

## **Closing Panel Address**

Medicare: Its Time to Act

March 28, 2009

Students for Medicare

My name is Sarah Reaburn, and I am a third year nursing student. In the fall of (this) LAST year, I had the good fortune to be reintroduced to Danica Rush. The OHC had sent a call out looking for students who would be interested in forming Students for Medicare groups... we jumped on it and have now started a cross campus Toronto collective of Students for Medicare. This group has grown from two nursing students this PAST fall, tabling in the halls of Ryerson about an OHC rally to a cross campus and interdisciplinary network of students who were able to bring you this conference today, and hopefully many more events and actions to come.

It is my great honor today to be representing students on this panel while sitting between the shoulders of the giants of our professions and communities, and I am very flattered to have been asked to speak for Students for Medicare – a group of people I am very proud to work with.

Today, I hope to present to you my concerns about the lack of education on this important topic; why I think it should be a central feature of our curriculum; and the role that students can play in strengthening our health system.

So let me start off by speaking to the students in the room, and using that old time tradition we are all so well trained in- please, a show of hands- who here learned something about our health care system today that they never learned in school? And who here thinks that what we all had a chance today to learn should be in our curricula?

*pause for show of hands.....*

I can only speak for my personal education experience so far. In regards to Medicare the formal education I have received on the topic of our health system has been absolutely minimal. The education I have received has been from community forums, panels, and from leaders like Doris and Natalie... It is to the credit of organizations like the RNAO and the OHC, the Medical reform group and Doctors for Medicare that many of the students here today have been able to learn the importance of Medicare not only to our professions but most importantly to our patients.

In three years of school, the great Medicare debate has only surfaced twice formally, and that is exactly how it has surfaced everytime- as a debate about private versus public, rather than as exploration of Medicare's merits and the needs for innovation of our public system. Instead of being a focused discussion on how Medicare works, it is chronically discussed as a debate to privatize or not to privatize...

Now this trend reflects the reality that more and more of our public services are being privatized- universities included. We have seen the impact of the increasing privatization of our universities, and how this has led to decreased access to education, and I would argue decreased quality of our educational experience on a whole. The slow erosion of public funding for universities has resulted in increased tuition fees, and therefore higher education is being

accessed more and more by those privileged with wealth. As far as social transfers go, education and health care are the two most significant social transfers of wealth.. The fact that we are seeing education being provided more and more only to the rich can be used to explain this ever growing divide between the rich and the poor. So what about our health care? Will we go there too? I would like to think not.

Now, I would say that the fact that public healthcare is chronically framed as a debate is a good indicator of just what a critical state Medicare (is in)- when the few lesson plans that exist within health care professionals educational settings are constantly focused on whether or not Medicare will or should survive, it suggests a poor prognosis. And it indicates that desperate interventions are in order- that it is indeed time to Act.

In our training as nurses or doctors, there are few critical situations where we as students are so encouraged to question the prevailing wisdom and practice. Evidence based, tried tested and true interventions for care are used- nothing is ever perfect but we do the best with what we have, and we innovate to make it better. We don't give up when someone's life is on the line.

It is fair to say that millions of lives are on the line, the longer we tolerate the privatization debate in our hospitals, in our communities, amongst our professions and within our educational institutions.

Medicare is prevailing wisdom and good evidence based practice- it is what patients across Canada have indicated they want. The more time we spend deliberating about whether to save it or not, the less time we have to act on improving it. And then in the meantime, fabricated crises such as wait times, lack of health care providers and hospital closures due to inadequate funding via inadequate budgets as we saw this week at Queens Park, have the media spinning them to look like problems with the public system, versus problems with our governments priorities.

This is my point- we have no time to waste. For the sake of our patients, and for the sake of our professions a publicly funded health care system is not up for debate anymore. Medicare does work (and it has the potential to work even better). Nationwide, citizens –our patients- have indicated that they want it.

We can no longer tolerate discussions in our institutions about furthering the two tier agenda of corporations and governments. Instead we must use the time, and the connections and the great minds especially in our educational institutions to discuss how it is that we are going to strengthen and improve Medicare- NOT whether we should dismantle it.

So what does that mean practically, for students? We absolutely need to challenge our schools to shift the current discourse around medicare from that of discussing the market logic of privatization to focusing on its destructive effects on patient care.

I would challenge those of you in nursing, social work, medicine and midwifery to have your schools take a formal position on public health care, as has the RNO, ONA, the MRG, the OHC.. Also, I would ask all the students here today to take opportunities in classes to broach the

subject of Medicare as often as possible. Direct your own curricula by bringing the subject to the classroom, knowing the myths to bust, and then busting them.

Much of our work will be started outside of our classrooms at conferences like this- learning the facts at forums and meetings, townhalls, conferences and by speaking to the leaders in our communities. We need to organize to learn the facts and then teach our schools how we want our education to be- which is, I believe an education that is truly client and student centred, based on principles of accessibility, equity and social justice.

Medicare is a word that describes our publicly funded system... however, I would like to think of it as more than that. It is an ideal that we can all work towards as health professionals, a light at the end of a tunnel. The principles of universality and accessibility are ideals that the system is still working towards- it is no means perfect at this point. Aboriginal peoples in Canada fall between the cracks of our federal and provincial insurance programs, and depending on their Indian status are refused care or must pay for care. Access is severely limited to Canadians living in rural settings. Seniors and their families who have been forced to pay for homecare services understand very personally the impact of privatization. Then there are the people in Ontario who are residents and have lived here for 20 years, contributing to the economy, paying taxes on everything they buy but who are refused health care because they lack "the documents" in order to qualify for provincial insurance.

I would like to here highlight the case of Nell- she is a woman currently living in Toronto. She immigrated from Granada and has no OHIP. She is diabetic, with a heart condition and urgently requires insulin. She runs out of needle on Monday and runs out of insulin next Friday, but because she is poor and can not afford it, she will not have her medications. Her case is on the NOII table at the entrance and I encourage you to all sign letters to the Minister of Community and Social Services, and the Minister of Immigration found in that document.

Her case is an example of what will and can happen to many people, even those with the appropriate documents or status, in a privatized system where health care is delivered on the basis of ability to pay versus need.

All of my rhetoric around debates is not to say that I do not believe that there should be debate in our classrooms. What I believe is that we, as a student movement, have to shift the focus of that debate from the question of "Should we keep medicare?" to that of "How are we all going to work together to transform medicare to an even better system than it already is?"

Within our practice setting we are asked to consider what truly client centred care looks like and engage in it. As student professionals, I am asking you to think about what truly patient centred education looks like- and engage your teachers, your fellow students and your curriculum in it. Patient centred education must include Medicare- and so this is a call to Action.

And I look forward to working with all of you in building a stronger public health care system.

Thanks so much for coming.