



## Was That Premier Romanow Reporting?

**T**he blessing—and curse—of the Internet age is that even if you're living a quarter of the way around the globe, as I am this year in France, you can keep in touch with what's going on at home. In fact, being six hours ahead of the Eastern time zone, I actually read the major Canadian papers earlier than I would if I were still in Montreal: their Internet editions come out at between three and four in the morning, home time, which is between nine and ten in the morning here. So I can be fully informed before most Canadians have reached groggily for their Snooze buttons.

As a result, I was able to follow the debate on health-care policy sparked by the report of former Saskatchewan premier Roy Romanow, and, of course, to scroll through the report itself, which took only a few minutes to download in its pdf version. There's been a barrage of commentary since, so let me make just one small point that I haven't seen mentioned in my Web surfing.

In his initial reaction to the report, Andrew Coyne of the *National Post* wrote about having been burned by Mr. Romanow, who had confounded Coyne's published prediction that he would show himself to be a pragmatic, new-wave NDPer and had instead reverted to traditional, dyed-in-the-woolness socialism that would brook no truck nor trade with private-sector suppliers in the health-care field—outside the laundry and the kitchen, perhaps.

The extent of Mr. Romanow's doctrinaire animus against the private sector truly is shocking. We aren't even to trust the many excellent Internet sources on such subjects as diabetes during pregnancy because some may have been prepared by private companies with a financial interest in steering patients in one treatment direction instead of another.

But in at least one respect Mr. Romanow does write very much against type. For someone who spent almost 35 years in provincial politics, more than nine of them as a premier, he is a remarkably consistent centralizer. Time and again throughout the report, he expresses dismay, concern, regret that health care is done differently in different parts of Canada. And he is willing to put our money where his mouth is.

Thus in the first couple of years at least, the new funds he would inject into Medicare would be delivered on a strictly conditional basis. If provinces don't match new federal dollars for each of five priority areas (diagnostic services, rural and remote access, primary-care initiatives, drug insurance and targeted home care), they won't get the money.

Now, NDP provincial premiers are different, and so are the premiers of small provinces like Saskatchewan. But even so, provincial premiers aren't generally supposed to favour national uniformity, and certainly not national uniformity enforced by Ottawa. And yet one of the key points Mr. Romanow highlights in his prefatory message to Canadians is that "Canadians Want and Need a Truly National Health Care System." It's clear, given his ideological background, how he might conclude Canadians want and need a truly public health-care system. But apart from concerns about the portability of Medicare benefits, are there really that many Canadians who worry that in Corner Brook they do health care differently than in Coquitlam? In fact, isn't that why we have provinces, so different parts of the country can do things in the way that suits them best? In his discussion of his proposed Aboriginal Health Partnerships Mr.

Romanow bends over backwards to emphasize that, once such partnerships are set up, different Aboriginal communities will each go about things in its own way and that's just as it should be. But why isn't that so for non-Aboriginal Canadians, too?

True, if people in Corner Brook have consistently inferior health care compared to people in Coquitlam, that might be a problem. But that's what we have fiscal equalization for, to guarantee, as section 36(2) of the Charter puts it, that "provincial governments have sufficient revenues to provide reasonably comparable levels of public services at reasonably comparable levels of taxation."

Even if the the new funding does revert to block grants after a relatively short period, Mr. Romanow would then have the new Health Council of Canada take over much of the medicare standard-setting. But he would invest it with such moral authority that it would be difficult for any government, federal or provincial, to ignore its recommendations.

Reading Mr. Romanow's thoughts on the Health Council, one gets a sense he wants to de-politicize health care, an impression reinforced by his condemnation of federal-provincial "wrangling" about who owes how much toward the financing of Medicare.

But he's got to be kidding! So long as responsibility for health care rests with government, and so long as jurisdiction is divided between at least two levels of government, and possibly three, if Aboriginal governments are included, how are we supposed to keep politicians from arguing about such things as who pays and who decides?

Unfortunately for the Romanow, the suspicion arises that if he is so unrealistic in this part of his vision, he may be unrealistic in the rest of it, too.