On January 29, 2007 a public forum on Public Health Care was held at The Smorgasbord Deli in downtown Kamloops. The forum was hosted and organized by the Kamloops Citizens Concerned About Public Health Care, co-chaired by Ms. Fawn Knox and Mr. Rick Turner. The organization is funded by donations from those who attend meetings and not by any other organized groups.

Word of the forum was spread through word of mouth, emails, some media coverage about a week ahead of the event, but not through commercial advertising.

Approximately sixty people attended the event. Each of 6 speakers all of whose work is in health care – 1 doctor, 2 practicing nurses, 1 health care worker, and 2 professors from Thompson Rivers University Nursing- made oral presentations of about five minutes in length. Following the presentations members of the audience were invited to ask questions or make comments, again, no more than five minutes in length.

Our objectives are:

- To discuss the strengths and weaknesses of our health care system and offer suggestions for improvement.
- To provide facts and information from credible sources to those who might be participants in the Conversation on Health Care in Kamloops February 2 and 3.
- To provide an opportunity for a conversation on Health Care that includes our health care workers and professionals, as well as our citizens concerned about Health Care.

Rick Turner, one of the organizers, opened the Kamloops Health Care Forum by paraphrasing a January 29 Kamloops Daily News editorial about Health Care, which stated that more open community conversation is needed, not isolated conversations.

Fawn Knox, the other co-chair of the committee, reiterated much the same thing: “This is a first conversation that is led by health care professionals and practitioners and in doing so provides an opportunity for all of us to ask questions about the state of our public health care
system and where we want it to go in the future.” Hearing from those who work in the system was the right place to start.

**Health care professional #1**

This doctor spoke about how very busy it is in the trenches. The work is much more difficult than it used to be. We need more of everything. We have a good system; we order tests and get results, we get paid regularly and the right medication is available.

But the system is breaking down; now we wait for tests. Procedures are backed up and it is frustrating to both the patient and the doctor. At RIH we now have 3 half floors of administration; whereas, there used to be only 1 half floor for administration. We used to have about four hundred beds for patients, now we have two hundred beds. There didn’t used to be such a discrepancy between the administration numbers and the patient numbers. There is an increased concern about the ageing population which does need to be addressed.

The difficulties began to surface when the federal transfer payments were cut from 50 cents on the dollar to 19. Now we don’t have enough nurses to meet the needs of the patients. We need to increase the numbers of doctors graduating to 400-600 per year. We have 150,000 people without a doctor in this province; it’s only going to get worse.

The Emergency Rooms are short of cots. We are supposed to have beds upstairs but people are waiting to go to other care facilities – long-term care facilities - but nothing is available at this time.

**Health Care Professional #2**

This nurse stated that the strength of the system is that it is public. That is where you receive quality care. The human resources system is also a major strength to the public system. They have been trained to provide quality care.

The weakness is that there is a lack of accountability both at the provincial level - the politicians, and the federal level. Each one blames the other for either not appropriately utilizing the funding or not providing sufficient funding. As a result, there is abuse of the Health Care Act.
We say that we have a good system and we do. It needs attention in many areas but this is not insurmountable. There are many negative stories but thousands of good ones. Sustainability of the system is possible. What we need is input on the ‘conversation debate’ that clearly states publicly funded, publicly delivered health care is what we need in British Columbia. This government needs to hear it from all participants at all the forums, including the public forum.

Please read two reports:

- Will McMartin’s article in the Tyee, September 26, states that in 1984 health care took up 6.1% of the GDP; in 2007 health care is taking up 7%, not the inflated numbers that Finance minister Carol Taylor touts. [www.thetyee.ca](http://www.thetyee.ca).
- Mark Lee’s November 2006 report, “Is BC’s Health Care System Sustainable” can be found on the Canadian Centre for Policy Alternatives website: [www.policyalternatives.ca](http://www.policyalternatives.ca)

There is a shortage of Health Care Human Resources personnel in most areas including pharmacists, physiotherapists, and registered nurses. The current training for registered nurses is a 4 year degree program through the university system. We need to review and assess how nurses are trained and look at creative options that might condense the timelines of education options so that we can educate nurses in a shorter period of time.

There should be no debate over which is better - private versus public. The private sector is only answerable to the shareholders, not to the patient. Private health care does not have a good track record. There are more deaths and a lower quality of care is provided due to the lack of staff to maintain a quality care program and, money is made from such staff cuts. It is all about making money.

**Health Care professional #3**

The second nurse stated that nurses have lots of good ideas as to how to fix the public health care system but the government does not want our input at the public portion of the Conversation on Health. They do not want the public to hear some of the problems and our answers to these problems. For example, when the hospital is full and ER is full of admitted patients the wards go over census and every floor takes a couple of patients. On ward 3 West, the kitchen has many times had to create a makeshift patient room. The cause of a lot of the overcrowding in the hospital is that we have many LTC patients
waiting for long term care facilities. Overcrowding is also due to the closure of beds.

It is necessary to keep the system public. When you start moving people, such as nurses, doctors, and others to a private system, it starts falling apart. For example, the new private residential care facility being built in Westsyde will have an impact on the public system in that it will start to drain the system of valuable personnel.

Health Care Professional #4

This health care worker noted that the health care system workers include LPNs, nurse’s aides, assistants in rehab, pharmacy, lab, etc., as well as support services. We are not just the “toilet cleaners” that at least one MLA has referred to us as.

HEU took a pay cut of 15%, and then this government tried to privatize our jobs in the health care system. The pay cut has many of us now having to hold down two jobs or working lots of overtime to make up the difference. Many HEU workers cannot make ends meet on reduced wages: nothing has come down in costs; most things have gone up. Not only were there cuts to staff but also cuts to supplies and they are often hard to obtain.

Long-term care beds have not increased in this area despite the fact that those who need them have increased. Hence, the backlog in the hospital exists when we have nowhere to put these people. Beds have been reduced at Overlander and Ponderosa.

We do have a good system and there is no reason that it cannot be supported. Workers are constantly saying, “We can’t provide the care we need to.” This is very upsetting to the workers. Workers are running on their jobs and they can’t keep up this pace and are getting burned out.

Health Care Professional #5

This Thompson Rivers University Nursing professor stated that health care policy decisions need to be based on the best research available and be evidence based. What is being exercised now is that the research is being used selectively. We are not getting all the correct information in order to make informed health care policy decisions.
Take the time to read, “Mythbusters,” available on the Canadian Health Services Research Foundation [CHSRF] website. These are synopses of current Canadian health services research (i.e., these are evidence-based) that debunk the claims that private-for-profit health care is beneficial to patients and the public health care system. We are heading towards the American style health care, which no one wants. For example, “Mythbusters” debunks these myths: private health care reduces wait lists, the aging population is overwhelming, and Canadian doctors are leaving the country in droves. Dr. Bob Evans, an internationally respected UBC health care economist, has also written about his research on the economics of Health Care services, which demonstrates that our public health care system is in fact, cost-effective and sustainable.

We have to stop re-inventing the wheel and start using the evidence we already have as the basis for health policy decision-making.

There was an extensive ad campaign for Primary Health Care to inform the public as to what it is. But it is more than just working in teams. The World Health Organization, in 1978, created and defined the concept of Primary Health Care. The fundamental principles of Primary Health Care include community participation, empowerment and working in partnership with communities. We definitely need elected public representation for health care decision-making. This must be integrated into the system.

**Health Care Professional  #6**

This TRU Nursing professor noted that in 1970 there was the same hue and cry for more nurses and doctors.

We are working in a dysfunctional system. What is intended is not what we have. Instead it has become a sick care system. It needs to fundamentally change. We need to shift our emphasis.

There is too much money in some areas:
- $18 billion went last year towards drugs, and that is increasing at the rate of 10% per year (*the Globe and Mail*). Not all drugs are harm free either – we need to pay more attention to the research done by independent researchers.
- There are too many bureaucrats.
- Parts of the system are not sustainable. The system is not desirable.
- Look at the cost benefit ratios – presently not effective.
- There is no accountability at the top.
• Stop tinkering at the edges.
• Take the politics out of the health care system.

It will take us awhile to get out of this quagmire. One size does not fit all. We have to adapt to the evolving situation. We must involve the communities. We also must approach the solutions at a slower pace with sincere efforts towards what works best.

We can’t throw the baby out with the bath water. For example, in Australia, labs were closed to centralize the service and to save a million dollars, only to discover that taxicabs ate up that million dollars transporting the specimens to the centralized service.

**Audience responses and questions**

• We must stop “high grading”: where the private takes the patients who need the least after surgery care. What we need is to open more beds.

• The salaries and the traveling expenses of the IHA and administration are out of line. $8 million is spent on wages alone. 70 employees are receiving over $100,000 in wages and there is up to $340,000 on traveling expenses. This is why we are in crisis. We have 2900 staff leaving the system. Why are we losing them at this rate? Is there anyone asking that question?

• We must not adopt the European method of Health Care. It does not work. The hospitals are paid by the patient levels. Unnecessarily, patients are kept in the hospitals until another patient fills that space – otherwise, the hospital loses money. Once again, it’s all about money.

• Is there abuse in the system? The doctor replied, “No there is very little abuse of the system.”

• Political will is needed to make these changes and we aren’t seeing it. Where is the National Drug Program that will bring in line drug costs that seem to be out of control.

• Pharmaceutical companies are thieves!

• We have been asked to change the scheduling system. Calling it *Staffing Service Centre* won’t solve the problem, because the retention of staff is so low. Why don’t they investigate why
retention is so low? Would it be that staff are not able to carry out their professional duties in a timely manner?

- The lack of supplies is outrageous. We have gone for days on end without feeding bags, having to substitute with makeshift items. It is absolutely absurd and worse is that the procedure to obtain these items is even more obstructive!

- The private health care sector does the skimming, that is, it only takes the patients who need the least care, so there is little follow-up treatment. In the private health care system there is not the staff in place to do the quality follow-up. The big money is made in the operations; follow-up care is where they cut back to increase profits.

- Private surgery clinics use up our scarce personnel resources, especially our nurses and anesthetists, and the public system in fact subsidizes these workers in their private industry jobs to a large extent.

- It’s all about money. We can push them back. It is our system. The baby-boomers have enjoyed this system; we, the younger generation, want the same public health care services.

- We must do it. It is outrageous. A private-for-profit system is not needed!

- A nurse who has been invited to the Conversation on Health thanked us for the forum, which will assist with her participation in the Conversation on Health.

This is but the first conversation on public health. Many remarked that they had learned a great deal from our forum, that they appreciated the constructive suggestions put forward that would improve public health care, and that they wished we had more time to talk about more solutions. More meetings, conversations, and, perhaps, actions will come about as events unfold and, in particular, as government responds or fails to respond to the concerns of its citizens.

Fawn Knox and Rick Turner
Co-chairs
Kamloops Citizens Concerned About Public Health Care