

THE PEP

GAZETTE

FEBRUARY 2023

FOREWORD

With the beginning of March comes the realisation that the semester is almost over! The 2022-23 year has been great. The society was just a thought during the pandemic. Now, we are where we hoped we would be. The Gazette, regular events, and new members have made the year one to remember. It is not over yet, and we hope you keep on reading.

Natalie Locke

Vice President of MSVU PEPS

PETRI DISH FEDERALISM: J.T.'S HOPES FOR DATA TRANSPARENCY IN THE HEALTHCARE CRISIS

Scott Ripley

On Thursday February 23rd, Prime Minister Justin Trudeau had the privilege of meeting with over one hundred university students from across the Halifax region at Dalhousie's Collaborative Health Education Building in [a town hall-style event](#). In what felt eerily like a dress rehearsal for a 2024 (or thereabouts) election campaign stop, the Prime Minister announced some policy and took questions from about a half a dozen students on a range of healthcare-related topics. An excellent overview of the event can be found [here](#). What piqued my interest were Trudeau's comments concerning jurisdictional factors that hamper our ability to provide a consistent quality of services across the country. Those comments are what will be explored in this article.

In his introductory remarks, the Prime Minister outlined some of the difficulties the federal government faces in addressing the poor state of healthcare today, specifically he noted that "...the challenge is: the way our constitution is set up, the federal government isn't the boss of the provinces, we are partners in running this country..." before giving a brief summary of [Part VI](#) of the Constitution. Social services, in his understanding, "[vary] enough province to province" that they are justified in being dealt with by local provincial governments. One answer Trudeau provided was the idea of federal funding on the condition that provinces invest in "data transparency and accountability of results." The goal of this being to ensure that we can accurately compare the quality of services being provided across Canada's thirteen constituent healthcare systems. This, Trudeau puts forward, will help to promote "learning from successful innovation from one area to another."

The final audience question of the event also touched on the problems of not having a truly universal healthcare system, specifically how procedures can have drastically different wait times between provinces. In his response, the Prime Minister described our various healthcare

systems as “very very siloed.” He brought up the story of Intergovernmental Affairs Minister Dominic LeBlanc’s diagnosis of cancer in Moncton and subsequent referral to a Montreal doctor for specialist treatment because there were no specialists available in New Brunswick and the specialist he saw could not practice outside of Quebec. The lack of a national licensing authority was suggested as a significant factor in the Minister’s and the audience member’s experiences of nationally inconsistent services. Trudeau brought the question back to data transparency and suggested that through usable comparative data, voters would have the necessary information to hold their provincial governments accountable for poor relative healthcare outcomes.

The genius of Canada is that we have different provinces that do things differently and that allows for a lot of flexibility and a lot of learning, a lot of appropriateness across the country. But it only really works if we can then properly realize ‘okay, let’s take the best of what works everywhere across the country.’

This was one of the final points the Prime Minister made during the event and his last point made on the subject of the effects of federalism on healthcare. With these statements we can outline the arguments Trudeau put forward regarding what to do about the jurisdictional complexities of our federal system.

It is clear Justin Trudeau recognizes that healthcare as administered by thirteen distinct entities has problems unique to a federal state. Non-standardized data collection practices and out-of-sync licensing practices are issues that he agrees cause non-equal quality of care between provinces and an inability to accurately analyze these discrepancies. However, he also believes that having healthcare as a provincial responsibility is beneficial because of the differences between provinces being great enough that each needs to be specialized in their approach. He also argues that having multiple systems, each approaching healthcare in different ways, allows for a Darwinian-type mechanism of changes being tested for viability. Beneficial changes can be implemented in other provinces and ineffective ones can be avoided he would argue. Trudeau’s two main solutions for these problems, nation-wide data collection standards and nation-wide licensing standards for doctors, are designed to make the process of innovation more effective, have doctors able to provide care anywhere in Canada, and to give voters the metrics with which to measure the competency of their provincial governments. I will argue that although these

proposed solutions would be beneficial to the state of healthcare in this country, they do not mend the rifts caused by federalism.

To start, I do agree that having doctors be certified to practice across Canada and having genuinely comparable data across the country would help to lessen the disparities of service. Doctors would have more freedom to move their practices to wherever they felt they were needed, and many specialists would be able to rotate throughout the country so that people in underserved provinces are not burdened with travel. Nationally standardized data would indeed allow for proper comparisons across regions, but I do not believe they would be sufficient to boost innovation and political pressure to improve services. Each province and territory acts as a petri dish where different experiments can be done to test new practices, but the trouble comes from having those practices implemented by those running the other experiments. Institutional inertia would have to be overcome a dozen times each time some newer innovation was revealed through experimentation in order to have uniform care across Canada. Provincial governments are not necessarily going to change what they are doing because of another province's success. It is unlikely that those same governments are going to be effectively pressured by voters to do so either. For the vast majority of people, the prospect of moving to another province for better care is not reasonably achievable and politicians would know that, so it is not as though people would be able to vote with their feet, as it were. Even at the ballot box, enough citizens would have to coordinate as a voting bloc on the specific issue they want to push their government on. Many ridings are either not competitive or really only have two options that have a reasonable chance at taking the seat. While in theory an election can be decided by voters who want a specific change made, the amount of political effort it would take makes it unlikely that a government would feel pressured to act.

I did not have the opportunity to ask the Prime Minister a question during the town hall, but if I had the chance now, I would ask if the provinces and territories in this country are really so different from one another as to justify not having one single, universal Canadian healthcare system. After all, when discussing the needs of people across the country, Trudeau made sure to

emphasize that we all deserve the same quality of care because “A Canadian is a Canadian is a Canadian” no matter where they are.



CRUISING PAST REALITY

Natalie Locke

During reading week, I was very fortunate to go on a Royal Caribbean cruise. I rested, ate a lot, and got some sun. The Grandeur of the Seas had two ports: Perfect Day at Cococay and Labadee. Cococay is one of Royal Caribbean's private islands. Labadee, however, is in northern Haiti. Royal Caribbean, or some other cruise line, seems to own the land surrounding the port. Labadee is manicured and gated off from the rest of the country. The restaurants are catered by the ship, stores are staffed in association with Royal Caribbean, and lifeguards from the ship man the beaches. There is little sign of local life. There is only a market for souvenirs, sectioned off and out of the way. Few locals are allowed in, and the rest are being kept out.

Cruisers are being protected from the reality of Haiti's gang violence: "[The] gang-ridden country's crisis, which has brought the healthcare system to the verge of collapse" (Charles). Approximately "60% of metropolitan Port-au-Prince" is ruled by gangs (Charles). What started

in Haiti's capital, is moving into other parts of the country (Charles). This cannot be taken lightly. The gangs are harming more than governance. They are leaving permanent marks on communities: "[L]ooting, assassinations, kidnappings, destruction, extortion, hijacking of trucks and acts of rape on young girls and women" (Charles). I entered Haiti unaware of the level of violence occurring.

The Royal Caribbean does not want their guests to discover what is happening in Haiti. They want guests to have a dreamlike vacation filled with drinks, not war. They lock out Haitians and show off Haiti's geography. This is not fair. I was suntanning while Haitians were living in violent conditions. I do not know if Royal Caribbean should stop cruising to Haiti or not. What I do know is we cannot be shielded from these realities and pretend everything is okay. Ignorance does not help anybody. It just makes us feel better.

References

Charles, J. (2023, February 28). *Jamaica Prime Minister Andrew Holness visits Haiti as gang wars threaten healthcare* Read more at: <https://www.miamiherald.com/news/nation-world/world/americas/haiti/article272606973.html#storylink=cpy>. Miami Herald. Retrieved February 28, 2023, from <https://www.miamiherald.com/news/nation-world/world/americas/haiti/article272606973.html#storylink=cpy>

FEBRUARY RECAP



**WELCOME BACK
HANGOUT**

PIZZA AND CONVERSATION

FEBURARY 9TH @ 5PM
SETON 504