

BULLETIN

## Politicians need to hear from health providers

April 1, 2003

### The Report: April / May 2003 vol.24 num.2

by CHERYL GREENHALGH



**have vivid memories** of attending my first HSA convention 15 years ago and feeling quite strongly that HSA not be involved in anything -political." It is probably not surprising that I have changed my opinion on that and several other issues during my years of serving on the Board of Directors.

I have learned that it is very difficult to not be involved in politics if we truly wish to serve our members in their working lives.

The 2001 job action demonstrated that HSA members are capable of political action. They wrote letters to their politicians and newspapers. Since then, members have met with their MLAs over various issues that affect their work lives.

Late last year, after the Romanow Report was tabled, HSAs members-at-large were encouraged to join the Canadian Labour Congress campaign to lobby MPs to support the report. I was fortunate to join a small group who met with MP Herb Dhaliwal.

Politicians often see health care through the eyes of their advisors, through reports, budgets and those ever-important statistics. So there is a lot of value in taking the time to meet with them and tell them about the work that we do.

For instance, Minister Dhaliwal was under the impression that a significant reason for long waiting lists for access to public magnetic resonance imaging (MRI) scanners was because they were not being operated for very many hours per day compared to their private counterparts. The conclusion he drew was that the private sector was better able to manage the resource. I was able to tell him about the extended hours that the MRI scanner in my facility runs. How simple ... yet he was quite impressed.

Much of our meeting was consumed by the public versus private issue. Minister Dhaliwal conceded that he would not want to have -open heart surgery" done in a private clinic but that he did not think he would mind having his lab work done privately.

We were able to explain to him that quality issues aside, it makes so much more sense to keep revenue generating work such as lab and ultrasound in the public system so that there is more money to pay for those surgeries.

Several public labs in BC have shown that they can offer good outpatient service and generate significant funds for the hospital. We explained how many private labs will take the easy (money-generating) tests but leave the more expensive tests for the public facilities to perform. The next time it is suggested to Minister Dhaliwal that private is superior to public, I am hopeful that he will at least remember some of our

conversation.

As politicians continue to intrude into collective bargaining issues, we will need to consider what we can do as individuals to educate them about the work that we do. 

*Cheryl Greenhalgh represents Region 3 on HSAs Board of Directors.*

Type:

[The Report](#)

- [Print](#)
- [PDF](#)

180 East Columbia  
New Westminster, BC V3L 0G7

Website  
[www.hsabc.org](http://www.hsabc.org)

Telephone 604-517-0994  
1-800-663-2017