



# Conversation with Roy Romanow

After retiring from public life for just two months, Roy Romanow, former premier of Saskatchewan, has come back into the public eye – this time on behalf of the federal government.

Shortly after his appointment to head the Commission on the Future of Health Care in Canada, he spoke with contributing editor Cynthia Martin.

**T**he Commission on the Future of Health Care in Canada has a time frame of 18 months in two phases and Romanow says he will essentially be “trying to figure out what’s wrong and how to fix it. The terms of reference are sufficient for me to be able to do my best independently, and for me to call the shots as I see them.” “Sustainability” will be the operative word. Hospital funding is down 13% from 25 years ago, and the commission will further address balances between prevention and health maintenance, care and treatment. “Clearly hospitals are key for certain situations, but care has also been moving away slightly from bricks and mortar, into more lifestyle and wellness concerns,” Romanow states.

Phase I includes a nine-month examination of previous studies and reviews – provincial and national – that Romanow says the new commission will not replicate or duplicate. He expects to hire a few advisers quickly after his May 1 start to assist in distilling the best of the previous recommendations in an attempt to not “reinvent the wheel.” Material will be synthesized into a fact-finding interim report, perhaps with new reports to supplement it. One report that will undoubtedly receive the commission’s attention is the first of five in a three-year in-depth study by Senator Michael Kirby, which was made available days before the commission announcement.

Another is the National Health Forum, released in 1997, and there are also various provincial reviews. Romanow stresses that all the previous reports are very important and useful, especially to find the common threads and ideas, both good and bad. What makes this initiative different is the national solution-focused purview.

The commission then moves on to Phase II: public dialogue and communications. Although some of the more traditional forms such as public forums may be used, newer methods such as the Internet, videoconferencing, web and email access will also be solicited – which will help alleviate perceived regional slights. “We want to draw upon the ingenuity of all Canadians,” says Mr. Romanow, who also states he is “not a devotee of public opinion polls.” But he feels that ordinary Canadians want to be heard, as healthcare reflects their core values as Canadians: “Canadians are attached to fundamental principles and these principles need to be protected, but I’m there to listen; I will set aside any biases.”

As a government commission under the Inquiries Act of Canada, with the support of cabinet, Prime Minister Jean Chrétien and Health Minister Allan Rock, this is a federal public inquiry. With the power to subpoena and decree, the commission’s powers and acceptability already have high value. Romanow says he will focus on making sure the principles

upon which the Canada Health Act (CHA) are based “are relevant, and we will still have the modern, efficient, and the best possible quality programs we can have.” The CHA was developed in 1984 and is considered flexible. However, the issue of private healthcare is a dominant concern.

Romanow adds there are no assurances or guarantees that the federal government will use the recommendations: “This is normal, as no government can guarantee that all or even some recommendations will ever be put into action. I hope that if the recommendations are strong and well thought out, the government will be inclined to adopt what’s being proposed ... But right now, I have no idea and the government has no idea just what these recommendations will be.”

Although there are serious obstacles between the provinces and the federal government, Romanow was not surprised by Quebec Premier Bernard Landry’s negative reaction. “Being a sovereigntist, he holds a belief that social programs have no business having standards set by the federal government. The Health Accord signed in September 2000 by the premiers, including then Premier Lucien Bouchard, indicates the question of the provision of healthcare is something separate and apart from this debate.” Romanow adds: “We were surprised at just how good the plan of action in that accord was,” noting such specifics as coordination of drugs listed on provincial formularies. “This inquiry will look at what we agreed upon there: to get more federal funding, to set out our action plan, plus set out the agreement in principle – one that fully included Quebec’s participation. I’m not so far out of the premier’s chair that I forget the role and the importance of provincial systems, but with the explosion of technology, new procedures and ways of treating illness, the provinces are all experiencing squeezes.”

**Principles of the  
Canada Health Act, 1984**

Accessible

Comprehensive

Portable

Public Administration

Universal

Even with respect for constitutional jurisdictions, Canadians still tend to think in national terms about healthcare rather than provincially, in that health is one of the unique shared aspects of the country. This approach may make it easier for the federal government, provinces and citizens to move into the 21st century with less distraction and remain solution-

oriented. “With direct provincial government experience of managing reform in Saskatchewan for 10 years, with some controversy, I know most of the premiers and have worked with them on similar challenges and discussions,” Romanow says. “I hope the commission will be a meeting ground so the federal government and the provinces find common ground, and balance the comfort level of ordinary Canadians.”

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Romanow expresses the mind and heart of a curious man, one not ready to rest on his laurels. “If I can contribute in any way, it will be a great honour and I’m happy to come out of retirement,” he says. “Retirement is always a word I’ve rejected – as when people offered me congratulations. I was only quitting politics, and it was a change of pace. I knew I still could contribute positively in a number of ways and I intend to do so.”

**B**orn in 1939, raised and educated in Saskatchewan, Roy Romanow graduated from the University of Saskatchewan, completing arts and law degrees. Elected to that province’s legislature in 1967, he served as Deputy Premier and Attorney General between 1971 and 1982, where he was responsible for many justice system reforms, including the introduction of a provincial legal aid plan and the creation of the Saskatchewan Human Rights Commission, the Human Rights Code and the Ombudsman’s Office.

Appointed Saskatchewan’s first Minister of Intergovernmental Affairs in 1979, he was a key participant in the federal/provincial negotiations for constitutional reform that resulted in repatriation of the Constitution and the Constitution Act of 1982. He served on the Canadian Medical Association’s Task Force on the Allocation of Health Care Resources from 1983 to 1985.

In 1987 Romanow was acclaimed as leader of the Saskatchewan New Democratic Party (NDP) and won a 55-seat majority government in the 1991 election, becoming Premier. His NDP government introduced a number of fiscal, economic and social reforms, including those to the health system, the Action Plan for Children, and the Building Independence Strategy to help move families off social assistance.

Romanow, whom columnist Allan Fotheringham calls “the Ukrainian Redford,” is co-author of *Canada Notwithstanding*, published in 1984. He is on a leave of absence as senior policy fellow for the University of Regina and the University of Saskatchewan.