LIST OF PRESENTERS

PROVINCIAL PRESENTATION
Pat Duncan, Premier of theYukon
Cynthia Tucker, Minister of Education, Policy Liaison
Sue Edelman, Minister of Health and Social Services

PROVINCIAL PRESENTATION
Ken Bolton, representing Eric Fairclough, Leader of the Opposition

YUKON MEDICAL ASSOCIATION
Wayne MacNicol
Ken Quon

YUKON REGISTERED NURSES ASSOCIATION
Patricia McClelland
Donna Rowland
Patricia McGarr

ACQUIRED BRAIN INJURY SOCIETY OF THE YUKON
Anne-Marie Yahn
Tara O'Donovan
Diarmuid O'Donovan

INDIVIDUAL PRESENTATION
Bryce Larke

YUKON ASSOCIATION FOR COMMUNITY LIVING
Jean Dacko-Brink

YUKON ANTI-POVERTY COALITION
Todd Hardy
Renée Alford

COUNCIL OF YUKON FIRST NATIONS AND YUKON FIRST NATIONS HEALTH AND SOCIAL COMMISSION
Roberta Hartman
Kelly Morris
Barb Hume

WHITEHORSE GENERAL HOSPITAL
Ron Browne
Fiona Charbonneau
Rhonda Holway-McIntyre

ON-SITE PRESENTATION
Carole Brookless

YUKON WHOLISTIC HEALTH NETWORK
Eleanor Velarde
Georgia Campbell
Jim Zheng

INDIVIDUAL PRESENTATION
Ron Millard

ASSOCIATION FRANCO-YUKONNAISE
Jeanne Beaudoin
Isabelle Salesse

CALGARY HEALTH REGION, DIVISION OF GYNECOLOGY
John Jarrell

YUKON FEDERATION OF LABOUR
Joanne Oberg
Diane Anderson
Mike Paré

YUKON CHIP (CORONARY HEALTH IMPROVEMENT PROJECT)
G.E. (Butch) Johnson

PROVINCIAL PRESENTATION

Pat Duncan, Premier of the Yukon
Cynthia Tucker, Minister of Education, Policy Liaison
Sue Edelman, Minister of Health and Social Services

Sue Edelman, Minister of Health and Social Services, began the presentation on behalf of the Yukon Government by noting both the beauty and the challenges presented by the geography of the Yukon: its territory is vast, but its population sparsely spread. Most communities are a 5- to 6-hour drive away from Whitehorse, in locations which are often inaccessible by road or plane. What allows the Yukon to continue to provide health care to its residents is the dedication of its health care providers, in particular nurse practitioners, whose skills permit them to treat a range of minor conditions without a physician. Although there are physicians in some communities, most Yukon communities must rely on the emergency department of the Whitehorse General Hospital, the only acute care facility in the Yukon. There are rotating visiting physicians in Yukon communities, however, residents often feel uncomfortable with unfamiliar providers who are not part of their community or culture. Compounding this is the fact that residents must sometimes be medically evacuated to southern centres such as Vancouver, at a cost of $12,500 per flight – a cost which the Yukon covers if the federal government does not. Despite these challenges, Edelman emphasized that the territory has an excellent health care system and that its residents rate their own health care highly. The conditions of the North have required Yukoners to find innovative ways to support effective and accessible health care, including telehealth projects to facilitate increased mental health services, professional education and continuing education opportunities, and family visits. Nevertheless, Yukoners must rely on out-of-territory hospitals for specialized services and the costs of the Yukon medical travel plan has grown by 26% over the last five years. At the same time, there is growing demand for more, including the integration of First Nations traditional medicine practices and culturally sensitive health services, more health services in French and better access to the services available in the south. Pat Duncan discussed the financial picture of health care in the Yukon, noting that in 2001 the territory spent $2,980 per person for health care (36% more than the national per capita average of $2,190). Duncan observed that, due to the Yukon's small population, it cannot rely on increased territorial taxes to make up for lost revenue caused by federal cutbacks. Cynthia Tucker stressed the imperative for the Yukon to "do better" rather than "do more". She suggested that health care professionals be employed to their full scope of practice and that medical professionals work together in teams as part of an integrated system. Tucker emphasized the benefits of personal participation in health through increased recreational activity and cultural and spiritual pursuits. She acknowledged the "Green Prescription" program, a local initiative in this area in which groups of individuals meet once a week for four weeks to learn about nutrition and physical activity. Group participants are then tracked for 12 weeks as they reduce their weight and make changes to their lifestyle patterns and eating habits. In closing, Duncan called on the federal government to play a key role in ensuring adequate, stable and predictable funding for health and other social programs. At a minimum, the federal government should restore the Canadian Health and Social Transfer (CHST) to 18% with an

appropriate escalator. She stressed that the federal government must live up to its responsibilities in regard to First Nations and asked that "on-reserve" funding be extended to Aboriginals in the north. In conversation with Commissioner Romanow, Edelman noted that the Green Prescription plan is new and has only been active for two months, and explained that it depends on partnership with the federal government and local communities. She told the Commission that the Green Prescription program is supported through a variety of media, including television and peer groups. Tucker added that the message is further enforced through active living schools in educational programs. On the issue of health human resources and the lack of specialists in the North, Duncan explained that the transportation links are more north-south, rather than east-west, and as a consequence, suggested that there be specialized centres in every province. She reported that Yukoners have received excellent care from British Columbia. With regard to primary care, Edelman explained that the Yukon has already implemented reform based on interdisciplinary integration in its rural communities with nurse practitioners on the front line. Where this model has not yet been implemented, ironically, is in Whitehorse itself. The model is already working, however, in the rural communities. Duncan elaborated on the financial impact of the CHST, explaining that neither an exclusively per-capita formula nor an exclusively needs-based formula works for the Yukon. If the federal government agreed to provide more funding based on whatever formula was endorsed, Duncan expressed support for more corresponding guidelines and standards for how these funds would be used, citing the desire of all Canadians for national consistency. She cautioned, however, that such guidelines and conditions must incorporate the differences between the south and the north. On the issue of an escalator, Duncan predicted that, once you know the distinctive needs of the respective provinces and territories, identifying the correct escalator will follow.

PROVINCIAL PRESENTATION

Ken Bolton on behalf of the Official Opposition

Ken Bolton noted at the outset that his caucus wants to emphasize the particular needs of Canadians north of 60. He explained that Yukoners are watching the debate on health care with considerable concern. The Yukon's reliance on federal transfers makes it particularly vulnerable to sudden changes in federal priorities, and the boom and bust nature of the Yukon industry does not make matters better. Bolton noted that the national debate on health care reflects the territorial debate, asking two questions: is our society willing and able to maintain a publicly funded system, and if so, what are we willing to do to achieve this? Bolton explained that the social democratic caucus believes both that we can and must preserve this system. Given that we spend millions and billions of dollars on executive jets and gun registration programs respectively, we can afford public health care. He noted that public spending with respect to the Gross Domestic Product (GDP) is not rising and submitted that Canadians are willing to spend more, as long as there is accountability and transparency in how that money is spent. On the issue of privatization, Bolton noted that 68% of residents are unwilling to allow privatization of various services, such as CT scans. In regard to user pay, residents are against shifting

costs from the public system to the private user. Bolton observed that health care in the Yukon relies heavily on the informal care of residents who often make considerable personal and financial sacrifices to support the system. In that regard, initiatives to recruit and retain health human resources is critical. He brought up the issue of alternative care options, and identified the problem of system over-use, both by patients and by providers. He suggested increased use of nurse practitioners, midwives and holistic health, and the placement of greater emphasis on exercise and personal responsibility for a healthy lifestyle. Bolton cited Dr. Fraser Mustard's claim that $1 spent at the outset of a child's life saves $7 later on. Further concerns of Yukon residents included: the length of drug patents; and the (in)appropriate use of end-of-life care. In closing, Bolton repeated that we can and must preserve our publicly funded, universal system. In conversation with Commissioner Romanow, Bolton explained that, in regard to meeting the needs of the North, the best solutions are often found at the local level. He referred to the Signpost Seniors of the North, who have often been ahead of the times with their initiatives, and cited the importance of local wisdom and traditional practice.

YUKON MEDICAL ASSOCIATION

Wayne MacNicol
Ken Quong

Wayne MacNicol noted that there must be a particular focus on the special needs of the people of the North. He observed that most principles of the *Canada Health Act* are in jeopardy in the North. If Northerners expect to have the same advantages as the rest of Canadians, there must be changes made to the training, recruitment and retention of health care professionals. The lack of a healthy public policy has had a negative impact on the health of Yukoners. MacNicol reported that over the past four years, there has been a turnover of 40% of medical personnel, a figure which will likely only grow with an aging population. He pointed out that the Yukon does not have the resources to compete with southern provinces and explained that many regions implement their own recruitment incentives that they hope will increase medical professionals in the North. MacNicol acknowledged the inherent challenge presented by communities which do not have sufficient numbers of residents to support specialized practitioners. Adding to this problem is the fact that there are few health human resource training facilities in the North itself. On the issue of access and patient expectation, MacNicol cautioned against quick-fix responses to the pressure of various interest groups, yet stressed that there should be clear guidelines for establishing which services should be available locally, and which should be readily accessible through travel to provincial centres of care. He made several recommendations on how to recruit, retain and train health human resources. He supported a nationally accredited nurse practitioner program to train nurses to deal with isolated, northern and First Nations communities. He recommended that a board be established to determine which services and technologies should be publicly available in the Yukon and which should be readily accessible by referral outside the Yukon. And he suggested that there be healthy public policy for population health, childhood support and education. In discussion with Commissioner Romanow, MacNicol emphasized the

importance of the *Canada Health Act*, but noted that it currently suffers from lack of definition, and acknowledged the potential benefit of further principles, such as patient-centredness or accountability. On the issue of centres of excellence, he proposed national centres rather than provincial ones in order to ensure access to northern communities. MacNicol explained that we have to move in the direction of a national board in order to maintain some semblance of control and consistency of standards. This might involve being able to go to British Columbia or Alberta and stating that the Yukon needs certain services. Given that there is no northern medical school, there must be collaboration in order to ensure national access.

YUKON REGISTERED NURSES ASSOCIATION (YRNA)

Patricia McClelland
Donna Rowland
Patricia McGarr

On behalf of the Yukon Registered Nurses Association, Patricia McLelland expressed the view that the *Canada Health Act* must continue to support the current system, but that it should be extended to cover more. McClelland noted the YRNA's vision, called the "Preferred Future", which is based on federal, provincial and territorial government cooperation, communication and long-term, stable funding. The notion of health central to the "Preferred Future" is broader than the conventional notion of health in the medical model. It incorporates alternative and complementary approaches to health, recognizing that the area of health usually addressed by the medical establishment is only a small portion of health. On the issue of primary care re-organization, McClelland noted that it should include the full range of determinants of health and be based on multi-disciplinary collaboration with no single gatekeeper. She elaborated further on an initiative that employs this philosophy, namely the Canada Prenatal Nutrition Program (CPNP), which incorporates healthy gardening, cooking and food sharing groups, classes on shopping for and preparation of food, education of pregnant mothers by elders and assistance to discourage substance abuse. In closing, McClelland listed the following recommendations on behalf of the YRNA:

- the *Canada Health Act* be extended to cover health and illness through a primary care approach;
- the principles of the *Canada Health Act* be maintained;
- the federal, provincial and territorial governments articulate and financially support a clear vision of health and illness; and
- the Primary Health Care approach become the standard for health and illness care in Canada.

In discussion with Commissioner Romanow, McClelland expressed a preference for supplementing the *Canada Health Act* rather than opening it up. On the issue of primary care reform, McClelland explained that historically in the north, communities have relied on nurse practitioners – a fact which may have contributed to the success of primary care

reform in rural locations. A possible barrier to its success in urban locations may have to do with the fact that health care professionals have not been able to practice to the full extent of the scope of their abilities.

ACQUIRED BRAIN INJURY SOCIETY OF THE YUKON

Anne-Marie Yahn
Tara O'Donovan
Diarmuid O'Donovan

Diarmuid O'Donovan began by elaborating on the effects of the brain injury he has sustained. His daughter, Tara O'Donovan followed his story by calling for brain injury to be recognized as a separate and distinct physical disability. She noted the prevalence of brain injury among both adults and children, and explained its three most common symptoms: physical problems, such as seizures and loss of motor skills; cognitive difficulties, such as attention disorders; and behavioural disorders, including agitation, irritability, suicidal thoughts, depression and impulsiveness. O'Donovan called on the federal government to register brain injury as a disability and to provide corresponding support for its victims. She noted that as things stand now, the services and treatment programs for which brain injury victims are eligible are limited given the current classification of brain injured individuals as either mentally ill or mentally challenged. Neither of these two categories provides sufficient rehabilitative support. If brain injury were defined as a disability, more appropriate and rehabilitative services would be available. In conversation with Commissioner Romanow, Tara O'Donovan explained that the community was the driving force behind the initiation of this society. Despite this good will, however, there was no information about the condition and a need was identified for further action. O'Donovan decided to give something back to the rest of the community, and used the Internet as a source of information and connection with other groups across the country. She closed by reiterating that what her society wants is federal government recognition of brain injury as a disability so that resources can be provided for the rehabilitation of its victims.

INDIVIDUAL PRESENTATION

Bryce Larke

Bryce Larke told the Commission that he recently moved from Alberta to the Yukon to take on the role of a Medical Health Officer. He focused his presentation on two topics that have gained his attention since his appointment, namely the determinants of health in the Yukon and the quality of local drinking water. On the first topic, Larke noted the particular importance of identifying children at risk for Fetal Alcohol Syndrome (FAS) in order to provide them with appropriate treatment. On the second issue, Larke pointed to the responsibility of the federal government in establishing guidelines, standards and surveillance for drinking water, adding that the cost of the infrastructure required to

support such standards are appreciably higher in the Yukon than in the provinces. In conversation with Commissioner Romanow, Larke reported that we have put the issue of water on the back burner, and it has taken incidents such as Walkerton to remind us that despite the fact that we are a country of lakes and rivers, our water supply is not endless.

YUKON ASSOCIATION FOR COMMUNITY LIVING

Jean Dacko-Brink

Jean Dacko-Brink told the Commission that the concern of her association is the potential impact of two-tier health care on people with mental illness. A two-tier system, Dacko-Brink emphasized, would be particularly detrimental to people who have been labelled. She noted that there is no disability pension in the Yukon, requiring disabled individuals to apply for funding every month. In the case of children with disabilities, the entire family is often impacted and the continual fight to receive adequate support detracts from the ability to engage in employment and meet other family needs. She gave the example of a young boy with a disability who was accepted into a national dance school in Victoria, but required 24-hour monitoring. The Yukon government, however, would not pay for his supervision outside the Yukon. His resourceful mother managed to raise $2,000 a month to fund his special home care. Dacko-Brink asked how much more families must sacrifice to accommodate an inflexible system. In conversation with Commissioner Romanow, she emphasized the importance of implementing funding programs in which the money follows the individual wherever he or she goes, as well as the importance of providing more income support, respite and tax breaks for those who provide care for the disabled.

YUKON ANTI-POVERTY COALITION

Todd Hardy
Renée Alford

On behalf of the Yukon Anti-Poverty Coalition, Todd Hardy and Renée Alford expressed their conviction that the basic principles on which Medicare was established are essential to the future of the Yukon and its people. They explained that reform does not imply the accommodation of initiatives and policies that would erode these basic principles. Drawing on the words of Frank Timmermans, the former Yukon Chief Medical Officer, they reported that despite the fact that per capita spending in the Yukon is the second highest in Canada and that Yukon residents have the highest average income and the highest education, the population health status of the territory is nevertheless significantly lower than the Canadian average – life expectancy is shorter, suicide and mortality rates are higher, and fetal alcohol syndrome and sexually transmitted diseases are more frequent. Poverty is also a significant problem, especially given its correlation with lower health outcomes. The Coalition suggested that better use be made of volunteer services, and systematic partnerships between governments and non-governmental organizations

(NGOs) be fostered. Community involvement should be promoted, given the importance of finding ways to decentralize services and to increase accessibility for residents of rural regions. Preventive measures should be initiated and encouraged and home care should be fostered, given their capacity to reduce the burden on acute-care facilities. Traditional medicine should also be supported given its effectiveness and cost-savings. The Coalition made several recommendations in closing. These included: restoring long-term federal funding and reinstating the cash amount to 1994/95 levels; enforcing provincial and territorial compliance with standards and objectives; integrating primary health care reform and recognizing holistic/alternative approaches; investing in health human resources training; introducing a national pharmacare program; focusing on prevention and promotion; expanding the *Canada Health Act* to reflect changes in health care (e.g. 24-hour clinics); establishing a home care program; protecting health care from trade talks; establishing a progressive tax system; and finding a way to constitutionally entrench our most cherished social programs. In conversation with Commissioner Romanow, Hardy contested the claim that it was governments that initiated Medicare, and gave the credit to the people of Saskatchewan, in concert with a progressive leader. He noted the tendency of governments to ignore the people and asked if there is some way to entrench some of the values our country stands for so that governments cannot play with them. In response to Romanow's suggestion that the real safeguard of Canadian values is the people's passionate endorsement and affirmation of what we stand for, Hardy asked if such an endorsement has been heard in the context of the public hearings. The Commissioner answered strongly in the affirmative.

COUNCIL OF YUKON FIRST NATIONS AND YUKON FIRST NATIONS HEALTH AND SOCIAL COMMISSION

Roberta Hartman
Barb Hume
Kelly Morris

Roberta Hartman introduced the Yukon First Nations, comprised of 14 groups and 8 languages. She noted that, in distinction from many other First Nations groups, they are largely self-governing and are setting a good example. Kelly Morris explained that the Council does not support privatization and wants to see equality for First Nations. She emphasized the importance of prevention and promotion, and expressed disfavour with tax increases. She noted the challenge of most health services being available in Whitehorse rather than throughout the territory. Barb Hume explained that the system is set up to escalate costs and render it unaffordable. She blamed the medical model for this trend and supported a more holistic approach to health in which care is provided for the whole person with the aim of well-being. Such an approach is founded on the principles of prevention and promotion, rather than on the crisis-based acute care model. Traditional First Nations' knowledge can play an important role in the pursuit of this goal and could be incorporated into an amended *Canada Health Act*. Hume called for more industry accountability and responsibility for creating many of the problems we have in the system today (e.g. oil and gas, tobacco, liquor and gaming industries) possibly through

the tabling of new legislation. In discussion with Commissioner Romanow, Hume pointed out that there is a resistance to change given the tendency of some bureaucrats to adhere rigidly to the medical model and to tell First Nations communities what they need rather than listening to what First Nations have to say about their health.

WHITEHORSE GENERAL HOSPITAL

Ron Browne
Fiona Charbonneau
Rhonda Hollway-McIntyre

On behalf of the Whitehorse General Hospital, Fiona Charbonneau expressed agreement with the Canadian Healthcare Association's suggestion to take the best aspects of the four perspectives outlined in the *Interim Report* to create a new perspective. She recalled the Hospital's September 2001 submission, which called on the Commission to delineate the roles of government, health authorities and health care providers in order to ensure efficiency and effectiveness. She cited the Saskatchewan Fyke Report, and agreed with its call for "a workable set of rules and division of authority" in order to achieve system goals. Holway-McIntyre thanked Commissioner Romanow for visiting the Whitehorse General Hospital in July 2001 and reminded him of their integration of a "Healing Room" and an "Elders' Suite". She noted that by recognizing Yukon First Nations as distinct, with a unique history, they have developed a framework for health promotion. Ron Browne elaborated on the importance of continuous quality improvement, citing the recent US report, "To Err is Human: Building a Safer Health System". He noted the importance of establishing a Quality Council, as recommended by the Fyke Commission. He cited Philip B. Crosby's book, *Quality is Free*, and noted that it is more costly to repair mistakes than to do things right the first time. Improving system quality, Browne explained, will improve sustainability in the long run. In conversation with Commissioner Romanow, Charbonneau expressed agreement with the Fyke Report's suggestion that the government give direction but that local organizations organize delivery. Browne explained that the federal government should play a role in establishing consistency across the provinces and territories. On the topic of a patient bill of rights, Browne suggested that it is important for patients to know what to expect. On accreditation, Browne expressed his support for the current policy of paying for accreditation and noted that the cost does not hamper the process.

ON-SITE PRESENTATION

Carole Brookless

Carole Brookless asked that mothers as caregivers be given more support. She noted that if she worked outside of her home, she would get tax breaks. However, she runs her own business and takes classes, as well as working in the home. The burden is heavy and she called on the Commission to recommend more recognition for women and mothers. She cited the many recommendations that are being made for more home care – for instance, for the elderly – and asked how much more women are expected to do. A potential solution to these problems, according to Brookless, might be to establish 24-hour clinics so that when children get sick on the weekends there is somewhere to take them.

YUKON WHOLISTIC HEALTH NETWORK

Eleanor Velarde
Georgia Campbell
Jim Zheng

Eleanor Velarde, Georgia Campbell and Jim Zheng told the Commission that health is a reflection of values, and that they recommend a system which is not politically driven, is accountable, is publicly funded, is proactive rather than reactive and which provides incentives for people to remain healthy. They noted that health begins at home: no matter how technologically advanced we are, and no matter how much money is pumped into the system, the individual is still the most important factor in health. In this regard, the Network suggested educational initiatives geared towards parents and children, a focus on prevention and an emphasis on social issues such as faith, empowerment and culture. In terms of the organization of the system, the Network expressed support for regional, team-based primary health care comprised of interdisciplinary health care professionals (e.g. occupational therapists, nurse practitioners, reflexologists, naturopaths, spiritual counsellors and energy workers). The Network supported a "wholistic" process which includes consideration of the mental, emotional, spiritual and social aspects of health, in addition to its physical manifestations. In closing, it was emphasized that the solution is in the problem, that we should listen open-mindedly to "the people", and that research should be done on the connection between life-style choices and health, as well as on subjecting alternative treatments to evidence-based scrutiny.

INDIVIDUAL PRESENTATION

Ron Millard

Ron Millard focused his presentation on three themes: you cannot manage what you cannot measure; the Canadian health care system is addicted to drugs; and labour pains (the struggle between health care professionals). On the first topic, Millard stressed the need for statistical information and performance indicators. In regard to accounting in the health care system, we need a duo account structure based on both current uses and needs, and national standards such that progress can be monitored. On the second topic, Millard referred to the dramatic increase in drug costs in Canada and called on the Commissioner to recommend repealing the 1980s *Drug Act* given that the alleged benefits of the Act have not been realized. Millard reported that before the Act, board meetings and other administrative events were classified as such, whereas after the implementation of the Act, they were reclassified as research and development expenses. On the third topic, he recommended that the least costly health care professional competent to perform the service be used in each case. In conversation with Commissioner Romanow, Millard explained that patent laws cause more cost increases than over-prescription and repeated his call for the repeal of the *Patent Act*.

ASSOCIATION FRANCO-YUKONNAISE

Jeanne Beaudoin
Isabelle Salesse

Jeanne Beaudoin began by reporting that the Association represents 4% of the Yukon population, and that it is the only francophone community outside of Quebec that has increased in numbers over the recent years. She noted that there are French schools, kindergartens, immersion programs and community initiatives. She noted that the Association is a “guichet unique” which provides services that are not available from any other francophone program of the federal government. Nevertheless, the Association suffers from its isolation. Beaudoin cited the 1991 report of the Fédération des communautés francophones et acadienne du Canada that demonstrated the paucity of health care services in French. She recalled that, more and more, the federal government is devolving its responsibilities to the territories. In 1997, many health programs were transferred to the Yukon government, resulting in no further federal protection for health care services provided in French. For the past several years, the Association has made many interventions with the objective of protecting and providing the delivery of health care services in French. The notion of health care services in French is an issue of quality, efficiency and common sense. On the issue of quality, it is evident that the quality of service is affected by effective communication which cannot always occur in English. Furthermore, studies have shown that when services are provided in English for Francophones, fewer diagnostic tests are ordered. Isabelle Salesse shared the experience of her son who underwent ear operations before he had learned to speak English. Not a

single member of the health care team spoke French, and worst of all, when her son awoke in the recovery room in shock and tears, no one was able to understand or speak to him (Isabelle was not allowed to enter the room). At first, Salesse asked herself why she had not taught her son English. But then she asked why her son was not able to receive services in French. Beaudoin stressed the need for all francophone Yukoners to know that there are health care services in French. In closing, she drew attention to the two social values – namely, social justice and equality – and called for the government to engage in providing French services. She suggested a sixth principle of the *Canada Health Act* mandating the provision of health care in French. In conversation with Commissioner Romanow, Beaudoin repeated that Health Canada has continually relinquished its role in the provision of services in this area. Consequently, the *Official Languages Act* (OLA) is not sufficient to protect French language access. The OLA is consistently violated and, as a consequence, whatever measures are necessary to ensure French language access must be taken (i.e. a sixth principle of the *Canada Health Act*). In response to Romanow's suggestion that the OLA be changed to apply to all areas of social services, including health care, Beaudoin commented that that would only work if the rights of the OLA are transferred when the federal government downloads health care to the provinces. She acknowledged that it is true that in an ideal world, all people should have access to health care in the language of their choice; however, in the case of Francophones, it is an issue of the duality of the Canadian culture.

CALGARY HEALTH REGION, DIVISION OF GYNECOLOGY

John Jarrell

John Jarrell reported that his department has been looking into whether or not a Web-based approach to booking elective surgery is cost-effective. The model that they are anticipating is that the 32 gynecologists in the city would book their presentations by Web site, and that direct reporting would be generated to physicians' offices with the consent of the patient. Jarrell suggested that efficiencies would be generated through the use of enhanced technologies and that savings would be realized from reduced duplication. This procedure was subjected to the willingness-to-pay model and it was found that gynecologists valued the technology sufficiently to pay for it out of their own practice. Jarrell suggested that the best method of implementing this system might be a public/private partnership which would not jeopardize the public system. In conversation with Commissioner Romanow, Jarrell surmised that waitlists could be managed by risk-adjustment and the proper determination of the best provider for each individual patient. On the topic of guaranteed minimum wait times, Jarrell expressed the view that for particular concerns (e.g. cancer) the system should be, and is, capable of establishing minimum wait times. In regard to peoples' faith in the system, Jarrell explained that it has been eroded, even if the system is responsive to certain priorities.

YUKON FEDERATION OF LABOUR

Joanne Oberg
Diane Anderson
Mike Paré

Mike Paré expressed the importance of looking beyond disease and injury to disease prevention and health promotion. Private, for-profit care is not the answer, but the current disease-focused model of public health care is not sustainable. Community health determinants must be addressed, and expanded roles should be promoted for nurses and nurse practitioners. The principles of primary health care reform – accessibility, public participation, health promotion and the use of appropriate technology – should be supported by the federal government. Diane Anderson noted the particular challenges faced by the North, and suggested the increase of health care professionals practicing to their full scope of practice. This requires community and legislative supports, such as telemedicine and fewer prohibitive regulations. She stressed the benefit of encouraging home care for the purposes of reducing costs and endorsed the value of sharing costs among communities. On the topic of health human resources, Anderson noted the futility of using wage increases as a solution. She called on employers to listen and bargain with their employees in good faith and to empower employees. In closing, Anderson reiterated that we have one of the best health care systems in the world, contrary to recent reports. In conversation with Commissioner Romanow, Paré explained that in regard to parity in pay for health human resources, the Yukon has taken the approach that having identical salaries is not necessarily a realistic goal, given the differences in economies and living conditions in different areas. Anderson added that health care workers love what they do and are caring individuals. Funding needs to be provided to promote this philosophy, namely to improve education, recruitment and retention. This is not simply about wage issues, it is about providing for further education and the resources to help health care professionals work to their full scope of practice.

YUKON CHIP (CORONARY HEALTH IMPROVEMENT PROJECT)

G.E. (Butch) Johnson

G.E. Johnson spoke about the course he and his wife provide on the prevention of disease. He cited the words of Dr. Andrew Larder who claims that "we can prevent up to 60 to 70% of all cancers…up to 90% of all heart disease, up to 60% of all strokes, up to 90% of all cases of chronic lung disease, up to 90% of all diabetes – all the things that are filling up our hospitals, and our doctors' offices and our graveyards." Johnson supported Dr. Larder's concern that we focus too much on pulling people out of the river rather than ensuring that they do not fall into it in the first place. Johnson pointed to the irony of our galvanization and immediate response to September 11th and Afghanistan, while many more people die per year due to disease. Johnson noted that our current excuse is to fall back on the Canada Food Guide, a tool that is now far out of date. He stressed that we are brought up on diets of fat-laden food and sugar. Given that school systems provide so

much sugar and fat in their cafeterias that you would think it was a recipe for high intellectual achievement. He observed the sad reality that we seem to take our health system for granted, and that we value things more if we pay for them. Johnson closed by stressing the importance of personal accountability and proper education. In conversation with Commissioner Romanow, Johnson explained the inspiration that drove him to adopt this perspective, namely the death of his parents from breast cancer and diabetes respectively, and the death of many of his young work colleagues from coronary disease. These incidents promoted a study of the role of food in our system and the correlation of disease with eating habits.