The COVID-19 global pandemic has shown that our society is only as healthy as its most vulnerable members. We all need access to comprehensive public health care – and to achieve this we need a national pharmacare program.

Our age, employment, income and location should not determine our ability to access the prescription medicines we need. This is becoming even more urgent during the COVID-19 pandemic as people lose jobs with employer-paid benefit plans.

In the recent throne speech, the Trudeau government committed (again) to implement the recommendations of the Advisory Council on National Pharmacare and to start negotiations with provinces to make a national pharmacare program a reality.

Thousands of Canadians are forced to choose each month between buying food and paying for medication. Before the pandemic, it was estimated that one in 10 people could not afford the medications they need to stay healthy. Some people are cutting their pills to be able to stretch each prescription longer.

When the pandemic hit, these numbers increased.

Universal pharmacare will lessen the burden on the health system by ensuring people don’t end up at the emergency room just because they ran out of necessary medication.

Earlier this year, we did a survey of Council of Canadians supporters to learn more about their experiences with getting the medications they need.

Here are a few stories we heard:

“I now have to choose between losing our house or getting medication. Going without may cause my condition to flare up which renders me completely bedridden so I will then lose my job.”

Anonymous

“I’m very lucky that the employer that laid me off is willing to pay for three months of coverage before my end date. I know this is not the case for many. If that coverage and the CERB both run out and I am still not working, we will have to budget very carefully.”

Anonymous

“I am a diabetic on insulin, explaining some of our high costs. In 2019, my spouse was diagnosed with cancer, and we have faced a heavy pharmaceutical cost because of that. In total, our needs cost us close to $500 a month.”

Anonymous, retired

“We are a couple and both have depression and ADHD, as well as taking other medications that cost us close to $500 a month.”

Anonymous

“I was told that I would be a good candidate for immunotherapy. The cost per injection would be $1,000. My husband’s coverage has a $50,000 limit for my life. Because of the lack of coverage, I have to take a combination of other medications that cost $500 per month. That way I can make my insurance last longer.”

Jennifer Sommer, laid off due to COVID-19.

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“It’s the large multinational corporations that could make the most significant difference in terms of leveling the playing field. I can’t afford to purchase my medications regardless of this crisis.”

Miguel Hortiguela, self-employed

“[Ontario Premier] Doug Ford delisted my treatment. Now I pay $125 per shot to my urologist every two weeks just to have him inject me. And this is on top of the cost of the drug.”

Anonymous, unemployed

During this public health crisis, the government must be doing everything possible to protect people across this country, and that includes expanding our public health care system to include prescription medications.

“While I have coverage now, for over a decade I did not while I was trying to get multiple health issues under control and needed medications to be a crucial part of that. I may have been able to re-enter the workforce much sooner if I had coverage.”

Chris Aucocin, currently employed

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