

RAPPORTS D'AMIS ET D'ALLIÉS

Congrès du travail du Canada
Coalition canadienne de la santé

RIEN NE NOUS ARRÊTE.

FCSII/2021





VICTOIRES LÉGISLATIVES

**ALLONS
DE L'AVANT**

PRIORITÉS EN TEMPS DE PANDÉMIE

La pandémie de COVID-19 a mis en évidence de profondes disparités et vulnérabilités dans notre économie et notre société. Nous avons eu une occasion sans précédent de persuader nos gouvernements d'adopter des solutions audacieuses pour combler les lacunes systémiques révélées par cette pandémie.

Bien que nos activités de mobilisation soient toujours en cours, la rapidité des bouleversements et des changements causés par la pandémie a nécessité une intervention rapide de la part du CTC pour assurer que les décideurs mettent en œuvre des changements visant à répondre aux répercussions de la COVID-19. Le CTC a déployé des militantes et militants de partout au pays pour qu'ils prennent des dizaines de milliers d'actions permettant d'atteindre les priorités politiques.

Depuis mars 2020, le CTC a remporté plusieurs victoires importantes en matière de législation et de campagnes pour soutenir les familles travailleuses pendant la pandémie de COVID-19, notamment :

- La Prestation canadienne d'urgence.
- La Subvention salariale d'urgence du Canada.
- Un accès accru aux prestations d'assurance-emploi; des exigences uniformes en matière d'admissibilité aux prestations; une période de prestations minimale de 26 semaines; et une prestation d'au moins 500 \$ par semaine.
- La Prestation canadienne de la relance économique pour les travailleurs et travailleuses qui ne sont pas admissibles à l'assurance-emploi, y compris les travailleurs autonomes et ceux qui travaillent dans l'économie à la tâche.
- La Prestation canadienne de maladie pour la relance économique qui assure jusqu'à quatre semaines de congé de maladie payé à tous les Canadiens et Canadiennes qui ne peuvent pas travailler parce qu'ils sont malades ou qu'ils doivent s'isoler en raison de la COVID-19.
- La Prestation canadienne de la relance économique pour proches aidants, qui offre du soutien aux Canadiens et Canadiennes qui ne peuvent pas se présenter au travail parce qu'ils doivent prendre soin d'enfants ou aider d'autres personnes à charge qui doivent rester à la maison.
- La Prestation canadienne d'urgence pour les étudiants.
- L'Accord sur la relance sécuritaire qui comprend un soutien financier pour le dépistage, la recherche des contacts et la gestion des données; la capacité du système de soins de santé, les populations vulnérables; la garde d'enfants pour les personnes retournant au travail; l'équipement de protection individuelle pour les travailleurs et travailleuses; et le congé de maladie pancanadien.
- Un soutien financier pour les administrations municipales
- Convaincre les grandes banques et les coopératives de crédit du Canada de réduire les taux d'intérêt sur les cartes de crédit et de permettre le report de paiements sur les prêts et les prêts hypothécaires.
- Convaincre l'Association des pharmaciens du Canada de revoir sa décision de facturer des frais d'exécution d'ordonnance supplémentaires.

5 VICTOIRES QUI PERMETTRONT DE BÂTIR UN CANADA JUSTE POUR TOUS

En 2015, des millions de travailleuses et travailleurs canadiens se sont mobilisés dans le contexte des élections fédérales et ont défait le gouvernement conservateur de Stephen Harper, un des gouvernements les plus antidémocratiques, antisyndical, diviseur et hostile à l'environnement qu'ait connus le Canada.

La population canadienne a fait savoir clairement qu'elle voulait que le gouvernement fédéral s'emploie à bâtir une économie juste, des fondations sociales plus solides, un environnement plus sain et un Canada inclusif.

Les syndicats du Canada ont incité le nouveau gouvernement à réaliser des progrès appréciables à ces fins importantes. Voici 5 victoires critiques remportées par les travailleuses et les travailleurs canadiens depuis six ans qui permettront de bâtir un Canada juste pour tous.

Formation professionnelle

Dans le contexte économique qui évolue rapidement aujourd'hui, les Canadiennes et Canadiens doivent avoir davantage de possibilités d'obtenir la formation dont ils ont besoin pour trouver et conserver de bons emplois bien rémunérés. Les syndicats du Canada ont remporté d'importants investissements pour aider les travailleuses et travailleurs à avoir accès à de la formation afin qu'ils puissent s'adapter aux changements technologiques et aux compétences émergentes qui seront en demande.

Plus de
3,5
milliards
de \$

Au cours des 4 dernières années, plus de 3,5 milliards de dollars en nouveaux fonds investis dans la formation, y compris pour la formation en apprentissage, les ententes de transfert relatives au marché du travail et le perfectionnement des compétences.

Sécurité des retraites

Après avoir travaillé dur toute une vie, personne ne devrait avoir de mal à joindre les deux bouts. C'est pourquoi les syndicats du Canada ont travaillé fort pour obtenir de meilleures prestations du régime de pension public pour tous :



50 %

Augmentation avec le temps des prestations du Régime de pensions du Canada

67 ➔ **65**

Rétablissement de l'âge d'admissibilité à la Sécurité de la vieillesse et au Supplément de revenu garanti à 65 ans, au lieu de 67 ans.



Prestation complémentaire au Supplément de revenu garanti pour **900 000** personnes âgées célibataires à faible revenu.

« Il s'agit de la première réforme nationale des pensions depuis une génération. Nous devrions tous en profiter. »

– Susan Eng, Fédération nationale des retraités

Équité salariale

Les femmes gagnent en général 32 % de moins que les hommes.



L'année dernière, les syndicats du Canada ont remporté une victoire historique lorsque le gouvernement fédéral a présenté une nouvelle loi fédérale sur l'équité salariale qui permettra de combler l'écart salarial entre les femmes et les hommes.

«C'est un moment important pour les 1,2 million de travailleuses et travailleurs dont le droit à l'équité salariale sera bientôt protégé par la loi.»

– Frances LeBlanc, Coalition pour l'équité salariale du Nouveau-Brunswick

Changements climatiques

Le Canada peut être un chef de file mondial en matière de climat, tout en créant de bons emplois ici au Canada. Cette année, les syndicats du Canada ont remporté la création du Groupe de travail sur la transition équitable pour les collectivités et les travailleurs des centrales au charbon canadiennes.

150
millions
de \$

investis pour appuyer les communautés touchées par l'élimination progressive d'électricité au charbon.

35
millions
de \$

investis dans des centres de transition juste afin d'aider les travailleurs et travailleuses et les familles.

Interdiction de l'amiante

+2 000

L'amiante tue plus de 2000 personnes au Canada chaque année. En 2018, les syndicats du Canada ont obtenu une interdiction de l'amiante pour rendre les lieux de travail et les lieux publics plus sécuritaires pour tous.

«Le dernier souhait de mon père a été que nous arrivions un jour à faire interdire l'amiante et que moins de familles aient à endurer ce que nous avons dû vivre. Je remercie les syndicats du Canada et tous les autres intervenants qui ont travaillé d'arrache-pied pour que cela se produise.»

– Michelle Côté, qui a récemment perdu son père, Clem, atteint de mésothéliome

UN CANADA JUSTE POUR TOUS

Cette année, les partis politiques mèneront vraisemblablement une chaude lutte pour obtenir le soutien des travailleuses et travailleurs et de leurs familles. C'est à nous tous de définir exactement ce qu'il faudra pour qu'ils obtiennent notre vote.

Les travailleuses et travailleurs du Canada savent ce qui est juste. Aucun de nous ne se contentera de moins. À la prochaine élection, prenons position pour le Canada que nous voulons et méritons tous.

VOTEZ POUR L'ASSURANCE-MÉDICAMENTS

Aucune personne ne devrait être obligée de choisir entre se nourrir et acheter les médicaments dont elle a besoin. Élisons un gouvernement qui va mettre en œuvre un régime universel public d'assurance-médicaments à payeur unique qui fournit une couverture des médicaments pour tous les Canadiens et Canadiennes.

VOTEZ POUR LA SÉCURITÉ DE LA RETRAITE

Après une vie de dur travail, personne ne devrait vivre sa retraite dans la pauvreté. Élisons un gouvernement qui va renforcer le système de pensions publiques et protéger les prestations de retraite des travailleuses et travailleurs lorsqu'une entreprise fait faillite.

VOTEZ POUR DE BONS EMPLOIS

Les emplois à temps partiel, temporaires et à bas salaire ne permettent à personne de bâtir son avenir. Élisons un gouvernement qui fera les investissements économiques qui créent de bons emplois pour tous les Canadiens et Canadiennes et qui fixera un salaire minimum fédéral juste de 15 \$ l'heure.

VOTEZ POUR L'ACTION POUR LE CLIMAT

Il n'est pas nécessaire de choisir entre une économie forte et un environnement non pollué. C'est un faux dilemme. Grâce à des investissements judicieux, nous pouvons et nous devons avoir les deux. Élisons un gouvernement qui va lutter contre les changements climatiques et stimuler l'économie en créant de nouveaux emplois et de nouvelles possibilités.

VOTEZ POUR L'ÉQUITÉ ET L'INCLUSION

La diversité et la solidarité sont la force de notre démocratie. Nous devons rejeter les politiciens qui veulent nous diviser par le biais de préjugés et de la peur. Élisons un gouvernement qui va bâtir un pays et un monde de possibilités, où la diversité et l'inclusion sont mises en valeur et célébrées.

INCITEZ LES ÉLECTRICES ET ÉLECTEURS À VOTER!

Nous devons faire entendre notre voix et élire un gouvernement qui sera à l'écoute de nos besoins et les représentera le mieux. Faisons notre part pour convaincre les électeurs d'aller voter à la prochaine élection.

Pour en savoir plus sur notre plan pour un Canada juste pour tous, visitez plancanadien.ca.

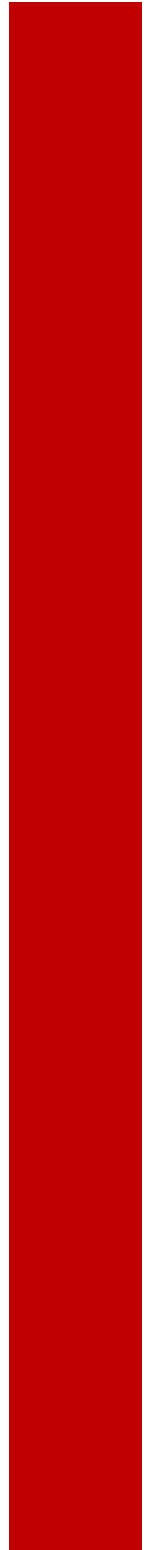
**ALLONS
DE L'AVANT**





Activity Overview

JANUARY – MAY 2020



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ACTIVITY REPORT

January 2020

- The CHC Board met on January 17.



Melanie Benard:

Theme	Main activities
Public health care	Organized a meeting with legal scholars to prepare our response to the Cambie judgement. Conducted research re: private companies' virtual health care apps. Met with CUPE researcher re: public consultation on new P3 accounting standards.
Pharmacare	Attended a meeting at the CLC with allied organizations. Wrote a letter to Bill Morneau re: pharmacare commitments in federal budget. Coordinated endorsements from Pharmacare Now signatories. Finalized written submission for PMPRB consultation.
Seniors' care	Attended 2 meetings with allied organizations to discuss campaign strategies and costing of public long-term care.
Plasma	Hosted meeting with allied organizations.
Other	Finalized health care chapter for Alternative Federal Budget. Interview with McGill Master's student in public policy re: pharmacare. Social media posts.

Amelie Baillargeon:

Theme	Main activities
Board work	Prepared the social media report, finalized the documents for the board meeting, write minutes of the board meeting
Event planning	Lobby registration, respond to system issue with registration process, work with Ottawa Tourism to produce this year's lobby map, begin updating MP bios, write the lobby welcome email and a reminder email to participant
Operational work	Met with the co-treasurers to finalize the draft budget, prepared the material for the 2019 audit with the accountant, audit, filed a lobby report, filed report with Elections Canada, prepared t4a slips and report to Canada Revenue agency, responded to Elections Canada's stakeholder survey about Third Party experience, research employees' health insurance options
Staffing	Bargaining preparation
Work with network	Hosted a PTHC call and followed up individually with PTHCs
Volunteer supervision	Worked closely with volunteer Fay to make sense of the online and paper archives as well as remaining boxes of CHC material

February 2020

Melanie Benard:

Theme	Main activities
Public health care	Hosted monthly campaign call. Call with Friends of Medicare re: private clinics in Alberta. Call with a researcher regarding potential collaborations on wait times research. Submission to the Public Sector Accounting Board about the proposed Accounting Standards for P3s. Finalized blog post about the Cambie case. Media interview with New Brunswick Daily Gleaner re: private virtual health care apps. Followed up with Health Minister's Chief of Staff to schedule a meeting.
Pharmacare	Hosted Board Pharmacare Working Group and Pharmacare Network meetings. Outreach to over 150 organizations re: joint letter to Bill Morneau about federal budget commitments. Media interviews: CTV Alberta Prime Time and The News Forum. Presented at press conference for NDP's pharmacare bill. Planned lobby conference.
Seniors' care	Created seniors' care Google group. Media interviews with CBC Go Public and Global News Radio about complaints re: Extendicare long-term care home in Alberta.
Plasma	N/A
Other	Met with NDP policy and issues manager to discuss health care files. Supervised pro bono student (research roundtable report, wait list solutions). Social media posts. Gave a webinar on the right to health for people with disabilities under the UN Convention on the Rights of Persons with Disabilities (hosted by Council of Canadians with Disabilities). Final revisions of health care chapter for Alternative Federal Budget.

Amelie Baillargeon:

Theme	Main activities
Fundraising	Researched and developed a product to sell at the lobby
Board work	Coordinated follow up from the audit, contacted board members about board terms, attended board's pharmacare working group meeting and wrote minutes, wrote the annual report, set up process for board members to approve 2019 financial statements
Event planning	Lobby: Outreach to MPs, work with Don Davies' office about the reception, follow up notes to participants, got CHC pins produced, ordered lobby folders, coordination with Delta Hotel about reservations and A/V.
Operational work	Updated internal financial statements, met with BMO to discuss our needs and options, addressed challenges related to GiftTools being down for a week and website issue, research for group insurance, monthly financial work
Work with network	Followed up individually with PTHCs about topics of interest, scheduled next PTHC call, hosted part of the monthly campaign call, organizing of the SKHC meeting February 20th

Campaign work	Assisted Melanie with follow ups for joint letter to Morneau, obtained quotes for pop up and design
Volunteer supervision	Worked with volunteer Fay Turner to prepare a document of the Chauilli archives, assigned MP bios in preparation to the lobby

March 2020

- The CHC wrote the health care chapter again this year for the CCPA’s Alternative Federal Budget: <https://tinyurl.com/s86pmqb>. Although the AFB was written before COVID-19 was declared a global pandemic, many of its proposed actions would easily double as short, medium and long-term policy responses to the crisis. We posted the following blog post on our website: <http://www.healthcoalition.ca/alternative-federal-budget/>
- The CHC collaborated with the PTHCs to write a [joint statement](#) on the importance of protecting and expanding public health care during the COVID-19 pandemic.
- The CHC signed a petition organized by Universities Allied for Essential Medicines asking for all diagnostics, vaccines and treatments for COVID-19 that are developed with Canadian public dollars to be equitably priced, available to everyone and free at the point of delivery. <https://actionnetwork.org/petitions/make-vaccines-and-diagnostic-tools-for-covid19-developed-with-public-funding-in-canada-available-to-all/>
- The Green Party representative from Fredericton, Jenica Atwin, mentioned the CHC in the House of Commons in the debate around the NDP's pharmacare motion on March 12, 2020: <https://openparliament.ca/debates/2020/3/12/don-davies-14/?page=13>
- **Pauline Worsfold, Vanessa Gruben, Melanie Benard, Amelie Baillargeon** and Jan Malek (Unifor local 567) met to discuss the CHC’s group benefit package. It was decided to renew employees’ coverage with GroupHEALTH Benefits.



Melanie Benard:

Theme	Main activities
Public health care	Hosted the monthly call. Hosted a meeting with legal experts re: the Cambie case. Met with lawyers in Quebec re: enforcement of the Canada Health Act. Hosted two calls with PTHCs re: COVID-19. Collaborated with PTHCs to write a joint statement on COVID-19 and public health care. Tracked new forms of privatization across the country during the pandemic. Meetings with a policy researcher re: a national research report on public solutions for wait times.

Pharmacare	Hosted Board Pharmacare Working Group meeting. Planned lobby conference. Meetings with Surrey Board of Trade re: video presentation at lobby. Hosted Pharmacare Network meeting. Participated in PCPA consultation (phone interview). Wrote press release re: NDP's pharmacare motion. Interview with Lobby Monitor re: Pharmacare Now Coalition. Collected endorsements for Pharmacare Now Statement. Participated in a webinar on access to COVID vaccines and treatment organized by Universities Allied for Essential Medicines (UAEM). Outreach re: joint pharmacare poll.
Seniors' care	N/A
Plasma	Hosted campaign call. Sent a letter to Minister Hajdu calling for a temporary moratorium on new licenses for paid plasma collection centres during the COVID-10 pandemic. Follow up with BloodWatch re: lobbying efforts to repeal provincial paid plasma bans.
Other	Supervised pro bono student (meetings and review of annotated bibliography on public solutions for wait times). Participated in CCPA information-sharing call re: COVID-19. Prepared response to job evaluation. Social media posts. Information sharing with PTHCs re: COVID-19.

Amelie Baillargeon:

Theme	Main activities
Fundraising	Assessed alternatives to GiftTool/Chase Paymentech to reduce fundraising fee, follow up with members about annual donations not yet received, research alternatives to GiftTool, wrote French thank you for your donation notes, e-mailed an update to monthly and large donors
Board work	Incorporated Pauline's feedback to the annual report, compiled material for this activity report
Event planning	Lobby work: book meetings, process late registration, hire interpreters, email participants about passes for QP (and cancellation deadline reminder), figure out catering at the Delta, outreach to parties about co-sponsoring the reception, produce reception invitation, follow up about \$20 contribution for those who have yet to provide it, postponed the lobby (contacted MPs, contractors, cancelled expenses, back and forth with Delta Hotel), cancel contract with Delta
Operational work	Work with BMO to change the bank account, consultation about group insurance options, updated internal financial statements, monthly financial work, wrote and shared a COVID-19 policy for the CHC office, renewal of group insurance, wrote a CHC plan for dealing with sickness of an employee
Work with network	Hosted PTHC call, touched base with PTHCs, work with SHC following their meeting
Campaign work	Layout, coordinated translation and sent out the campaign newsletter, updated the database with sign on to joint letters and lobby participants, media list update
Volunteer Supervision	N/A

April 2020

- The board's pharmacare working group met twice.
- **Melanie Benard, Keith Newmann and Elizabeth Kwan** met with NDP Health Critic Don Davies to discuss pharmacare, seniors care and the Cambie case.



Melanie Benard:

Theme	Main activities
Public health care	Chaired the monthly campaign call. Interview for Global News Radio re: health care reforms needed after COVID crisis. Planned research on public solutions to wait times. Chaired meetings with legal experts re: Cambie. Tracked for-profit virtual health care and privatization across the country. Attended webinars related to Covid (Ottawa U, Santis Health, TransNational Institute). Drafted joint statement with PTHCs on virtual health care. Proposal for new research project on virtual health care.
Pharmacare	Chaired meeting with Eric Hoskins. Chaired two Board Working Group meetings. Drafted new joint statement re: pharmacare. Outreach to experts re: emergency pharmacare program. Outreach to network re: polling on pharmacare. Webinar on impact of PMPRB regulatory changes for patient groups.
Seniors' care	Interviews with Zoomer Magazine and Globe and Mail about long-term care. Interview with CMAJ about critical care triage protocols (seniors and people with disabilities). Calls with experts re: triage protocols. Attended 2 Andrew Picard webinars on long-term care. Outreach to researchers to expand seniors care Google group. Proposal for new research project on long-term care.
Plasma	Hosted monthly plasma campaign call.
Other	Meeting with Don Davies re: pharmacare, long-term care and Cambie. Meeting with Bill Blaikie. Chaired 3 calls with PTHCs. Training re: communications strategies. Media monitoring. Social media posts.

Amelie Baillargeon:

Theme	Main activities
Fundraising	Sent individual thank you to new donors, contacted donors with expired credit cards, wrote letters asking for funding for projects and developed project proposals, followed up with board members about their annual donations
Board work	Finalized material for the AGM, rescheduled the AGM and board meeting, note taking for the meetings of the pharmacare working group, compiled material for this activity report
Event planning	Scheduled virtual meetings as requested by a few politicians to replace the cancelled lobby meetings
Operational work	Compiled a list of CHC accounts and details, coordinated the change of bank account for automatic deposit/withdrawal, updated CHC budget and projections,

	changed CHC contact information with Google, clarified operational details of the Wait Times project with CCPA-BC, assessment of the various government subsidies available and paperwork associated to applications, discussion with landlord
Work with network	Performed check up with PTHCs and helped them find solutions to some of their operational issues, promoted events from partners within the network and on social media, note taking on calls with PTHCs
Campaign work	Created social media images to thank health care workers, social media monitoring and post creation, development of a petition on seniors care, wrote the special campaign newsletter, developed a sign-on process with automated email for a pharmacare joint letter
Volunteer supervision	N/A

May 2020

- **Pauline Worsfold, Vanessa Gruben, Marie Clarke Walker and Rita Morbia** held a meeting of the Executive on May 13.
- The CHC held its Annual General Meeting on May 26th.
- The CHC testified before the House of Commons’ Standing Committee on Health (HESA) about rebuilding our public health care system after the COVID-19 pandemic: www.healthcoalition.ca/submission-to-hesa-about-the-canadian-response-to-the-coronavirus/.
- The CHC presented to the NDP’s “Building for Better Task Force” about strengthening and expanding our public health care system after the COVID-19 pandemic.
- The CHC signed on to the principles for a "Just Recovery for All" from the COVID-19 pandemic (justrecoveryforall.ca) and The People’s Bailout (<https://theleap.org/peoples-bailout/>).

Melanie Benard:

Theme	Main activities
Public health care	Chaired monthly campaign call. Cambie campaign: Chaired a meeting with legal experts from across the country, chaired 2 meetings with BCHC and CDM to strategize our response, met with NUPGE to discuss messaging. Wait times campaign: Oversight of research being done by Andy Longhurst, summarized public solutions to wait times from CCPA’s 2016 report. Meeting with BC Health Coalition re: private clinics and surgical backlogs. Planned research on for-profit virtual health care (outreach and meetings with CDM).
Pharmacare	New joint pharmacare statement: drafting, negotiations, outreach and communications; follow up with 100+ organizations to encourage them to sign on; wrote the press release; coordinated graphics with an external designer; 2 media interviews on Global News Radio. Presented at a webinar for Unifor members.
Seniors’ care	Outreach to new allies (NIA, family member organization, etc.). Meeting with CUPE and CDM to plan campaign messaging. Meetings with CUPE and NUPGE re: opening up the Canada Health Act. Meeting with CARP re: recommendations for HESA. Media: Interviews with Press Progress and Our Times Magazine about for-profit long-term care. Planned research on nationalization and national standards.

Plasma	N/A
Other	Testified at House of Commons Standing Committee on Health (HESA) about pharmacare, funding and seniors care. Meeting with the Office of the Leader of the Opposition re: pharmacare, public health care and seniors care. Presented to NDP's Building for Better Taskforce. Meetings with CCPA network re: AFB for 2021. Chaired 2 PTHC meetings. Attended webinars: CFNU (Canada Beyond Covid) and Santis Health (Covid impacts on health care systems). Attended Don Davies' presentation on Parl To the People. Fielded media requests to PTHCs. Met with an academic researcher re: partnership for new SSHRC grant (Re-Building the Public Purpose).

Amelie Baillargeon:

Theme	Main activities
Fundraising	Designed a survey for Guardians of Public Health Care and assessed options for the program, sent individual thank you to new donors, contacted donors with expired credit cards, worked with donors to modify how their donations are sent, discussion with Inter Pares about on-line fundraising in the current context, wrote letter and project proposal for CFNU
Board work	Followed up with board members individually, briefing notes for the AGM, scheduled meeting of the Executive, compiled material for this activity report, wrote a document with clarifications for CEBA
Event planning	N/A
Operational work	Updated CHC budget and projections, kept up to date with the various government subsidies, applied to those we qualified for and maintained paperwork associated to them, shared knowledge with allies, assessed the possibility of moving to EFT instead of cheques, assessed possible pre-authorized payment, made necessary follow-up/checks to close the old bank account, filed the monthly report with the Lobby Commissioner's office, processed invoices and scheduled meetings to have cheques signed, follow up with BMO about CEBA
Work with network	Assisted SKHC with their upcoming meeting, updated the contact information and social media accounts of PTHCs on the CHC website
Campaign work	Database work associated to the petition sign-on and resent most recent campaign update to that group, developed sign-on process for pharmacare joint statement with automated confirmation, set up mass emails in Constant Contact, wrote outreach campaign email, compiled the list of signatories for the pharmacare joint statement, website posts, worked with web designer to fix some urgent web problems, social media posts, designed ad for the seniors care petition on Facebook, designed images for the website and social media, coordinated translation
Volunteer supervision	Reviewed and provided feedback to volunteer Fay Turner work on a policy for the CHC archives.

PRESS RELEASE

(The following press release was also sent out in French)

For Immediate Release

Canada needs universal, public pharmacare now more than ever

Ottawa, May 22, 2020: Today, over 185 organizations from across Canada released a joint statement calling on the federal government to immediately implement universal, public pharmacare as part of its response to the Covid-19 pandemic. The statement is supported by a diverse coalition representing health care providers, non-profit organizations, unions, workers, seniors, patients, and the business community from coast to coast to coast.

“The need for universal, public pharmacare has never been more urgent,” said Melanie Benard, the National Director of Policy and Advocacy at the Canadian Health Coalition. “Millions of Canadians have lost their jobs and their work-based drug plans during this pandemic. That means millions more people are now struggling to afford their medication. The government must take action now.”

Before the Covid-19 crisis, nearly one in four households were struggling to afford their medications. One million Canadians were having to choose between putting food on the table and buying the medication they needed. These numbers have increased exponentially due to the mass layoffs triggered by the pandemic.

“So many Canadians are now struggling to make ends meet,” said Benard. “If they skip their medication because they can’t afford it, they may end up getting sicker and needing to go to the hospital. Our health care system can’t afford that additional strain during the pandemic. We need to keep people as healthy as possible, and to do that we need universal, public pharmacare.”

In a new poll conducted by Abacus Data for the Broadbent Institute, 72% of Canadians said that universal, public pharmacare is a very important part of the government’s response to the COVID crisis.

Canada is the only country in the world with a universal health care system that doesn’t cover prescription medication. Last summer, the Advisory Council on the Implementation of National Pharmacare led by Dr. Eric Hoskins recommended that Canada adopt a universal, public pharmacare program.

Given the current crisis, the new joint statement is calling on the government to speed up the implementation of the Council’s recommendations. Benard explained: “We can’t afford to wait any longer for pharmacare. Canadians need this program now to help them get through the COVID crisis. We’re counting on the government to make it happen.”

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(The following press release was also sent out in French)

For Immediate Release

Health Coalitions’ Joint Statement on COVID-19 and Public Health Care

March 24, 2020: The COVID-19 pandemic has laid bare the extent to which our individual health is dependent on the health of everyone in our community. Public healthcare is our best defense against this crisis and others like it. However, our ability to endure crises and care for each other has been eroded through decades of austerity budgets, privatization and inadequate planning. Even during “normal times,” the health care system is at capacity.

While health care workers and communities are struggling to support each other, corporate interests are trying to profit. This must be resisted. The solution is not privatization. Instead, we should be strengthening universal health care and our collective ability to care for one another.

As governments ramp up efforts to address the current crisis, Health Coalitions across Canada are calling for them to resist privatization and to uphold the foundational principles of equity and compassion that underlie our public health care system.

We call upon all levels of government to work together to reclaim and increase the capacity of our public health care system to:

- Address existing health inequities by removing barriers to access and scaling up services for marginalized communities
- Restore capacity in our public hospitals by reopening facilities and beds that have been closed due to funding cuts and downsizing, and expand capacity under public and non-profit hospital governance
- Follow the lead of Spain and bring for-profit health care facilities under public control to enable a rapid and streamlined response in the public interest
- Improve supports for health care workers, including by adopting the strongest protective standards, enhancing recruitment and retention, and giving workers the resources and equipment they need
- Ensure that all services are available free of charge and delivered publicly, including testing, vaccination, hospital stays and telehealth.

Now more than ever, we need a universal, public health care system that puts patients before profits, that prioritizes the health of everyone living in Canada and that honours and respects the principles of the Canada Health Act.

We cannot allow this crisis to be used to dismantle universal, public health care in Canada. Instead, we must renew our commitment to a system based not on profit, but instead on the shared belief that health care is a human right.

Signatories:

Alternatives North (NWT)
BC Health Coalition
Canadian Health Coalition
Coalition solidarité santé (Quebec)
Friends of Medicare (Alberta)
Health Coalition of Newfoundland & Labrador
Manitoba Health Coalition
Nova Scotia Health Coalition
Ontario Health Coalition
PEI Health Coalition

For Immediate Release

Pharmacare motion passes unanimously in the House: Another victory on the path towards universal, public pharmacare!

Ottawa, March 13, 2020: The Canadian Health Coalition (CHC) congratulates the House of Commons for unanimously supporting the NDP's motion on universal, public pharmacare today. The motion called on the government to implement the recommendations of the Advisory Council on National Pharmacare and to immediately begin negotiations with the provinces to make this program a reality.

"This is another important milestone in the path towards achieving universal, public pharmacare", said Melanie Benard, the CHC's National Director of Policy and Advocacy. "We're thrilled to see the parties working together to support this new program that will help so many Canadians."

Canada is the only country in the world with a universal health care system that doesn't coverage prescription medications. Currently, nearly one in four households can't afford their medications. One million Canadians are having to choose between food and heat or buying the medication they need.

"The COVID-19 pandemic reminds us how critical it is to ensure that everyone has equitable access to life-saving medications", said Benard. "At times like these, patients who can't afford their medication are at increased risk of health complications. People are suffering needlessly without adequate drug coverage. That's unacceptable."

Pharmacare would reduce the burdens on the health care system by keeping patients healthier and preventing unnecessary hospital visits. It would also drastically reduce the prices we pay for medications through bulk purchasing. According to the Advisory Council, pharmacare would save Canadians five billion dollars per year.

Last month, the NDP presented a private member's bill on pharmacare that would lay the groundwork for this new program. The bill calls for a program that would universal, public, comprehensive, accessible and portable. Benard says these developments in the House show that Parliament is finally ready to take action on this issue. "Canadians are counting on this government to keep its promises and to adopt universal, public pharmacare now."

-30-

MEDIA

<https://omny.fm/shows/am980/should-the-canadian-government-implement-universal>

Should the Canadian government implement universal, public pharmacare in its

May 27, 2020 9:27 AM

<https://omny.fm/shows/ryan-jespersen-show/canada-needs-pharmacare-for-all-now-more-than-ever#sharing>

Canada needs pharmacare for all now more than ever says health coalition

May 25, 2020 12:45 PM

<https://pressprogress.ca/over-90-of-corporate-directors-at-canadas-biggest-for-profit-nursing-homes-have-no-medical-qualifications/>

ANALYSIS

Over 90% of Corporate Directors at Canada's Biggest For-Profit Nursing Homes Have No Medical Qualifications

Corporate boards of directors at Canada's four biggest for-profit nursing home chains are dominated by real estate developers

May 25, 2020

Despite holding life-and-death decision-making power over tens of thousands of elderly Canadians, the country's biggest for-profit nursing home chains are largely dominated by corporate directors with no real medical expertise.

To date, 85% of Canada's COVID-19 deaths are linked to outbreaks at long-term care facilities, with private, for-profit homes seeing up to four times as many deaths.

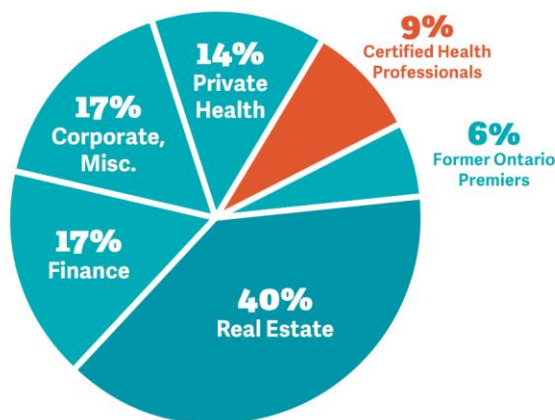
But according to a new analysis of corporate records by *PressProgress* looking at 35 directors currently sitting on the boards of Canada's four largest for-profit nursing home chains, including Sienna Living, Extendicare Inc., Revera and Chartwell, most have little to no expertise on matters relating to providing care.

In total, 40% of the directors sitting on the boards of these for-profit nursing home chains have backgrounds in real estate.

17% of corporate directors hold executive positions in finance while another 17% hail from other corporate sectors, like hospitality, insurance or energy.

14% held positions in private health services or pharmaceutical companies, however, only three board members out of the 35 board directors (9%) are identified as certified healthcare professionals.

Backgrounds of Corporate Directors at Canada's Four Biggest For-Profit Nursing Home Chains



Graphic: PressProgress

In fact, two companies — Chartwell and Sienna — do not currently have any certified healthcare professionals sitting as board members.

All four companies did not respond to questions from *PressProgress* about the compositions of their boards of directors.

According to [shareholder reports](#) and [corporate profiles](#) reviewed by *PressProgress*, the four companies alone operate nearly 80,000 beds and units across Canada. In 2017, an [international study](#) found those companies own more than one-fifth of all nursing home beds in Canada.

Jacqueline A. Choiniere, a nursing professor at York University who co-authored a recent [CCPA report](#) on long-term care, told *PressProgress* the board compositions are a reflection of deep problems with the for-profit long-term care model.

“We’ve treated this sector as housing stock,” she said. “We need focus to where it needs to be, which is on the care that has to occur within that sector. We need to get away from this for-profit delivery of care in that sector.”

Choiniere said the for-profit delivery model negatively impacts working conditions and quality of service.

“The ownership model emphasizes the wrong principles,” Choiniere explained. “We see private-sector managerial practices being applied. That means more casual part-time staff, that means an emphasis on efficiency when it comes to staffing, that means contracting out food and housekeeping.”

In particular, the CCPA report notes the tendency of for-profit nursing home chains to contract out services “brings even more people into the home on a daily basis, people who can present a risk and be at risk.”

The nursing home industry’s increasing reliance on casual and part-time labour also presents other health risks:

“Especially given the low wages and benefits, most of these part-time and casual workers want and need full-time work. As a result, they take another part-time job at another care home, travelling there by public transit because few can afford a car. The risk of sharing any virus is obvious.”

Melanie Bernard, national director of Canadian Health Coalition, said board members of long-term care home chains should have the qualifications needed to ensure the quality of the service they provide.

“In for-profit facilities, there’s an underlying conflict between investing in resident care and increasing shareholders’ profits,” Bernard said. “We’re trusting these people to care for some of the most vulnerable members of our society.”

“Long-term care shouldn’t just be seen as a real estate or business investment.”

Facilities owned by private companies are currently experiencing some of the most deadly COVID-19 outbreaks in Canada.

Data compiled by journalist Nora Loreto has identified [over 5,000 COVID-19 deaths](#) linked to long-term care homes as of late May.

A [recent analysis](#) by the Toronto Star found that residents in Ontario’s for-profit homes are about twice as likely to catch and die from COVID-19 as those in non-profit homes, and about four times as likely to become infected and die from the disease as those in municipal homes.

Families of residents at facilities owned by Sienna and Revera [recently launched](#) a class-action lawsuit alleging negligence and breach of contract over the companies’ handling of outbreaks at facilities in Ontario.

“I believe that a lot of the residents were infected with COVID because the proper infection controls weren’t being used or followed proper procedures,” one family-member [told](#) CBC.

Revera also [faces](#) a class-action lawsuit from families of residents at a facility in Calgary.

In a public [statement](#), last month, Revera said: “Our homes regularly meet or exceed government standards, and we have been following government directives since the outset of the pandemic. We have also been working closely with government partners as the pandemic has progressed.”

Chartwell is also being sued over its handling of coronavirus outbreaks at its facilities. Earlier this month, the family of an Ontario woman who died from COVID-19 at a Chartwell residence [launched](#) a class-action lawsuit alleging the

long-term care provider's failure to properly respond to the pandemic caused "preventable deaths and unnecessary suffering."

Former Conservative Ontario premier Mike Harris serves as Chair of Chartwell, while former premier Bill Davis is chair emeritus of Revera.

<https://www.theglobeandmail.com/arts/film/article-strong-willed-actor-shirley-douglas-fought-for-social-justice/>

OBITUARY

Strong-willed actor Shirley Douglas fought for social justice

SUSAN FERRIER MACKAY

SPECIAL TO THE GLOBE AND MAIL

DATED APRIL 17, 2020

Politics and performance were the twin passions that drove Canadian activist/actor Shirley Douglas. Pragmatic and strong-willed, with a long list of film, television and stage credits to her name, she inherited a profound commitment to philanthropy from her father, Tommy Douglas, premier of Saskatchewan for 17 years, and the first NDP member of Parliament. Known as the Father of Medicare, he successfully battled to establish universal health care for Canadians.

Fighting for causes came as naturally to Ms. Douglas as acting, even when her activism resulted in her running afoul of the U.S. government and landing in jail. On the large screen she worked with iconic director Stanley Kubrick in 1962's *Lolita*. Much later in her career she appeared with actor Jeremy Irons in the David Cronenberg movie *Dead Ringers* (1988). Ms. Douglas became widely recognizable in Canada as the stern matriarch, May Bailey, in the popular CBC television series *Wind at My Back* (1996-2001). One of her favourite screen performances was as Hagar Shipley, the main character in a film adaptation of Margaret Laurence's novel *The Stone Angel*. The made-for-TV movie *Shadow Lake* earned Ms. Douglas a 2000 Gemini Award.

Although she took part in many stage productions during her 65-year career, only once did she act alongside her famous son Kiefer Sutherland. In the 1990s, as Mr. Sutherland's star glittered in Hollywood, she persuaded him to join her in a Tennessee Williams play, *The Glass Menagerie*, a 1997 production that ran at the Royal Alexandra Theatre in Toronto, and at the National Arts Centre in Ottawa. It was a rare opportunity for the duo to shine together. At the core of the drama, a mother and son deal with their troubled relationship.

"Offstage, I saw a proud mother and a devoted son with great chemistry, laughing and loving the time they'd carved out for one another," said Kathy Greenwood, a central member of the cast. Michael Oscars, Ms. Douglas's long-time agent, said "It was Shirley's idea to do the play. She asked me to sell it to producers so I approached the Mirvishes. It was game on."

For both her acting and her activism, Ms. Douglas was invested as an officer of the Order of Canada in 2003. Other awards included a star on Canada's Walk of Fame and the Queen Elizabeth II Diamond Jubilee Medal. Ms. Douglas died of complications from pneumonia on April 5 in Toronto. Mr. Sutherland said on Twitter that her death was not related to COVID-19. Her health had been compromised for some time. She was 86.

Prime Minister Justin Trudeau offered his condolences via Twitter: "Shirley Douglas was a tremendous talent, a tireless advocate, and a fearless activist who never stopped fighting for what she believed in. Her passing is a true loss for our country."

Mr. Sutherland posted, "My mother was an extraordinary woman who led an extraordinary life." Her former husband, actor Donald Sutherland, called her, "A force to be reckoned with."

When she wasn't acting, Ms. Douglas poured her energy into working for social justice. Michael McBane, retired national co-ordinator for the Canadian Coalition of Health Care expressed admiration for her: "During a doctor's strike in Saskatchewan to oppose Medicare [1962], Shirley was right there, alongside her father, getting doctors flown in from Britain," he said. "She was a fighter because she knew that if we ever lost public health care we'd never get it back."

Ms. Douglas became a high-profile spokeswoman for the coalition, railing against anything that smacked of privatization and for-profit health care. Just as her father influenced her politics, she, in turn, influenced her son Kiefer, taking him to a rally when he was just six years old. When she asked him to join her as a spokesperson for the health care coalition he readily agreed. "No matter how busy he was he'd always respond to a call for help," Mr. McBane said. "He'd do anything for us because he'd do anything for his mother."

Mr. Sutherland and his twin sister, Rachel, born in England in 1966, were the product of a seven-year marriage to Donald Sutherland, a relationship frequently characterized in the press as "stormy." "Aren't all marriages stormy?" Ms. Douglas once responded to Globe writer Carole Corbeil. "I've discovered that marriage is not one of those things I do well. I'm not at all successful at it."

A first marriage in 1957 to Timothy Emil Sicks, heir to a Prairie brewing company, ended after the birth of her first son, Thomas. She described her experience of motherhood to Ms. Corbeil as "Getting lost in the world of baby purées." She added, "It's amazing what you learn about yourself when you're constricted. You become totally inventive." Part of that inventiveness included her making a living by dubbing spaghetti westerns into English.

Once her children became old enough, Ms. Douglas resumed her acting career and was frequently away from home. In an interview with The Canadian Press she justified absences from her family saying: "You either have to decide you're going to be guilty about it and not do it, or that you're going to do it and that you will be, in the end – and I hate to use it as an excuse – a better mother than being at home and bitter that you're not allowed out."

Being out, engaged by work and the world of politics, kept Ms. Douglas energized, particularly during the 10 years she spent in Hollywood during the civil rights movement. She marched for civil rights and against the Vietnam War. She befriended singer Harry Belafonte and several members of the Black Panthers, a revolutionary "Black Power" group formed to fight for the rights of African-Americans and challenge police authority. As one of the founders of Friends of the Black Panthers, a fundraising organization, Ms. Douglas helped provide breakfast for disadvantaged children.

The FBI accused Ms. Douglas of attempting to buy hand grenades for the Black Panthers and arrested her. She knew she had been framed. She spent five days in jail proclaiming her innocence before she was exonerated in court. Her father, at that time leader of the federal NDP, flew to her support. He stated he was proud of her.

"My daughter believes, as I do, that hungry children should be fed, whether they are Black Panthers or white Republicans." In spite of charges being dropped against her, the U.S government denied her a work permit, forcing her to leave the country.

By then divorced from Mr. Sutherland, she returned to Canada in 1977 with her three children in tow. Undaunted by the traumatic experience, she continued her activism unabated. She participated in ban-

the-bomb marches, co-founded the first Canadian chapter of Performing Artists for Nuclear Disarmament and lobbied, through ACTRA, for labour rules to protect child actors.

During an interview with writer Sarah Hampson, Ms. Douglas said, "It's in my genetic map to know that if you can get three people together in a room who agree on certain principles, then those three get three more friends and so on until you have a movement." Ms. Douglas learned such strategies early in life.

Born on April 2, 1934, in Weyburn, Sask., Shirley Jean Douglas was the elder of two daughters belonging to Tommy Douglas and his wife Irma (née Dempsey). Shirley's charismatic father took her with him as he campaigned in small towns across the prairies. Mr. Douglas's passionate commitment to free medical care came about as the result of a childhood bone ailment that required three years of intermittent hospitalization. A surgeon, doing charity work in Winnipeg, treated him without cost. For his parents, working-class immigrants from Scotland, the alternative would have been the amputation of their son's leg.

The generosity of the surgeon who saved his leg stayed with the boy, who grew up to become a Baptist minister before entering politics. He believed in helping others and passed this on to his daughter Shirley. "When I went to school, if someone didn't have mittens, I would go home to get some. It wasn't charity. That wasn't a word I ever heard," Ms. Douglas said. "Father was trying to build a society in which people would have a feeling of responsibility for each other."

The family moved to Regina where 16-year-old Shirley took her first acting job at Regina's Little Theatre. Her performance won the Dominion Drama Festival's best actress award. It was encouragement enough for her to proceed with training, first at the Banff School of Fine Arts then at the prestigious Royal Academy of Dramatic Art in London. She graduated in 1952, working in several British television and stage roles before moving to Los Angeles, then finally back to Canada, where she lived for the rest of her years in Toronto.

Ms. Douglas leaves her sons, Thomas and Kiefer; daughter, Rachel; grandchildren, Trevor and Sarah; and sister, Joan.

"She was definitely a leader," her agent, Mr. Oscars, said. "When you fell within her circle you followed her. She always managed to make you feel much better than you were."

https://www.ctvnews.ca/entertainment/actress-activist-shirley-douglas-daughter-of-medicare-s-tommy-douglas-dies-1.4883465#_gus&_gucid=&_gup=Facebook&_gsc=ESaFNsS

Actress-activist Shirley Douglas, daughter of medicare's Tommy Douglas, dies

Victoria Ahearn

The Canadian Press

Published Sunday, April 5, 2020 4:48PM EDT

TORONTO -- Shirley Douglas, the impassioned Canadian activist and veteran actress who was mother to actor Kiefer Sutherland and daughter of medicare founder Tommy Douglas, has died.

She was 86.

Sutherland announced his mother's death on Twitter, saying she succumbed to complications surrounding pneumonia on Sunday morning.

"My mother was an extraordinary woman who led an extraordinary life," said Sutherland.

"Sadly she had been battling for her health for quite some time and we, as a family, knew this day was coming."

Sutherland announced his mother's death on Twitter, saying she succumbed to complications surrounding pneumonia -- but not related to COVID-19 -- on Sunday morning.

A native of Weyburn, Sask., Douglas worked with famed directors including Stanley Kubrick ("Lolita") and David Cronenberg ("Dead Ringers"), and won a Gemini Award for her performance in the 1999 TV film "Shadow Lake."

She also tirelessly supported a variety of causes throughout her life, including the civil rights movement, the Black Panthers and the fight to save public health care, pioneered by her politician father.

Prime Minister Justin Trudeau was among the dignitaries offering condolences on Sunday.

"Shirley Douglas was a tremendous talent, a tireless advocate, and a fearless activist who never stopped fighting for what she believed in," he wrote on Twitter. "Her passing is a true loss for our country."

Canada's performers' union also lauded her accomplishments.

"Shirley gave a tremendous amount to the industry, helping to lead legislative protections for child performers," ACTRA Toronto said on Twitter. "She was a champion of public health care, for which all of Canada is appreciative of to this day."

In 1965, Douglas married Canadian actor Donald Sutherland, with whom she had two children before they divorced -- twins Rachel, a production manager, and Kiefer, who became a film and TV star in his own right.

Douglas also had another son, Thomas, from a previous marriage.

"Shirley was a force of nature," Sutherland said Sunday in a statement to The Canadian Press.

"She is the daughter of two exceptional parents and the mother of three beautiful children. She has fought an extraordinary battle these past five years. That battle is over now. Peace has come.

"So many memories have taken over that battlefield. Memories, stories, and tears have enveloped our loss. Shirley Douglas was passion personified. She was truly a force of nature."

In a 2009 interview with The Canadian Press, she admitted that being away from home for lengthy periods of time to pursue acting was hard on her children, but said she knew it would make her a better mother in the end.

"Our jobs, we move around a great deal ... and that is the reality that my children grew up with -- is being left, and not happily," said Douglas, who used a wheelchair in recent years due to a degenerative spine condition that caused her severe pain.

"You either have to decide you're going to be guilty about it and not do it, or that you are going to do it and that you will be, in the end -- and I hate to use it as an excuse -- but that you'll be a better mother than being home bitter that you aren't allowed out."

Born on April 2, 1934, Douglas showed an early interest in the arts as well as politics as she journeyed on the campaign trail with her father, who became premier of Saskatchewan, a federal NDP leader and a socialist icon.

She attended the Banff School of Fine Arts and went on to study at the Royal Academy of Dramatic Art in London, England, where she acted in theatre and TV and participated in anti-nuclear marches.

In the '60s and '70s, while living in California, Douglas campaigned against the Vietnam War and protested for various political and social causes.

She also helped to establish a fundraising group called Friends of the Black Panthers. Her support for the group brought controversy, though -- she was refused a U.S. work permit and arrested in 1969 on conspiracy charges of possessing unregistered explosives. The courts eventually dismissed the case and exonerated her.

Douglas's other activism included co-founding the first chapter in Canada of the Performing Artists for Nuclear Disarmament.

She said she never worried whether standing up for what she believed in -- even in the days of the so-called Hollywood black list -- would hurt her acting career.

"I think to live your life you have to live it, and if you see something that offends you morally or any other way you have to follow that and take it up," Douglas told The Canadian Press, noting she also had support from many fellow actors and filmmakers.

"I know a lot of McCarthy-ite victims. It was hard for them but really they had no choice. And when you have no choice and you see something, it's like if you see a child going to be run over by a car -- you grab the child.

"And for me, many things that I see wrong are as obvious as grabbing a child and so what else would you do?"

Douglas, who lived in Toronto since '77, was nominated for two other Geminis: in 1998 for her leading role in the series "Wind at My Back," and in 1993 for starring in the film "Passage of the Heart."

She was also an Officer of the Order of Canada, an inductee into Canada's Walk of Fame and had an honorary doctor of fine arts degree from the University of Regina.

Her other screen credits included the film "Nellie McClung," in which she played the title role of the famed Canadian activist. Other TV series in which she appeared included "Street Legal," "Road to Avonlea," "Corner Gas," "Degrassi: The Next Generation" and "Robson Arms."

In 1997, Douglas got to work onstage with son Kiefer in the Tennessee Williams play "The Glass Menagerie."

Perhaps her biggest role, though, was as a champion for medicare.

Douglas would speak of the importance of a universal health-care system at virtually any opportunity and lobbied government officials and fundraised for the cause.

She was also a national spokeswoman for the Canada Health Coalition lobby group and was involved in the Toronto Health Coalition and the Friends of Medicare Toronto.

"Let us never forget that the federal government is the guardian and enforcer of the five principles of the Canada Health Act: universality, accessibility, portability, comprehensiveness and public administration," she said in a statement on behalf of the Canadian Health Coalition during the 2011 federal election campaign.

This article was also published here:

<https://www.cbc.ca/news/entertainment/shirley-douglas-dies-at-86-1.5522758>

https://www.huffingtonpost.ca/entry/shirley-douglas-dies_ca_5e8a52c6c5b6e7d76c6602f2

<https://www.theglobeandmail.com/canada/article-actress-activist-shirley-douglas-daughter-of-canadian-medicare/>

<https://nationalpost.com/news/actress-activist-shirley-douglas-daughter-of-medicare-tommy-douglas-dies>

<https://omny.fm/shows/am980/could-the-covid-19-pandemic-lead-to-a-resurgence-i>

Could the COVID-19 pandemic lead to a resurgence in the debate about healthcare funding in Canada?

Global News Radio (980 CFPL), April 1 2020

The Health Coalitions' statement on COVID-19 was published on March 24 on the following news websites:

<https://www.myyellowknifenow.com/47310/canadian-health-coalition-urges-governments-to-do-more/>

<https://www.thesudburystar.com/news/local-news/sudbury-letters-public-health-care-needed-more-than-ever-economys-health-important-also>

<http://castlegarsource.com/news/health-coalitions%E2%80%99-joint-statement-covid-19-and-public-health-care>

<https://socialistproject.ca/2020/03/covid19-build-capacity-public-nonprofit-healthcare/>

<https://www.mapleridgenews.com/news/national-coronavirus-update-march-24-parliament-suspends-emergency-session/>

National coronavirus update, March 24: Parliament suspends emergency session

Coronavirus news from around Canada, updated at 10 a.m.

PAUL BUCCI

Maple Ridge News, Mar. 24, 2020 10:00 a.m

These are the latest updates provided by Canadian Press as of 10 a.m., Tuesday, March 24.

(...)

Health coalitions urged Ottawa to maintain universal health care

Health coalitions in several provinces from the Maritimes to British Columbia are urging the federal government not to allow the COVID-19 crisis to be used to dismantle universal, public health care.

In a joint statement, groups including the Canadian Health Coalition and Friends of Medicare say all levels of government must work together to reclaim and increase the capacity of the public health-care system.

In addition to ensuring all services from testing to vaccination and hospital stays remain available free of charge, the coalitions support Spain's decision to bring for-profit health care facilities under public control.

Policy Map: Pharmacare

News | JESSE CNOCKAERT

Lobby Monitor, Thursday, 03/19/2020 6:09 pm EDT

The shutdown of Parliament in response to the COVID-19 outbreak has put a momentary chill on the pharmacare lobby, with some stakeholders deciding to wait until the federal budget is released before deciding their next move.

“COVID-19 has really pushed everything off,” said Ian Faris, senior vice-president of Chamber network relations and advocacy with the Canadian Chamber of Commerce. “With the budget being pushed off, that’ll affect the timing.”

The federal government is currently considering the implementation of a national pharmacare plan designed to manage the cost of prescription drugs. The Chamber formed a national pharmacare working group in the fall to advocate for a “mixed-payer” model that would provide drug coverage by combining existing private insurance plans with public plans.

The group, composed of more than 30 members representing large pharmaceutical and insurance companies, had originally planned to hold a roundtable discussion in mid-April following the federal budget. The discussion was meant to focus on any federal investments outlined in the budget for pharmacare, according to Faris.

However, the budget, formerly scheduled for March 30, has been postponed to a date yet to be determined.

This means the next roundtable to discuss pharmacare recommendations is “up in the air,” although Faris hopes it will happen before the summer.

The working group held two round table discussions earlier this year. The first was held in January in Toronto. A second in Ottawa in February was attended by Michelle Kovacevic, assistant deputy minister at Health Canada, and Marcel Saulnier, an associate assistant deputy minister, according to Faris.

Members of the group include insurance companies Sun Life, Manulife, and pharmaceutical companies AstraZeneca and Johnson & Johnson.

Another possible model for national pharmacare, a “single-payer” system, is being championed by the members of Pharmacare Now, a coalition of more than 150 national and provincial health care organizations and non-profit organizations. A single-payer system would move all Canadians onto a single national and public drug plan.

The coalition members include the Canadian Medical Association, the Canadian Federation of Nurses Unions (CFNU) and the Canadian Labour Congress (CLC).

The Canadian Health Coalition (CHC), also a coalition member, had planned for a lobby day on Parliament Hill on April 28, which it has decided to reschedule because of the COVID-19 outbreak.

“I think it’s a little bit too early to say what impact all this is going to have. The suspension of Parliament would make it difficult to move forward. We’ll see,” said Melanie Benard, the national director of policy and advocacy of the CHC.

The coalition sent a letter to Finance Minister Bill Morneau on Feb. 13, advocating for a federal funding commitment of \$3.5 billion towards pharmacare between 2020 and 2022.

“We actually see a big link between the current pandemic and the need for universal pharmacare. Although there isn’t currently a vaccine for COVID-19, once that is developed, we need to make sure everyone has access to it, which means removing financial barriers by creating a fully public, universal program,” said Benard.

A bill calling for universal pharmacare was tabled by NDP MP Peter Julian on Feb. 24. The bill called on the government to implement recommendations for pharmacare from the federal government’s advisory council on national pharmacare.

The advisory council, chaired by former Ontario Health minister Dr. Eric Hoskins, was appointed by the Liberal government in 2018 to consult with stakeholders and bring forward recommendations on the best way to move forward with a national drug plan. The council’s final report was released in June 2019.

(...)

<https://pressprogress.ca/multinational-drug-and-insurance-companies-sponsored-lobbying-efforts-to-stop-universal-pharmacare-in-canada/>

Multinational Drug and Insurance Companies Sponsored Lobbying Efforts To Stop Universal Pharmacare in Canada

The Chamber of Commerce's "National Pharmacare Working Group" was sponsored by multinational pharmaceutical and insurance companies

Press Progress, March 10, 2020

The pharmaceutical and insurance industry is quietly preparing a campaign to stop a coalition of 150 Canadian organizations pushing the federal government to follow the recommendations of its own expert panel and bring in a universal, single-payer pharmacare system.

The Canadian Chamber of Commerce has launched an "action plan" on behalf "business stakeholders across the country," namely "benefits providers" and "pharmaceutical companies."

This "grassroots movement," the Chamber of Commerce says, will "advocate the preferred pharmacare model with federal, provincial/territorial and municipal leaders" and "focus on targeting key policymakers in Ottawa."

The "National Pharmacare Working Group" that shaped the plan was sponsored by some of the biggest pharmaceutical and insurance companies in the world.

Those sponsors stand in stark contrast that with 150 Canadian organizations representing o health professionals, policy experts, labour unions and civil society groups pushing for a universal single-payer pharmacare system.

In fact, some of the Chamber of Commerce's sponsors have lobbied extensively against introducing a single-payer system.

Sun Life, a Canadian insurance company, stated in a brochure last year that it was opposed to the single-payer pharmacare model.

In 2018, Manulife claimed in its submission to the federal government's pharmacare advisory panel that "the implementation of a single payer national pharmacare plan would be an extremely challenging endeavor."

Other multinational pharmaceutical corporations backing the plan have spotty records putting profits ahead of the public interest:

AstraZeneca, a multinational pharmaceutical company, has been mired in past controversies relating to illegal drug marketing and being accused of undertaking dangerous drug research.

Johnson & Johnson, a multinational pharmaceutical giant, was accused of contributing to the opioid crisis by oversupplying highly addictive painkillers.

Pfizer, another pharmaceutical giant, recently failed to share valuable information about a new drug that could be used to treat Alzheimer's disease.

Despite the Chamber of Commerce's attempt to portray itself as the "grassroots" voice of business people rather than the voice of big pharmaceutical and insurance companies, universal pharmacare would actually be very good for business.

The federal government's own expert panel found a universal, single-payer system would save businesses \$750 per year per employee. It would particularly help small businesses and start-ups currently unable to afford employee drug coverage.

According to the Canadian Health Coalition, universal pharmacare would not only remove financial burdens from businesses, but it would also boost productivity and result in fewer sick days:

"Fair and efficient public drug coverage will also increase our country's productivity and competitiveness. It will relieve employers of the financial burden of providing coverage and allow them to focus on their business operations. A healthier population would also mean less time away from work."

CBC's Go Public

February 23, 2020

- Video clip on YouTube: www.youtube.com/watch?v=lq4Pqlz9Psg
- Video clip on The National: www.cbc.ca/news/the-national-for-february-23-2020-1.5473432 (Timecode: 21 min. 35 sec.)
- Radio clip: www.cbc.ca/listen/live-radio/1-91-the-early-edition/clip/15762219-go-public-problems-at-nursing-home-leaving-residents-in-urine-soaked-diapers
- Online written story: www.cbc.ca/news/canada/edmonton/nursing-home-rations-senior-diapers-1.5470130

Nursing home rationed diapers while residents suffered rashes, infections

Extendicare Athabasca passed its audit last spring, Alberta government says

Erica Johnson · CBC News · Posted: Feb 23, 2020 6:00 PM MT | Last Updated: February 23



Don Bryan says the treatment his mother received at an Extendicare nursing home in Athabasca, Alta., was 'despicable.' She suffered constant bladder and yeast infections. (Craig Ryan/CBC)

A scathing complaint filed against top-level staff at an Alberta nursing home alleges administrators locked up diapers to limit their use while incontinent residents sat in urine-soaked pads, suffering from severe bladder and yeast infections, painful skin rashes and open wounds.

The allegation is just one of many in a complaint filed in December 2018 with the College and Association of Registered Nurses of Alberta (CARNA), claiming that senior staff at Athabasca Extendicare — a facility 145 kilometres north of Edmonton — did not deliver proper care and hygiene to 50 residents and that the home was constantly understaffed.

"It's just despicable," said Don Bryan, whose mother Sheila endured repeated bladder infections, yeast infections and skin rashes while at the home between December 2014 and November 2018, when she died at age 83.

"You don't treat elderly people that way," he said. "That's just so wrong."

Bryan, along with a resident, two former health-care aides and a nurse who resigned filed three complaints with CARNA, in December 2018.

Their complaints — obtained by Go Public — take issue with the inner workings of the for-profit nursing home, which former staff say came at the expense of quality care.

Extendicare disagrees with a number of the allegations and [said in a statement](#) that "each resident's room is equipped with the required [incontinent] products and staff regularly restock them as needed and without limitation."

The Markham, Ont.-based company also said its Athabasca home is regularly audited and was "fully compliant" with provincial standards in the last audit of March 2019.

Diapers rationed, locked away

The longest, most disturbing complaint was filed by a nurse who worked at Athabasca Extendicare from April 2016 to March 2018 and then quit, Natalie Shipanoff.

She alleges the home rationed diapers — limiting most residents to three during the day and one at night.

"Pads were a constant source of contention," Shipanoff wrote, saying the director of care often wanted to know why so many were being used.

The director of care told staff, in a September 2017 email seen by Go Public, she was changing the access code to the room storing incontinent pads.

"The new code is not to be shared with HCA's [health-care aides]," the director of care wrote, because "product removal was being abused."

From then on, HCAs would have to track down a nurse — who may not be available for hours, wrote Shipanoff — to unlock the stash of diapers.

"What is the HCA supposed to do when the resident is full of feces and they do not have a clean pad to put the resident in?" wrote Shipanoff.

Statistics from the Canadian Institute for Health Information indicate that from 2017 to 2018 the home had a reported urinary tract infection rate of 7.5 per cent, much higher than the national average of 4.3 per cent.

Melanie Benard, the director of policy and advocacy at the Canadian Health Coalition, says it's "hard to imagine" there would be abuse of diapers at the home.

"Using these kinds of products that are really just used for basic hygiene and keeping patients safe clean and comfortable."

What's needed, she says, are national standards to ensure a level of care is met at all long-term care homes.

"There are minimal standards across the country," she says. "And sadly even those minimal requirements are often not being met."



Former staff at Extendicare Athabasca say it was frustrating to see residents suffering from painful skin and bladder infections. (Craig Ryan/CBC)

In support of Shipanoff's complaint, a former HCA writes that the facility ran out of incontinent products "multiple times" and that a diaper change "didn't happen until the pad was 80% or more wet or soiled with feces."

CBC News is not identifying her because she fears employment repercussions in the health-care field. "It's really frustrating when you're going to go change a client and you realize you have no pads," she told Go Public.

"It makes you feel horrible," she said. "Like you're just neglecting that person."

She says trying to get Extendicare Athabasca to give certain residents more diapers "was like jumping through hoops" — requiring months of documentation about how someone is soaking through their pads, requiring bed changes or wetting their wheelchairs.

Extendicare head office declined an interview request from Go Public. Instead, the company — which operates 96 homes in Ontario, Manitoba, Saskatchewan and Alberta — said in a [statement](#) it follows "well-established procedures to ensure that incontinence products are always available to our residents."

A spokesperson also wrote that the director of care was "impelled to adjust the distribution process to address a personnel issue" for a brief time and later reinstated the "existing distribution process."

The spokesperson did not explain the current procedures for obtaining diapers.

The statement also said the Athabasca home "is highly rated by residents, their families and government regulatory agencies."



Bryan, seen here with his mother Sheila Bryan, says it was 'very tough' to watch her suffer. (Submitted by Yvonne Cumbleton)

Shipanoff also alleges HCAs were told to only use one diaper wipe when changing a resident, to save money, and that many suffered from painful health problems she attributed to poor hygiene.

She says staff were shown how to fold a 8x10-inch wipe to get 16 different surfaces to clean a resident and describes "fungal infections (yeast infections) of the skin, especially in the groins and perineum that were being left untreated for long periods."

She describes "red, raw and sore" skin, chronic and "foul-smelling" rash and "open areas near anus from intense scratching."

In an email to her supervisor, included in the complaint, Shipanoff says 20 out of 50 residents at Extendicare Athabasca have fungal infections.

In part, she blames the home's practice of not washing residents with soap and water during a diaper change.

"Can you imagine being incontinent of stool, with an indwelling catheter, and never being washed with soap?" she asks in her complaint. "It's disgusting."

In her complaint, Shipanoff says she and HCAs were so concerned that they resorted to giving residents secret washes with soap and water while on the night shift.

Extendicare did not address these allegations when Go Public asked for comment.

Chronic under-staffing

All five people involved in the complaints to CARNA also describe under-staffing at Extendicare Athabasca.

The former HCA writes that many shifts were short by one or two staffers and that overtime was "very seldom approved."

That meant "basic care would get overlooked, call bells couldn't be answered in a timely manner and baths were skipped."

Extendicare did not address questions about under-staffing affecting patient care, but said it's "not possible" to profit by reducing staff at long-term care homes in Alberta, which are partly funded by Alberta Health Services (AHS).

"If a provider does not provide the mandated hours of care, AHS recovers the unused funds," the company said.



Bryan kept a detailed journal of his mother's care at Extendicare Athabasca. (Craig Ryan/CBC)

In a separate dispute, Extendicare Athabasca was recently found to have violated both a collective agreement and the province's Nursing Homes Act for not having a registered nurse on duty at all times.

Extendicare had [argued in arbitration](#) that recruiting nurses in the region was difficult, and suggested that having one at the home 24 hours a day was not necessary, as long as one was on call.

The company was ordered in December to pay \$5,000 to the United Nurses of Alberta to account for lost union dues.

A spokesperson for Alberta's Ministry of Health said in [a statement](#) that a number of patient complaints prompted an investigation at Extendicare Athabasca in September 2018.

Among other things, it found "some opportunities for quality improvement," including a review of the home's "supplies practices and possible association with skin breakdown."

The spokesperson said the nursing home passed a January 2019 audit, but there were several issues of "non-compliance," including prevention and control of infection and medication management. Those issues were resolved by the next audit, two months later.

Bryan says he's anxious to see the results of the complaint he filed, and that he's been told a decision will be coming shortly. But he says it won't change the haunting memories of his mother's care.

"Just the fact that ... she had to suffer through all that stuff," he said. "Nobody should go through that. Nobody."

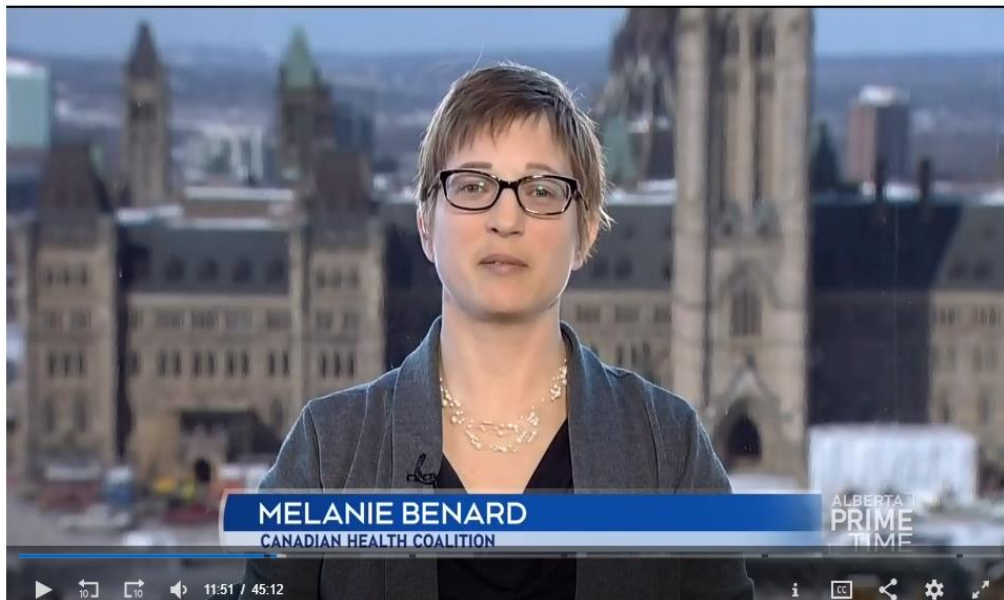
www.cpac.ca/en/programs/headline-politics/episodes/66158810/

NDP press conference on pharmacare bill, February 24, 2020 (at 12:45)



<https://alberta.ctvnews.ca/video?clipId=1898860&binId=1.3892985&playlistPageNum=1>

Alberta Primetime, Friday, February 21, 2020 (at 11:20)



<https://pressprogress.ca/dont-listen-to-big-pharma-lobbyists-universal-pharmacare-would-be-good-for-workers-and-good-for-business/>

Don't Listen to Big Pharma Lobbyists: Universal Pharmacare Would Be Good for Workers and Good for Business

Private insurance executives and big pharma lobbyists don't want you to know universal pharmacare would actually be good for business

Press Progress, February 25, 2020

Canada is getting ready for a debate on universal pharmacare.

The federal NDP has tabled legislation to create a universal pharmacare program and a coalition of 150 health care organizations and civil society groups are calling on Justin Trudeau's Liberals to put partisanship aside and support the plan.

The coalition, which includes major groups like the Canadian Medical Association, the Canadian Federation of Nurses Unions and the Canadian Labour Congress, is calling on the Liberal government to implement the recommendations of its own Advisory Council that called for Canada to implement universal pharmacare.

Not surprisingly, the only groups who seem to oppose universal pharmacare are the big pharmaceutical and insurance companies, who are paying lobbyists to pressure Liberal MPs into believing it would damage the economy.

Another big business group argues universal pharmacare is "not in the interest of employers or Canadians."

But the evidence clearly shows a single-payer system would benefit both businesses and workers alike:

Pharmacare would save businesses billions and billions every year

Despite what some big business lobby groups say, the evidence shows businesses would save a good deal of cash under a universal pharmacare system.

The Advisory Council on the Implementation of National Pharmacare's (ACINP) report found that the average Canadian employer providing drug coverage would save \$750 per year per employee under universal pharmacare.

In fact, the ACINP report noted the current system is a major burden for businesses who cover their employees' drug-coverage plans: "We were told by employers that private drug benefits for their workers were becoming less and less affordable to them."

One University of British Columbia researcher estimates a universal pharmacare plan could save Canadian businesses as much as \$14 billion annually because such a plan "would eliminate much of the cost of health-care plans that business owners pay to cover employees."

Pharmacare would allow businesses to re-invest their savings elsewhere

The ACINP report notes that another benefit of a universal pharmacare plan would be that "employers, free from soaring premiums, could pay employees better or reinvest in their businesses."

In fact, a 2015 survey by the global professional services firm Aon found that 85% of Canadian businesses said they would be willing to spend their pharmacare savings on "other health and wellness programs" for employees.

53% said they would "re-invest in other HR programs" and 31% said it would free up resources to make their company more competitive. Almost one-quarter said they would "return the savings to employees as higher compensation" or "invest in growing the business."

Pharmacare would create a better climate for small businesses and start-ups

If drug costs are covered under a universal single-payer system, skilled employees would have more incentive to work for small start-up companies that can't afford to pay for drug-coverage benefits right away instead of flocking to big corporations.

A 2010 report by the Canadian Centre for Policy Alternatives noted self-employed workers and employees of small businesses are among the least likely to have no coverage under private plans.

UBC professor Steve Morgan, who sat on the Liberal government's advisory panel on pharmacare, wrote that under the current system: "Small businesses — a cornerstone of our economy — are the least likely to offer drug coverage."

"Simply put, they can't afford it for the same reason that individuals find it difficult or impossible to get insurance if they have chronic disease: private insurance companies are not charities," he added.

Pharmacare would help create a happier, healthier workforce

Universal pharmacare would also remove a disincentive for workers to remain in toxic work environments just to keep their drug coverage plans. ACINP noted:

“National pharmacare should also make it easier for employees to change jobs or move from one employer to another because they will no longer be at risk of “job lock”—unable to change jobs because the drug they need to treat their condition is not insured under the drug plans of other potential employers, or because a potential new employer has no health benefits at all.”

ACINP also reported that Canada’s current “patchwork” drug-coverage system leaves Canadians spending \$34 billion per year on drugs. That’s forced three million people to forego prescription drugs due to costs. One million reduced spending on food and heating to pay for medicines.

According to the Canadian Health Coalition, a single-payer pharmacare system would relieve that burden and foster a healthier, happier workforce:

“Fair and efficient public drug coverage will also increase our country’s productivity and competitiveness. It will relieve employers of the financial burden of providing coverage and allow them to focus on their business operations. A healthier population would also mean less time away from work.”

The Parliamentary Budget Officer estimated in 2017 that a universal pharmacare plan would save Canadians \$4.2 billion in annual prescription costs. On average, ACINP estimates a single-payer system would save Canadian families \$350 per year.

So, that’s \$350 extra per family likely spent in other areas of the economy instead of boosting the profits of big pharma giants and private insurance companies. As one Chronicle Herald op-ed put it:

“(National pharmacare) also supports small businesses that find it difficult to compete for workers when they can’t afford to offer drug coverage. The people most affected do not have offshore bank accounts to avoid paying taxes, so those extra dollars in people’s pockets will be spent in the local community.”

<https://omny.fm/shows/kelly-cutrara/melanie-benard-canadian-health-coalition>

Interview

Global News radio 640 Toronto, February 25, 2020

<https://www.newsforum.tv/videos/forum-daily-episode-17>

Interview

The News Forum (on-line news show), February 18, 2020



<https://www.ctvnews.ca/politics/health-care-coalition-calls-on-government-for-pharmacare-funding-in-next-budget-1.4814870>

Health care coalition calls on government for pharmacare funding in next budget

[The Canadian Press](#)

Published Monday, February 17, 2020 4:14AM EST



Bill Morneau, Minister of Finance, left to right, Dr. Eric Hoskins, Chair of the Advisory Council on the Implementation of National Pharmacare and Ginette Petitpas Taylor, federal Minister of Health, attend a press conference on the national pharmacare program at the Li Ka Shing Knowledge Institute in Toronto on Wednesday, March 6, 2019. THE CANADIAN PRESS/ Tijana Martin

OTTAWA -- A coalition of 150 health care organizations and non-profits is calling on Finance Minister Bill Morneau to make sure there is funding in the coming federal budget to launch the first phase of a universal drug plan by 2022.

The Pharmacare Now Coalition has written to Morneau, as well as to Prime Minister Justin Trudeau and other senior government ministers, to ask for an additional \$3.5 billion in the upcoming budget to finance access to an approved list of essential medicines for the public. The group is also asking for incremental increases to that figure each year to achieve public access to a full array of pharmaceuticals by 2027.

Trudeau promised to pursue a universal drug plan in the last election and included the initiative in the mandate letter of Health Minister Patty Hajdu.

His Liberal government, reduced to a minority in last fall's election, will need support from at least one of the main opposition parties to pass the budget, expected next month. Implementing a national pharmacare plan will also require negotiations with provincial and territorial governments.

This report by The Canadian Press was first published Feb. 17, 2020.

* Also published here: <https://globalnews.ca/news/6559759/pharmacare-funding-liberal-budget/>
<https://www.theglobeandmail.com/politics/article-health-care-coalition-calls-for-pharmacare-funding-in-next-federal/> <https://www.surreynowleader.com/news/health-care-coalition-calls-on-ottawa-for-pharmacare-funding-in-next-budget/>

EMAIL BLASTS TO DATABASE

Campaign update sent on April 30 2020 (English and French)

[Cliquez ici pour le bulletin en français](#)

Special Campaign Update Spring 2020



The past weeks have been unlike anything we have ever experienced. We hope you are well and staying safe. Our thoughts are with the people who are directly impacted by this crisis, in particular, workers on the front lines. We are especially grateful to have a universal, public health care system. It is our best defense.

We usually send one newsletter per season, but in the current context, there are many timely actions you can do right away. Thank you for helping us make an impact!

Read our joint statement on COVID-19

Now more than ever, we need a universal, public health care system that puts patients before profits. Private, for-profit health care is not the answer. Along with provincial and territorial health coalitions from across the country, we released a joint statement calling on governments to increase the capacity of our public health care system during and after this pandemic. You can read the statement [here](#).



Calling for pharmacare now!

Mass layoffs due to COVID-19 mean many people are losing their work-based drug plans, and even more people have trouble accessing their medication. It is more important than ever to adopt universal, public pharmacare urgently. All political parties must work together to make

this happen now. Please contact your federal Member of Parliament and the Prime Minister about this today. You can find their contact information [here](#).

Sign and share our petition on seniors' care

A disproportionate number of COVID-related fatalities are occurring in long-term care facilities and impacting residents and staff. The pandemic has revealed the need for fundamental changes to our long-term care system. Seniors' care should be part of our public health care system. [Add your name to this petition](#) to help ensure all seniors in Canada receive safe and high-quality care. Please also help us have a more significant impact by sharing the petition with people you know.



Protecting our blood supply

People continue to need blood during the pandemic, so if you are feeling healthy, we encourage you to donate blood to Canadian Blood Services (CBS). You can find the closest donation centers [here](#). CBS has strict protocols in place to protect the safety of our blood supply.

For-profit companies are threatening Canada's blood supply and are taking donors away from our voluntary, public blood system. We can't let that happen! We have recently asked federal Health Minister Patty Hajdu to ban new private, for-profit plasma collection centers across Canada. [E-mail us](#) if you would like an electronic copy of the letter.

Remembering Shirley Douglas

We are saddened by the passing of our dear friend Shirley Douglas on April 5. Shirley was a national spokesperson for our organization for many years. She brought her passion to our cause, building upon the legacy of her father, Tommy Douglas.



Shirley had an intimate knowledge of the birth of Medicare and was a fierce defender of Canada's public health care system. She spoke up against provincial privatization agendas, international trade agreements that undermined public health care, and powerful for-profit health corporations. We are grateful for her commitment to our cause. She will be deeply missed.

Help us make an impact

Throughout this pandemic, we will continue to work to protect and improve our public health care system. We want to ensure the very best care is available to everyone during and after this crisis. Please consider making a [one-time](#) or [monthly donation](#) to support our work of defending and expanding public health care. *Note that due to our strong and successful advocacy work, government rules don't allow us to issue tax receipts.*

Help us make an impact



[Cliquez ici pour le bulletin en français](#)

Campaign Update Spring 2020



2020 has been an eventful year so far! We've been hard at work trying to ensure that the federal government protects our public health care system and implements universal pharmacare. Here are some updates on these campaigns and some urgent calls for action.

Pharmacare Now!

This Friday, provincial premiers will be meeting with the Prime Minister in Ottawa. This is a great time to demand swift action on pharmacare. Use the online tools below to contact your elected officials this week. Let's flood their accounts with messages about pharmacare! You can also remind people about the importance of pharmacare by writing to your local paper.



We've made so much progress on this campaign, but we need to keep up the pressure to make sure the government fulfills its promises. Take action to ensure Canada gets pharmacare now!

Contact your elected officials

Our colleagues at the Canadian Labour Congress have created online tools that make it easy for you to contact your elected officials about pharmacare. With the click of a button, you can

[send a e-letter](#), [tweet](#) or [call](#) your federal Member of Parliament. You can also [email](#) your Member of the Provincial Parliament (MPP) or Member of the Provincial Legislature (MLA). Tell them to take action now to implement universal, public pharmacare.

Send a letter to the editor

Our colleagues at the BC Health Coalition have created an online tool that allows you to [send a letter to the editor of your local paper](#) with the click of a button. Tell readers why pharmacare is so important. This essential new program will save lives and will save Canadians billions of dollars every year.

Add your organisation to the Pharmacare Now Statement

Last fall, over 175 national and provincial organizations signed a Joint [Pharmacare Now Statement](#) calling on all parties to work together to implement universal, public pharmacare within this government's mandate. It's not too late for your organization to sign on! [Email us](#) to add your organization's name to the statement.

Read our letter to the federal Finance Minister

Last month, over 150 national and provincial organizations from across the country [signed a joint letter](#) calling on the government to make the necessary financial commitments for pharmacare in this year's federal budget. Our hard work is paying off: last week, the House of Commons' Standing Committee on Finance (FINA) [recommended that universal, public pharmacare be included in this year's federal budget](#). Stay tuned for updates when the budget is released.

The decade-long legal battle between private and public health care has wrapped up

The trial against public health care in BC has finally come to an end. Closing arguments wrapped up in court last month. Our colleagues at the BC Health Coalition did a great job of defending public health care. We're expecting the judge to make a decision later this year. We'll keep you posted about the outcome. This important case has the potential to dismantle public health care across the country by opening the door to private, for-profit care. To read up on the case, visit [our website](#) or [SaveMedicare.ca](#).



Make a donation

Our ability to advocate for public health care in Canada is a direct result of the generous financial support of our donors. Please consider making a [one-time](#) or [monthly donation](#) to support our work of defending and expanding public health care. *Note that due to our strong and successful advocacy work, government rules don't allow us to issue tax receipts.*

Donate



Canadian Health Coalition | 116 Albert St., Suite 300, Ottawa, Ontario K1P 5G3 Canada

SOCIAL MEDIA STATISTICS

TWITTER

@healthcoalition Month	Number of Tweets	Tweet impressions	Profile visit	New followers	Mentions
January 2020	18	29K	188	39	22
February 2020	41	96.6K	308	42	90
March 2020	45	162K	573	125	182
April 2020	49	127K	383	86	103
May 2020	26	97.6K	285	68	160

	Number of Tweets	Tweet impressions	Profile visit	New followers	Mentions
@coalitionsanté Jan – May 2020	14	4.6K	66	4	6

FACEBOOK

	Page Like			Number of posts (Jan 1, 2020- May 31, 2020)
	December 31 2019	May 31, 2020	Change	
English	2,120	2,384	+12%	116
French	194	215	+11%	28

EXAMPLES OF SOCIAL MEDIA POSTS:



Canadian Health Coalition

Published by Amelie Baillargeon-Chc [?] · Apr 28 ·

A disproportionate number of COVID-related deaths are occurring in long-term care facilities. This pandemic has revealed the need for fundamental changes to our long-term care system. Sign the petition and help us bring seniors' care into Canada's public health care system: <http://www.healthcoalition.ca/sign-the-petition-seniors-ca.../>



Sign the Petition

Performance for Your Post

13,179 People Reached

337 Reactions, Comments & Shares

151 Like	89 On Post	62 On Shares
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11 Love	4 On Post	7 On Shares
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2 Wow	2 On Post	0 On Shares
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2 Sad	1 On Post	1 On Shares
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71 Comments	39 On Post	32 On Shares
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100 Shares	100 On Post	0 On Shares
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1,401 Post Clicks

1 Photo Views	787 Link Clicks	613 Other Clicks
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NEGATIVE FEEDBACK

3 Hide Post	1 Hide All Posts
0 Report as Spam	0 Unlike Page



Canadian Health Coalition

Published by Melanie Benard [?] · Feb 17 ·

Our joint letter to Bill Morneau about pharmacare got picked up by the media: www.ctvnews.ca/.../health-care-coalition-calls-on-government-... Read the letter on our website: www.healthcoalition.ca/joint-letter-to-finance-minister-on.../



CTVNEWS.CA

Health care coalition calls on government for pharmacare funding in next budget

Learn More

8,341

People Reached

839

Engagements

Boost Again

Boosted on Feb 18, 2020
By Amelie Baillargeon-Chc

Completed

Performance for Your Post

8,341 People Reached

546 Reactions, Comments & Shares

268 Like	225 On Post	43 On Shares
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34 Love	33 On Post	1 On Shares
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8 Haha	8 On Post	0 On Shares
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5 Wow	4 On Post	1 On Shares
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2 Sad	2 On Post	0 On Shares
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23 Angry	23 On Post	0 On Shares
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128 Comments	116 On Post	12 On Shares
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78 Shares	78 On Post	0 On Shares
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293 Post Clicks

0 Photo Views	143 Link Clicks	150 Other Clicks
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Canadian Health Coalition

Published by Amelie Baillargeon-Choc [?] · Apr 8 · 🌐

The Canadian Health Coalition is saddened to learn about the passing of our dear friend Shirley Douglas.

Shirley tirelessly gave her time to be a national spokesperson for our organization over many years from coast to coast to coast. She brought her personal commitment and passion for our cause, building upon the legacy of her father, Tommy Douglas.

Shirley had an intimate knowledge of the birth of Medicare and was a fierce defender of Canada's public health care system. She spoke up against provincial privatization agendas, international trade agreements that undermined public health care, and powerful for-profit health corporations. Our deepest condolences to her family and friends.

Shirley Douglas will be deeply missed.



3,397 People Reached

284 Reactions, Comments & Shares

66 Like	22 On Post	44 On Shares
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48 Love	12 On Post	36 On Shares
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1 Haha	0 On Post	1 On Shares
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3 Wow	0 On Post	3 On Shares
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114 Sad	27 On Post	87 On Shares
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1 Angry	1 On Post	0 On Shares
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14 Comments	1 On Post	13 On Shares
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37 Shares	37 On Post	0 On Shares
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320 Post Clicks

74 Photo Views	1 Link Clicks	245 Other Clicks
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NEGATIVE FEEDBACK

9 Hide Post	1 Hide All Posts
0 Report as Spam	0 Unlike Page

Reported stats may be delayed from what appears on posts

Top media Tweet earned 6,764 impressions

So glad to have participated in the press conference about the NDP's **#pharmacare** bill last week. Universal, public **#pharmacare** would save money and lives. What are we waiting for? Let's do it!

#cdnhealth #cdnpoli @CdnDrs4Medicare @CanadianLabour @theJagmeetSingh @CFNU pic.twitter.com/uhc3vpaT8



👁️ 12 ❤️ 20



Cdn Health Coalition @HealthCoalition · Apr 24

We will never say it enough, we are so grateful for all the health care workers who are keeping our communities safe and healthy from coast to coast to coast. We applaud your courage and perseverance in the face of this crisis. Thank you for the fantastic work you do every day!



💬 16 ❤️ 19 📌 📊



The NDP's motion on #pharmacare just passed by unanimous consent! Right before Parliament was suspended. One more victory on the path towards universal, public #pharmacare! Great work @DonDavies ! #cdnhealth #cdnpoli



10:49 AM · Mar 13, 2020 · Twitter Web App

View Tweet activity

284 Retweets 716 Likes

Post Details



Canadian Health Coalition

Published by Amelie Baillargeon-Chc (P) · Apr 16 · 🌐

Health-care workers are making countless sacrifices every day as they battle this pandemic to help treat patients while keeping their families safe. Our extraordinary Chair Pauline Worstfold is one of them. She is on the left on this picture and her co-worker Ruth Sutton is on the right. Thank You Pauline for your extraordinary courage and commitment!



Performance for Your Post

499 People Reached

45 Reactions, Comments & Shares

30 Like 24 On Post 6 On Shares

10 Love 10 On Post 0 On Shares

2 Sad 2 On Post 0 On Shares

0 Comments 0 On Post 0 On Shares

3 Shares 3 On Post 0 On Shares

22 Post Clicks

6 Photo Views 0 Link Clicks 16 Other Clicks

NEGATIVE FEEDBACK

1 Hide Post 0 Hide All Posts

0 Report as Spam 0 Unlike Page

Reported stats may be delayed from what appears on posts



Cdn Health Coalition @HealthCoalition

Some great news (for a change): The BC government is taking over as the employer of all long-term care workers. People will be hired full-time and paid standardized wages for six months. All provinces should follow suit. #cdnhealth #cdnpoli #LongTermCare



BC Boosts Pay for Long-Term Care Workers amidst COVID-19 | The Tyee Union says reforms should continue after crisis to improve care.

theyee.ca

7:22 PM · Apr 1, 2020 · Twitter Web App

View Tweet activity

213 Retweets 344 Likes