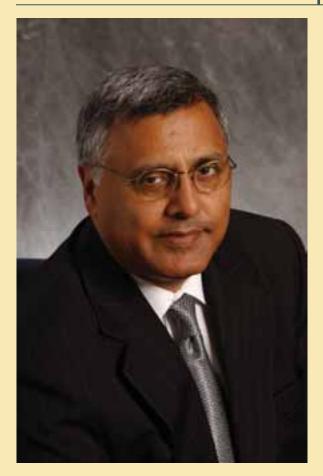
## From the Minister's Office



s a small boy, growing up in a poor village in India, I, too, wanted to be a doctor, which may have been inspired by the loss of my mother. I was only seven when she died as a result of a tetanus infection. Had she lived in Canada at the time, the outcome would most certainly have been different - different, because as early as the 1920s, all Canadian provinces were distributing a full range of preventative medicines - including tetanus shots - for free.

Eight decades later, equality of access remains a cornerstone of our healthcare system. Indeed, for Canadians, healthcare is a tangible expression of a collective dream - to build a fairer and more just society.

This is why, when we talk about the "three Es of the Canadian healthcare system" - Equity, Efficiency and Effectiveness – **Equity** comes first. Canadians see medicare as the great equalizer. It allows every one of us to pursue our dreams without worrying about losing our homes or farms or businesses because of illness.

The second 'E' stands for Efficiency. For Canada, having a single payer is intrinsically simpler than the more complex, multi-payer system in the United States. Medicare is also considered to be Canada's best example of how good social policy can be good economic policy. It serves as a key competitive advantage, in that Canadian employers are not saddled with the high costs of insuring their employees privately. As well, employees can change jobs without fear of losing their coverage.

# "Health in a Global Society: A Canadian Perspective"

An excerpt of a speech by the Honourable Ujjal Dosanjh, Minister of Health, to the Harvard Medical School, November 10, 2004

Also important is the third 'E': Effectiveness. The Canadian system is not perfect! One of the best ways to ensure effectiveness is by working globally - by collaborating with other jurisdictions and by sharing best practices, information and technology.

We're doing that within our borders and - increasingly without. In areas where technology-intensive treatment is required, for example, we're learning from American successes. In fact, in recent years, the Canadian Institutes of Health Research have funded dozens of health and medical research projects involving collaboration between Canadian universities and Harvard researchers.

Our approach to sharing and transparency, however, can always be improved. I believe our two countries must lead in this area.

For example, around the world, drug regulators are facing scrutiny about the transparency of clinical trials and calls for greater disclosure of clinical trial results. I fully support international efforts to improve the transparency of clinical trials.

And in terms of international collaboration, I am proposing to convene an "H20" – a meeting of the G20 health ministers - to help feed into the larger G20 leaders process, address common and pressing concerns, such as how to improve public health systems, combat terrorism and reform our multilateral institutions.

On the multilateral front, I would also like to flag Canada's intent to ratify the Framework Convention on Tobacco Control - the world's first international public health treaty.

In terms of our bilateral ties, when people reflect on the closeness of the relationship between Canada and the United States it is understandable to focus first on geography and trade, but we also share a common health space, which poses unique challenges.

For example, attention has recently been focused on the flu vaccine situation here in the United States. I have spoken to Secretary Thompson, who has been working very hard to resolve your supply problems. While I obviously need to be cognizant of our supply for Canadians, I told him that Canada was ready to offer what help we could.

There has also been much discussion – supportive and critical - on both sides of the Canada-U.S. border about the issue of so-called "Internet" pharmacies. From the perspective of the Government of Canada this is a very simple matter, encompassing two key priorities: ensuring that prescription drugs sold in Canada are safe; and ensuring that we have sufficient supply of prescription drugs to meet the needs of Canadians. It is difficult for me to conceive of how Canada

could meet the prescription drug needs of approximately 280 million Americans without putting our own supply at serious

Ladies and gentlemen, in Canada, the issue of pharmaceuticals cannot be divorced from our overall approach to healthcare - an approach based on medical need, not ability to pay.

I owe a profound personal debt to the equity, efficiency and effectiveness of this approach of Canada's healthcare system. I'd like to close by telling you why.

In 1984 in British Columbia, where I lived at the time, a violent incident gave me the opportunity to test the surgical skills of the doctors charged with closing the 84 stitches required to sew up my head and hand. You can imagine the respect I harbour for the health professionals who saved my life – and the system that supported them. You can also imagine that I take extremely seriously my responsibility in finding innovative ways to ensure the sustenance of a system that so defines our national identity.

Your responsibility - in nurturing the health of your own system, and of the citizens who depend on it – is equally important.

A number of years ago, one of Harvard's distinguished alumni argued that:

"The problems of the world cannot possibly be solved by skeptics or cynics whose horizons are limited by the obvious realities. We need men who can dream of things that never were."

At the time, John F. Kennedy wasn't speaking to the members of his alma mater's medical school. But his words are as relevant to us, here and now, as they were to those he sought to inspire four decades ago.

May we take his advice to heart, embrace the opportunities we've been given to lead, and be rewarded for our efforts with more equitable, efficient and effective healthcare systems - that deliver healthier, more vibrant citizens.

Thank you.

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