

WITH LARRY DESJARDINS, FORMER NDP MANITOBA HEALTH MINISTER

Larry Desjardins has had a lengthy political career which began in 1950 when he was elected as an Alderman in St. Boniface and continued for four decades. He served several times as a cabinet minister in two NDP administrations, for the 1969-1971 Schreyer Government and as Health Minister in the Howard Pawley Government after 1981. He has reviewed the many studies on healthcare reform by Royal Commissions and Premiers' task forces that were commissioned and tabled only to have the most of their recommendations ignored. He wrote an open letter concerning healthcare reform in February, 2002 that said throwing money at the problem is much like putting a finger in a leaky dyke. He has also served on numerous boards including the St. Boniface General Hospital, Tache Geriatric Centre, Foyer Valade, Youville Clinic and the St. Joseph's Personal Care Home. He was born in St. Boniface and educated at St. Paul's College and the Cincinnati College of Embalmers and Funeral Directors. In 1990, his life-long contribution to sports was officially acknowledged when he was inducted into the Manitoba Sports Hall of Fame both as an athlete and builder. Frontier Centre interviewed Larry Desjardins after his presentation to a Breakfast on the Frontier event in Winnipeg on March 13th, 2003.

Frontier Centre: You've likened recent efforts to increase the federal government's funding for Medicare to a proverbial finger in a dike. Why won't more money do the job?

Larry Desjardins: It's been proven in studies done years ago that throwing money at problems doesn't work. You've got to solve the problem. We can't keep up now. Health department spending has gone up and up over the years. I remember when it was below a billion dollars. Look at what it is now. The people are saying, "We want more but don't you dare raise our taxes." It doesn't make sense.

FC: If Manitoba's health care performance is a standard for judgement, your position is accurate. We spend the most on health care and yet our performance is far from the best. Is there a reason why our province in particular obtains less value for our health care spending than others?

LD: When Schreyer came in, he brought in more programs, maybe too many. We were the first ones to finance the long-term care business, for instance. That wasn't done before. We brought in all kinds of things like that. Those things cost money. Nothing is free. Probably we have better coverage in Manitoba than other places. We had all the programs, respite care, day care for the elderly. There were lots of things done.

FC: Added on to the original structure...?

LD: Added on. Somebody would make a promise, not the people who know health care, maybe the leader during an election. He'd say, "God, we've got a chance to win." That's happened so many times. Look at the last election. Do you remember?

FC: The promise to eliminate hallway medicine?

LD: That probably helped this government get elected, and now they're stuck with it. That's not the first priority. It's better to be in the hallway and get proper care than to be in the best of rooms and have no care. Sure, I want my private room, but if I was in the hallway and getting the best of care, I've got nothing to squawk about.

FC: Under Medicare, Canada's health care system has slid from being among the best in the world to the rank of 30th, as measured by the World Health Organization. If we could start again in designing the system, how would we guard against such a precipitous decline in quality?

LD: First of all, we'd have to delineate responsibilities and rights. Right now the politicians are saying, "Look, we left ideology at the door. We're all together, all the provinces." Yes, to get more money. They're together on that. You have to know who's responsible. That's the first thing. And you have to be responsible all the way. The worst thing is still partisanship. It boggles the imagination to know that we are getting paid to go there and do the best for the people, and we try to destroy each other. Can you see

any business, any family working well if you had that? It is the number one problem. Sure, there are all kinds of pious statements, even by Romanow, about working together. They see that, but they don't do anything. I would try to make that impossible, where they would be in trouble if they tried to blame each other.

Think about the funding. At the end of the year, you don't say, "What did I pay for health?" Whatever you give for this tax or another, you put it all together and say, "It cost me so much." What if they funded a corporation, away from the government? It doesn't matter how much money it is, if that's what the people want. As long as we know what we're spending for health.

FC: Do you think Tommy Douglas would have been surprised at how his dream turned out?

LD: I think he would have been disappointed. I knew Tommy quite well. He never felt we were going to do everything for people's health. He looked at what's critical, whether we can save people in catastrophic situations. Then everybody started adding more.

FC: You have called for reforms to Medicare that would allow private providers an expanded role.

LD: At least at the provincial level. I'd let the federal government decide for itself.

FC: Most critics of that position believe that private, especially for-profit medicine will cherry-pick and bleed resources from the public system. How are they wrong?

LD: They could be right up to a certain point. But what do you do? You can't get in the door now. If I go to the private sector and I pay for myself, why not? You can blow your money on gambling, but if I want to spend my money on health care, I can't. I haven't got the right. I could spend it on food, or getting the best education, but not on health care. It's too much.

FC: Do you think they should allow user fees?

LD: If I were in charge, I would leave that to each province. We do that now. We're means-tested for drugs. Not needs-tested, means-tested. For instance, I've had a sore back for thirty years. I've tried everything, chiropractors, massages, I've even gone for acupuncture. I paid for all that out my pocket, except for the chiropractor, and then you have to pay an extra bill.

FC: Why is there such intellectual confusion between public funding and public provision of services? The economic case that monopoly is not good for consumers is coercive and widely known, and socialist governments in other countries support markets in health care. Why is Canada so resistant to opening up Medicare?

LD: It's an ideology more than anything else. You have to be careful. I don't say, "Here, come in, do whatever you want." You have a responsibility, there are certain people you don't want. The Pan-Am clinic worked well. You can't just say, "That's right, that's wrong, period." You have to know what they're doing.

FC: Every political party claims that "better management" by them will improve health care. Why can't they pull it off? Is better management impossible within Medicare?

LD: Better management is always possible, but it's not just the management. You have so many programs you don't know where to start. The provinces should be able to do whatever they want, providing that the money they get from another level of government for health is spent only on that. They don't tell you how to spend it. One province might want to try something and say, "No private sector here." Another province might say yes. That gives you the chance to compare both and see which one is working. It's not necessarily poor management, it's poor ideology.

FC: The classic case for single-payer systems is their advantage in reducing administrative costs. But the information lost in the process may make it impossible to make rational calculations of costs and benefits. Do both

consumers and providers of health care need to know more about how much things cost? Did taking prices out of Medicare harm it?

LD: Absolutely. People now think it's all free. In polls, if you ask people if services should be reduced, they say, "No." Ninety percent want more services. But if you ask them if taxes should be increased to pay for services, they say, "No, taxes should be reduced."

FC: As the provincial Minister who oversaw a massive expansion of gambling in Manitoba, what is your overall assessment of the wisdom of that policy? Did we do the right thing? What, if any, mistakes were made?

LD: I was in favour because people were selling all sorts of tickets and you couldn't account for the money. I'm not in favour of casinos. People were buying too many tickets but it's not the same. You have to wait. They've got the music, the lights and everything that works on your mind, even some kind of perfume that gets you all excited. When I was the Minister, I allowed only one casino, in the Convention Centre, and it was only open for so many days and not open all night.