



## Health care, again

What goes around comes around, in public policy as in the rest of life. In the United States, health care has come around again, because Barack Obama has declared it to be his top domestic priority.

He isn't the first American president to use what Theodore Roosevelt famously called "the bully pulpit" of his office in an effort to advance health care reform in the United States. In fact, as Contributing Writer Antonia Maioni notes in the lead article in our thematic on health care on both sides of the border, Teddy Roosevelt was the first to advocate a form of public health care, in the presidential campaign of 1912. His cousin, Franklin Roosevelt, was the first to speak of a "cradle to grave" welfare state during his presidency from 1933 to 1945. But while he created social security, health care proved an elusive goal. John F. Kennedy, in his famous Madison Square Garden speech of 1962, notably observed that vested interests could hire people to represent them in Washington, but the rest of the people "depend upon the president of the United States." As Maioni points out, while JFK advocated health care, it was Lyndon Johnson who had Medicare and Medicaid adopted as part of his Great Society agenda.

Bill and Hillary Clinton were advocates of a health care initiative in the 1990s that failed, and now the torch has been passed to Obama. While he is not the first president to advocate for health care, history suggests he won't be the last. As presidential historian Gil Troy notes, Obama is likely to be "confronted by critics and haunted by history." In America, he writes, from the birth of the Republic, the continuous debate has been the "traditional fear of big government."

Colin Robertson, who served at the Canadian embassy in Washington, knows well the entrenched interests on both sides of the aisle on Capitol Hill. This is an issue on which people take sides, and in which the interest groups and lobbyists are vocal participants.

The renewed health care debate in the US gives us an opportunity to examine the state of public health care in Canada, to which the US system is often compared, both favourably and unfavourably. Robin Sears weighs in with a warning that despite the US private system costing twice as much as our public one on a per capita basis, there is nothing for us to be smug about. Our system, too, is

## Les soins de santé... encore !

Cent fois sur le métier remettez votre ouvrage... Le dicton s'applique aux politiques publiques comme à la vie en général. Et voici qu'aux États-Unis, un président remet les soins de santé en tête de ses priorités intérieures.

Barack Obama n'est pas le premier président américain à utiliser ce que Theodore Roosevelt qualifiait de « pouvoir d'intimidation » présidentiel pour imposer une réforme du système de soins de santé. En fait, comme l'observe Antonia Maioni dans le premier article de notre thème mensuel sur les soins de santé des deux côtés de la frontière, c'est Teddy Roosevelt qui préconisa d'abord une forme de régime public lors de la campagne électorale de 1912. Son cousin, Franklin Roosevelt, fut ensuite le premier à parler d'État-providence « du berceau au tombeau » pendant sa présidence de 1933 à 1945. Mais s'il a effectivement créé la sécurité sociale, il n'a pu mener à bien l'essentiel de son projet.

Puis vint John F. Kennedy, qui déclara en 1962, dans son célèbre discours du Madison Square Garden, que les gens influents peuvent certes se payer des représentants à Washington, mais que l'ensemble du peuple « doit compter sur le président des États-Unis ». Mais c'est son successeur Lyndon B. Johnson qui fit finalement adopter les programmes Medicare et Medicaid dans le cadre de son projet de Grande Société.

Dans les années 1990, Bill et Hillary Clinton ont mis de l'avant un projet de réforme vite avorté, et c'est maintenant au tour de Barack Obama de reprendre le flambeau. Il est donc loin d'être le premier à promouvoir un système de soins de santé, et tout semble indiquer qu'il ne sera pas le dernier. Car il risque d'être à la fois « confronté aux critiques et hanté par l'histoire », observe le spécialiste de l'histoire présidentielle Gil Troy, qui souligne que la crainte de l'« État tentaculaire » fait partie du débat public depuis la naissance de la république américaine.

Colin Robertson, qui a servi à l'ambassade canadienne à Washington, connaît bien les intérêts enracinés des deux côtés du Capitole. Or les soins de santé sont un enjeu qui polarise ces deux camps, et les groupes d'intérêts et les lobbyistes y exercent une influence déterminante.

Ce regain du débat aux États-Unis nous offre l'occasion de réexaminer l'état du régime public canadien, auquel le système américain est souvent comparé aussi bien avantageusement que défavorablement. Et Robin Sears rappelle que même si le système privé de nos voisins coûte deux fois plus cher par habitant, nous n'avons aucune raison de

reaching unsustainable cost levels, but at least everyone is covered under it.

This is the one thing people take as a given, and possibly for granted — the universal nature of Canadian health care, with the government as the insurer. In his latest exclusive poll for *Policy Options*, this is certainly the finding of Nik Nanos. He also found that Canadians, by a resounding margin, think Obama is on the right track. Looking at the two systems, IRPP's Jeremy Leonard finds a statistical competitive advantage on the Canadian side. And finally from Washington, David Jones notes that having been down this road before, Americans will be down it again someday, waiting for Godot.

Elsewhere this month, in our continuing series in the run-up to next year's Muskoka summit, two writers examine the prospects for global governance and Canada's role in it. Jeremy Kinsman, our Contributing Writer on foreign affairs, looks at the G8 morphing into the G20 at Muskoka, and concludes it's a new and very different world. Canada, as a very connected country, "has a special opportunity to make a crucial difference" in this new forum. John Sinclair, a specialist in global studies at University of Ottawa, suggests the institutions of the postwar world, from Bretton Woods to the G7, are being supplanted by enlarged summit groups such as the G20. Still with foreign affairs, Nipa Banerjee, former head of Canada's aid program in Afghanistan, describes some of the challenges of building a civil society in the middle of a war zone, in a broken country beset by official corruption. She writes, "cutting and running" is not an option.

On the economy and the environment, Chuck Szmurlo writes from Calgary that carbon capture and storage is one proven way of reducing greenhouse gas emissions, with the EnCana project at Weyburn as a global leader in the field.

In a follow-up to last month's thematic, Graham Fox looks at the current phase of minority government and notes that the continued dominance of the Bloc on the Quebec scene makes the math of a majority somewhat unlikely. But he also notes that if a minority House is to become more productive, parliamentarians will need some behaviour modification in their "duty to oppose." For his part, Louis Massicotte doubts that the mere iteration of minority governments over the last few years signals a definitive indication of what is ahead. He points out that anyone saying in 1967 that majority governments were a thing of the past, after a decade with only one majority government, would have regretted it dearly afterward, in light of the 24 uninterrupted years of majority government between 1980 and 2004.

Finally, in our *Verbatim*, Jean Charest makes a strong case for a Canada-Europe free trade agreement. He was a member of the Conservative government that negotiated the Canada-US FTA and later the NAFTA, including Mexico, and he sees similar benefits for Quebec and Canada in an FTA with Europe.

pavoiser. Car s'il a au moins le mérite de protéger tous les citoyens, le nôtre atteint lui aussi des coûts exorbitants.

Cette universalité de notre système de santé, qui fait du gouvernement l'assureur en chef de la population, est d'ailleurs l'une des choses que les Canadiens tiennent pour une évidence et presque pour acquis. C'est ce que révèle le dernier sondage réalisé par Nik Nanos en exclusivité pour *Options politiques*. Notre collaborateur a aussi découvert qu'une étonnante majorité de nos compatriotes estiment que Barack Obama est sur la bonne voie. De son côté, Jeremy Leonard compare les deux systèmes et crédite le nôtre d'un avantage concurrentiel. Et depuis Washington, David Jones note que les Américains ont déjà emprunté cette voie d'une réforme de la santé et, qu'« en attendant Godot », leur route sera encore très longue.

Par ailleurs, dans le cadre de notre série sur le sommet de Muskoka de l'an prochain, deux articles examinent les perspectives de gouvernance mondiale et le rôle que pourrait y jouer le Canada. Jeremy Kinsman, notre collaborateur spécialisé en affaires étrangères, analyse la transformation du G8 en G20 qui prendra effet à Muskoka et produira un monde assurément très différent. Et John Sinclair, spécialiste en études internationales de l'Université d'Ottawa, montre que, de Bretton Woods au G7, les institutions de l'après-guerre sont aujourd'hui supplantées par des groupes élargis comme celui du G20. Également sur ce thème des affaires internationales, Nipa Banerjee recense les défis liés au développement d'une société civile en pleine zone de conflits et affirme que le retrait intempêtif des forces étrangère n'est pas envisageable.

À propos d'économie et d'environnement, Chuck Szmurlo soutient que la capture et le stockage du carbone sont un moyen éprouvé de réduire les émissions de gaz à effet de serre, comme en témoigne à Weyburn le projet d'Encana, leader mondial en la matière.

Sur le thème du mois dernier, Graham Fox observe que la domination soutenue du Bloc québécois au Québec rend improbable l'élection de gouvernements majoritaires. Mais il ajoute que les parlementaires devront modifier leur conception du rôle de l'opposition pour accroître l'efficacité du Parlement. Louis Massicotte soutient pour sa part que « la seule accumulation d'élections n'ayant produit aucune majorité ne constitue pas en soi un indice infaillible de ce qui nous attend. » Il remarque qu'un observateur qui aurait affirmé en 1967 que les gouvernements majoritaires appartenaient au passé, puisque une seule élection en dix ans avait alors dégagé une majorité, l'aurait sans doute regretté par la suite, surtout « durant les 24 années de gouvernement majoritaire ininterrompu que nous avons connus de 1980 à 2004. »

Enfin, notre rubrique *Verbatim* donne la parole à Jean Charest, qui défend vigoureusement l'Accord de libre-échange Canada-Europe. Rappelons qu'il faisait partie du gouvernement conservateur qui a négocié l'Accord de libre-échange avec les États-Unis, puis l'ALENA. Il estime que le Québec et le Canada tireraient des avantages analogues d'un accord semblable avec l'Europe.

# possibilities

## Q&A: BREAKING DOWN BARRIERS TO INTEROPERABILITY

The complex task of getting people, systems and IT to work together seamlessly in mixed IT environments is an important priority, and challenge, for Canadian governments and for governments around the world.

*Possibilities*, a Microsoft Canada publication dedicated to celebrating innovative achievements and fostering thought-leading discussions with the public sector, sat down with Theresa Pardo and Brian Burke from the Center for Technology in Government at the University at Albany, SUNY, to discuss their most recent research on interoperability in government.

### Q: What is interoperability?

**Theresa Pardo:** Interoperability is often associated with technology, but it's also about management and public policy. We know, for example, that the technology that enables the sharing of individual health records already exists. But from a regulatory or legislative perspective, the freedom to actually share that data is still limited. So if a government wants to pursue electronic health records or any other initiative that requires interoperability, it must first have the appropriate policies in place.

### Q: In your most recent research, you refer to interoperability as an "intense struggle." Why is it so difficult for governments to achieve?

**TP:** There are several reasons. The first is resource allocation. Agencies or systems can't connect to each other if there is no money in their budgets to support a broader interoperability agenda, and government budgets don't necessarily account for the co-mingling of spending and priorities. Generally speaking, there are no resource allocation models in place that actually support the kind of tasks that have to be carried out to create truly interoperable policies, practices and technologies.

**Brian Burke:** Another hurdle is getting leaders, whether in government or the private sector, to understand that the work that they do plays a critical role in making interoperability possible. Too often they'll say "the IT shop can't seem to get this major business process implemented across six agencies" when it's not an IT problem to begin with. It comes down to the people: the front-line managers, policy makers or agency executives. Finally, interoperability can be difficult to measure in traditional terms. Interoperability "wins" are not the kind of initiatives that traditionally get talked about in a press release. I think this is another challenge.

### Q: What's at stake? Why is it important to get interoperability right?

**TP:** Interoperability leads to a government worth having, a government that operates at a new level and demonstrates very visible benefits to its citizens. This is an important factor, as people increasingly expect the government to offer immediate and seamless services, similar to Amazon.com or eBay. We're already seeing results: look at New York, for example, where a business can apply in one place for all the permits they require from various labour and liquor boards. That's an example of something that has a tangible benefit for citizens.



Interoperability also touches things the citizen doesn't see directly, such as improving emergency response or public safety capabilities, or giving governments the ability to track vendors in a more informed way and ensure that the contracting practice is transparent. These are the kinds of initiatives that increase the value of government in the lives of citizens.

### Q: Can you point to some success stories?

**TP:** The criminal justice system is a great example, where the ability to share information across multiple criminal justice organizations and, therefore, improve public safety is quite evident. You see it as well in public health, in responding to disease outbreaks like the West Nile virus.

### Q: Are there any in Canada?

**BB:** Service New Brunswick, a one-stop portal for citizens who need information or a service from the provincial government, is a successful example of providing citizens with services they need, and it has everything to do with interoperability. New Brunswick has done customer satisfaction surveys and found that citizens are very satisfied with their government. That is a direct result of interoperability.

### Q: How do government executives go about solving the interoperability challenge to create more of these successes?

**BB:** As we said earlier, you can get there when an executive recognizes the need to create a truly interoperable government. During the initiative to combat the West Nile virus, for example, the commissioner of Public Health who led the project basically said to all of the state agencies, "You will work together to make this happen." It was amazing what happened as a consequence of that statement, and it's a great example of the kind of executive leadership that made it possible for agencies and local governments to come together in a new way and create a capability that didn't exist before.

For additional information about interoperability, visit [www.microsoft.ca/interop](http://www.microsoft.ca/interop)

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