers to reform. I would have to say that political acquiescence is not necessarily what you should expect in any of these discussions across the country. It is not a barrier to have a debate on these issues. It is not a barrier to have

other perspectives brought in. I know both you and the Premier have talked about innovation. Certainly the Premier has. That comes from debate on these issues and further examination, not simply from political acquiescence. The activity based funding, I was encouraged to hear Dr. MacDiarmid say that this is something that could take place within the public system, because certainly, despite the fact Dr. Day you have claimed that this is not a discussion on private health care, much of the basis here is a privatization model, a fee for service model, and even the activity based funding model is very much a business case scenario which in some ways is counter intuitive to sustaining the public system. So I would like more information on that as well and to have a healthy debate around that. The British system at this point seems to be the model that is favoured for discussion, but certainly I think we need to open our minds to other possibilities as well. Innovation will not come from simply borrowing from a specific and single system which may or may not have been successful in other countries. Thank you.

Dr. Brian Day
President-Elect, Canadian Medical Association
Just to respond. This is not simply a funding system that is used in Britain. It is a funding system that is used everywhere in the OECD. We are the exception. There is no issue in my mind between public and private and activity based funding. Even if you wanted to have a pure public monopoly which we don't have, you can still do that with activity based funding. It is simply a way of paying the hospitals. With respect to your phrase, "political acquiescence" that is not what I said. What I said was "political co-operation." The health system is in a crisis. We can debate and discuss it and keep doing that and so on, but we need to fix it. I think it requires political cooperation. Partisan politics needs to be put aside and political leaders, as they are doing here today, need to come together and discuss it and come to some firm decisions. But you can't procrastinate anymore.

The Honourable Dr. Keith Martin, PC
MP for Esquimalt-Juan de Fuca
Thank you very much Mr. Premier and Dr. Day. Thank you for both laying out the facts. There is a mathematical brick wall that you both articulated that we are slamming into and unless we continue to remind ourselves of that mathematical fact, that there is not and will not be enough money in the public purse to pay for all that we ask for then we have to, in my view, start dealing and grappling with the issue of modernizing the Canada Health Act. What is so fundamentally wrong with allowing a parallel private system which is what I have

been advocating for, for 13 years and give people a choice to go and purchase private services outside of the system if they choose to and in doing so will reduce demand in the public system? If you reduce demand in the public system without removing resources, then we will be able to save our public system. Just want to say to Judy is that experience in Sweden, even the nurses unions in Sweden were asking for reforms that allowed a private system to be more vibrant because it allowed their workers to have more jobs, but more importantly, would allow better access to health care for the patients that we all are trying to serve. The second point is the issue of mental illness. It is another brick wall that we are slamming into. Part of that is the dementias and we are unable to grapple with that. There are some very good solutions around the world that have been applied to deal with this even in prevention. One thing I hope Premier that the health ministers can get together and advocate for two things: One is a national strategy for mental health care, and mental care measures that can be used; two that we have a medical manpower strategy and the solutions for that can come from the Canadian Nurses Association, the Canadian Medical Association and specialists groups that have done the hard work. Where that can be done, is to form a centre for best practices. This can be under the Canadian Institute for Health Information, or the Canadian Institute for Health Research. In my view we do an absolutely awful job of collating and pulling together peer-reviewed best practices that can be shared across our country. If we do that all provincial premiers and ministers of health will be able to serve our patients much, much better. Lastly, Premier, you can a superb speech at the Canadian Club in Ottawa, and I thank you for that, to deal with both aboriginal and non-aboriginal challenges. Probably the best bang for the buck in terms of programs is a Head Start program that focuses on parents and children. Programs like that have been used, and peer reviewed from Michigan to Hawaii to News Brunswick and have done properly and inexpensively will save $7.00 for every $1 invested and have a huge, powerful reduction in demands on our health care system. I would be very happy to help you with that at some time.

Adrian Dix
MLA for Vancouver-Kingsway
Dr. Day I want to thank you first of all for your presentation for the sacrifice you have made. You are very committed to your work, it is a real sacrifice to run for public office and the way you have and to participate so fully in the debate. With respect to your presentation, I do want to say this. There is lots of people who talk about partisan and non-partisan. But when you put up a slide that puts 1984 beside

a picture of Monique Begin, the Canada Health Act, I say to you with great respect, the term of abuse is a term of abuse whether it is said in a partisan way or a non-partisan way. In general with respect to the Premier, and if you forgive me Mr. Premier, I want to make the first suggestion today to you, which is, I go around the province, I am very supportive of people getting involved in this conversation because unlike what we saw in the presentation, I think when you talk to people in this province, they have fantastic ideas about how to improve and support our health care system, and I encourage people to get involved. One of the ideas that I have and I want to put it to you directly, you have launched in addition to this "Conversation" a multi-million dollar ad campaign. Now when I do public meetings around the province, no one has ever said to me, what we need is more advertising from government. Why don't we cancel the advertising campaign and ask British Columbians on the website how in their communities they might use that money? I will put one person in your mind. I am an insulin dependent diabetic. I'm not Type II, I'm Type I person with diabetes. I have talked to a lot of groups who are involved in that chronic disease about their issues and I think of someone who lives about a 15 minute walk from here. He would love to have an insulin pump which would greatly aid his ability to manage his diabetes, keep him out of emergency rooms. One of the reasons that he can't go that route is that he doesn't have enough money for proper food. As Dr. Kendall said last week "proper food costs a lot of money." Wouldn't it be, I think a good step, a good symbol of this conversation to cancel the ad campaign and to ask people on the conversation website, about people in their community, ideas in their community that could improve public health?

The Honourable Gordon Campbell
Premier

Yes it is a good idea to ask people for their ideas for how they can improve public health. No I don't believe it is a good idea to close the invitation that is made to people. I know for people that are involved directly in the system they think everyone is talking about this every day. One of the things that we have to overcome is the sense in the public that some how or other they don't have enough information to participate in this conversation and that is done in a whole series of ways. So we have decided that we are going to invite people directly, explicitly, to be part of this. We hope that they will overcome the barrier that says in some way that they are not able to participate. We think they know more about their health and what they may do, and what may work than often times many of us do. So we will continue to ask for that participation. I think it is a great idea to ask

about what people would do and what they think will be most effective and we will work to try and encourage them to do that, and I would like you and your colleagues to do that as well.

Raj Chouhan
MLA for Burnaby-Edmonds
Thank you Mr. Premier. I have a couple of questions. One for you, and one for Dr. Day. In your speech, Mr. Premier, you talked about the challenges and opportunities. In the last couple of months as an opposition critic for mental health, I have traveled throughout the province and I have met many, many people who face these challenges and they have asked me consistently, is there any possibly to bring back the mental health advocate? So I will ask that question so you can answer that because we need people to have somebody who can advocate on their behalf. They face multitude of challenges. They need the same opportunities as anybody else. For you Dr. Day, in one of your slides, you talked about shortage of doctors. We have many, many hundreds, maybe thousands of foreign trained doctors in Canada. Why don't we utilize them to address that situation?

Dr. Brian Day
President-Elect, Canadian Medical Association
We do have a shortage of doctors in Canada, but also you have to bear in mind on that slide there was a statement that a large percentage of doctors, especially newly trained doctors, 50% of all orthopaedic surgeons, for example, where the biggest waitlists in the country lie, leave within 5 years of graduation because they cannot find a place to work. So we have a paradox here. There is no point in solving one part of the equation, that is making more doctors, or giving more doctors the ability to practice here. If they get a licence and then can't use their skills, we need to solve that part of the equation first. I am a foreign trained doctor so I am in favour of foreign trained doctors. We need to look at that also, but the primary problem in Canada is a shortage of family doctors, a shortage of specialists, and in the latter case the shortage is more from the point of view that there is no where for them to carry out their work because of the system that we have of rationing.

The Honourable Gordon Campbell
Premier
In terms of the suggestion for a mental health advocate, we made a deliberate decision to focus our resources on providing services to people around the province. As you are probably aware, since you have been the critic, there was a mental health advocate in the 90s

and in spite of the fact that there was talk about mental health there was no budget for it. We have actually invested literally tens of millions of dollars expanding of facilities and services across the province for people with mental illness. That in no way suggests that you should not continue to pursue that suggestion and recommendation. I would encourage people to think about that in terms of the conversation. Are these things that really are adding to the quality of health care and mental health care, or is it the facilities, the surgeons, the institutional frameworks that we establish around serving the needs of people with mental illness. Those are issues that we all have to confront. And I would welcome your suggestion and other people's suggestions with regard to that. I can tell from my own travels around the province, I have had frankly pretty positive responses from people in Kamloops, Kelowna, and Prince George and Victoria about the expanding mental health services we have got. That does not suggest we don't need more. We do. But they have been pleased with the progress that has been made to date.

Valerie Roddick
MLA for Delta South
Thank you Premier. In the beginning of our first term the Select Standing Committee on Health did a report called "Patients First" and two following reports presenting a trilogy commenting on all aspects of our western medical system and making many strong recommendations which have actually been followed or implemented in the province. As you say, Patients First is the key to our system, just as you have been saying for years, and we do need to work collaboratively with the federal government, regarding the Canada Health Act. We need to deliver to the people, or the patient, we must use every method open to us. Legislation has never been known to heal or cure someone who is sick. We have sort of become a nanny state. We, with your help, with everybody in this room's help, have to build the confidence to deal with this issue. Our provinces, our country can do it. We can do it internally as you mentioned earlier by looking at the finances and the financial processes. Just a simple, basic suggestion. When I make a hair appointment, a month in advance, I get a phone call reminding me that I have to turn up tomorrow to my hair cut. Some of these medical procedures, tests and examinations are booked months in advance. There is no phone call to remind you, and there is no penalty if you miss that appointment. I pay if I am not there if somebody comes to fix my dishwasher. I think we are missing a huge section here that we need to examine, on how people take it all for granted and they don't feel it is important to turn up to some of these appointments. We also did mention in one of our first reports,

about insurance. Life insurance has a different cost for smoking. Tommy Douglas actually did charge people when they went to the hospital. And then we can also help externally by thinking outside of the box. You have talked a lot about England, perhaps you are aware recently of Great Ormond Street Children's Hospital. When the two doctors had had a really bad day, they were watching television, having a cup of tea, Formula One was on. They actually looked at each other, look at how the pit stop works. They got a hold of somebody, Ferrari, came into the operating room in Great Ormond Street, and they used that way of doing things to reschedule how they ran their operating room. This is not the emergency room, this is every day operations. This had made a huge difference. Those are the sort of things that we need and we need your help to be able to adapt this kind of innovative thinking. But the most important thing I think is how we eat? This can be a huge contribution to health care. As the Finance Minister will agree, a 1% cut in the overall health budget, we are talking serious, serious dollars. We need to bring agriculture and food back into our health, our education, our environment. We need to work on the urban agricultural divide in our country. How can you help us do that? In Canada we have a very un-level playing field facing our farmers, our local food production because of cash subsidies that are paid in the UK. 54% cash. 47-48% cash in the US. And in Canada virtually nothing. So how can you help us with getting Canadians to recognize food is of the essence? The more responsibility that we can take on ourselves, the more flexible the basic health care system is to deliver to those who are the most in need. We still have to eat to live.

Dr. Brian Day
President-Elect, Canadian Medical Association

Sure, nutrition, housing, poverty, these are major health determinants. I know a lot, but I don't know enough to answer your question, I am afraid. I do think that what we are talking about here is often confused with health. We are talking about, in the long term, preventative medicine, nutrition, housing, proper lifestyles are so important. On the other hand, how you fund a health system that is delivering services, that is one part of it. I think that is something that we are at a crisis right now and we need to address that crisis. I take your point, that the nutrition, housing and poverty, these are other things that we need to address, not just in Canada, but world wide.

The Honourable Gordon Campbell
Premier
That is actually a significant part of what the Conversation of Health can be and maybe should be is to talking about nutrition and those things. When we talk about the shortage of doctors or nurses or physiotherapists, there is also going to be shortage of nutritionists. There is also going to be a shortage of the whole range of people that are necessary for us to live healthier lifestyles. I encourage you to encourage those folks to be part of this discussion.

Penny Priddy
MP for Surrey North
Thank you Mr. Premier and Dr. Day. Nice to see you. Nice to be here this morning. I think it is important that we have this conversation on health care, although I must admit we have had a number of them, so I want to be sure that the recommendations from this one don't go as many of the others have. And I am not suggesting it would, but we have had a lot of discussions that have just become great reports at the end, in a whole lot of different areas. I wanted to say 4 things about what I hope we are hearing from people in this discussion on health. One of them is, while I realize that we are talking about a system, a funding system today, not necessarily the kind of food that grows, etc., but that is such an integral part. What happens when we become so focused on funding for surgical times and so on is that we don't become focused on funding for prevention and promotion. We all think it is a fine idea. We love it. We tell people that they should live healthy lifestyles, there is all kinds of things they should do, and yet we don't pay physicians to do any wellness counselling with their patients. We just tell people it is a good thing. And I hope as we look at a funding structure, we look at a way that physicians will be able to help without taking time away from another patient to talk about promotion and prevention, or we will back here in 10 years time talking about the same kinds of things because there will be simply more people waiting for surgery. Maybe it has a better funding system, but there will be more people, because we haven't gotten it at the beginning and not at the end when people have reached the need for surgery. I wanted to echo something Dr. Keith Martin said about starting with young families, like the building blocks program in Hawaii, Healthy Start, the Michigan one which was the first longitudinal study. We know that education is the single biggest indicator of whether people will be healthy when they are older. So if we can help children be successful when they start kindergarten then we are going to have healthier adults in 20 years time, or 25 years time. And less likely to be in conflict with the law according to the

longitudinal study. So a plea for, I hope, looking at funding, prevention and promotion is important. I saw the Vancouver Sun when I got home that said, $1.8 billion we spend on lifestyle health issues, or dealing with the results of lifestyle issue. I think the figure was something like that. I also wanted to say about celebrating successes. We do have successes in the public care system. They are not consistent, mind you health care is not consistent across the country, we know that, but there are people who have taken up part of that challenge and there is some innovation. The National Health Care Committee, which is pan-partisan, passed my motion to establish a database on innovation. I see the federal minister of Health is going to have a meeting with health ministers on innovation and examples from their provinces. Not just innovation is a good thing, but places that people can go and look so they don't have to reinvent it themselves. Celebration of innovation and success that we should be doing. I know Dr. Day would be aware, because he is part of it, that there is a National Health Human Resource Strategy being looked with not just physicians and nurses, but dieticians, and speech pathologists who we have been getting from overseas for 20 years now or so. Physiotherapists, lab technologists, so that whole gamut of human health resources that is being looked at federally, and should be looked at provincially as well. The last point I would make, and I think it does have applications for a funding mechanism, which is the determinants of health. I see a lot in the paper around obesity and we can all name lots of reasons, but one of the reasons that often doesn't get listed is poverty. People who live in poverty often don't have the kind of money to feed their children. I know we all have stories from our mothers about how I feed my kids during the war with cereal in the morning and made hot cereal or whatever it was, but a lot of families cannot feed their children nutritious food so they have a lot of pasta and Kraft Dinner and end up with obesity as well. So we can't leave that part out when we are looking at that bigger piece of obesity and health care, which is one of the determinants. The last point, is the Kirby Report, federally. Dr. Martin mentioned mental health. It is up to the federal government as well to be a really good partner. The Kirby Commission made some superb recommendations on mental health which I don't think people would argue with. I am hoping we will see the federal government as well take action that makes a difference for BC. Thank you for the opportunity to offer the comments.

The Honourable Gordon Campbell
Premier

First of all the primary recommendation that Dr. Day has made today which is the funding for results and their other mechanisms, none of that in anyway undermines the Canada Health Act, all of that can be done within the Canada Health Act. We have a tendency every once in a while to default to the Canada Health Act and say it is stopping us from doing things. The Canada Health Act doesn't stop us from doing a whole bunch of things that we can decide to do if we decide to do them. We all have to recognize that it is actually a pretty flexible document in terms of what we can do. When I was asked earlier, if we can change the Canada Health Act, obviously, BC is a province, we can't change the Canada Health Act. We can work though towards definitions of the principles of the Canada Health Act, and if the federal government disagrees with them, they can let us know, but there is no way to tell because the Canada Health Act doesn't do that. I did want to mention in terms of health promotion, and this I think Penny what is really critical for us here, if we continue getting the same results, acting in the same way, and not changing anything, we are going to pretty much get the same results. I agree with you that we should be doing more for health promotion. I agree with you that we should be doing more for education. We are focusing more resources on early childhood development. We are trying to do more things to build literacy in family and parents about where they are going. I don't think there is any lack of agreement in this room about the thrust of that. The issue is, (for the want of a better term), if the acute care system keeps on taking more and more and more, that in some ways leaves less and less for those other programs. So the transition that we are going through is a pretty important transition and part of what I am hoping we can do with this is to get people to think about, how we can have a more sustainable system. Let me be clear about this. I don't think anyone is suggesting there won't be additional resources for health care investments. The real question is where do we put those additional resources for health care investments so they maximize the benefits to the people. Someone said to me earlier, let's just use the governments. The government doesn't have any money. The government takes money out of people's pockets. It is the public and the economy that generates the resources that we need and we want to try and find ways that we can maximize the benefits for the long term. The big challenge is always to think in the long term. Frankly the challenge to think of the next generation as opposed to our generation, but that is a big issue for us to deal with. The last thing that I would mention is the celebrating of successes. I do think we have got to celebrate where things have worked. The hip and knee,

the surgical innovations centre in BC that we have done that came out of Richmond Hospital that is now part of our system has had a huge impact. You just have to talk to patients about the impact. How quickly they are getting the care they need, where they are getting, how well they feel after it, how successful it has been. That is one of the big challenges that we have to do today as we look to the future as well. There is no question it builds. It builds from the environment to our education system to our families to our communities to our province, and that is why it is so important that so many people be part of this conversation. I appreciate the comments, thank you very much.

Jenny Kwan
MLA for Vancouver-Mount Pleasant

Thank you very much Mr. Premier. I do note with interest that in this dialogue today, the premise of really the discussion is centred around cost and the implication of health care costs to our system and not just for today but years to come. And then I note that the presentation from Dr. Day really focuses on the issue around cost, by providing basically two different models as a change to our current system of the public health care model. And if the issue here is around costs, then I wonder why do we not have full examination of the issue around cost and how do you reduce the health care cost to our system. There was some suggestions made today with speakers around putting some options forward. When that was challenged and put to Dr. Day, his answer was that "his first and primary concern is patients." If that was the true answer and really the true premise, then I would image costs is not really an issue is it? Then we are being honest. We were challenged as politicians, as leaders around this table to be honest with each other. And yet it seemed to me that there is significant pieces that are missing in this dialogue today, albeit there will be ongoing dialogue on other days I know, and British Columbians are being asked to choose between two models, but not all the pieces of the information are there for consideration. Not even at this table, I would submit. The information that was provided by Judy Darcy I think is valid for consideration. Just as we all want to say, and as the Premier wants to present to us today, that Dr. Day's model is a valid component of a solution to a health care challenge. I would submit this. If we want to have a true, honest dialogue around it, then put all the information on the table, examine all of the options. We have today, the question that was put also around health clinics. And the answer was very quick and rapid, saying "hey you know what, 24/7 is going to cost the system more money. It is simply not workable." I have in my own riding the Reach Clinic, a very successful model of health care delivery, not 24 hours, but is a great success by all

accounts of health care delivery, but yet that model is not here, even for consideration. I would also say that preventative health has been talked about by other speakers as well, I think Val actually touched on it, when she talked on the issue around food and agriculture and Penny as well, amongst others. We know that those factors impact our health care system. It impacts our health care system because many studies have been done that actually show that if you're socially, economically disadvantaged, chances are your health outcomes are worse off than those that are not challenged by poverty, for example. Again, I represent a community that is the poorest in all of Canada. We have some very terrible health outcomes. There have been many studies that tied health outcomes to people's socio-economic situations. Yet we don't have those pieces here for discussion either. The model that we are to chose from are what Dr. Day presents, versus the current system. The current system, as we know, there are many pieces that would enhance the current system as well. I would challenge us to look at this in an honest fashion, and that is to look at all of these factors and evaluate them, and then make that determination. Do we want to pay now, or pay later? Maybe that is the problem that we have with the health care system, because we are not prepared to tackle those items that will be expensive upfront. Ultimately if you tackle those issues, such as poverty, if you tackle those issues such as socio-economic status items, and if you tackle some of the issues around revamping our current system, then we may actually have the hope factually creating a health care system that is sustainable and have the hope ultimately of having healthier British Columbians down the road. I would say that patients first require us to examine all of those pieces and not just to choose one model versus the other as being presented today by Dr. Day.

The Honourable Gordon Campbell
Premier

I am just going to say that I asked Dr. Day to speak today because he happens to be a British Columbian. He happens to be the head of the CMA. He happens to have been intimately and deeply involved in these discussions about improving Canada's health care system for the people that live here. This in no way is, "there is one choice." We in fact we are putting out on the table a whole array of opportunities for people to talk about and we will have many, many opportunities. You obviously have to make choices. I also asked Patricia Baird to speak today, because I thought she might be able to bring something for the MPs and the senators who have attended. I have asked George to talk specific about the conversation. Whether it is the First Nations leadership or anyone else, we have a foundation we can go forward

with. There is no intention I am sure from either Dr. Day or myself, to say there is only one choice. And that is not what the purpose of the conversation is. There are layer upon layers of issues that we have to deal with in health care for us to be successful. When we talk with municipal leaders there is one level of activity that we can do. When we talk with federal leaders there is another. I see Senator St. Germaine was here. It was the senate report on mental illness was referred to. There is more information that we can pick from. So this is a way of trying to bring some information to the table. Not all information. Dr. Day's material will be made available for everyone here and people can say what they agree with, disagree with, what they think is a better response, all of that is part of this conversation.

Regional Chief Shawn Atleo
Assembly of A-in-chut, Assembly of First Nations

Thank you Premier for bringing us together here in Coast Salish territory for this discussion and to Dr. Day for your presentation. I want to first of all acknowledge some of my colleagues from the First Nations Leadership Council who are here, Chief Judith Sayers, and Chief Dave Porter from the First Nations Summit Executive, and Grand Chief Edward John, he mentioned to me, he is on a conference call, he is having a conversation with the National Chief, Phil Fontaine, about the upcoming UN Indigenous Rights Declaration that is going to be coming before the UN very shortly, something that is of great concern to First Nations leadership. We also have Chief Stewart Philip President, from the Union of BC Indian Chiefs, as well as Chief Robert Shintah from the Union of BC Indian Chiefs. I also wanted to quickly acknowledge Bruce Dumont. He is the President of the Métis Nation of BC. Premier and to all the delegates here, I think that the presence of the First Nations leadership is a real strong statement that this an important conversation. The issues that we heard so far discussed this morning and the hard facts Dr. Day that you were presenting and where some of this debate has lead us, I am thinking about what you said Penny regarding education being one of the principle indicators of health. One of the facts that we know in BC, my father, Dr. Richard Atleo, Chief Omeek, was acknowledged, as one of the first, if not the first, First Nations man in BC history to graduate from UBC with an academic doctorate. So we have got a long way to go. I really value and appreciate the comments that have been made so far in reflecting the gaps that have to be closed in this respect. Around a year ago, 14 jurisdictions came together at the First Ministers meeting in Kelowna. It was led very much by Premier Campbell. We laid out a plan, a comprehensive plan for 10 years to close a gap. This is still something that First Nations stand behind as wanting to move forward on. Here

in BC when it comes to this being a political conversation, we appreciate and value the support from the opposition as well. Carole James and her colleagues supported the work that we had done in Kelowna. I wonder then if it is possible, as Dr. Day has helped us to initiate, have a conversation that leads to real understanding to get the numbers that we as the Assembly of First Nations are sharing with individual communities in BC, that in the next 2 years that they are going to experience a funding gap of 9% in this coming year and then 14% in 07/08. We are being very open and honest about ages here. Within a decade, I am optimistic that I will reach the age of 40 shortly, but a lot of the friends that I grew up with aren't here. This is a reality of our community. This is not the complaints of another Indian leader talking about injustices. This is the reality. This is what we are faced with. This is what the leadership recognized when we came together, Métis, Inuit, First Nations, from right across Canada. It wasn't just the Assembly of First Nations, First Nations Summit or Union of BC Indian Chiefs that were putting this together, it was 14 jurisdictions. So to Dr. Day and all the delegates here, some of the questions that I want to raise, because if I think this is going to be a real conversation, real dialogue, then is it possible towards a system that is more dialogic in nature, as opposed to prescriptive. We have it with the Indian Act. We talk about any number of issues that impact our communities. It could be the Fisheries Act that is outdated, and here we are talking about a Health Act. So the Transformative Change Accord, if you are not familiar with it, is the only document that was signed at the end of those meeting in Kelowna. It has the signature of the Prime Minister, the Premiers and the members of the BC First Nations Leadership Council, and we recognize this as being the entry way to having a real conversation on issues, not just on health but on housing, education. We recognize that these are inextricably linked and you cannot have a conversation on one topic without it impacting another. I appreciate and along with my colleagues, value this opportunity. We look for any opportunity to have constructive engagement that will improve the opportunities for our people to do just as I hoped to do in January and make it to the age of 40. Thank you Premier. I look forward to engage the federal government through the Transformative Change Accord. It reflects a tremendous amount of work that has already gone into this. I heard earlier today and through the presentation about not recreating wheels and take advantage of learning from our mistakes. It is an exercise that the First Nation leadership right across Canada have engaged in. I certainly want to close by encouraging this group in the roles that you have to strongly consider that we are here and we are ready to work with you to make change. Thank you.

The Honourable Gordon Campbell
Premier
Just so everyone knows there will be a meeting of First Nations provincial leadership and potentially federal leadership from across the country in Vancouver on First Nations Health Agenda. There is one on economic development that will take place in Regina, in January or February. There will be one with the Native Women's Association of Canada that will be taking place in Newfoundland in June to follow up on the Transformative Change Accord and the other agenda items that we set for ourselves.

Richard Harris
MP for Cariboo-Prince George
Thank you Mr. Premier. Dr. Day, thank you for your comments today and all the comments we have been hearing. One thing is abundantly clear and accepted by everyone is that the statistics that we saw today and that we see from time to time on health care are alarming at best. It clearly points to the fact that we have a crisis on our hands now and as our population continues to be an aging population we may, if we don't make some dramatic changes to the way we deliver health care, we may, as my colleague Keith Martin says, we may hit a brick wall. Indeed that could happen. There is no doubt that the current system is failing the most important part of this whole discussion, and that is the patient. Dr. Day I appreciate your comment to that effect. The patient must always be the focal point of any health care system changes that we are talking about. How do we get the patient healthy again, or treat them. I want to talk as a life long British Colombian, and not so much as a politician. Sometimes personal opinions about certain subjects get tied into politics, so this is Dick Harris talking now. It appears to me that we have gotten into this mess because politicians at every level of politics have been afraid to take the bull by the horns and venture into new and innovative ways of trying to fix the health care system. For too long they have been content to simply throw money at the problem in the hopes that if you throw enough at it, it is going to somehow get fixed, without making any substantial structural changes to the system. That is unfortunate. Health care has become like a political football that gets tossed around between, during and right in the middle of elections. Unfortunately it is a football that has a lit fuse attached to it so many times. I want you all to think back, as many elections, federally or provincially that you can think of where health care has not been an issue. Think back to those conversations that you may have seen on television or heard at meetings and think back to the one time that you have not heard the phrase, "destroy the health care system" said sometime during any

one of those elections. Some political party, or some politician has dared to say that we have to try some new things to fix our health care system and went on to maybe describe their particular parties point of view, where the opposing parties would say, "they are just trying to destroy the health care system." That system has come up ever single election I can remember because some party has thought it may be an idea to try and really make some changes in the system. I don't know when the partisanship is going to stop and the patient is going to come first in this whole discussion. I hope it is today. But in the meantime, Dr. Day I appreciate what you had to say and I think that somehow if we are going to make any changes to the system, we have to stop thinking about our own political fortunes and start thinking about the patient. That means telling the general public why we have to change the system? Why we have to try new things that have worked in other jurisdictions? Let's not be afraid to take on some things that have worked in other countries. We don't have to try and reinvent the wheel every time we have a problem in Canada simply because we think it is the Canadian way to do things. Let's take some examples from other countries in health care that have worked and have proven to work. If we have ideas that we want to bring to the table, no matter from what political end you come from, be prepared to come to the table with factual evidence that what you are saying has worked somewhere else. Not that we should try this. We can try, and try things, and try to reinvent the wheel, but if we have ideas, no matter what ideas they are, if they work somewhere else in the world, just perhaps they can work for us. Until we are ready to dose that fuse on the political football and talk about health care and put aside partisan ambitions politically and talk about the patient as the main person in this dialogue, unfortunately I expect that we will be having this discussion again, and again, and again. I hope Dr. Day and others will start talking more about the patient, rather than the politics of this issue.

The Honourable Gordon Campbell
Premier

Thank you everybody. We are fortunate today to have with Dr. Patricia Baird. Patricia as you may know is frankly nationally and globally recognized for the work that she has done in medical genetics at the Department of Medical Genetics in UBC for over a decade. She took on the task of chairing the Premier's Council on Seniors and Aging last year and has carried out conversations with seniors across the province. She has come today to highlight some of the issues that we face with regard to aging. I will tell you a quick story. When I was still elected at City Hall, back in the late 80's, or early 90's, we decided

that they would launch a program called "Ready or Not." Ready or Not was about the aging population in Vancouver and the impacts it would have on neighbourhoods and services and how we provided them. But aging has been something that we have known about for some time. I have described it in the past as a wave on the horizon, and we either get to deal with that wave or not. We can turn our backs to it or not. Whether it is health care, or housing, or community facilities, or how we provide services, how we actually take advantage of the new older population that is retiring. They are healthier, they are more active, they are contributing more and there are always two sides to that equation, and Dr. Baird has highlight a number of significant and important observations over the past number of months and I thought it would be worthwhile to hear from her today. So, ladies and gentlemen, Dr. Patricia Baird.

Demographics and Healthy Aging:
Dr. Patricia Baird
Chair, Premier's Council on Seniors

As you have heard, I am going to talk about a different part of the picture. I am going to tell you a little bit about what the Premier's Council on Aging and Seniors issues has learned through our work in the last year, in particular as it relates to the future health of our population. I think everybody in this room is certainly well aware of the demographic changes that are occurring all across this country and in fact in many other countries around the world. As the Premier said, earlier, the composition of our population is shifting radically and it is projected to change much more over the next decades. There are far more seniors, they are living longer and there are fewer children coming in behind. In fact, if the current population trends continue, in less than 10 years there will be more people over 65 than under 15 in this province. We have never, ever had a population with that kind of composition before. Over the course of the last century we have been given the gift of two more decades of life. The average life expectancy now in BC is over 81. Essentially most people have been given a new stage in their life cycle. With older people constituting a much bigger part of our population, there have been fears raised about potentially a catastrophic impact on our health care system because people's use of the health care system tends to increase as they get older. People over 65 account for 1/3 of hospital admissions, ½ of Pharmacare drug plan costs, and more than ½ of the days spent in hospital. These doom and gloom projects about the aging population causing major increases in health care costs have not been borne out by the data so

far. Health care costs have increased, but population aging by itself, only explains a small part of this increase. Rather it is the cost per capita that have risen. The major part of the increase is not due to more older people, but to more costs per person. So we need to make sure that we get value for money in those costs. We need to increase the quality of the health care provided. As well as these new demographics, something else is new. We heard this morning about what a problem seniors' are, but in fact, senior living is no longer characterized by failing health and lose of independence. This generation that is over 65 is healthier and living longer than any previous generation and most older people in BC have active lives and different expectations. Some people call this the "new, old". I expect to do things in my own life as a senior that are very different than my mother and her generation when she was my age. Biking and hiking, for example. We have got a new old, but our policies and our attitudes to aging were formed in a different era, when the reality of older people's lives was quite different from what it is now. We need to adapt and we need to change our perceptions. "Seniors" are erroneously viewed as a homogeneous group. In fact, if you think about it there are as many stages between 65 and 95 as there are between 35 and 65. We certainly don't group the latter together under one label. While it is important, and it is part of the picture, most of our public policy around aging has focused on the dependency needs of frail and vulnerable elders. This is needed and it is clearly essential in any caring society. But it is only part of the picture. We need to focus as well on older people being an essential and integral part of our social and economic lives. They give the benefits of their time and their experience to the family, to the community and to the work place in many ways. In spite of that, much of the language we have about older adults evokes images of frailty and passiveness. It doesn't reflect the active, productive lives of many people over 65. Terms like, "old age pensioner, retirement, elderly" which were once descriptive and value neutral have become associated with being passively outside the mainstream of life. I think we need language and attitudes to better facilitate participation and contributions by older adults. A significant part of our work is to examine the emergence of what is essentially a new stage of life, a stage that didn't exist in significant numbers until recently. The picture that we find of the current generation of older people is it is the healthiest ever, it is living longer and with fewer disabilities than previous generations. Over the last decade, more older people are continuing to live independently and the common myth that most older people are in care homes is just not true. Even at quite old ages, most people live in the community. For example, over 71% of people over 85 are living

in private dwellings. While complex care is essential for some older people, those who do move into a facility do so, on average, well after the age of 80. As people have lived longer, disabilities have tended to become compressed into a shorter time frame, near the end of life. Everything I have said so far is good news about our current generation over 65. Unfortunately in looking to the future, it is the next generation of older adults that is hanging in the balance. It is the large bulge of boomers who will be starting to arrive at 65 in the next few years that are of concern for the future health of the population and of our health care system. We have heard illusions this morning to the fact that how we live strongly affects our health as we age. If our health care system is to be sustainable in the coming decades, we have to change our diets and activity levels right now. Tomorrow's older adults have the potential to be even healthier if they live well, but it (tape change). BC adults are over weight, and an additional 2 out of 10 are obese. There is epidemic in obesity which has doubled in just the past 15 years alone. Another startling statistic is that 25% of the calories that we consume in this province come from junk food. It is not surprising to me, speaking as a geneticist. Humans evolved in an environment where salty, fatty and sweet foods were in very short supply so it was a survival advantage to eat as much as you could of them whenever you got a hold of them. As a result, we are innately predisposed to want fatty, sweet and salty food, but our environment has changed and it is now easily available and in fact, in your face, everywhere. Unfortunately our predispositions haven't changed and they make us sitting ducks to the heavy marketing of fast foods, sweet pop and snacks. Another thing that we found and is a real worry is lack of physical activity. Over half of BC's adults aren't active enough to derive health benefits. Again, it is understandable. In earlier times we were more active just in the normal daily course of our lives. Now we drive, we use labour saving devices, like vacuums, blenders, take the elevator, we don't have to iron because there are no iron shirts, just normally expend fewer calories in our daily activities. If things don't change the habits of the boomers, it will have serious consequences for our population's health. The illnesses that are common in older people are chronic ones, things like heart disease, diabetes, arthritis, dementia, hyper tension. If our current unhealthy choices remain unchanged we are going to reap the consequences in 10 or 20 years. Luckily, and it is luckily, the factors that lead to all these common chronic conditions of older people are similar. You decrease very very markedly the chance of each of them if you are active, eat healthy, and remain engaged. It is not so simple, because living healthy depends to a great extent on individual choices, but clearly individual choices are greatly influenced by larger social, and

economic factors. We heard about the aboriginal community. Eating badly and inactivity have as much to do with urban planning, marketing, social and economic policy as they do with person choice. I bet there is nobody in this room who doesn't know perfectly well that we should be active and we should eat fruits and vegetables. Less than 1 in 10 British Columbians actually adheres to the Canada Food rules. We live amidst a barrage of marketing messages, seducing us to eat processed foods, to watch TV or spend time on the internet, instead of out walking. I think there is a lot that our society can do to support healthy choices and that ranges from regulation, to discourage unhealthy products, to changes to our communities to make walking easier, to changes in social norms and attitudes towards physical activity and diet. We need to make the healthy choice the easy choice if we are going to affect behaviour. I was very interested in the research we did to find that some other jurisdictions have made a shift, have made the change. One good example is Finland. In the 1970s, in Finland the diet was very high in saturated fat and salt, and very low in vegetables and fruit. They measured blood cholesterol levels in the population. They were high. They looked at blood pressure levels, they were high. And the mortality rate from coronary heart disease of Finish men was really astounding. It was the highest in the world. So they looked at strategies to change dietary habits and started them. They involved health services, super markets and the food industry, community leaders and volunteer organizations and the local media. They distributed, healthier, easy to make recipes for cooking. The food industry, which included meat processors, bakeries, dairies, etc. were persuaded to reduce the fat and salt content of their food. The government put in place new policies to help farmers to switch to growing canola and growing berries. The tax policy on dairy fat and vegetable oil fats was altered so that dairy fat was no longer favoured. So what happened? As a result the changes in Finland have been remarkable. What people ate changed radically. From 1971 to 1995, cholesterol and blood pressure levels dropped markedly and the mortality rate for heart disease decreased an amazing 65%. I think we have to realize, and accept that simply telling people to eat well, doesn't work. The intervention target of the program in Finland was the community, rather than the individual. It was on making the healthy choice the easy choice for people to make. I think if Finland can do it, I think we can too. While the provincial government must play a leadership role in helping us change to healthy living, it can't do it alone. Partnerships are needed with municipalities, with businesses, with the food industry, volunteer organizations, media and others, because government funding towards supporting healthy choices, will always be tiny compared, for example, to the billions of advertising

dollars that is spent by the fast food industry. I think we need a new way to think about health. In reality much of ill health comes from the built and the social environment and the social world around us, and from the choices that that world leads us to make. If we want to avoid chronic illnesses, we have to change our everyday environments, so they support us to have healthy lives. Most people in this room recognize that many of the important determinants of health lie quite outside the health care system. If we take these into account, the aging of the population will be more manageable for our system. I think we have an early warning here to prepare and to do the intelligent thing. The next decades are going to show whether we can meet the challenge. Thank you.

Question and Answer Period for Dr. Patricia Baird

Lorne Mayencourt
MLA for Vancouver-Burrard

Thank you very much Premier. I want to take a moment to add some comments to the conversation. As I work in my constituency, I talk to a lot of people and this conversation is already happening in my community and they have asked that I bring certain things to the attention of this group. During the 80's and 90's, successive BC governments have pursued an agenda to place persons with mental illness into the community. This was a well meaning policy and it promised British Columbians that the supports would now appear in the community. This promise has never been fulfilled. In fact our policy has had a devastating impact on the mentally ill, away from the care and support they had in facilities that were run by the province, they have fallen easy victim to drug dealers and low lives. I don't raise this to condemn this or any previous government. We can either fix the blame, or we can fix the problem, we cannot do both. This conversation should as, "Is this really a good policy, or has it failed us and should we re-look at it?" It this really freedom for the mentally ill or is it governmental neglect. I have a fellow in my neighbourhood by the name of Doug who has lived on my corner for two years. He lives with severe schizophrenia, the policy won't pick him up anymore, the ambulance won't pick him up anymore, no one will pick him up anymore because he is just too dangers, yet he lives on my corner. I don't think he is living a life of freedom or a productive life either. Another issue which is in the forefront of my constituents minds is the drug policy in BC and most notably in urban centres like Vancouver, New Westminster, Surrey, Kelowna, Penticton, and Prince George and many others. We have not asked the public about this policy. We have become captivated by a small, but extremely vocal, group that

argue that the war on drugs failed us and therefore we should give up and pursue another approach. What would we do if we thought that about speeding? Because we can't stop speeding we should send our police home. No. I wouldn't work there and it doesn't seem to be working here. In fact, I think it is time for us to pursue another approach. Our own mayor now advocates supplying drugs to addicts. This is wrong. The public wants into this discussion and when they do, they will want to know, "Did the safe injection site reduce the spread of HIV/AIDS, Hepatitis C? Has public order been improved in the downtown East Side? Is there less of an open drug market, or are there more addicts today than 10 years ago, or even 3 years ago, when Insight was opened?" The public supports harm reduction, but it also supports enforcement, treatment and prevention. Where are these pillars? Once again, has our drug policy resulted in harm to our community and is that freedom, or is it benign neglect? Another issue that I referenced in my previous comment was HIV/AIDS, and Hepatitis C. The fact is that every year we have more and more people contracting these diseases, 103 this year alone. Each costs the system an enormous amount of money. I think it is about $100K per year. That is an additional $10 million to the $100 million we spent last year. What is most important is, what about the lives of those 103 people or the others that are infected? What does their future hold? I think that these are very important issues and I am glad for the opportunity to be able to speak for them. I think the conversation needs to be as broad as possible. I don't think that we serve ourselves well by not letting the public in on issues of addictions, mental health, HIV/AIDS and Hepatitis C. These are important issues that all of us need to be pursing. Thank you very much.

Dave Hayer
MLA for Surrey-Tynehead

Thank you very much Mr. Premier. First say that my constituents are very happy to see that you are holding this dialogue on health care and allowing them to participate. This is the first time that they have been able to get involved. I have heard many nurses and other health care workers and many seniors. In my constituency we have many seniors who are in the 80s and 90s who are very active and who participate every day in different functions within the community. I also visited one of the senior housing complex of the Filipino community. There are seniors of up to 97 years old and who every Sunday tried to get together from all different parts of the Lower mainland. They were also very excited that the government is listening so they can provide input. My question to the Premier and Dr. is that, I was in England back in September 2002. When I visited

there, there was a Labour government, they were discussing how change their health care system, have the private sector participate to have the system improved for the patients. I was talking to some of the people from England last week who were visiting here, and they were saying that the system is much better. It still needs some more work on it. It is much better than before the government made changes, which the Labour Party and they were able to get the private sector and the public sector working together. Do you know if in England or some of these other countries if health professionals have come along to support the changes in that country, the new way of working system between the private sector and the public sector?

Dr. Brian Day
President-Elect, Canadian Medical Association
They have come together. They are not all entirely happy. Not all doctors are happy with the changes because one of the unique things that has happened now is, that there are specialist surgeons who are out of work, cardiac surgeons because they have no patients to operate on. But in general, the BMA has supported it, but with some issues. It is not a panacea. I raise that because I thought it would be good to be able to focus on the most expensive component of health care right now, which is hospital services in this country, and if we can help that system work better, and free up resources then all of the other problems that exist in our health care system we can direct some attention to them?

The Honourable Gerry St. Germaine
Senator for Langley-Pemberton-Whistler
Thank you Premier for bringing us together in this manner, because this really is a necessary part of the process if we are going to be successful. Especially for us who work in Ottawa, who are so far away from this place, that often the message gets garbled on its journey eastward. I am going to be non-partisan, which isn't generally consistent with my behaviour, but Michael Kirby, just resigned from the senate. Michael Kirby is a Liberal Senator, worked opposite me in the Senate for the last 14 years that I have been there, but Michael has done some great work in chairing the Senate Standing Community on Health Care. In this short dissertation, as he was leaving, he urged Canadians to take a serious look at the Canada Health Act and what it means. There is nothing in there that says that the delivery of health care can't be from the private sector. He clearly stated this. He spoke of the mental health care that Lorne spoke of here, and the giant cavities that exist in the situation in dealing with our citizenry that are affected by mental health problems. Most of us, if we look into our

families, somewhere, we have somebody that suffered from mental health problems. I would say I think we should look carefully at the studies that have been done by the Senate and I am sure Premier, you and others have looked at them seriously, because the recommendations that have come forth are non-partisan, and seek to find solutions, rather than seek political gain. I happen to sit as well, I chair the Senate Standing Committee on Aboriginal Affairs, and I see my aboriginal colleagues here today, and Dr. Baird speaks of obesity and the problems, but obesity often equates to poverty. The poverty that exists in our aboriginal communities is unacceptable. Premier you have taken a leadership role in this. You have clearly stated that you are going to make a difference and I think the sooner that we go ahead with comprehensive land claims, specific claims, because our greatest resource is our people, and we have thousands of young aboriginal peoples that if they are not given the proper opportunity and guided correctly as Dr. Baird has pointed out, they will not only not contribute to our economy and our society, but they will be victims of what Dr. Baird has so adeptly put forward here this morning. It is preventative medicine and I don't think it is just throwing money at the problem. We have got to come up with new programs to deal with these old problems. I would urge each and every one of you to really, really consider taking a look at the studies that were put forward by the Senate Standing Committee on Health and just digest them for what they worth. They are good reading and there is some good sound advice. I would like Dr. Baird to comment on the preventative aspect, if she would. If there are any preventative aspects so that those of us who are old now, and obese or overweight like myself. I think we can work towards the future by instituting preventative programs.

Dr. Patricia Baird
Chair, Premier's Council on Seniors

The point that I was trying to make earlier is that we are not really going to get anywhere with doing changes to people's diets and activity levels by viewing it as simply an individual problem. Because how we behave is so strongly influenced by what we are exposed to in our every day environments and what is around us. So really I think many of the habits that we have that are not good for us come because of that everyday world, and we need to think about how we can change the cues to us to behave in that way. We really evolved as a species to be active, and to eat certain kinds of foods. And our environment has changed markedly and our make up hasn't. So there is a mismatch. When we are going to sit on our duffs all day long and we are going to take the car somewhere and we are going to eat what

is immediately available because it comes out of the machines, soft drinks, and there is nothing else around, then we have to recognize that it is not individual behaviour, it is a rather toxic environment that we have ended up with for ourselves. We need to seriously change it. Part of that is socio-economic. It is not easy to have a good nutritious diet if you don't have the where-with-all to buy it with. It is not easy to be active and walk if your community is unsafe and not well lit. So there is a whole range of both collective actions we can take to support individual choices to live in a more healthy way.

Chief Judith Sayers
Executive, First Nations Summit

Thank you Mr. Premier. I too would like to acknowledge the Coast Salish people whose land we are on and to thank the Premier for the invitation here today. Health is an extremely important issue and we appreciate his leadership and vision in signing the Transformative Change Accord which no other province in this country has. The goals that have been set (in closing the gaps in health) because there is a real recognition there that there is help needed. One of our most precious resources in our community is our elders; the keepers of our histories, our protocols, our traditions. In many cases the only speakers of our language. And so keeping them well and healthy is very important to us, and yet they seem to be the ones that are leaving us very quickly. We often speak as First Nation people and in Nuuchalnut, our term is "……." Everything is connected and everything is one. So I am going to talk more beyond health today because one of the reasons our seniors, our elders are not as healthy as they should be is that we can no longer access our traditional foods as we once could, the fish, the urchin, the crab. Some of these things have become treats to our elders and not just everyday foods. This has affected the health of our systems. We really need to be able to return to that kind of access to our traditional foods. Part of that is an assistance in Treaty negotiations, as well as moving to recognition that we do have these rights. The other problem with these foods is that many of them have been contaminated through pollution and they are not same as they used to be and not bringing the same kind of nutrients. The same can be said of our traditional medicines, our traditional plants have been polluted. They have been affected by some of the logging practices, accessibility and all of that is intertwined in our ability to be able to care for ourselves and to return to that traditional way of life, using our own medicines. You can top that with some of the problems that our elders are facing today, because of being in residential schools and not being fed properly. There were no vegetables, there was no milk. Many of our elders in

our communities are facing osteoporosis, and of course that adds on to our abilities to care for them. We have to spend a lot of money in homes and trying to provide safe places for them. So in all of the recognition of the residential schools, there has never been a recognition of the affect that diet has had on our people and the impact that it has. Today as we sit here, in the Supreme Court of BC, there is a residential schools package that is going through the court to be approved over the next 3 days. This is the last hearing across the country. Those are some of the real critical issues that we are facing. Remoteness and access is a huge issue for many of our reserve communities. How do we bring the service to our communities? How do we make medical services available to people? Many doctors, as we have heard, don't want to move to these remote communities. Nurses. How many of our communities are crying out for nurses? Training our own takes up to 11 years as we heard the Premier say today. The rising costs of transportation of sending our people out to get medical care continue to escalate. Yet we keep on getting cuts from the federal government on what they will actually cover. So it goes back to the First Nations to try to put money into that to get our elders care when we can't afford it. We are really tied. Trying to find ways to make health care more accessible for remote communities has got to be one of the top priorities because there is a lot of communities in BC, not just First Nations that need to be able to do that. We have already talked about poverty and with 85% unemployment in some of our communities, it is a huge issue, but through economic development which many communities are embracing right now, I think we can turn that trend around, but we need help in being able to get our communities into that position. There was another report released today on climate change. And the predictions there is that climate change will bring more illness and more diseases because of what is happening. Rising heat is going to be affecting our seniors. We need to be more active as a province, as a federal government in addressing climate change, because it is going to impact us. With rising water levels in many of our communities how is this going to be affecting our seniors and our ability to even get around. One of the shifts that I would love to see is to more in-home care. We don't like to see our elders leaving the community. Many of them don't want to go any of these homes. And being able to support in-home care, needs more emphasis. One of the other things that affects our health is hope. Our elders, our people need to know that things are changing. As we move forward in the new relationship and in trying to address some of these issues, even the residential school package as it is, it helps people to want to live longer, to want to participate, to see a future for their children. So as we look at all of

these issues and as we move forward, I think it really helps people's mental state. The same issue with suicide. We have so many young people committing suicide because there is no hope. We need to be able to show them that there is a future for all people in British Columbia.

The Honourable Gordon Campbell
Premier
We are joined now by the Federal Minister of Health, who unfortunately has to catch a plane so he won't be able to join us for the afternoon, so I am going to ask Tony if he would like to say a few words. Thank you very much and welcome to one of our provincial congresses.

The Honourable Tony Clement
Minister of Health, Federal Parliament
Premier, thank you very much and thank you for your warm welcome and for this congress's flexibility in having me have a chair at the table for albeit a brief period. My apologies that my schedule is more flexible and since I was in the neighbourhood when this congress was going, we were talking about the environment and its relationship to better health outcomes, just a few minutes ago with the Prime Minister, over at the waterfront. I just wanted to send some words of greeting from the Government of Canada. I'm here with my British Columbian colleagues who are peppered about the room as I see. I commend you, you premier, and all of the participants for this congress. It is a very commendable idea to have this kind of dialogue, having civic leaders, provincial leaders, and federal representatives in the same room with community leaders in order to have this dialogue. It is the kind of thing, once again, where BC is being a trail blazer. Health care generally is an area where BC has lead the way in many many different aspects when you look at the Canadian scene. When I look at the strategic plans that you have in place and are implementing in terms of Cancer, there is no question that BC is the national leader. When you look at your approach to such issues as natural health products and the way of aligning traditional medicines with Chinese medicines, and so on, again BC has lead the way. I can cite example after example, within the Canadian health care framework. That kind of innovation is going to be needed. I am sure that you have heard, as I have heard, the Premier and Minister Abbott and others say, that when you look at the health care system, or systems, in our country there is a real issue of sustainability. If we keep doing the same things and expect better outcomes and better results I think we will be sorely disappointed. Part of it is the

application of resources. Part of it is also how we apply those resources in a better way. To have your Premier make the commitment that he has made and follow it through with his own study tour that he did just a few months ago, looking at other health care systems, what sorts of things that we could extract from their successes and what would be applicable to our own context, that is very important work that again BC is leading the way. My take home message to home, is please continue to do what you are doing. I see it as important. I see our role as a federal government as one that is not only a partial funder, but also one where we can collaborate on some meaningful issues. I have been in on some important discussions with your health minister on how we can do some things together, whether it is to increase accessibility, decrease wait times, move forward in the federal governments point of view, towards the next logical extension of reducing wait times, which is the wait times guarantee. Working together on a national cancer strategy. I would be remiss if I didn't mention the Pharmaceutical strategy. He would be taking me to task if I didn't mention that one as well, where we can work together on these issues and indeed I see the logical place of BC as in the forefront. You have been innovators in the past when it comes to health care. We need innovation in the future in order to tackle the sustainability and certainly when you look at the demographics of British Columbia, as our population grows here in BC, but also ages, we are going to need that innovation in our health care system. So we want to be your partners. We want to see success in making sure that health care is available to present generations and future generations and I am certainly looking forward to the results of this congress and all of the work that you are doing to find some solutions, whether it is First Nations health or various aspects of preventative medicine, healthy living, there is so much that we can learn from one another and that you can teach the rest of the country as well. Thank you very much for the opportunity to be here, even for a brief period of time.

The Honourable Gordon Campbell
Premier

Our conversation on health which we are encouraging our MPs to get involved in with their constituents as well will be taking place between now and next September, and we encourage you to throw in any questions or observations that you have as well. I think British Columbians are up to the task of finding solutions, not just identifying problems, but finding solutions. I appreciate you taking time to come in and travel safely on your way back to the capital. Thank you for coming.

Mary Polack
MLA for Langley

Thank you Premier. I want to first of all acknowledge that two of the strongest voices that we have heard today around the ecology of health care come from Sean Atleo and Judith Sayers. I appreciate so much the fact that they have drawn our attention to more than just the obvious parts of health care. There is a whole bunch of lifestyle and culture around it. That broadens out beyond the Aboriginal communities as I know they are well aware. It perplexes me that we often get bogged down into thinking that somehow valuing more spending on environmental stewardship or increased support for child care or increased support for the underprivileged or increased early childhood education is somehow seen as counter to solving financial crises in health care. That somehow to advocate for those things, one also needs to advocate for increased spending in health care. I think the opposite is true. It is because we value all those things around our community that support good health in a variety of ways that we have to solve this problem. When I talk to constituents in Langley, their greatest concern is not whether their system is public or private, or a mix, or from Britain or from Norway, or from Mars, it is what works. When my child is sick and I take them to the doctor, do they get fixed? They have a few practical suggestions which will lead me to a question about seniors for Dr. Baird, and they revolve around overuse of the health care system, or misuse maybe we should say. For example, many employers, be they public sector or private sector, require employees to go a doctor and get a doctor's note before they can access their sick pay. It might be a flu or cold that they know very well how to take care of themselves, and they need to see a doctor, but they need that proof, there is an extra visit. My father is 78, he is extremely healthy. I don't think he takes any medications at all. He walks a couple of miles a day, he sees his doctor very regularly. I mean very regularly for the once over, and he carries with him the attitude of many seniors which is that somehow, seeing a doctor is really the only legitimate form of health assistance. That is what you need. You need to see a doctor; the rest somehow doesn't come up to snuff. I am wondering from Dr. Baird, what you encounter when you discuss attitudes around expectations in health care amongst seniors and what we might do as governments and community leaders to help to educate seniors in their particular area to understand that there are other aspects of health that can provide equivalent care for them?

Dr. Patricia Baird
Chair, Premier's Council on Seniors
I don't think seniors are markedly different than other people in their attitudes to medicine. That is why I said I think we need to have a new look at our attitudes to what determines health, certainly appropriate health care, when you need it is something that we all want to have available. But we found evidence of lack of quality of health care with sometimes overuse, and sometimes under use, and sometimes quite inappropriate use. One of the fastest growing cost centres in health care is the use of Pharmaceuticals. More than $1.16 billion a year is now spent on prescription drugs. When we looked at the data, 80% of the increase from 1995 to 2003 was due to the use of heavily marketed "Me too" drugs. That is drugs that don't represent a real break through in terms of value for money. They don't make you any better than some of the things that are already existing, but they cost more and they are very heavily marketed by the pharmaceutical industry. There are a whole range of things that we need to do educate people. Too much medicine is bad, too little is bad, and it has got to be appropriate. Most of the determinants of the health are not going to be affected by going to the doctor.

Katrine Conroy
MLA for West Kootenay-Boundary
Thank you Mr. Premier. I would like to thank Dr. Baird for her presentation. I am looking forward to the recommendations from your council, because I too as the seniors critic on health have talked to many of the groups and individuals who have presented to your council and I understand that there are numerous issues that have been raised. I am hoping that the recommendations will show that there will be some action on those recommendations sooner than later, for the sake of many of the seniors who have presented. We are continually hearing about the province's aging demographics. People are somewhere hiding if they don't understand and respect that. It is definitely an issue. When I go these meetings in my late 40's and I am referred to as a junior, junior senior, people are annoyed with the title of seniors. My husband is going to be 60 next week, and they refer to him as a junior senior, and then I had the 72 year old child who is taking care of her 92 year old mother. We are all seniors she said. So it is definitely an issue that we have to keep our eye on. One of the problems that I find with seniors and you have mentioned it, is the growing number of programs being cut, but some of the programs that are being cut are the very programs that would keep the seniors healthy. They are programs that aren't quite as sexy as a hip replacement and don't get the media but they are programs that get

seniors out of their home, prevent them from isolation, get them out doing exercises, and we are seeing in facilities across the province, some off those programs, outreach programs are being cut because of lack of funding and seniors are suffering from it. And we get quite a human cry from them when those programs are cut. I think it is a matter of political will to ensure the funding is there for those programs so they are not cut. I am glad that you raised the issue around poverty. A recent study was done in the West Kootenays where I am from, and just under 60% of the people that responded to the survey had an income of $20,000 or less. Just over 30% of the people had an income of $15,000 a year. Those are seniors who can't afford fresh fruits and vegetables and the extras that you need to eat healthy. So it is a real concern in our region and definitely a concern for them. What was also a concern for them is that they are struggling to find the proper housing that they needed. They can't afford $4,000 a month for a private facility. It is definitely an issue around poverty. Things like diet is a big one for them and it is one that they continue to bring up. I think one of the biggest issues that I have come across is the issues around home support. Home support is a very cost effective method of keeping people at home. I just had Thanksgiving dinner on Sunday with a 98 year old woman who has just had to move out of her home and into a facility where she gets a little more care, but she is a woman in great shape, wonderfully active and just needed a little bit more support to stay home, but finally had to move out. I think it is unfortunate Mr. Premier that you didn't actually visit Denmark in your tours of Europe, because Denmark has one of the best systems in the world for seniors care, one of the most cost effective, and one that is used world wide as an example of how to keep seniors in their home longer with proper home support care and with support from municipalities. It is supported by the federal and provincial governments there. So it is definitely a system that we should be looking at. It makes it viable for seniors to stay home longer. And I just wondered Dr. Baird from your perspective where you are coming with the recommendations around home support and where we are going to be ending up with that one?

Dr. Patricia Baird
Chair, Premier's Council on Seniors

Well we are going to have recommendations regarding home care and we are going to have recommendations about low income. I am very familiar with the example from Denmark and we have heard a great deal about all these things. I can't of course tell you specifically what we are going to recommend because we report to the Premier. But you don't have to wait too long, because we are going to report next

month. Certainly we are very familiar with the evidence that has been collected here in BC by Dr. Marcus Hollander, which is very suggestive that in fact over time, providing appropriate expanded home care in fact saves the health system very significant dollars. In fact, someone who is of low need care and gets it around the house, the expanded home care, they cost the health care system, 3 years later 52% less. So we are familiar with a lot of the data and we have heard an awful lot about it from many people and we are going to be having some recommendations in that regard.

Katherine Whittred
MLA for Vancouver-Lonsdale

Thank you Premier. Like the speaker before me, I too was once a critic for seniors. I have to thank the premier for that one. I was first elected in 1986, and that was the first assignment he gave me and I must say it has been one of the great pleasures of my life. I want to thank Dr. Baird for her comments and I just want to reflect on a few things that came to my mind as she was making her presentation. First of all I really want to thank her for talking about the new generation of seniors and for pointing out what is the obvious, that we have added in the last few years a whole generation to our life expectancy. Several times today I have heard people talk about the crisis in health care. I mean, what crisis is that. I think this is one of the most amazing achievements that we as a population have achieved. We have the expectation to live almost a generation longer than our parents, and I think that is something that is truly remarkable. I was reminded as Dr. Baird … (end of tape) .. very, very high level conference on seniors issues and seniors care. We had guests from all around the world, from the UK, from other provinces in Canada, from Oregon, and I think we even had someone from Denmark. These people presented their best practices and of course there was discussion that followed. And what occurred to me is, you know in BC when it comes to delivering the broad range of seniors care, we are leaders. We are the model of best practice in this province and that is something that I am very proud off. I think the question for us as policy makers both federal and provincial on these issues is not that we don't know what to do, we do know what to do, it is who pays, how much and how do we make these services equitable and affordable across the total population. At least to me that is the really big challenge. Dr. Baird mentioned about chronic care and the illnesses of the elderly. While I think of that, the definition of elderly, I read a thing in the paper the other day about something that had happened, they said, "the elderly people." He was 57. I thought "oh my goodness what does that make me." We do have to take note of

Dr. Baird said about how we define these things. But getting back to the chronic care, and I think this is another huge challenge for us policy makers, Dr. Rejean Hebert, from Quebec, I have seen his presentation 2 or 3 times and it just sticks in my mind because it is about the evolution of our Canadian system as we evolve from a system that was largely concentrating on young people, acute care, and hospital care to one that is largely for older people, and focused more and more in the community. That of course is another huge challenge for all of us who are making policy around these issues. One of the things that I discovered when I worked in the area of seniors care is that because it falls largely in the area of community, most of it is not portable from province to province. It is such a factor in the whole system that nobody pays much attention to it. But it is a huge issue for families. I have had all sorts of people who have come to me and said, "my mother lives in New Brunswick, she is 95, I would really like to bring her to BC so I can take better care of her." But when they try to make that move there is no availability of treatment or care. There is always this lapse. I think that is a challenge that we should look at. I was really delighted to hear Dr. Baird make reference to the interconnectedness of the various systems. One of the first things I learned when I started dealing with this, was that the three pillars of senior care are nutrition, mobility and social connectedness. And those three things are all really outside the health system. They are systems that are beyond just health and into the area of community, transportation, housing, etc., etc. I think there are a couple of other challenges that we have as policy makers around the new senior. One is what is magic any longer about the age of 65? Is it still appropriate that we have to retire at 65? Is it still appropriate that 65 is somehow that magic number for our social programs. I don't know. I think that is something that we need to talk about to look at. Finally, I just want to end with a little story. I was recently at an opening for a seniors housing facility. One of the guests who was there helping to cut the ribbon was a gentleman who was 105. He stood and he made his speech as nicely as anyone you can imagine. He refused to have his cane for the photo-op. He said, he really didn't need it, he just had it just in case. I think that is a wonderful model of the new senior and he is not unique at all. There are many many out there just like him, and that is the new reality. Thank you.

The Honourable Gordon Campbell
Premier

There were a number of things that were said this morning, all which add substantially to this discussion. I am just reminded that the age of 65 was picked I believe by Otto Van Bismark in the 1870s. My

sense is that there are a few things that have changed since the 1870s and maybe that age limit should be changed as well. I think what we have heard from Judith, from Patricia, from many of you is that there is layer upon layer that has to be part of this, and the question for us, How do we get this into a position so that we can actually act to have the most positive impacts on people's lives across the province, across the country. I do think that there is a huge amount that we can learn from one another. Certainly I have learned lots just listening today and I want to say thanks to everybody. We are now going to take a break for lunch. That will be followed by a presentation by our Minister of Health on the Conversation itself and then we will be open for more discussion, more comment and any questions you may have. By the way, it is a very safe city. You can feel free to walk out down the street, walk around the block, get a little exercise, breath in the fresh urban air of Vancouver and we will back here at 1:15 this afternoon.

Afternoon Session

Introduction:
The Honourable Gordon Campbell, Premier

We will start this afternoon with opening comments on the Conversation itself from George Abbott who is the Minister of Health for British Columbia. Then I have two speakers so far, Stewart Phillip, and Dave Porter from the Leadership Council. Then we will have it open to the floor for the discussion. It is not necessary for everyone to discuss. If you have comments, questions, or whatever, feel free to do that.

Conversation on Health:
The Honourable George Abbott, Minister of Health

Thank you very much Premier for the opportunity to speak today. It is always with a bit of trepidation that one speaks fourth in a line-up of four, because many of the important themes have been discussed and some important issues have been discussed so I will try not to replicate, or duplicate some discussion we have had earlier, but I would like to tell you a little bit about the Conversation on Health, why we are doing it and all the details around how to become a part of

that. I did appreciate the excellent presentations earlier today and they provided us with some good basis for discussion around the Conversation on Health. Health is at least, from what I have seen in government a remarkably fascinating area of public policy. Also for all of the reasons we have been discussing earlier, frequently a very challenging area of public policy. It is for that reason that this discussion, dialogue, conversation with British Columbians on health gets underway. Government doesn't have all the answers to the perplexing challenges we have in health care today. I think British Columbians can provide us with a lot of good ideas and potentially answers in terms of how to improve the system. There has been good interest to date. About 6700 people at this point have visited the Conversation on Health website which is very good. There have been about 600 submissions, both the formal submissions and some emails around people's ideas as well. About 1100 people, including about 200 and some for the professional forums have now registered for regional and professional forums. So again, lots of interest in the first 10 days that the site has been in place and we fully expect that we will be generating lots more interest in the weeks ahead. The Premier this morning explained his views on this and how he hopes that the participation of British Columbians would help to shape the future of a public, sustainable health system for our province and we want to have the very best ideas from British Columbians about how we can deliver health care better, what services they most value and where we can make shifts in public policy if it is appropriate so we can provide those better services. The Premier also talked a little bit about the importance of health in the broader framework. It is a $12.8 billion enterprise annually to British Columbians. We spend in the health care delivery system about $35 million every day, about $1.5 million dollars every hour. It is a big undertaking, $3.6 billion since more than 2000 in health care than just a few years ago. Now in terms of the portion of the budget consumed by health care is around 42 cents, between 42 and 43 cents and the spending pressures of course are growing all of the time. There are those challenges whether we want them or not and it is very important for British Columbians to be a part of advising us where the future of health care lies from their health perspective. It is not just about dollars. We do want to strengthen BC's public health system for the future in ways that are consistent with the Canada Health Act. That doesn't mean that your ideas have to be formally speaking entirely in accord with that. I am not saying at the outset that people are constrained from expressing their views, because they don't think they are entirely orthodox. We do want to have an open, honest conversation and that implies, welcoming a range of perspectives. For those of you who

have gone on the site and reviewed the submissions, I am sure we could all agree that there are a range of perspectives there on just about every area of health care. Of course it is going to grow as we move forward. This conversation is not something that we are doing to stand still for the next year. This is something that I hope will complement the excellent work that has been done in recent years in having an even, better, stronger health care system. The move to a smaller number of regions, to six including provincial health services authority and five regional health authorities from what was 52 distinct authorities has been an important step ahead. The expansions of hospitals in acute care capacity has been important. Primary care programs are an important part of our future, and we are trying to build in ways that we can work with BCMA and BC Nurses Union and others to build more primary care capacity in the province and that may be in an urban setting like East Vancouver, or it could be in a rural setting like Enderby where we have a primary care clinic up in that rural community. Ambulatory care has been expanded and will continue to do so. It takes a lot of pressure of the acute care system when we can manage surgeries on a day basis. That is very important. And assisted living and residential care we have made major investments in remediating a lot of the stock and now incrementally increasing the number of residential care and assisted living units all of which are very important to ensuring that both quantitatively and qualitatively the frail elderly have the supports that they need. The other areas that I want to talk about a little bit, the strains on the health care system. The aging portion was remarkably well articulated by Dr. Baird. The fact that as a proportion of the population the proportion 65 years and older is growing every year and will double to about 25% of the population 20 to 25 years from now. The 85 and 90 plus group, fastest growing cohort in the population that has, as the Premier noted earlier, quite a profound impact in terms of health costs. We become, typically speaking, later in our lives, far great consumers of health care than earlier on. And it is a major shift demographically and our society is something that has a profound on it. It is also as Dr. Baird rightly noted, a very positive thing. BC's men I am told recently became the longest living men in the world. We have surpassed the Japanese recently because the apparently the Japanese men are smoking too much so as a consequence BC's men have moved a head. We are still a few years short of BC's women who now have taken their life expectancy up, I think Dr. Baird, to 84 plus, which is wonderful. That is a wonderful thing. It is wonderful too, that men are still leaving a couple of years of peace to BC's women before departing. So that is the positive side. I think the other positive side is that today's senior, like my mother

who is 84 are very active, very much on her game in her 80s is typical of today's senior and that is a wonderful thing. We do need to provide those supports but we also need to recognize that those supports come with a very considerable price tag and that as the demographic shift occurs we are going to see in the emergency rooms, in the acute care beds, in all of our health facilities more common incidences of an aging population often in conjunction with one or two or sometimes even more chronic diseases or injuries, which make it very difficult to manage. In terms of other challenges we have made lots of advancements on medical technology. Again it comes with a price, and British Columbians regardless of their age tend to be strong consumers of health care. It certainly surprised me that with a population of about 4.2 million today, we have very close to 2 million visits annually to our emergency rooms in the province. We have about 20 million visits to family physicians offices annually in the province. That is a big shift and certainly a big shift from 20, 30, 40, 50 years ago when we probably had rather less comprehensive expectations of our health care system than we do today. The other challenge that is key to understanding the pressures in the health care system is the burden of chronic disease. The reality that tobacco use, poor nutrition, physical inactivity, drug and alcohol abuse, underlie the chronic diseases that account for 49% of the burden of disease in BC. Those diseases are heart disease, cancer, chronic respiratory disease and diabetes. All of those are the key drivers of health care costs, particularly in the acute care setting. Our emerging data indicates that over 800,000 people in BC, out of a population of 4.2 million, are living with at least one chronic disease. Approximately 300,000 people are living with 2 chronic diseases and almost 40,000 people are living with 5 or more chronic diseases. Those folks with those chronic conditions account for 64% of hospital days and so for the portion of diseases that are preventable, not all of them are, for the portion that are, obviously anything we can do to prevent or delay the onset of those chronic diseases will have a profound impact on health care costs, tomorrow, five years from now and 20 years from now and far into the future. One of the really disturbing things that I saw in the last couple of weeks was a piece in the Vancouver Sun indicating juvenile fatty liver disease was becoming far more common that was the case before in adolescents, largely because of obesity, but again a disturbing trend that doesn't speak well to the future for young people, particularly carrying that additional weight, but who may also not enjoy the life span and may not enjoy the quality of life that we would hope to see in BC. If we don't stop the rapid onset of diabetes in 8 years, it is estimated the number of people with diabetes will have doubled in this province. Very, very dramatic changes ahead. We are working on

putting in place the framework for improved care for patients with chronic disease through our new agreement for family doctors. We have invested $60 million in 2006/2007 to accelerate improved care for people already living with high blood pressure, diabetes, and congestive heart failure. One of the things, to their credit, BCMA said coming into our discussion, was that they wanted more recognition for counselling around chronic disease, so that $60 million is aimed at improving our response there. Last week, in follow up to the release of the report on food, health and wellbeing by the Provincial Health Officer, Dr. Perry Kendall, I was asked about the possibility of a tax on junk food. We know that junk food can contribute to reduction in good health in the future and it is one of the questions that we do want to hear from British Columbians about, "whether that is something that should be on/off, or considered in some way." One final looming situation, the current low care population, those people who don't have a chronic disease right now and don't use the health care system much, show they are living lifestyles that could make them a candidate for ending up with a chronic disease later in life. So while British Columbians do relatively compared to other Canadian jurisdictions in terms of tobacco use, in terms of physical activity, in terms of healthy body weights, we do only relatively well. The room for improvement is where we can see our potential for the future in terms of the management of health care costs. The biggest initiative in our government around that is "Act Now BC" my pal Gordon Hogg is here somewhere who is the Minister of State responsible for Act Now BC. He is going to be working tirelessly I am sure to inform British Columbians about the importance of healthier lifestyles and ensuring that we do the things that can shape our own health outcomes. It is a wonderful thing, that despite the genetic package that we are born with, if we get just 30 minutes a day of exercise, if we take the time and thought to get a healthy diet, if we can quite smoking, if we can do those things we can help shape and improve our health care outcomes for the distant future. Improved diets alone can reduce deaths from cardiovascular disease and stroke by 20% and from cancer and diabetes by 30%. We are working with the Healthy Living Alliance, groups such as the Canadian Cancer Society, BC Heart and Stroke Foundation, BC Parks and Recreation Association, Union of BC Municipalities. I know a number of my friends from the UBCM, the local government world are here. Local governments are extremely important in this because through good local planning it provides the infrastructure for people to walk and bike safely which are often keys to providing the opportunity for people to get out and enjoy physical activity in a safe environment. There are 27 groups in that Healthy Living Alliance that we work with. We are looking forward to seeing

some positive turn around for the investment that we have made with the Alliance. The final area in terms of challenges is childhood obesity. The Premier noted that today's youth potentially may live a shorter lifespan than our generation and our parents' generation and that is a shocking thing. The facts that Dr. Baird laid out about our makeup based on 100,000 of years of evolution and now the impact of some modern features, like the fast food culture, the computer game culture, the television culture, sedentary lifestyle more and more commonly associated with youth in combination with the availability and relatively low cost of junk foods is potentially leading to a epidemic both in terms of obesity and the chronic diseases that will follow from that. That has to be a huge concern to everyone. I know Ralph Sultan and his committee are looking at this issue and I do hope that we can take some steps and we look forward to the advice again, of all British Columbians on how we can deal with this. Government doesn't have any monopoly on knowledge and facts and direction here. We need to hear from British Columbians about whether we need to make some changes that will try to curb that epidemic of youth obesity. So all of those challenges are good reasons why you want to be part of the Conversation of Health. There are six different ways that you can be a part of that. You can register on line, www.bcconservationonhealth.ca, to potentially participate in a regional forum. There will be at least 16 of those in the 16 health service delivery areas. Signing up for the forum is easy, either through the Conversation on Health phone line or the website. The toll free phone line is 1-866-884-2055, and that line is open Monday to Friday, 8:00 am to 8:00 pm to take registrations for the Conversation on Health. People can email us. There is translation services for the phone line into 130 languages. Finally, for those of you who are really stuck on doing something traditional, you can even mail a letter, something that is rarely done now, but which is theoretically possible. You drop us a letter at the Ministry of Health, note the Conversation on Health and we would be pleased to receive that. There is going to be lots of different ways to plug in. This is the most comprehensive, wide reaching attempt to involve a province in an area of public policy that has ever occurred. Judging from the early results, British Columbians very much appreciate this opportunity to have a say in what many of us think is one of the most, if not the most important area of public policy, to them, to their quality of lives, to the future of their families and so on. We do invite you to participate. We invite you to encourage people in your communities to participate. Again, government doesn't have any monopoly on wisdom and good ideas here. This is an opportunity for every British Columbian to have their say and to have an opportunity to help us shape an even stronger, better, more timely

health care system for British Columbians. Thank you Premier and I welcome any comments or questions people may have.

The Honourable Gordon Campbell
Premier
I just wanted to mention as we start, that we have representatives of federal, provincial and municipal governments so everyone is encouraged to make their comments. Representatives of the Métis, First Nations Leadership Council, so feel free to make a comment or contribution.

Open Discussion

Chief Stewart Phillip
President, Union of British Columbia Indian Chiefs
Thank you Mr. Premier. Good afternoon everyone. I would like to begin by recognizing the Coast Salish people, on whose ancestral lands we are meeting today. I would also like to take a moment to thank Dr. Day, Dr. Baird and Minister Abbott for their presentations. I would also like to acknowledge all of the contributions that have been made throughout the day. I commend those of you who have spoken your minds and hearts, it really helps the First Nations leadership to better understand the many, many dimensions of the health and health care issues. I would like to thank Regional Chief Atleo and Chief Sayers for their input. Chief Sayers aptly described the crisis situation in aboriginal communities as it relates to the health of our people. Our elders are passing on at an unprecedented rate from cancer. I recently lost my mother. She had suffered for many years from both breast cancer and bone cancer and Alzheimer. The year 1995 was referenced earlier in today's discussion, and that was the year that my father passed on from a diabetes related stroke. Our middle aged people are dying in unprecedented number from diabetes related illnesses such as heart attack and strokes and those kinds of issues. Our young people are passing on at an alarming rate from a whole series of issues that in many ways culminate in suicide which is absolutely tragic. One of the biggest problems that First Nations and aboriginal communities face is the scourge of drugs, drug trafficking and all of the associated illnesses that that brings. Intravenous drug use has contributed to an increase in HIV/AIDS and Hepatitis C. Our children are also afflicted by the collateral damage of substance abuse issues and are dying as a result of neglect. The statistics of First Nations and aboriginal people passing on from all of these various issues is absolutely alarming. As the President of the Union of BC Indian Chiefs, I certainly welcome this opportunity to enter into this

discussion. In my over 30 years of involvement in aboriginal politics, I don't ever recall being in a room of MPs and MLAs, and municipal leaders, not to mention the Premier of the province and having this dialogue on health. Health care is a major issue for all of us. The spiralling costs of health care, certainly afflict our community more so, given the fact that we have fewer resources to deal with all of these terrible statistics. I was glad to note that the health minister was here. The Transformative Change Accord and the First Ministers Meeting was in reality a life and death issue for the aboriginal people of this country. It was not some wonderful, esoteric, coming together of 16 jurisdictions. It represents an opportunity for that size of an investment, $5.1 billion into our communities to begin to address some of these appalling conditions that is our every day reality. I would like to take a moment to thank Premier Campbell for his unwavering support for the Kelowna Accord, because I believe that Premier Campbell really understands what it represents in terms of addressing those terrible situations in our communities. In terms of the old paradigm of health care issues and the politicization of those issues, I really believe that we do not any longer have time for that. That we need to take a collective approach to addressing these issues, and we need to re examine processes, structures and institutions that came into existence a long time ago and served our purpose during that time. I believe that the challenges are such at this particular time that those institutions need to be re examined, and we need to look at new ways and new approaches to address the whole issue of health and health care. I have heard a lot of good suggestions here in terms of the preventative measures that may be taken and I look forward to the outcome of this dialogue over the next year. I think on the part of the aboriginal leadership, we have a duty and an obligation to mobilize our communities to take advantage of this opportunity. I am sure that the discussions that will follow this initial conversation will be beneficial to all of our communities, if we care to take advantage of the opportunity in front of us. My own personal view of this whole notion of public health care versus parallel systems is, I believe that people should have the right to make the choice. I have had first hand experience of being on a waiting list. I'm a cancer survivor and was lucky enough to be high enough on the list to receive a liver transplant over 10 years ago. Anyone that has had that kind of first hand experience knows the trauma that your family goes through when there is a very strong likelihood that you may not make it. It would have been nice at that time to have the choice, because we certainly would have exercised that option. As it was we had to rely on chance and take what the public health care system offered. I think now is the time to begin to explore reconfiguration of legislation and ways

and means of addressing the health care challenges in all of our worlds. So Mr. Premier, I would like to thank you for once again providing this opportunity for us to have this very, very important debate and dialogue.

Chief Dave Porter
Executive, First Nations Summit
Thank you Premier and I would like to begin by acknowledging as well that we are on Coast Salish territory to conduct this very important business. Thank you Premier for this participatory form of governance. We need more of it, and we look forward to a Conversation on Treaty Mandates, followed of course by some discussion about some of the fiscal priorities of this province. You are on the right track in terms of engaging the society for a discussion on important issues that affect us all. We look forward to an expansion of that dialogue. I would also say to the Minister, thank you for your overview. Maybe the reason why we are passing the Japanese is that we have imported some of their best Sushi chef's so we have increased our Omega III intake as a society. I would also like to say that the Federal Minister of Health didn't stay around longer because I think he is a very important of this conversation. From an aboriginal perspective, we have gone from the best set of health care programs in the Trudeau era to the worst programs in this country with the current government. We have been very clear to what the need is. As my colleague Mr. Philip has indicated, there was a cost figure agreed to so we look forward to a discussion with the federal cabinet and the ministers responsible to revisiting that issue. It is not going to die. It was an important historic time in our relationship and it is constantly going to be put forward on the agenda until we hear substantive responses. As my colleague Shawn Atleo has pointed out, many of us forget that in fact, we did sign an agreement in Kelowna called the Transformative Change Accord. Both ourselves and the province have been willing to get to the table, to move the agenda forward, and our message to our federal representatives here today, is that we need you at the table. You have a tremendous responsibility of a constitutional nature on these issues, and we need you at the table for a tripartite discussions. If we are going to move the agenda forward, you have got to be there. That is hopefully a message that is heard and we move forward with the agenda. I know that the tenure and purpose of this conversations is in fact to explore alternative, innovative solutions to what exists now. For us to be able to do that, we also have to have an understanding as to what exists now. For us to be able to take a 10year planning approach and to be able to measure progress and closing the socio-economic gap between our people and the rest of

society here, we need some indicators. We need a data base so that we can, on an annual basis, see what progress we have made, to be able to see where the gaps are and what we need to do to make the necessary alterations to achieve our objectives. For that to be done, we need to go into the communities. Maybe we can't do it for the entire aboriginal population of BC, but I think we need to take a representative body within that community and we need to go in and do individual health assessments and to see where people are at so that we do infact have an accurate database with which we can infact take some comfort in terms of being able to accurately measure progress. As well, education and prevention as some of the speakers have talked about here today. We need to do more than that. We need to look back in and examine the health care system and the health care treatment and philosophy that our people for centuries employed. It wasn't until the 50s that a lot of communities that were rural, isolated, subsistence based economy communities that gravitated to larger centres. Up until that point in time, we did pretty good in terms of surviving on the land, surviving on whole foods. Not on the American chain store that you see in the mall, but foods that are produced from land based activities. Unlike the salmon folks down here, whom I am now spending a lot of time with, we would have to run 100 miles a day to catch a moose. When you are doing that, you get pretty healthy. We need to examine the philosophy, the lifestyle, in terms of how aboriginal communities are living and to look back at some of our medicines. We looked after each other and we had healers that looked after our communities and we depended on what nature produced to be able to fix a lot of those ailments. And they are still being used today in our communities. We need to look at that and have a program that streams both western science and traditional ecological knowledge. We have to focus on building the capacity in the community so that the community again starts to look after itself. Maybe it is not doctors immediately produced by UBC and other institutions but health care practitioners. Maybe some mobile unit that goes out and does the basic education. One of the remarkable advances that has come to our communities is telehealth. Last week (end of side)…by video conferencing with six communities. These were all communities that had been funded by Health Canada to be able to have video conferencing capacity. If we combing looking at building capacity, human resource capacity in the community and also bringing technology to bear like telehealth that we can increase, not only the awareness, but we can increase the treatment for our citizens. As well, we have got a raging crisis of diabetes in our community. Everybody recognizes that, but we are not doing a lot to address it. We are not doing enough work to prevent it and roll back the clock. It

may not be curable, but it is definitely preventable. Instead of having all of us from the northern part of the province come down to St. Paul's for a week to learn about this disease and have an assessment and a treatment program, why not bring that to the communities. Why not have an aboriginal managed diabetes treatment centre in the north, in the south, in the interior. My colleague also talked about the looming catastrophe with respect to Hepatitis C and HIV. Particularly in northern Canada, some of the discussions around the Prince George area, we are seeing rates that are approaching what we see in the East Side here in downtown Vancouver. There has been some suggestions that if we don't catch it, it comes back into those small communities it could wipe out entire communities. I see that as a crisis situation and it has to be responded to in that fashion. We have got to get resources into the Prince George region. We have got to help the people that are now on the front line trying to deal with this and we have to have a program that is designed to follow these individuals as they go back into their communities so that we can help stem the tide and avert what many professionals in the field are suggesting is going to be of a catastrophic nature in terms of outcome. Katherine, who is not here now, she talked about celebrating the fact that with the development of modern medicine that as a collective, we have extended our life expectancy an additional generation. While most of society is living longer, we are dying quicker. That is the condition of our communities and we have got to approach it on that basis. This is a start. The idea of a consensus is the foundation of many of our philosophies to governance. I know with the modern system and interpretation of governance that gets lots in the shuffle. We cannot, given the complexities of the decisions we have to make today, probably ever deal on a consensus basis but having a conversation with each about important issues that affect our lives is a product of a consensus form of governance. Thank you.

Richard T. Lee
MLA for Burnaby North

Thank you Premier. It is nice to have a chance to exchange ideas in this setting. I have a few points to reiterate. For seniors, of course exercise is important. I have personally, in my family, my mother-in-law, and father-in-law, after they took the Thai Chi and Chi Gung exercised their health improved tremendously. Less frequently now they are going to the doctors. The facilities are important as well. Besides taking lessons, sometimes in the parks and recreation area, the city can provide a lot of support in those activities. For alternative medicine, some ethnic groups, because of diet or other habits, some diseases are less frequent in some cultures. And some diseases are

more frequent. So we need to do some research on that area and get the best out of each cultural group is important. Chinese medicine and acupuncture were mentioned by the federal minister of health, those areas should be further studied to promote across the country. The best place to live, we have a good reputation, is BC. We have clean air, clean water. They are important elements in our system. I would like to go to the drugs and mental health issues. Supplying drugs to addicts in wrong. Putting substances that are harmful in our body is morally wrong. We have to have more treatment and support for addicts and some also some like skill training after they get rid of their habit. Those kinds of supports are necessary in our society. Quality of life doesn't depend on when you retire. Retirement can be a major cause for disease for seniors. They have an active life, and then suddenly they don't have anything to do. Of course they join as volunteers in many organizations, but sometimes that is not an option. Another point that I want to bring out is the foreign trained medical personnel. Across the country, there are different standards. Some doctors, who are trained, for example in Germany, they cannot practice in BC, but if they went to Ontario, immediately they get employment. So how to harmonize the standards and qualifications across those professional bodies in Canada is important. Thank you.

Bruce Dumont
President-Elect, Métis Nation British Columbia

Thank you Mr. Premier. Thank you for the invitation and thank you for hosting and chairing the First Ministers Meeting in Kelowna. It was very historic and with all of us who are aboriginal people, thank you Shawn for your acknowledgement. I want to acknowledge that we are on Coast Salish territory and acknowledge the aboriginal leaders here and all the delegates at this forum. Thank you Drs. Baird and Day, and Minister Abbott for your presentations. We all know the priority of health today, we too, the Métis of BC are inflicted with diabetes, heart disease, addictions, HIV/AIDS, the whole realm of health issues. We have to take responsibility. We have to educate our people to know what it means to them. The health care system in BC, my own personal view, I have nothing but praise for it. I have a son who is 29 years old right now, if it wasn't for our health care system he wouldn't be here today. He contracted … syndrome and he was on life support for 2 months in Victoria. Today he is alive and well and back to work full time. My own personal health issues around heart disease, I had 6 aunts and uncles who died between the ages of 35 and 58. My father being the longest living sibling at 75. I am not exempt. It is hereditary in my family, so I have got to take care of that. Education starts at home, in your own family. Your own family has to know the history of

your ancestors and aunts and uncles, your grand parents and what disease lies in that family. But you also have to have buy in from the people surrounding you and your friends and neighbour and family. If you don't buy into it, you are not going to survive. You have to know what is in front of you. Healthy living is very important. I'm beyond a junior senior, and I'm thankful for the age that I am, but I hope to live beyond my father's age. If I can make it to 85 or 90 I would be happy. We talk about the unemployment in the province, I think it is around 4 to 5%. We in the province (aboriginals), are still sitting around 14 to 15%. The social and economic portions of that, if you are unemployed and living in poverty, you don't have the money. I was one of the fortunate ones. I have always maintained good employment and I have a health system that looks after me. We have to improve their lives with the labour force, get them working and educated. When you talk about education, my mother had grade 6, and my dad had grade 3, but it was instilled in us to get out and get established and get an education. Today I have a nephew at UBC that is a doctor of kinesiology and physiotherapy. So we are improving with education and the importance of education. Seniors and aging, I saw my parents suffer. We have to look after our elders. Educating our elders is not easy either. Some of the people don't have the resources to take care of their elders. So the health care system is that much more important. From our head office, we did a survey, similar to a census survey and that will give us some raw data on health, social and economic issues. That survey will be complete by the end of this year and that will be really helpful to us and to the provincial government to know where we stand in the mix of things. There was mention this morning about WCB. As a former employee of WCB, they are an insurance company and their return to work process is the sooner they get someone fixed up and get them healthy, they can return to work. But there are discrepancies in that system also. I spent 15 years with the Workers Compensation Board. Basically all they are is an insurance company and looking after your health. They do a great job. I don't have anything negative to say about that. I want to thank the delegates for their dialogue and I appreciate your time. Thank you very much.

Chief Robert Shintah
Union of BC Indian Chiefs

Thank you Mr. Premier. I would like to acknowledge the Coast Salish for allowing us to sit in the territory and make our comments, questions and suggestions. Thank you Mr. Premier for inviting me to this Provincial Congress Conversation on Health. I felt it very important to be here. I should have been up at the court house at a

BC Supreme Court case on residential school, but I find this just as important as that, as well as the rest of the colleagues of the Leadership Council and Bruce Dumont. I have some questions and comments and probably some suggestions on where we should go from here. I would like to take time to thank Dr. Day, Dr. Baird and Minister Abbott for their comments. I have had the opportunity to talk to quite a few different ministers in my short time in native politics, and a lot of times we have a lot of conversations but that is all it is, and it never goes beyond that. One of the things that I would really like to put forth here, is the fact that having Premier Campbell onside with each and everyone of us in this room. Take for instance, the Transformative Change Accord that was signed in Kelowna over a year ago. It was told that we wrote it on the back of a napkin to come to where we did that day. That wasn't true. I have seen a lot of work done by the Premier and his ministers and our side. We have come a long way in the last 2 – 3 years. And once again I would also like to repeat what Grand Chief Stewart Philip and the rest of aboriginal people said. This is the first time that we have ever been involved in anything like this. It is something that we need to keep on doing to help each and everyone of us in British Columbia. That is the only way to go forward, to listen to the stories of each and everyone that has spoke before me and each one has something that they touched on, on their own. I have my own stories. Talking about WCB, sometimes they are good and sometimes they aren't, but I am still here because of who I am not who they were. They deterred me from getting good medical health. I had to do it on my own. I sat here this morning, listening to quite a few of the speakers and I thought to myself, "are they talking about the upper class people or are they including the lower class people", by that I mean, if someone from this room and somebody from the lower class people when into the emergency room at the same time, what priority do you suppose the lower class person come in before Premier Campbell, who would get to see the doctor first. That is one my questions. Each one of the MLA's have a certain constituent that they have to look after. Us as aboriginal leaders from the Leadership Council and the Métis and the U&N, have a bigger representation than each one of the MLA's here. But when I listen to what they have to say, I feel it in my heart that they are talking for everybody and not just their constituents. And that is where we should all go. When you talk about the health regions, that is where our health started to deteriorate. If you live closer to Vancouver or Victoria you get the dollars before they filter on out to the northern part of BC. One of my biggest concerns and suggestions is to do away with the regions and learn how to work on them as one. That way everybody gets a fair share of what is happening out there. We listen

to people talk about people at a certain income, $12,000, $15,000, $100,000, whatever. We have some people out there, aboriginal and non-aboriginal that don't have an income. Some of them can't even get on social assistance, so where do they get help. You talk about all these different hospitals that are coming up, what about the ones that have been closed. I have a hospital that is 37 kilometres away from where I am at, and I don't use it because we have doctors that come in there that are just doing their practicum. I have done in there with certain injuries and certain sicknesses and most of the time I have come out of there I have got a virus. And somebody else has some other sickness. There is a lot of times, a lot of people are becoming guinea pigs. I'm not just talking about First Nations, I am talking about non-aboriginals up north too. I had to go to another hospital that is 57 kilometres to get my medicine and stuff. You talk about waiting lists. I had my mother go in for an illness and she had to sit in the emergency room for almost 2.5 days. She died of cancer about a week and a half after that. You talk about these acute care centres, they are too far away from our home towns. When we talk about eating healthy, we don't even know what is put in our vegetables, our cattle, our pork. I want to go back a couple years ago when I had the opportunity with a few First Nations and a few non-aboriginals in … to stand on the blockage, the great chicken blockade. We know what happened then and what was wrong with those. So when we talk about eating healthy, take a look at what is happening in California and what came up here. We don't even know what it is that we are eating. When are we going to stop putting in those fertilizers and whatever is in there, to make that stuff grow a lot faster and more abundant. While I was sitting here, I was listening to Minister Abbott talking about junk food and taxing it possibly, where is that money going to go. Look at GST that was only supposed to be in there for a short time, the same with the provincial tax. Is it helping us over here in BC. The taxes that we send to Ottawa, how much of that is coming back over here? If we are able to control that in BC, maybe we wouldn't be sitting around this room, trying to come up with some sort of solution to deal with our health. We might be the healthiest people in Canada. I am really pleased to be sitting here with everyone, regardless of where your constituents are or whatever your riding, because this way we will all know what we are going to have to do and what we are going to have to accomplish. We all have our stories on what we need, but we also have to look at the person who is not making a cent. Take a look at East Hastings, they get help but not as much as some of us. I have the good fortunate of having a good job and I also have the misfortune of being political Chief of my community where I don't work enough during the month to have a big

bank account. I am happy in what I am doing because I am serving the people who voted me in. Being Vice-President of the Union of BC Indian Chiefs, that opens that door a lot wider. Once again, thank you Premier Campbell for inviting me in here to say a few words and for everyone who listened to what I had to say. Thank you.

His Worship Herb Pond
Mayor of the City of Prince Rupert

Thank you Premier. I want to thank you and all the people who are participating. I want to acknowledge you particularly for the fact that the hard work that was done to get our economy into the kind of shape that it is in that we can even have this dialogue and have a meaningful conversation. We actually have some money to spend on health care and I appreciate that. A rural perspective, or semi-rural perspective, or a remote perspective, I am not sure how to define it. Prince Rupert is a community of about 15,000 people, 50% aboriginal surrounded by many small communities that depend on us as a bit of the centre. I like what I heard about activity based funding. I like the idea of changing the model from taking the patient and viewing them as a revenue source as opposed to a cost line item from the been counters point of view, but I add a caution to that and it is the general move towards density driven decision making model as our province, as our country becomes more urbanized. I came from the lower mainland and when you live in the lower mainland you make decisions based on how you allocate resources, based on how things are used. It is a pretty good test of whether something deserves to exist or not, or where something deserves to exist or not. But too often in more remote areas of our province, areas which we determined long ago, needed to be settled and active because they generate economic benefit for us, we do the math and we discover that we only need .75 of a doctor. Or .6 of an airport. But the reality is that you either need one or you need none. What concerns me is if you move to that model there would have to be some sensitivity given to the fact. The central coast for example, that hospital district, has a hard time justifying numbers, but on that night when flights can't fly and there is a woman that is about to deliver a baby and there is some complications, she doesn't need .75 of a doctor, she needs a doctor that can help. We have done a good job in the past in this province of dealing with that, but I get increasingly concerned as the bulk of our population and the bulk of the votes, and the bulk of the decision making comes from highly dense populations where density driven decision making models actually work and they make sense. They really don't if you are in Dawson Creek, and many parts of our province. Finally, I am very pleased with the specific mention of First

Nations and the issues and gaps that needs to be identified. In Prince Rupert, that is a significant chunk of what we need to deal with. I would hope that there would be dedicated resources to that, and obviously there are federal and provincial issues. My encouragement to those that have a voice in that, would be to look for ways that those are blended systems rather than completely separate delivery systems. Again, that is how we start to overcome some of the critical mass of density driven decision making models is by not further segregating our delivery of health care, by working together, by blending our systems, we can assure the population that our people living in our areas actually get the best care. Thank you.

The Honourable Gordon Campbell
Premier

I want to mention two things. First, I think the issue on jurisdictions is very important. Too often we let jurisdictional discussion stop us from doing the things that we need to do for the people that all of the jurisdictions are supposed to be serving. I think that is a critical component of this and hopefully we can help overcome that. The second issue with regard to the .75 physicians or whatever, one of the challenges that we face in more remote communities is the full individual that is there. Often we can attract, but often we can't retain. So we can recruit them, but we can't retain them. One of the reasons for that, that I have heard from physicians is they actually want to practice medicine. There is not enough "people" there for them to be able to carry out their practice. I do think that is something that we have to be aware of as we move ahead. We have started to train nurse practitioners in BC, that might be part of the answer. But there has got to be other answers out there that we can pursue together. I think that is a critical component of trying to do that. Dave Porter mentioned telehealth. We have been trying to expand telehealth so that there isn't the same need to move people, you can move information as opposed to people and that can hopefully enhance the quality of care that we provide to people as well. I do think that one of the issues that we have to constantly be aware of in a province the size of British Columbia is different delivery models. If I just might throw this into the mix, we often are not as culturally responsive in delivery models as we should be, whether it is with First Nations people or other people from cultures than our own, maybe we should be able to deal with them in their language, etc., so they have a degree of comfort in using the health care system in a more effective and hopefully a more qualitative way. Those are additional challenges that we have.

Maurine Karagianis
MLA for Esquimalt-Metchosin
Thank you very much Premier Campbell. I'm unclear on what the actual outcomes are going to be today. Whether or not there is going to be a transcript produced of everything that has been said here, because there are some very compelling discussions taking place and I am hoping there will be a transcript of that.

The Honourable Gordon Campbell
Premier
We will have a transcript of all the presentations and what was said.

Maurine Karagianis
MLA for Esquimalt-Metchosin
Back in the 1980s, trend predictors at the time, said that health care was going to be the industry of the future. So for anybody that wanted to start purchasing mutual funds and investments that was where you should put your money. I think it has proven to be true. Here we are 25 years later, and in fact the health care industry is huge. It is a huge profit making industry. You only look at the pharmaceutical companies to know the billions of dollars that are being made in pharmaceuticals Wherever there is profit to be made, you will see major corporations take an interest in that. Whether that is surgeries, MRIs, whether that is health care brokerage, whether that is food or cleaning services in hospitals, whether that is the kind of hospital services, Dr. Day is showing us today as a model. Even into assisted living for seniors. Dr. Keith Martin talks about two-tiered medicine. Obviously there is some profits to be made there. And so there is an interest in two-tiered medicine. All that adds cost along the way because it is for profit and all of that goes into escalating the costs of health care, each and every year. I think it also helps to drive the fear that we have that somehow health care costs are going to escalate so far out of control that as the Minister of Finance said, "we will be unable to afford anything else by the year 2017." It is very interesting to me that there are huge areas of the health care system where private interests fail, where the business interest and profit making model has no interest whatsoever, and those are some of the things we have not discussed here today. Homelessness has a huge bearing on the health industry. You don't see any private interest in the issue of homelessness. Poverty. Again has a huge bearing on the costs of health care, the outcomes and the future of health care in the coming decade or more. As the critic for Children and Families, I know that 70% of child investigations are as a result of neglect and abuse. Most of that is from poverty. We have recently seen a study that was

produced here by our government, in BC, about health outcomes for children in care. And they are abysmally poor and those children end up involved in the health care system often for the rest of their lives. There is not a lot of interest in that aspect of health care, because there is not a lot of profit to be made of the poor. The developmentally challenged and special needs community, often with life long dependence on health care we haven't discussed them, or how they fit in to a business model, a public or private style health care system. We have heard exception presentations here from all our First Nations leaders. And certainly for profit health care does not serve remote communities or First Nations communities outside of the urban core, and sometimes not even in the urban core. Remote communities we heard from a mayor in the north, talking about remote communities. Not a lot of money to be made in remote communities so the for-profit and business interests don't look to remote communities as a way to get involved in the health care system. Addictions, we see a growing number of people on the streets, every single day in every single community, large and small. Not a lot of interest in the health care system in addictions. And certainly not by private interests. I didn't hear Dr. Day talk about addictions as part of the hospital model. Long term care, there is not a lot of private interests coming forward in long term care, another aspect of the health care system. And the mentally ill, I don't see people lining up looking for ways to provide health care to the mentally ill as a for-profit model. In fact, what I see is that these discussions often split us along those lines. Those who have the means, see all kinds of logic, in a business model, in a fee-for-service, or a two-tiered or private model. But those who don't have the means, and I think it was very aptly put by the previous speaker, what happens with those people. If in fact we are talking about equality, that means that every single person in British Columbia should have equal access to health care. Not based on the size of their pocket book. I think that may have been partially a direct quote from the premier at one point about, "every single person deserves health care where they live, when they need it, where they need it." So we are talking about equality here. I think that needs to be the primary goal in all of these discussions, along with prevention and all the other essential components of a healthy society. I know that in my community, that is what we are looking for. I know my First Nations community members that I share the community with, I know that my constituents are looking for a health care system that is available to them where they have equal access to health care whenever they need it. I want to make sure that this discussion stays focused on common goals for all of us in every single community. Unfortunately,

I think the compelling argument often, around the business model, leaves out huge sweeping parts of our communities that actually need health care and will be dependent long into the future. I don't want to see them left out of this equation. I think by looking clearly and investing and improving public health care so that all of those on the list who are not of primary interest to for-profit health care providers are cared for, and that means supporting our public system and investing in it and making it better and making it work for everybody.

David Cubberley
MLA for Saanich South

Thank you Mr. Premier. Thank you to everybody for their contributions thus far. It is interesting having a segmented conversation in a room this size. You hear something and you think, "I would like to intervene around that, make a statement around that, that might be useful" and a number of people come along and each and every one of them add something to it, and pretty soon the thought you began with isn't the thought you wind up discussing. Along those lines, I just wanted to say, I was pleased that Herb Pond said what he said in sounding a cautionary note around activity based funding. And the reason I say that isn't because I oppose it. I don't know enough about it to know whether I do or I don't, but I do know that Europe is very heavily populated and in fact, England, I believe, is the most populace part of industrialized Europe. We, as a country, Canada and BC as a province, are not populace. We have highly dispersed populations. The challenge that we have is to extend equality of access to health care across very far reaching populations. I think that one of the things that we have to be cautious about is introducing models that are based on cities where millions of people live. We are going to have to have an approach which relates to the population that we have here. And we want to be very careful about plucking an idea almost out of thin air because it works in another society. I'm not against learning from the experience of other societies, I am saying we actually have to learn and demonstrate and not just pluck things from those societies. One of the things that I hope we will do in the course of the conversation because we owe it to our fore-bearers and to ourselves is to try and inventory what we do well and what we do less well. Look at the achievements of the existing system. The Canadian system is different from any other system in being focused on hospitals and doctors. Almost all other systems are broader in the way they came about. Just my own personal experience, one of the things is that within that system various levels of care are done in different ways. Acute care seems to be done very well and traditionally has been done well. Chronic care seems to be less well done. Access becomes an issue,

particularly around chronic care. Community care and seniors care are down there in that boat as well. And community care may be at the very bottom of the list. That isn't quite true, because there is another aspect of what we are facing which I believe we do hardly at all, or at least we are living off what we did well in the past, and we have not invented the modern equivalent and that is prevention. We are talking about it in here, as though we see both sides of the equation. The sickness care system to heal people when they are ill, and a prevention system that we talk about and seem to recognize that we need to become involved with to a much greater degree. Yet the real urgency that I sense is around a presumed crisis in funding of the sickness care system and not an equivalent urgency around the need to engage in prevention. It is obvious at one level, because if one were to add up the resources put into prevention, they are almost negligible, compared with the resources that go into sickness cure. There is a very serious problem, when you hear that 4 in 10 British Columbians are overweight. And that 2 in 10 additional British Columbians are obese. And that 6 out of 10 British Columbians don't get enough physical activity to access the benefit curve of fitness and have any protection against disease. We have a population that can't be considered healthy. The health of the population is the true driver of the cost of the health care system. The more that we labour with these problems and don't address them, the more and more expensive it becomes to engage in heroic interventions to rescue a population whose health is failing. I don't want to make it sound as though it is bleak, because BC has the most physically active population at the same time that we have these other terrible numbers, but the fact is that we need to focus resources on those underlying population health problems and begin to transform the paradigm. At a certain level we have collectively sat on our laurels in a number of areas for the last while and one of the most obvious areas is in tobacco control. We know that smoking addiction is the most preventable source of cancer that we know. We know based on experience what we have to do in order to have fewer people smoking in society, but we are not in any resolved way going about achieving that outcome. Yet we are generating enormous revenues from the sale of tobacco. There is no link between the revenue generated from tobacco and the scale of prevention that we are undertaking. I think we need to focus on those kinds of issues. Talk about crisis. There are over 20,000 new Type II diabetics every year in BC. In 2003/2004, Type II diabetes cost BC over $1 billion. That is in the order, at that time, 8 or 9% of the total care budget going to diabetes and its complications. It is generated out of people being overweight and physically inactive. It is going to grow by about $70 or $80 million a year, and double by 2015. What

should we be investing in order to try and prevent that and turn that trend line? Something in the order of the increased annual cost I would think. And yet we have virtually no money invested in prevention. I want to come back to what Dr. Baird suggested this morning (end of side) and not simply on heroic interventions for individuals. The last thing that I want to say is to thank all of the First Nations speakers because they have brought this into the room, and the elephant in the room with us is poverty. We all know that there are social and economic determinants of health. We all know that if you are in the lower echelons, the likelihood of you getting any diseases increases, over being the higher echelons. If we are going to look at population health and sustainability for the long term, we need to look at the incidences of poverty in our society. Poverty is a health care issue. It can't be separated out from all of those other things. I would like to thank everybody for their comments and thank you for affording me a chance to speak.

Joan McIntyre
MLA for West Vancouver-Garibaldi

Thank you Premier. I also appreciate the opportunity to be invited to this Congress today. As I was sitting here listening, the one comment that I really wanted to make, as each and everyone of us leave here today, and go forward, I hope engaging all of our various constituents in this much needed conversations, is that I would like to ask you to think about several of the very tough questions that the Premier raised in the Throne Speech earlier this year. And I see that the Throne Speech is appended to our materials. I would ask that you think about some of the questions: Are we prepared to change as British Columbians to face up to the fact that our health care system is not sustainable? We have heard this from all different directions, but do we have the courage to face up to the need for change? Following this, we get the question, what are those fundamental changes that we need to make to keep this system sustainable? I think we really have to do some soul searching on that about whether we can move forward on that? Of course I hope we can. Another one of the questions, does it really matter to patients where and how the treatment is funded as long as it is paid for by public funds. And there are some very significant questions that we have been talking about for months now, and the Premier and Minister of Health have now brought together for this Conversation, but I hope and remind everybody that we really have to face those questions. They need to be addressed. I hope that collaboratively we can move forward and have those questions in mind so that we can bring some solid direction to government that they can act on.

Gregor Robertson
MLA for Vancouver-Fairview

Thank you Premier. I would like thank everyone here for their wise input. A wide range of approaches to it. I would also like to acknowledge the Coast Salish people, the land that we are here on. The Coast Salish people that welcomed my grandfather to the North Shore. He came here as a young doctor from the Prairies. He is the reasons that I am sitting here. The reason that I have put a good chunk of my life into thinking about health and well being and knowing right from the start from him, that it is about a lot more than medicine and hospitals. Even though that is where he put a lot of attention, he infused our family in an understanding that it extends far beyond the reach of the scalpel, or the input of a professionally trained doctor. I want to talk first about the gap that seems to exists around the fact that everyone dies. The fact that most of our health care cost is related to death and dying with some dignity. Dying in a way that maybe isn't too painful, allows us to close our lives. There seems to be a real lack of commitment to fund that specifically. A real lack of commitment to home care, staying in our communities, dying in our communities. A lack of support for long term care, and assisted living. A lack of support for palliative care. I am sure that all of us have gone through excruciating experiences saying good by to our friends and family, at the end of their lives and the challenges that arise because there isn't full robust support for that and this can be troubling, disappointing, difficult to go through. That obviously has to be a focus, both efficiency in terms of cost when we address it in a real and meaningful way. It makes a lot more sense in our communities and our families when it is taken care of properly. I will go to the other side of this. We have talked about prevention. I want to bring up the issue, the connection of environment to our health which is an increasingly important factor in health and wellbeing, starting with diet, lifestyle. There are several instances where I think government should be playing a far more proactive role, in terms of regulating and supporting healthier choices, starting with food. My background in business, labeling laws, the regulations around food, the support for local food and agriculture. These are absolutely critical. They are not well done, they are not well understood by most people who look at labels. Again the UK has pioneer very simple food labeling with Green, Amber and Red dots on their food labeling indicating how healthy a choice you are making. There are simple ways that have proven to be worthwhile in other jurisdictions to help people to make the right choices. There is good quality food grown locally, that can use more support. There are active ways that the government can improve the food that is making its way into people's bellies. Secondly, accidents,

public safety, which are an enormous burden on our health care system. Most of those happen in cars, a lot of them happen on work sites. The importance of getting people out of cars, not only so they are walking to work so they aren't accidents and debilitated for the rest of their lives, the importance of taking care of people on their work sites, making sure that worker safety comes first are fundamental to keeping costs and helping people live their lives healthily. Finally as far as environment, specifically the regulatory approach to toxins in this country lags behind pretty well every other OECD country in the world. We do not have a really meaningful approach to controlling toxic pesticides, herbicides, fertilizers that are directly in our food, much less all of the chemicals that pervade our water, our air, our soil. We need to have a much more robust approach to controlling environmental toxins. There is a very direct link of those toxins to cancer rates. Those curves are rising at an astronomical pace. Again, more directly as well with second hand smoke, with tobacco, there are very clear roles that government can play both to contain the cost of health care and help people make the right choices and live healthier lives. I would like to see the scope of this conversation, as law makers and regulators, be broadened into those subjects where there are actions that can take place without directly having to take place within the health care system which have huge costs and outcomes of our health care.

The Honourable Gordon Campbell
Premier
Let me say in terms of a number of the items you raised, I would really encourage people to participate by raising those issues and solutions that they think would be workable. There is no question that this reaches well beyond the walls of the hospital, into communities, in to people and family's lives and to what our policy frameworks are. We are looking for constructive suggestions with regard to that whole range of issues, from the environment, through education, through onto the acute care system. But it certainly is a much broader conversation, at least I hope people don't think of it as a narrow conversation about how we deliver acute care. It is a broader conversation about how we sustain our health as a community, as society, as people, as we move through our lives in the next generation.

Blair Wilson
MP for West Vancouver-Sunshine Coast-Sea to Sky Country
Thank you Mr. Premier for organizing the Conversation on Health and for organizing this Congress today. I would also like to start by

recognizing that we are on the traditional territory of the Coastal Salish and I would like to thank them for that. I would also like to thank the three guest speakers that we had, Dr. Baird, Dr. Day and Minister Abbott as well. I have three general broad comments to make that came a little out of the discussions that I have been hearing today, but also out of 10 town hall meetings that I held during July and August, through my riding, West Vancouver-Sunshine Coast – Sea to Sky Country. Through those town hall meetings I came up with three areas, areas where people tended to agree with each other, areas where people tended to disagree with each other and thirdly an area where it seems like we needed to do some more work to form a consensus. On areas where it seemed like we had agreement were in 5 key areas. 1) most of Canadians believe that the health care system in Canada is in a state of crisis and based on the discussions we have had today and the presentations that we have seen, financially, operationally, and symbolically, our health care system in Canada is in a state of crisis; 2) if we do nothing, it is only going to get worse. By doing nothing and allowing the status quo to continue is not a solution. The way the numbers are trending up and the costs are escalating and our demographics are shifting, if we do nothing, things will get worse; 3) the focus and belief that Canadians and patients must come first. The patient is what we should be focusing our efforts on and that politicians, doctors, pharmaceuticals companies, they all come second. As leaders and people in this room, we have to focus in on the patient, put the patient first; 4) health care must be two things: accessible and equitable. That has to be evident throughout Canada. From rural to urban Canada, from First Nations, Métis and Inuit, to rich, to poor, to young and old. It has to be accessible and it has to equitable; 5) prevention and education work. The broad numbers that I have seen, for every dollar you spend on prevention, returns 21 dollars that you don't have to spend down the line. Our focus should be on prevention and education. The second criteria was where do we disagree. Where is there conflict across Canada. That comes down to 2 areas: 1) Who is going to pay for the service; and 2) how much are we going to pay. That is what we are here to talk about, besides going around the issue and trying to figure out what are the important criteria. The federal government, the provincial government, individual patients, taxpayers, or insurance companies. How is the model best going to capture the needs of the people and our ability as a country to pay? That seems to be the big challenge ahead of us. The last area was on areas, where we can work to build a consensus. That is the next step going forward. This is a great first step to get everybody in the room at all levels and orders of government to talk about health care. It is the number one issue for Canadians and it is going to get more and more

important to us as we all age. The three areas that we have got to focus in on to try and build a consensus are: 1) set clear goals and objectives of what type of health care system we want in Canada, what are we willing to pay for and what do Canadians want to have. But it has to be a clear goal and a clear objective so that Canadians will understand it precisely; 2) What strategy and game plan are we going to use to achieve those goals? We need to have accountability, we need to have transparent measurements. We have to have benchmarks to say this is what we are going to achieve and this is when we are going to achieve it by. I think we have to be honest with British Columbians and tell them, "this is where we are at right now, and this is where we want to go, and this is how much money we are going to invest in the system to get us there" so they can measure how successful we are doing, or how successful the health care industry is doing. By doing that, I think we can get Canadians and British Columbians to buy into which ever system we choose, because they are going to be able to see money that is being invested and outcomes that are being achieved; 3) We have to have continuous annual evaluations and re-evaluations of what we are doing. We are not going to get it right the first time. We are going to have to continue to meander down that course to the end goal, but making sure that we go back to Canadians, go back to the one single payers that pay the bills and say, "this is how far we have gone, here are our successes but also here is our failures" and let them know in transparent form, where we have gone and where we are going. Lastly, I think we need to do this on a province by province basis. I think each province is going to be completely different from other provinces. The solutions that may work in British Columbia, may not work in Quebec. And something that might work in Alberta is not necessarily going to work in Ontario. I would welcome and would encourage the provinces to take the lead in this issue to try and experiment with different ways in which we can solve this problem. I'm thankful to be able to share my thoughts with all of you here.

John Rustad
MLA for Prince George-Omineca

Thank you Premier. I just wanted to start by thanking you for your leadership in terms of this conversation, and what we are doing here today. It is so important an issue and it is so rewarding to see so many people from around the province make this a priority to actually have this conversation, to start this conversation. The Conference Board of Canada came out and said that BC has the best health care system in Canada. That is great news and something to celebrate. In my own region, we have seen a significant increase in the number of

surgeries that are being done and treatments. Far fewer people are leaving the region to seek health care, yet I guess the question in my mind is, is it sustainable. Premier the idea that you brought forward in terms of adding sustainability to the Canadian Health Act as one of the principles is really what has to drive this conversation. How are we going to be able to afford the health care that we need, our parents needs, and that our children need? How are we going to be able to ask the generations to come to shoulder that burden so that we have the best services possible, and hopefully improve on those services? We have heard many good ideas and many comments that have come forward today around the environment, seniors, social economic issues, all of those things are so important to bring forward. It is very valid to have them on the table for discussion, but I do believe this whole conversation, quite frankly we need to keep within the framework of exactly what the Canadian Health Act is talking about and keep in mind sustainability. Perhaps it is a good idea to have a discussion, to have the debate as to what is sustainability? What does that mean? How much money can we put forward legitimately into a health care system and what kind of structure then could be look at that could actually meet the outcomes that we would like to see. Although we have some challenges in the health care system, it is quite sound. We need to have that conversation for the structure, I am under the belief and under the understanding that the way the costs are escalating with the demographic wave that is approaching us, if we simply try to keep doing the same thing, add a few dollars and limp along, what we are essentially doing is that we are putting the health care system itself on a waiting list, instead of getting to the root and dealing with the issue. When you are talking about the health care system, are there any sacred cows in the system that we are not willing to talk about, that we are not willing to bring to the table? Whether it be different delivery models, whether that be scope of practices, whether that be what we can actually afford, and what we may have to find other ways to deliver? Are there limits that we should put on this conversation or should this wide open? I would like to encourage it to be wide open because I believe if we are going to get to where we need to be, which is a sustainable system, that is certainly from a BC perspective, I want it to be leading the country, but I would also like it to be one of the best systems in the world. I believe the discussion needs to be wide open and I encourage everyone really to participate in opening up those borders. In having a willingness to look at the ideas that may be a little bit uncomfortable so that we can get to a place where we are very proud and continue to be proud of the system that we can deliver. Thank you again everybody for participating and having their input and I look forward

to this process going forward. Thank you again Mr. Premier for having the vision and the strength, and quite frankly the courage to ask the hard questions and to put this on the table.

His Worship Ron Hovanes
Mayor of the Town of Oliver

Mr. Premier, thank you for inviting me here today. I have appreciated all the comments that I have heard. I think this forum is very timely. I think we all have been, at one point or another, asked to make a decision in a time of crisis and it is often not the best decision, so I think this is really good. I just have a couple of brief things and they are perhaps a little more perspective from a rural perspective, even more rural than Herb's area. The first comment that I have is, in rural communities it is so important to have access to timely, first response care and emergency care. It is that golden hour. Many residents in my community, including the town of Osoyoos have spent time in Penticton hospital or Kelowna or St. Paul hospital and comments from my community that I have heard before, we don't really mind where we end up, as long as we get their, stable and still alive. I think that is really important to keep that in mind. Accessibility to care. That is so, so important. The other one in our area, about 2 years ago, I met with our general practitioners and they have a real concern in trying to find general practitioners that actually want to work in rural areas. Along with that, was also trying to find locums, people to come in to give them a breather, to give them a month off. I know of one doctor that basically had to pack up his whole family and give a visiting locum his whole house for a month so that he could have a month off. The idea that he could attract somebody to come in and take over for a month, but they didn't want to do it at a cost. The thought that we shared around our table was that with retiring doctors and now we are starting to find that some doctors that want to retire at an earlier age, perhaps there should be a more structured environment that allows real structure to have retirement options, where someone could go into a 1/3 retirement or a 1/2 retirement. Most of the doctors in my area that have retired they end up doing that anyway. But there are some months that they are working the whole month again. My last comment, and this is for Minister Abbott, Grand Chief John here reminded when I first sat down, is that there has been no mention here today, and Oliver is near the wine capital in the South Okanagan about the benefits of red wine, might be part of this whole process.

The Honourable Gordon Campbell
Premier
I have one person that has asked to speak on the health issue and I think we should have him. If there is any other people that would like to make comments, and I'd like to make some closing comments and then I would like to adjourn unless people would really like to stay around a lot longer.

Iain Black
MLA for Port Moody-Westwood
Thank you Premier. In having the courage and wisdom to open this dialogue, I would like to offer up a couple of observations and a couple of suggestions. The first observation it is pretty much impossible in entering into this conversation to avoid some of the ideological, sacred cows, or sacred ground if you will and the visceral reactions that such conversations elicit. The second observation that I would offer is that it is very easy to wander into broader government policy issues. We have seen today, topics of agriculture, social assistance, etc. I don't think either one of those is bad and I would suggest that arguably, both are necessary. But in order to debate or discuss some of the alternatives that lie ahead of us on their own merit, I think there is a couple of things we need to do. First we need to keep the facts straight and remove misinformation and emotion, particularly with respect to the sacred ground. Second, I think we need to keep some mental discipline and focus on a topic by topic basis so that we end up with some manageable and implementable decisions at the end of the day. To that end, I would offer two suggestions. First is that the in our dialogue that we substitute the phrase "business model" with the phrase "operating model". Pragmatically it is exactly the same thing and more to the point, it is intellectually less offensive for some. The second, I think we need to eliminate the notion that the word profit is synonymous with escalating costs, irrespective of where you sit on the private versus public debate, etc. This is repeatedly been proven through history to be flawed logic, both economically and with respect to basic human behaviour. The point of example that we can all relate to, frankly is the cell phone industry. Because of the innovation and improved service levels in the cell phone industry due to unadulterated competition in the last 15 years, instead of paying several dollars per minute back in the early 90's we are now paying pennies per minute. With that I think you for the opportunity to add to the dialogue.

Grand Chief Edward John
Grand Chief, First Nations Summit

Thank you. I know that there was a reason why I was sitting beside Ron. We came up with a good plan, at least for the two of us and our health. Thank you Mr. Premier and thank you for convening this session. I'm particularly happy to see the number of federal representatives as well. All First Nations communities are funded one way or another through federal government, the First Nations/Inuit Health Branch. I was just looking at this email that I just received. We have 110 bands in transfer agreements. We have 40 agreements, involving the 110 bands and we have 56 bands in integrated or semi-transfer arrangements through 47 agreements. Ball park figure is about $100 million in contributions and about $90 million is through transfer or semi-transfer agreements. These are funds that are directed into our communities to address health. What I want to point out is that we have in many of our communities an infrastructure that we can work with and build on and strengthen. Our belief, I did listen to the presentations from my colleagues and I am not going to go through that ground. The ground was very well laid by their interventions. I have been asked by the leadership council here to take the lead with the discussions with the province and the federal government on the health matter and find ways in which we can put the Transformative Change Accord into practice. The Transformative Change Accord was a document signed by the former prime minister, the premier and ourselves. It is a very short document, 6 pages long, and we committed to close the gap in health and we identified four things: 1) establish mental health programs to address substance abuse and youth suicide; 2) integrate the Act Now strategy with First Nations health programs to reduce incidence of preventable diseases like diabetes. I had a brief discussion with Gordon Hogg and his new role as the advocate for this particular strategy for the province; 3) establish a pilot programs through the Northern Health Authority and the Lytton Health Centre to improve acute care and community health services utilizing an integrated approach to health and community programs as directed by the needs of First Nations; and 4) increase in the number of trained health care professionals. That is the building block that we are using now coming to some kind of arrangement between ourselves and the province as to how do we address these issues? There is another issue dealing with housing and infrastructure, talking about boiled water advisors, increase in the number of housing units that are built. There is a whole lot of connections between the livelihood of our people and the poverty that is there in many of our communities and finding practical solutions to these really big problems. Today in the Supreme Court of British Columbia, before the

Judge(s), there is the issue of the Residential School settlement that was reached well over a year ago now, trying to find long term solutions to the impacts of residential schools. That has been intergenerational and the courts, 7 jurisdictions, have to determine whether there is support across the country from survivors for that particular agreement to go forward. Of course there are many different views on that. In this particular instance we have seen an absence of federal representation in our discussion with the province and it is important that they are there. I hoping that maybe following today's discussions that we will find some way in which we are able now, in our discussions with the province, dealing with the Transformative Change, First Nations Health implementation plan and closing the gap, as to some practical plans that we can undertake to address those issues. There are some things in the plan that we still have to work through and we are working through that. Hopefully between ourselves and the province we will have a plan in place that we can say with pride that we helped shape and build and that we are a part of it, and that it is ours as well as the provinces, as well as the federal governments. I am hoping that somebody relays the message to Mr. Clement and his department. I am glad to see the municipal leaders and the health care professionals here. For us, we need to be able to reach out to the health care professionals and ask them to support and work with us in achieving this. We did this in education and Minister Christiansen can attest as the former Minister of education and Shirley Bond can tell you now, that we have had to reach out to the teachers who teach out students, to the trustees who run schools and school districts, principals and vice-principals who have responsibility for running each and every school, to the College of Teachers which accredits teachers asking them for their support to bring forward ever strengths that they may have to address, in that instant, the gap between the number of students from our communities who are graduating and the general population. As you can imagine, there is a significant gap, but we have a plan in place. We are bringing in the partners to work with us to help us. We are reaching out for that help, and we are asking people to bring their strengths. Similar in health. I'm glad to see the BCMA, the nurses union and others who have important roles, the pharmacists who can help us. That is a really important part to be played. This is a simple analysis that comes from the elders in our community, "take care of the young children. Take care of the old people. Take care of the sick and the disabled." So in some ways, they understand and we all know that at each age level, whether it is early childhood, or whether youth, adults or elders, they have different health needs. We don't all have the same health needs depending on our age. I just wanted to share

that with you, to say to you, that we have been very active. We have the Union of BC Chief, the regional chief office of the Assembly of First Nations and the First Nations Summit are working together with our colleagues from the Métis, trying to find these solutions. And under the Leadership Council of the First Nations organizations we have the Chief's Health Committee on dealing with health issues for everyone throughout the community. The Union has a health and social committee. Through those two groups we try to find the best health advocates in our communities, put them in place and say, what we want you to do is take these issues from our communities and run with it, support each and every one of the 203 communities. We believe the solutions lie in our communities. They don't lie in Victoria or Ottawa, and they don't lie in any ministry's office. We think that the solutions given, the support from the governments, will come and emerge from the people in the communities. We need to support that. We have been really strong advocates of ensuring that the 203 First Nations communities that we have, and whether people live or in the towns nearby that somewhere, some place you need to begin. That really has been the approach that we have taken. It has been a proactive approach in this, as we have done in the area of the children and families, in the area of education. We are overwhelmed by the success and the response that we have had, part of the problem that we are running into now is capacity and the people to do this work for us. Now that we have the good will in these areas, we need to have the ability and support to move forward. Again, Premier for inviting us here, for this discussion. It is a healthy discussion and we are going to be requesting and calling on Allison Bond and others to come into our communities. We need to have these discussion in 203 First Nations communities. Thank you Premier.

Wrap-Up and Next Steps: The Honourable Gordon Campbell, Premier

Let me start by saying thank you to all of you again for being here. I appreciate those of you who have stayed until the end. I know that everyone is busy and it is very difficult for people to find time from their schedules to come to have these discussions. This is the beginning of what we hope will be a broad ranged consultation and conversation with British Columbians. That means debate is allowed, people should share ideas, people should challenge ideas from one another. In fact we want to encourage that. I believe only by listening and learning from one another are we going to find some of the ways that we can move forward. I believe that there are no panacea's out there. I don't think there is any one thing that we can do that will

"solve the problem." There are many, many things that we have to do together. The reason that it is so important that we have our federal, our First Nations, our municipal representatives joining us here today, this is about all of us. It is about the whole community that we represent. It is about all of our constituents. It is about creating an environment and a framework that allows us to make progress. One of the challenges is that our habits tie to the past. At times we are afraid to talk about what might be possible because it doesn't fit with where we have been. Just image what would have taken place when WAC Bennett first introduced province wide health insurance, if he had been afraid. He changed the system. He tried to change it for the better. What we are trying to do is to make the changes that are improvements, not changes that take away from the quality of health care. That requires all of us to think about what we have said, and we do that reflects the principles that we have espoused here today. A good example, is health promotion. How long have we talked about health promotion? How long have we talked about health prevention? What are we actually going to do? How does that go right across all of our jurisdictions? I know that there is a lot of things that we make decisions about which have nothing to do with health promotion. They have lots to do with building additional costs into the long term future. There is a book called "Inevitable surprises." There are things that we have done that are inevitable. Dr. Baird helped us today to see that group that we used to call seniors, we should change the name. We should call them us. Whatever the name is, whatever the date is, I can remember a long time ago we were talking about the Carnegie Centre in Vancouver and they had a Senior's program. We discovered the seniors in the Downtown East Side in Vancouver were 40 years and older. I happened to be 26 at the time, so it seemed like a long way off. You are not a senior if you are 40 years old. In fact I think that people whom we used to define as seniors are no longer what we think of as seniors. So what are we going to do to change that? How can we change that together? How can we think of people that are older as people that are contributing, as people that are giving to the community, as people that are volunteering and helping us meet our needs? Those are big issues for us to deal with, and they are much broader than one piece of legislation, or one act that is passed federally or one act that is passed provincially or a zoning bylaw. It requires us to think hard about what we are doing and how we are doing it, and how we will actually respond to the changes that are in front of us? The changes are there. We have talked a lot today about the aging demographic. I think we have to remember that the aging demographic but we are going to have a far, far smaller segment of society that is actively participating in the work force. Within 10 years

there will be more people that are 65 than there are people under 15. Never happened before. That is not something that we don't know, it is something we know. And it is something that we should respond to at all our levels of government. It has been pointed out that health care is much more than the acute care system and that is true. People mention poverty. We know that poverty is one of the things that has a direct impact on people's health. So the question that we have to ask ourselves, is how do we deal with that. Do we improve the economy? We provide people with more jobs? We provide people with more skills? We give people more control over their lives? Thos are all things that we have to do with the broader community as well as with the First Nations community as we have been reminded today. We talk about housing, in our province, we have increased our budget for housing more than 100% in the last 5 years. Our population has grown 4 percent. The problem we are told is getting worse. So we are trying to do some different things that help us deal with housing. Here is an issue for local governments. Housing has to do with where you are putting homes. Don't say on the one hand that we are worried about safer homes, and addiction services, and on the other hand "there is no place in our community for them." We all have to be out there saying, "yes there is going to be a place in our community for them." We have to find ways that we make that place for them, so that it is safe, so it is secure, so the people in communities understand how important they are. This is a partnership between all of us. It is not a one sided agreement. Even though we have the constitutional responsibility for delivering health care, it is not just the provincial level of government that will help move us forward and make improvement and sustain the health care system. The First Nations Leadership Council have been very articulate today in itemizing some of the challenges that we face there. I think we have to recognize that we have failed First Nations people. There is an opportunity for us to move forward and we start with a fundamental recognition of the fact that First Nations are here, they have been here, they are going to be here, and they are an important part of our future. As was mentioned, today we sit on the Coast Salish territory. When European's first came here they were welcomed. The gift of their health, their longevity was because First Nations welcomed them here and said, "here is how you get through it in this community." We have an obligation to return that. I believe we can. Less than a year ago we signed the Transformative Change Accord and we hoped that by November of this year, we would have a plan that would raise First Nations people across the province to the same level of health determinants as the rest of us. That will take focus, concentrated, cross government effort. (end of side) … federal, provincial and local governments, or

regional government. It is between different ministries of government, it is how they all interact, how we create the resources we need to focus on the places that will make the biggest changes. At the end of the day, I believe we have to remember this? This is about a public health care system that is there to deliver services to people. And people live in rural communities and urban communities. People live in the north and they live in the south. People are critical in terms of our health care givers our doctors, nurses, health employees, physiotherapists, pharmacists, etc., are all people. Like the rest of us they are aging. We need a human resource strategy not just for British Columbia, but for Canada. There is a tendency in Canada for us to all pat ourselves on the back and say we "we have got the best health care system in the world." Well we can congratulate ourselves on that if we want, but I can tell you the OECD, ranks Canada's health care system at #30, not #1. So we have some catching up to do. We have some catching up that we can do, if we are willing to challenge ourselves to do it and I think it is important that we do that together. That is why I want to leave you with the thought of not just participating yourself in the Conversation on Health, but encouraging members of your communities to participate on the Conversation on Health, to tell us what they think. They do know more about what they think makes sense more often than the government. We have a common purpose, and the common purpose is to enhance, improve and sustain our health care services in BC. I don't think there is anyone in the room, regardless of what level of government you are from, what political party you may be from, who doesn't want to do that. I believe the public wants to do that, but to engage the public we have a responsibility and an obligation to give them information, to truly engage in that discussion and I would encourage our MPs, our MLAs, our mayors, our municipalities to all be engaged in that discussion. The more voices we have, the more opportunity we have to find some nuggets that will make a difference. I heard a number of nuggets today. I want touch one of them particularly, and that was when Dr. Baird pointed out that we should think about communities as well as individuals. It is what we do as a community that will make a difference as we move ahead. There is a tendency for us to think about individuals doing things. I think that community response is important. I also think that Dr. Day gave us a very good suggestion, are we going to embrace it wholeheartedly without questioning it, No. But is it something we should consider and we should look at, Yes? Does it show that there are results that we can actually improve services and reduce wait times, evidently it does from today? Why would we be afraid of that? Why wouldn't we embrace that? Why wouldn't we ask the fundamental questions that the Canada Health

Acts asks us to ask? What do we mean by accessible? I tell you what we mean by accessible in the heart of Vancouver is different than what they mean by accessible in Clinton, or what they mean by accessible in Fort St. James, or Terrace. What do we mean by accessible? What do we mean by comprehensive? What is a comprehensive health care system? How comprehensive should it be, how comprehensive can it be? What do we really mean by that. To touch on Grand Chief Stewart Philip's comment, how much individual choice are we willing take away to protect a community benefit? That is a real question and it is a real question that derives from someone who was in the system which is supposed to be there to take care of him and felt like choices were taken away from him by the system. Is there anyway that we can deal with that? Are there better ways we can deal with it? Is it a question that we should consider? I think those are things that we have to be willing, at least to consider and to ask ourselves. As we look to the future, we should recognize the technology costs that are coming at us are getting greater. The pharmaceutical costs that come at us are getting greater. When we talk about universality, there is a much better Pharmacare program here than there is in just about any other part of the country. Is that what we mean by universal? Other premiers will say, "we don't want to go to a national Pharmacare plan because we are afraid that we will have to all raise our levels up to BC's." So when we talk about a national framework, from my perspective, and from my experience, that every time we try to go nationally on something, and refuse to take the lead ourselves, we don't move. I believe it is important for us to move, to try and improve, to try and do better, to try and sustain the system within the confines of the Canada Health Act. As I mentioned earlier, the Canada Health Act gives us lots of opportunity for flexibility, for creativity, for stewardship, to husband our resources. When we have to reach out federally, let's try and do that, but there are lots of things that we can do here. I was pleased that the federal minister, who I don't believe we even gave a direct invitation too, found time to come and at least speak with us. That is a start. But the federal government has some specific responsibilities, we have some specific responsibilities. We have to look at those and try and execute them together. Let me once again, issue, the invitation. This conversation will be broad ranging, I hope. It will be ongoing until September until 2007. It aims at including your constituents and their voices in this conversation. An ideal response for me for people to have conversations with one another, and learn themselves and come forward with their recommendations and put them onto the web. The goal for us is to include British Columbians in this discussion so that we do succeed in our goal. Thanks to all of you for taking so much of your day and so

much of your time today. I know that you will be contributors and helpful as we move through this in the future. It is critical to the long term health, in all of its dimensions of British Columbia. I think British Columbia can lead the country in showing others how we can go, and where we can go, that will meet the needs of the people that we serve, only because you are here today, and you are willing to work with us on that. Thanks for that. We look forward to working with you in the months ahead.