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Policy Begins Today*

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Part One: Getting the fox out of the schoolhouse: How we all need to take back public education.

Provincial governments, parents, the public and individual teachers have failed to defend the public interest in education. This is the remarkable conclusion of the latest paper from the Atlantic Institute for Market Studies (AIMS).

Getting the fox out of the schoolhouse: How the public can take back public education examines teachers' unions and their disproportionate impact on education policy in Canada.

According to the authors "...unions have opposed many attempts to increase transparency and accountability in Canada's school system." However, "if unions have received too much at the expense of the public, then the fault lies with provincial governments, school boards, parents and citizens."

"The public owns public education, not the union," explains AIMS acting President Charles Cirtwill. "The authors make it quite clear that government has empowered unions to act as the de facto system managers. That has to stop. The public also needs to be relentless in exercising its right to hold school officials accountable for the good education of our children."

Written by three experienced educators – Michael C. Zwaagstra, Rodney A. Clifton and John C. Long – the paper reviews the origins of teachers' unions and how they moved from labour relations to education policy. The authors point out that what is in the best interest of the union, is not necessarily in the best interest of students and their education or even supported by individual teachers.

To read the complete paper, [click here](#).

The paper has generated a lot of interest across the country, with editorials in leading newspapers, and online polls on the websites of several news agencies. Below are links to some of the coverage.

To read an editorial in The National Post, *The truth about teachers' unions*, [click here](#).

To read a column that appeared in the Halifax Daily News, [click here](#).

To link to other news coverage, [click here](#).



Part Two: Advancing Employee Rights: You are invited to an AIMS' lunch with Swedish human rights lawyer Jan Södergren.

Canada is one of the few remaining industrialized nations that allows legislation that forces employees to join unions as a condition of employment.

In 2007 Swedish lawyer Jan Södergren successfully argued to the European Court of Human Rights that unions violated non-union employees' human rights by taking dues for non-workplace related needs. It was the latest case in which he successfully defended the human rights of unionized employees who were not union 'members'. He brings an expert legal view to the fundamental issue of employee human rights.

Sodergren is on a national speaking tour of Canada arranged by the Canadian LabourWatch Association.

On Monday, October 1st you have the opportunity to hear first hand about the successful European fight to advance employee rights and how it can happen in Canada.

For details on the event, [click here](#).

For more information on the speaker, [click here](#).

To register for the event, [click here](#).

Part Three: Form Over Function: Understanding the health care debate in Canada.

Do Canadians value form over function? In suggesting that governments should be considering expanded opportunities for private delivery of health care in Canada, the Canadian Medical Association has been accused of putting profit for doctors ahead of Canadian values.

In *Form over Function*, the latest commentary from the Canadian Health Care Consensus Group, author Brian Ferguson Ph.D. explores the debate about Medicare in Canada and concludes that we need to take a step back and consider not only what Canadians really do value, but also what, exactly, is being proposed.

The paper also describes the carelessness with which many terms are thrown around in the debate: the term "private insurance" is incessantly misused as a synonym for the United States system; a core concept in Canadian Medicare - "all medically necessary services" - lacks a definition for the term "necessary"; and "private investment" is portrayed as taking away from the public system rather than being recognized as an injection of additional resources into the public health care system.

To read the complete commentary, [click here](#).

To visit the Canadian Health Care Consensus Group's website, [click here](#).

Part Four: Education, just asking the usual suspects is, well, suspect.

What is the goal of our educational system? Is it to provide students with an education that provides them with an opportunity to future success? Or is it to promote the policies of a small group of education “experts”?

In his fortnightly column, AIMS acting President Charles Cirtwill explores how Department of Education committees hinder innovation in our school system by not including parents, taxpayers and businesspeople in the decision-making process.

To read Cirtwill’s column, [click here](#).



Part Five: Don’t count your have-nots until they hatch—AIMS in the Globe & Mail.

There’s no doubt it’s great news for Newfoundland and Labrador, finally a deal to develop the Hebron Ben Nevis offshore oil field. The project had been put on hold by the operators over a dispute with the province about royalty and ownership issues.

However, in this opinion piece, requested by the Globe and Mail, AIMS acting President Charles Cirtwill examines the flaws in equalization revealed by the Hebron deal. Is it a case of having your cake and eating it too?

Cirtwill stresses that while it’s an excellent deal for Newfoundland & Labrador, it was based mostly on circumstances and timing and other provinces should not expect similar deals.

To read the piece [click here](#).



Part Six: Taking the Pulse: Determining the quality of care in hospitals.

Most Canadians trust the health care system to provide the best possible hospital care. However, how do we know that’s the case?

In *Taking the Pulse*, author Julia Witt looks at the measures or indicators used to determine the quality of care in hospitals. She points out that existing reports often concentrate on whether hospitals perform above or below average on numbers or types of procedures. She suggests other indicators would be more important to patients; ones that quantify desirable health outcomes rather than focusing on processes within the hospital.

She says giving patients the knowledge of which hospitals have high rates of surgical site infections is information that they have the right to know.

Witt recommends more emphasis be placed on outcomes when examining hospital indicators and that more attention be paid to the underlying case mix of individual hospitals and the underlying nature and severity of the condition of the patients themselves. As an example she says whether wait times are long or short, the more critical information for people is whether the wait is inappropriate given the patient’s clinical condition. Similarly she suggests that the outcomes of care should be measured by determining whether patients have better comfort, functionality and life expectancy following care.

To read the complete paper, [click here](#).

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