

Taking our health system into tomorrow

The COVID-19 pandemic has shown us again the importance and value of our public health system. A look across the border at the U.S. makes this abundantly clear.

The NWT public health regime seems to have been robust enough to have kept the people here relatively free from the virus (so far). We're fortunate that this is the case because our system would have difficulty were the virus to take hold. This is true for any health care system -- pandemics can overwhelm.

What should we learn from our experience to date with COVID-19?

1. Healthcare workers are truly essential. Across the world they have proven themselves brave, committed and selfless. We must continue to recognize that "essential" health care workers are more than those who many of us considered essential, such as nurses, doctors and allied professionals. Also included are cleaners, cooks and front desk workers, the people behind the scene who support the professionals and all of us by keeping facilities clean and running smoothly.
2. We need to support safe working conditions for all of our healthcare workers. These people often faced a shortage of personal protective equipment (PPE) critical to their safety. The NWT must prepare for the next phase of COVID-19, or for the inevitable next pandemic, by establishing a rotating and sufficient store of PPE. "Sufficient" should be determined by envisioning a worst-case scenario to forecast demand, and by including the full range of workers in healthcare environments, e.g. emergency shelters, street outreach.
3. All health care workers deserve respectful employment. Stable, well-paid positions are needed, so jobs should remain (or become) unionized and be paid a living wage.
4. Elsewhere in Canada, COVID-19 ravaged residents of some seniors' facilities. The worst appear to be those run as profit centres for (usually) very large corporations. There are no private, for-profit seniors' facilities in the NWT and we should keep it that way. Part-time employment was one of the problems in these facilities: workers were required to have more than one job to get by financially. In travelling from one job to another, reports are that some appear to have been unwitting disease vectors. Workers should never have to piece together part-time jobs for lack of proper pay or benefits. Proper pay and benefits should help ensure that part time work is done only by choice so that people are not transmitting disease from work location to work location.
5. We know social and environmental determinants of health are broadly more important to health outcomes than medical services, pandemic or no. Inequality, in all its forms, is a problem that demands addressing. Overall health outcomes would be improved, and the impacts of a future pandemic would be lessened through attention to non-medical determinants, such as:
 - a basic income guarantee,
 - payment of a living wage,
 - safe and secure housing for all,

- a universal and publicly-provided childcare system, and
- programs that make nutritious food available to individuals and families.

Such services and programs should be a part of a comprehensive system of public services.

6. Strides were taken on the issue of homelessness during the pandemic. Let's not turn people out of housing they have now achieved (i.e., start by making the motel, hotel and temporary rental units used during the pandemic into supported residential units).
7. In spite of the very good nursing program at Aurora College, NWT continues to be challenged in attracting and keeping nurses. One issue appears to be adequate mentoring of newly graduated nurses. We suggest that this should be a key priority for a stable health care system that would help us prepare for future pandemics.
8. Training for other healthcare workers should be considered as part of the curriculum for the proposed polytechnic institute. Improvements to training for personal support workers and shelter workers and adding training for laboratory technicians and midwives, are possibilities. Investigating which are most needed, and whether we have the critical mass to sustain a program, should be investigated.
9. The cheapest, most effective and fairest way for health services to be provided is through a public system. This should mean all health services. A national Pharmacare plan is needed, and coverage for critically needed mental health services (including managed drug and alcohol programs). Dental services should be expanded. Mental health services in particular were highlighted by the pandemic, and we can expect additional strain to that system as other consequences of the pandemic become known.
10. COVID-19 has forced changes in the way health services have been delivered. For example, E-health has shown its value. A robust internet system available to all communities is necessary for E-health. Highspeed broadband internet service to all communities, indeed to all households, is essential. The GNWT should support communities to develop this as a public utility.

Our Canadian and Territorial health systems have served most of us well during the pandemic. At the same time, the pandemic has exposed gaps and shortcomings that Northerners deserve to see remedied. We can afford the necessary changes. Indeed, we cannot afford to go without them.