The Equality Solution

We want what we have—and more

• Protect the 5 principles

We set up Medicare to run on five principles. First and foremost, we want it to be public. Which means it must be a community responsibility paid for with public funds; and it must never be something any corporation can profit from.

We also want: coverage to include every single citizen; no block or bar of any kind to any citizen getting all the medical care they need; quality care available wherever you live; and care for every single kind of illness. Ensuring that Medicare works to these principles is a good start.

• Expand public coverage

What we have is not enough. We need more. In particular we need provisions for a national public program that includes home care, long-term care and prescription drugs following the same 5 principles.

• Better representation of equity-seeking communities

We must continue research on how health providers and patients approach the provider-patient relationship when the patient is a person of an equity-seeking community. All patients have needs. But research tells us that patients fare better when they are cared for by health care professionals who share their gender, culture, race, ethnicity and sexual orientation.

Clearly, we must work to increase the representation of equity-seeking members in the health professions as a key strategy for breaking down the barriers to high-quality health care.

TAKE ACTION !

The discrimination in the U.S. health care system against equity-seeking communities should serve as a wake-up call to all Canadians. It can and is happening here.

It is just one more reason why we must work to prevent all efforts to turn our Medicare into something it was never meant to be.

HELP SPREAD THE WORD. Now that you know private for-profit health care is bad for equity-seeking communities, help spread the word within your community. Order more copies of this leaflet to share at work, in your church, your neighbourhood, your school, and anywhere else you can think of.

READ MORE ABOUT THE ISSUE. Information is available about access to health services and the disparities of coverage within equity-seeking communities in the U.S. You can start by logging on to the National Union website (www.nupge.ca) to learn more and to find links to useful resources on this subject.

JOIN A HEALTH COALITION working on this issue in your province. Activism is growing around the issue of protecting and expanding Canada's Medicare. It is critical that we all get involved. Let coalition leaders know what is best for your community. Visit these sites to find a coalition in your province or community

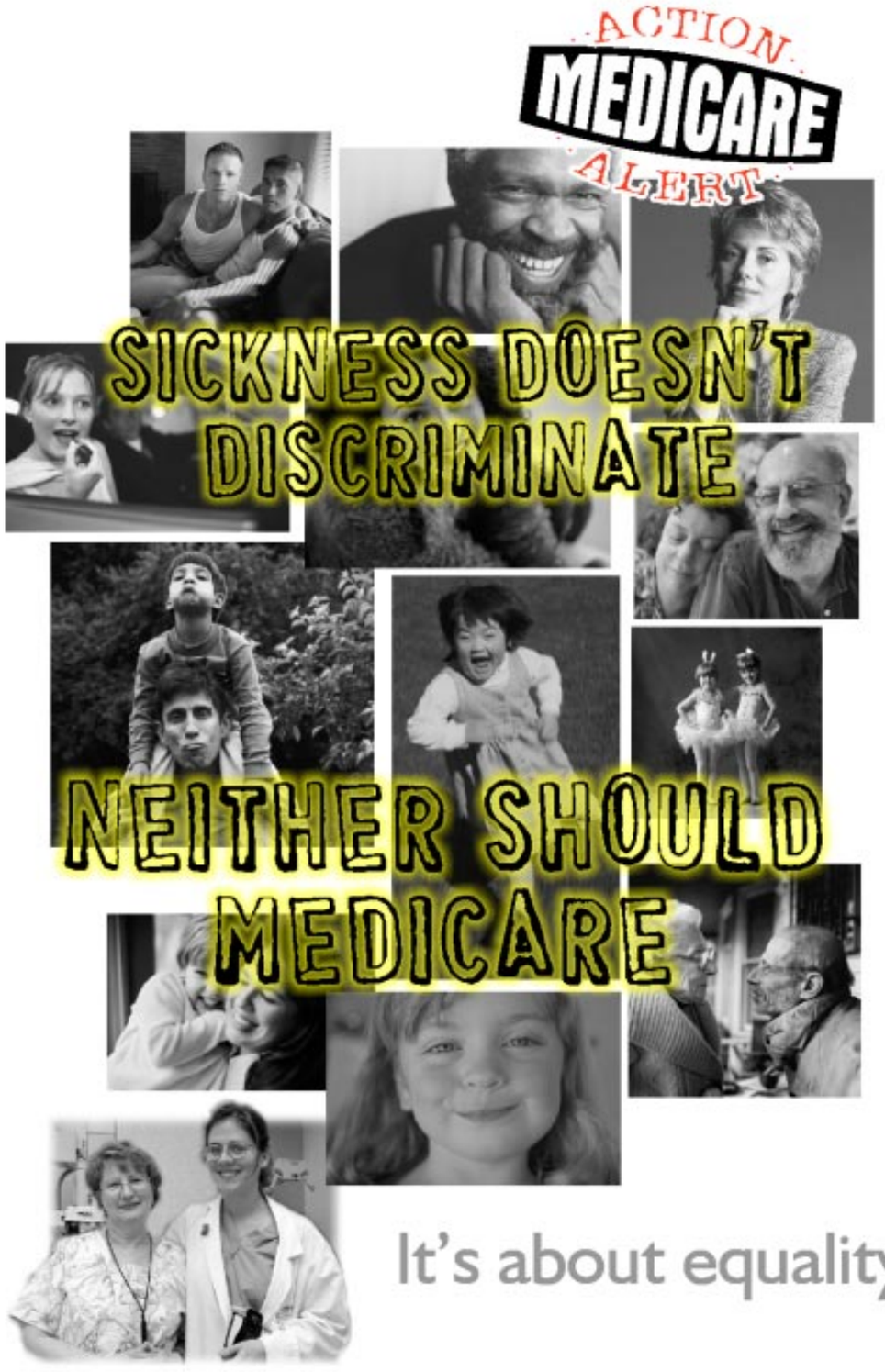
- www.savemedicare.com
- www.healthcoalition.ca
- www.clc-ctc.ca

HAVE YOUR SAY. Write or call your Member of Parliament, provincial or municipal politician. Elected representatives need to know how much you care about the issue of universally accessible health care. Ask politicians what they plan to do about protecting and expanding Canada's Medicare.

Celebrate Medicare
Keep our good thing going!

national union

www.savemedicare.com UNION MADE **www.nupge.ca**



KEEP THE CARE FAIR!

ONE of the shining glories of our Medicare is that the care is fair.

There is no discrimination based on wealth, health, race, religion, political beliefs or any other particular personal characteristics, traits or preferences. If you are sick or hurt and a Canadian citizen you get the best care our country can offer—no ifs, ands or buts.

But a fearsome shadow now haunts our theory and daily practice of public, never for profit, health care for all. It is cast by private, always for profit, health care.

It is the kind of health care we rejected when we created Medicare. One of the reasons was that private health care is, at its core, based on discrimination. It treats the rich better than the rest of us. It uses money to decide who gets care and how good that care is.

But, that is just the thin end of the wedge. Once the idea of discrimination is allowed in for one reason, it becomes acceptable for almost any reason. The best proof of this is the way things are in the USA.

Profits before equality

Equality is hard to come by in the USA. The passage of the United Nations Universal Declaration of Human Rights over 50 years ago made no difference. Years and years of economic boom made no difference. Equity-seeking communities still face massive inequalities in health access and health status in the USA.

Communities of colour, physically and mentally challenged people, women, poor people, gay, lesbian, bi-sexual and transgendered people are more trouble than their worth to the giant U.S. health insurance companies. Far too many of them have far too little money and are far too sick far too often to leave any room for the companies to profit from insuring them. So they usually don't.

Race

African Americans make up 13% of the U.S. population but represent 17% of all the uninsured. Within the Latino community, 31% of children and 41% of adults are uninsured.

People from communities of colour in the U.S. are more likely to die from conditions such as diabetes, heart disease, tuberculosis and HIV/AIDS.

Disability

Many people with disabilities in the U.S. live in poverty. Most are unemployed or underemployed. The result is most can neither depend on an employer to provide health insurance, nor can they afford to buy their own.

Even if a person with a disability can afford private coverage, most plans offer only basic coverage. Key services such as home care, medical devices and drugs are regularly excluded.

Women

Women need health care services more than men. Women also usually earn less than men. Therefore, the rising costs of health care hit women particularly hard.

This inequality towards women worsens because even the best private health care plans discriminate against illnesses that are either unique to women, or more common among women than men.

GLBT

Members of the gay, lesbian, bi-sexual and transgendered (GLBT) community face double jeopardy.

First, elements of the private for-profit U.S. health care system itself directly and deliberately restrict their access to health care. Second, problems associated with legal rights and the attitudes and training of health care providers, add to the ordeal of finding and receiving necessary care.

For example, most private insurance plans don't consider GLBT relationships under their family coverage provisions. This both restricts GLBTs' access to health insurance through their partner's coverage—access they would have through a heterosexual marriage—and it makes family-focused care difficult.

Members of the GLBT community without health insurance are significantly more likely to report heart disease, to smoke, to have eating disorders, to be victims of physical and sexual abuse and anti-GLBT violence. Identifying yourself to an insurance provider as a member of the GLBT community usually earns you the label of a high-risk patient.

Further, the lack of legal rights for GLBT partners as co-parents, such as hospital visitation, access to information, participation in treatment decisions, and health care proxy appointment, can be a barrier to adequate medical care

Finally, healthy lifestyles flourish in proportion to the ease of communication with the primary care provider and ease of access to care. However, various studies suggest that most doctors know little and care even less about GLBT health risks or that community's health care needs.

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