Will voters' response to health care reforms determine the fate of Mike Harris?

Charlotte Gray

A few weeks ago a pamphlet, *Ontario Health Report*, landed in my mailbox. It was a "report to taxpayers" on Ontario's health care system and contained upbeat messages about an expanded breast screening program and new community care access centres. Under a photo of Premier Mike Harris there was a series of questions, with answers provided by the premier. "In the media," read the fourth question, "I keep hearing stories about crowded emergency wards and long waits for services. How can the system be getting better?"

Good question. The level of anxiety about health care has been growing across Canada, but it is highest in Ontario. Everyone appears to have a personal anecdote about a health care nightmare: an elderly mother who cannot get home care, a friend discharged from hospital too early, a 10-month wait for a hip replacement. The media, and in particular the Liberal-leaning *Toronto Star*, haven't had to look far for headlines: pregnant women shuttled about in ambulances because there were no available beds, emergency wards running at 180% of capacity, cancer patients sent to Buffalo. As the province heads into an election, the state of the health care system threatens to dominate the debate.

So how did Harris answer the question in his leaflet? "There have always been areas within our health system that have come under pressure from time to time," he wrote. "This is why it is important to carry through with our health care reforms — to ensure that the care you need is there when you need it. Not making any changes would have resulted in even greater problems."

This answer is an exasperating fudge to those who see themselves as potential patients. For children, the elderly, the poor or those afflicted with ill health, Harris' answer is political doublespeak: soothing words with no clear meaning. They are more likely to believe a *Toronto Star* editorial, "Health care reform has failed miserably."

But Mike Harris doesn't particularly care what the *Toronto Star* writes, because his pamphlet is addressing a specific audience: healthy, middle-class taxpayers who see themselves paying for a system instead of using it. His message is that his government has spent the past 4 years tightening up the system, increasing productivity and cutting the fat. Had he not taken these steps, health care in Ontario would have had "even greater problems."

It is true that since 1995 the Harris government has cut about $800 million from hospitals' operational budgets, announced the closure of some 40 hospitals, reduced the number of district health councils from 33 to 16 and overseen the elimination of 5200 acute care hospital beds. Between 1994 and 1997, about 6000 registered nurses lost their jobs. But the net impact of these changes is still unclear, particularly in light of a gush of recent spending announcements.

"It is really hard to know what is happening," says Raisa Deber, health policy analyst at the University of Toronto. Surprisingly little reliable province-wide information is available on the state of health care in Ontario for 2 reasons. The first is that in 1995 Finance Minister Ernie Eves decided to change government accounts from a cash to an accrual basis. Before 1995, government expenditures were calculated on the basis of cash spent. Today, government expenditures are calculated when they are announced. This means the Harris government is able to include in its spending record the programs and expenditures that it *plans* to introduce in the next few years.

The confusion about what the public accounts now cover has allowed the government to claim an increase in health care spending over the past 4 years, from $17.4 billion to $18.9 billion. However, the finance ministry has included in its figures programs such as public health that have already been downloaded to municipalities. The province is no longer paying for these programs, but their costs have not been deducted from total expenditures. And severance pay for laid-off hospital nurses and technicians accounts for a sizable proportion of the increase in health spending claimed by the government.

Severance pay hardly qualifies for Harris' claim of "investment in health care." Deber adds: "I wouldn't be surprised if the total figure for actual expenditure has in fact gone down."

Expenditure per capita has definitely fallen. Population growth and inflation have caused a drop in per capita expenditure from $1888 in 1992 to $1767 in 1997. This year, for the first time since Harris came to power, it will rise slightly — largely thanks to an injection of cash from Ottawa.

The second reason why it is hard to determine what is really happening in health care is the government's skilful use of propaganda. The *Ontario Health Report* to taxpayers, which is funded by the Ministry of Health rather than the Conservative party, exemplifies this. The leaflet describes the new system of community care access centres (CCACs), established in 1996 to coordinate access to community sup-

port services. It boasts that "the Ontario government has made care for elderly people a priority." But experience on the ground appears to be quite different.

Dr. Bob Frankford, a family practitioner who works at Seaton House, a men's shelter in downtown Toronto, is a New Democratic Party candidate in the coming election. He says "the CCACs are a joke. The resources simply aren't there."

The Ontario Liberals are so mad at the government for its claims that it improved health care that they have taken a complaint to an advertising standards bureau. Last January, the opposition complained that a government ad claiming a $1.5-billion increase in health spending was false advertising that violated industry standards.

The lack of hard information on what is happening in health care has produced confusion and frustration. Many of the horror headlines and nightmare anecdotes have been triggered by the impact of hospital restructuring, particularly in downtown Toronto and Ottawa.

Dr. William Orovan, the Hamilton surgeon who serves as president of the Ontario Medical Association, says hospital restructuring "had to be done, but we all underestimated the complexity of the task — the government, the administrators, the providers. The result has been a dramatic dislocation."

Dr. Ian Warrack, the Ottawa FP who chairs the CMA Board of Directors, concurs. "It is always good to re-examine a system, and a review of hospitals was inevitable. But slash and burn was not the right way to go about it." By closing hospitals and eliminating beds before community facilities and resources were available to replace them, the government stretched the health care system to the limit and eroded public confidence.

The uncertainty about hospital closures and increased paperwork surrounding some prescriptions means that a physician's life "has become enormously frustrating," says Warrack. However, Windsor, Ont., FP Al Schumacher, who serves on the CMA's Political Action Committee, thinks relations between the medical profession and Queen's Park have improved over the past couple of years. "We lost about 18 months at the start of the Harris regime, when the government thought it would abandon the master agreement and negotiate separately with different groups," says Schumacher. "But once we had persuaded them to come back to the table, we made a lot of progress. We have finally got mechanisms in place to deal with a whole range of issues, including manpower, primary health care reform, the shift to alternate payment plans."

The OMA managed to get rid of many of the discounts imposed by the former New Democrat government, and is working toward fee increases. "We have gone from a very difficult time to a more fruitful period," argues Schumacher.

In the aftermath of the February federal budget, when Ottawa handed Ontario about $5 billion over 5 years that it cut from transfer payments 4 years ago, Harris began to pump money back into health care. The media ops came fast and furious: $375 million to rehire nurses, $10 million to hire nurse practitioners, $45 million for home-care services, $20 million for nurses for long-term-care centres, etc., etc.

Will the spending ease public anxiety? "It is not enough to restore the system," says Orovan. "It is certainly not enough to restore public confidence that the government is in control of the health care system."

Warrack says the new spending "cannot ease the uncertainty within Ottawa about where any of the services are going to be provided." Some of the recently announced programs are either mopping up damage done in the previous 3 years (such as rehiring nurses) or counter-productive because they are incomplete. For instance, the government has announced the purchase of MRIs in certain hospitals, but it has not committed itself to paying the operating costs and it has cut the training programs for the technicians that MRIs require.

There is no evidence that the government recognizes that a radical rethinking may be required: the strategy appears to be to do a better sales job on what has already been done, and on what lies ahead. "We don't know whether the money will ever be actually spent, since it cannot happen until after the election," says Raisa Deber. "And I have a nagging feeling that if the Harris Conservatives are re-elected the government will simply continue its policy of transferring services to the municipalities." Once services are out of the provincial government's domain, they no longer come under the medicare umbrella.

The Harris government, in common with several other provincial governments, has promoted a preventive approach to health. The irony of many of the cuts, particularly in the area of subsidies to community agencies, is that they have eroded services that help prevent family and health breakdowns. But Deber speculates that public anxiety about what Harris has done to health care reflects not just fear of badly executed change, but also a more fundamental political truth. "Every province that has tried to move away from a hospital/doctor focus has found itself in enormous political trouble. People know that when you are sick, you need a doctor. The prevention model cannot substitute for medical care. It can only complement it."

Some physicians are philosophical about changes to health care over the past 4 years. "The sector has steadily deteriorated ever since I entered practice in 1983," says Schumacher. "I have fought similar battles with every government: I cannot even distinguish the Liberal, New Democrat and Progressive Conservative parties."

Others argue that the Harris record on health care will damage the government on election day. But now that all parties are claiming that health care is their first priority, Harris is gambling that on election day voters will approach the polling booths as taxpayers, not as health care consumers.

If he is correct, public unhappiness may not translate into defeat at the polls. If he has miscalculated, the "Common-sense Revolution," which has created such chaos in some parts of the health care sector, will be stopped in its tracks.

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