'Canadianism,' the Welfare State, and Policy Growth: Assessing the role of identity on the healthcare privatization discourse in Canada

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ABSTRACT: This paper will explore Canadianism and its relationship to universal healthcare. *Canadianism*, a term derived for the purpose of this text, is used to conceptualize an 'Idea' born out of Canadian identity and Economic Nationalism during commonwealth movements of the later 20th century. The idea is studied to understand how Canadian civil society favors Universal systems, particularly in this paper healthcare, over private initiative. This paper will assess the roots of the privatization debate and argue the rivalrous nature between Canadianism and New Public Management [NPM]. A key deliberation will be had on the significant role that ethics plays in Canadianism, and how this had success in limiting the influence of NPM on Healthcare. This paper will also examine a current 'privatization' case, Bill C-60, and its potential threat to Keynesian Economics' opportunity-for-all approach to healthcare. A second key deliberation will be had on the concept of 'Trust,' how it informs Canadianism and why this makes Bill C-60's discourse convoluted. Conclusively, a discussion will be had on the issues with Canadianism in healthcare discourse through considering Phantasms and policy growth. The limits of Canadianism will be briefly highlighted. This paper finds that Canadianism is essential to comprehend when considering why healthcare reform in Canada is difficult to manage.

Political Scientist Benedict Anderson's *Imagined Communities* described Nationalism as "the pathology of modern developmental history, as inescapable as 'neurosis' in the individual... the equivalent of infantilism for societies."[1] Anderson constructed the world of nationalism as one with the potential to redefine history, that gives cultural definition to a cause, and as the "imaginable" communion tying a nation into living existence.[2] Nationalism had initially found its roots in academia during the 19th century; a pivotal era in philosophical history which prioritized nation-building and new conceptualizations of political identities. Through the academic popularity of Humanism and scientific analyses, there led the initial stray away from religion. Therefore, academia at this time sought out novel ways to communicate a common "language of continuity", one providing a nation with the power to link its "dead to its yet unborn", and as a conceptual simulation of 'social immorality'.[3] Nationalism became the leading form of pathologizing this language into literature and was understood as the way a nation could traverse time within an impermanent world.

Firstly, to argue that nationalism solely originates as a response to an erosion of religious certainties is a reductionist consideration. More so, a conscionable argument is seen as how an erosion of religion propelled nationalism's inclusion in developmental social theories of Canadian politics. Anderson insisted that Nationalism does not produce "its own grand thinkers; no Hobbeses, Tocquevilles, Marxes or Webers".[4] However, the study of Nationalism is an essential core to understanding the development of a benevolent welfare state, democracy, and public trust in institutions. Nationalism shapes societal consciousness and politics in a multitude of ways; Social policy is heavily centered around the way in which Nationalism is carried out by political actor's choices and, conversely, social policies are central instruments of nation building.[5] A prime example of the nationalism-to-institutional-reform pipeline is seen through the emergence of the social welfare position over healthcare in Canada. Emeritus professor Donald Swartz at the school of Public Policy and Administration at Carleton University explores the development of the Canada Health Act of 1984 through assessing the

growing nationalist rhetoric over labor productivity and union rights. Swartz's "The Limits of Health Insurance" research piece discusses the origins of health insurance as the inherent "outgrowth of working class struggles against the ravages of Capitalist development", and the working-class Socialist movements push for social security reform – including unemployment insurance, pensions and most significantly health.[6] As Swartz draws references between nationalism to Canada's universal health advocacy, his work also reflects why the Canadian government at the time began to set out the foundations of how a Federal system should look out for its citizens.[7]

The development of social welfare in Canada originated in 1945 with the family allowances program, out of the fundamental need to bridge gaps due to a higher cost of living and a decrease in the Canadian purchasing power during the post-war era.[8] However, this policy initiative had initially struck major controversy within parliament. The speech from the 1944 throne highlighted the Minister of Justice's concerns over a series of detriments jeopardized by a potential allowance program; such as compromises to an effective economy by lowering wages, the lack of wellbeing improvements due to an unjust allocation of funds between poorer and richer families, and the expensive and complex nature over administrations of a national welfare program.[9] Majorly, the crux of the early welfare debates were between the provinces and the Federal over which government could distribute their services more efficiently to its people. Following the establishment of the Canadian dominion act in 1867, the country ceased to operate as a "natural unit of geography or geology", rather it operated with "great economic disparity in its different regions with profound determinants on social standards and living conditions.".[10] The allowances act was almost seen as a litmus test for what could be achieved in Canadian welfare, highlighting an ability to implement a unified social policy system across the nation's diverse landscape and socioeconomic variances. As argued by Keith Banting and Stan Corbett, policy implementations over any national program in a Federalist structure is difficult when participation and cooperation is required by at least two levels of government.[11] However, the onus of allowances was

considered a federal responsibility due to an underlying administrative philosophy that Canada's centralized state would "direct monetary payments on a uniform basis" to fix societal divisions.[12]

The Capitalist economic base of Canada which inaugurated itself on individualism, competition, and private profit had been what ultimately shaped the accessibility of health services and physician's "social availability". Medical insurance under a for-profit guise promoted regional and class discrepancies with service consumption as physicians benefitted from serving in overrepresented and higher income-earning areas as compared to addressing under-utilized lower-income groups with unmet needs.[13] Emeritus professor Keith Banting at the school of Policy Studies at Queen's university states that "the original conception of the Welfare State was social integration or social cohesion".[14] Canadian society is highly divided due to its distinctive historic-settlement trends; including the French in Quebec, British in the Maritimes, and the American loyalists in BC and Alberta. The "Mosaic" identity of Canada had created the early foundations for economic inconsistencies between social groups, creating an urgency for social cohesion and equity programs in Canada. Social cohesion was an essential concept in the developmental history of the Canadian healthcare system. When the Cooperative Commonwealth Federation party of Saskatchewan (CCF) won the Provincial election in 1944, it had marked a pivotal shift as former Premier Tommy Douglas introduced the first universal health program in North America: the Saskatchewan Hospital Services Plan 1947.[15] This then led to former Prime Minister St. Laurent passing the 1957 Health Insurance and Diagnostics Services Act (HIDS) into parliament as the first shared cost program to act on comprehensiveness and accessibility.[16] However, Despite major pushback from the Canadian Medical Association (CMA) and the Canadian Health Insurance Association (CHIA) who termed the transition as inefficient "socialized medicine", the Canadian public and policymakers turned their attention to increasing publicly funded outpatient care as they aligned greater with Canadian values.[17] This is evident of how Canadian

identity had influenced the policymaking process to confront complex political perspectives and the negative social repercussions faced by Canadians over health.

Eventually, the 1960 provincial election in Saskatchewan became known as the "Medicare Election", winning the CCF 37 seats in provincial government to fulfill their promise in creating a fully publicly funded health system that reimburses physicians.[18] The collective values of commonwealth working-class groups at the time aligned congruently to successfully propose infrastructural reform, appealing to a healthier and unified Canadian society. Ultimately, shaping the foundations for a "Canadian" national standard approach in greater government responsibility over its citizens. As health services became fully universalized to all citizens within Saskatchewan, this was not the same across the nation. Even with HIDS, only 5 provinces had signed on and there were major discrepancies over who would be covered and who wouldn't under this insurance program.[19] As well, the CMA had advocated in only insuring the poor yet opposed broader efforts made like in Saskatchewan.[20] The CMA, alongside former Prime Minister John Diefenbaker, had advocated for the implementation of the Hall Commission into healthcare led by Justice Emmet Hall as an initial strategic rhetoric to shape public policy in favouring "moderate" and "conservative" modifications; such as retaining provincial responsibilities over the healthcare system.[21] At its core, the Commission highlighted the rivalrous nature between two main stakeholders in health politics; private sector advocates like insurance companies and physician associations vs public consumer groups.[i] Over time, the Commission began to evaluate and recognize consumer groups as harbingers of collective Canadian values who wish to advance several "socially desirable objectives" and the Commission then endorsed the Saskatchewan model.[22] The Federal government then introduced a new shared-cost program that

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[i] This complex duality between private and public stakeholders in shaping healthcare policy will be an important further discussion within the 'privatization and network trust' subsection of this paper.

modelled the successes of Saskatchewan's full physician reimbursement system, titled the *Medical Care Insurance Act 1966.[23]* The extent to which Ideas, identity and ideologies have formulated the unique history of Canadian healthcare portrays an important side to Canadian politics that is underscored throughout this paper.

The later 20th century had seen an exponential number of scholarly researchers who had assessed the case of Canadian identity through 3 main components: as a product of settler-migration, as a product of Political Socialization from US-Canada relations, and through their ability to garner institutional social reform. Such works include Holmgren, "Ireland to Canada" (2021); Forbes, "Hartz-Horowitz at Twenty" (1987); Rotstein, "Canada: The New Nationalism" (1976). These examples refer to only a fraction of the recent literature entertaining these standpoints. Conversations over Canadian identity have continuously evolved to accurately fit a Globalized time-period better - an era promoting unity, independence, and advocacy for neoliberal markets. Therefore, two questions are mainly explored with further consideration in this paper: [1] What is the relationship between a specific type of Canadian identity, 'Canadianism', and Canada's largest social program Medicare? [2] As statistics show Medicare's efficiency rates on the decline, what is the current discourse around infrastructural reform and how does Canadianism inform these debates?

Understanding Canadianism: Policy Ideas and Economic Nationalism

Ideas, Canadianism and influences on policy paradigms

'Canadianism' is a unique institutionalized ideological framework which was born out of Nationalism and manifests as a specific type of 'Idea' within policy development. To understand 'Canadianism,' one must first understand the 'Idea' in the context of public policy. As per political sociologist Daniel Beland's literature, "Policy change and healthcare research", the Idea is a framework that forms embedded social and economic assumptions guiding the choices of political actors, thematizes and defines what a "meaningful

problem" is, and eases actor coordination.[24] This may also be understood as the Policy Paradigm - the set of norms which governs the Policy Process by specifying aims and distributing instruments.[25] Beland argues the Idea is a powerful framing tool that can help to legitimize an actor's decisions on either policy reform or reproduction. Therefore, understanding what Ideas might drive an actor can help researchers learn how monumental changes to policies occur over time.[ii]

'Canadianism' works like Beland's Idea, shaping the paradigms and perceptions of policies to offset the effects of political socialization from the United States. Political socialization considers itself as all the defining geopolitical, socioeconomic, interpersonal and influential factors that shapes an individual political identity; a process where one's values and beliefs evolve through gradual development and socialization into adulthood.[26] Political socialization is neither premediated nor preordained, however, it is arguable that socialization from US politics have played a strong role in shaping the personalities and perspectives of Canadians throughout the century. Economist Abraham Rotstein (1976) writes greatly on the impacts of American influence on Canadian Nationalism by arguing that the Canadian psyche stands at an internal "deadlock". The American ownership over telecommunications media, oil industries in Alberta, potash industries in Saskatchewan, and ideological prevalence's in government, private businesses and academia all contribute severely to configure an atmosphere that is consumed by all Canadians.[27]

Studies have revealed that political socialization has varying dominating effects dependent on regional variations.[28] In places where staple resources like oil in Alberta hold significant value and pride to identity, US influences impact the regional development of 'Alberta Nationalism' more rigorously due their prevalent involvement within provincial affairs. This effect is also seen within

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[ii] The notions of how Path Dependency and paradigms shape how political actors craft policymaking will become an important exploration during the final discussions over phantasms in this paper.

Saskatchewan following the rise of the Saskatchewan Party in the late 1990's, marking an ideological shift to the right caused by coalitions of former Conservative and Liberal party members. However, scholars like Dale Eisler point out that the shifts from the socialist roots of the CCF to the market-oriented Saskatchewan party is complex and overstated for a couple of reasons which highlight the uneven 'susceptibility' of fragmented provincial politics. For one, Saskatchewan's universal health program remained untouched and portrayed continuity in policy initiatives set by the CCF.[29] Secondly, the global economic trends and context of the time needed to be considered[iii] as shifts in policy preferences may seem ideologically driven but were responses of practical needs, which Eisler argues ultimately led to economic growth within the province.[30] Thirdly, Saskatchewan's strong public traditional values in favouring community-oriented welfare support tempered any true extremist shifts to the right.[31]These all highlight the importance of fragment theory in Canada, and how these fragments can either become receptive or resistant to the effects of political socialization from external influences.

Canadianism possesses an inherent aim of escaping and rewriting American socialization by governing the Policy Paradigm. During the "Medicare Elections" of Saskatchewan in 1960, doctors led strikes in the Keep Our Doctors movement (KOD) which were subject to American political influences, creating "neighbor to neighbor" divisions within the province.[32] All the more, this pushed more activism into establishing a Medicare system which Saskatchewan's former Premier Tommy Douglas had to embrace in order to avoid political uncertainty.[33] The result set into play a subconscious imbedding of Canadianism into the development of Saskatchewan's healthcare system.

Canadianism is a subset of national identity which specifies its aims in preserving the collectivist approaches to welfare and distributes its instruments through federal funding. Therefore, the

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[iii] These global economic trends of the 1990's, mostly known as New Public Management, will be explored further in the later sections of this paper.

argument is made that the Paradigms of Canadianism is a foundational infrastructure to Medicare.

Infrastructures, Economic Nationalism and Canadianism

Economic Nationalism is a crucial and contributing element to 'Canadianism', explaining how and why social programs became integral to the Federal government and in shaping Canadian political identity. In the political and economic rebranding of Canada during the early globalization period of the 1960's-1970's, new considerations over what values and Ideas should shape Canada's critical infrastructural networks, such as the economy, began to play into question. Anthropologist Akhil Gupta's research explains how the infrastructure can illuminate social futures by embodying the "aspirations, anticipations, and imaginations of the future . . . what people think their society should be like, what they might wish it to be, and what kind of statement the government wants to make about that vision.".[34] Infrastructures are definitively future-oriented, and the concept of the 'infrastructure over time' is significant as their impacts extend to bring uneven relationalities of the past into the future. The attention to temporality highlighted by Gupta articulates why considerations for a perfect future vision of Canada under its "Mosaic" identity leads to iterations of fractured and competing ideas when navigating and finding Canada's own distinct voice from America.

Infrastructures are powerful framing tools formed of networks with the ability to control the flow of goods, people and Ideas which transcend across time.[35] In principle, the infrastructure iterates longevity logics identical to that to which an ideology does, like Nationalism. So, infrastructures and ideologies are highly linked. The values held by Canadians complicate the policymaking around welfare and social infrastructures; as put by Conrad and Cudahy, "the popular press depicts Canadians as holding core values that are more communitarian than individualistic." and favoring "the maintenance and extension of a postwar welfare state.".[36] During the early implementation phases of Canadian welfare, it became essential to national identity that they would replicate the sentiments of

'Canadian virtues' to deliver an upheld clear message through time: Canadian infrastructures were fabricated to serve citizens equitably, responsibly and in a 'Canadian' way.

The policymaking process begins with Ideas, to which "agents synthesize into ideologies, with all of the attendant sectoral differences, conflicts, social and political inequities, contradictions, and power imbalances.".[37] Canadianism is not a necessarily common shared type of identity that is visually distinctive. A single actor does not have to "possess" Canadianism like with other types of identities or ideologies. Rather, Canadianism is an institutionalized Idea of prioritizing collectivist values and expectations within the paradigms of healthcare policy making both subconsciously and consciously. Canadianism is an idea used in policymaking that considers national identity, Economic Nationalism, and advocates over how infrastructures should work in the long run. The perfect vision of Canadian welfare drew ideas from post-war collectivist commonwealth movements who were the early actors of Canadianism in politics. The establishment of a Universal healthcare system explains why Medicare is unique and unchangeable to Canada as it became the first welfare infrastructure to have been practically and systematically imbedded with the strong Ideas of Canadianism.

The Canadian approach to economic policy had historically favored protectionism, centralization, and intervention due to influences from American trade relations. Scholar Hubert Rioux's research, "Canada First vs. America First: Economic Nationalism and the Evolution of Canada-U.S. Trade Relations", explains how Canada's urge to shift its economy away from its Americanized influences was paramount to the development of the country's current Universal approach to welfare infrastructures. By the 1960's-1990's, overseen by the Trudeau and Pearson government, the economy had undergone a market liberalization period with endeavors to "Canadianize" the economy.[38] The adjustment from protectionism to a free market in a newly Globalizing world was crucial to the construction of a Canadian economic identity that aligned with Nationalist values, morals, and politics. As Canadian social policies began to adapt to work within a system that stratifies

the lines between a pure Capitalist-Socialist state, Canadianism began to imbed itself into social infrastructures. Infrastructures and their networks have a cooperative relationship over shaping the definition of issues on the political agenda, ultimately, accounting for a crucial part of shaping the outcome of policies which get into the government chambers.

Canadianism and healthcare; Three Worlds of Welfare Capitalism

Canadianism fabricates a 'fear of erasure' over Universal welfare infrastructures as they are advantageous to Canadian political identity, and this fear is built within policy cycles to reproduce certain outcomes and decisions. Canadianism desires an economy which presents characteristics of charitability, a social stigmatization of Canadian identity. The results of Canadianisms influence over the healthcare system can be summarized through sociologist Epsing-Andersen's work, "Three Worlds of Welfare Capitalism". Epsing-Andersen classifies Canada as a "means-tested" Liberal welfare regime requiring "strict entitlement criteria" heavily linked to social security arrangements.[39] Canadian welfare programs favor proportionately disadvantaged individuals, hence Epsing-Anderson classification of Canada's high "Health Decommodification" score is important in understanding Medicare. Health Decommodification considers the extent to which an individual's access to health services are independent from their relative position to the market and market-driven incentives. Canada scores a 50 on its Health Index scale, the measurement of an individual country's score to the mean labor market data globally on Health Decommodification. This ranks Canada among the highest out of the 18 OECD countries for Health Decommodification.[40] Medicare runs in a unique way that is vastly different to other infrastructures in Canada shown by the high Health Decommodification score; further, it ranks the strongest in terms of universal access compared to other public healthcare systems in the G7 summit.

As put by Epsing-Andersen, "A program can be seen to harbor greater de-commodification potential if access is easy, and if rights to an adequate standard of living are guaranteed

regardless". Equal access to healthcare services were the initial driving forces which led to the creation of Medicare. Medicare is a political upper-hand to the idea of Canadianism as it presents the virtuous nature of Canada's political economy through an ability to consider its population equally - an example of the Economy perpetuating charitability. Out of the developed countries, Canada is the most Federal in how it operates its political system around areas of health. By utilizing a concurrent-powers model for healthcare between the provinces and the Federal, the Medicare system was one essential binding tool amongst many used to unite the provinces under one constitution. Therefore, this means that there are multiple pressure points within the healthcare system where resistance to policy initiatives or blocking programs is easily achieved, and there must be recognition in how different provinces with different needs.[41] This can explain why privatization debates and attempts at Policy Layering [iv] with Medicare is difficult. Under Canadianism, there is no ideological basis for consistent privatization in application due to the excessive anti market-driven incentives which sustain it.

Establishing the essentials of Canadianism and how they inform decisions is key in understanding the convoluted political discourse surrounding Canadian healthcare policies; the ensuing sections focus on testing Canadianism with New Public Management and Keynesian Economics.

Canadianism vs New Public Management [NPM]

Fundamentals of NPM in Canada

The 1980's-1990's in Canadian political management had tried shifting the managerial structures of provincial governments to find new ways of delivering welfare services to the public. One of the most prevalent initiatives made were with the applications of New Public Management [NPM]. An economic structure centered around the Ideas of efficiency, downsizing, value for money, incentives, and profit-maximization.[42] NPM in Canada aimed to transform

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[iv] a policy audit made to incrementally shift institutions over time.

bureaucratic organizations to resemble a private sector approach to managerial organization; redefining and diminishing the role of the federal state by turning service delivery into a "supermarket" of options. The intention of NPM were to ensure consumers efficient deliveries of services through subcontracting with private establishments and prioritizing the needs of individuals over collectivist approaches.[43]

NPM's greatest outcome had been the introduction of the Alternate Service Delivery agencies [ASD], a dimension of improving government performance of program service deliveries to Canadians through non-traditional means outside of the public sector, using partnership arrangements to be more business centered.[44] Agencies of ASD's had variances in popularity depending on province; Alberta, Manitoba, and Ontario had initially fully implemented ASD's, defunded municipalities and centralized power to the provincial governments to enable more NPM methods over social programs.[45] Mulroney's anti-government rhetoric in 1984 had strongly advocated for these reforms by pushing for program cuts and reductions to subsidies. These reforms carried on out with the election of Chrétien's government in 1993, which saw greater cuts to civil service jobs, agriculture and transportation sector subsidies, and increased commercialization and restructuring of private businesses.[46]

Setbacks to NPM in healthcare; Ethics and Canadianism

Implementation of NPM over Canadian healthcare had major overall pushback due to Canadianism's strong clasp on Medicare. The uptake process of NPM overall in Canada was more "gradualistic, experimental and episodic" compared to Australia and the USA which had "rapid initiatives".[47] Specifically, full scale implementation of NPM was more difficult to institute over healthcare. Currently, NPM is in operational use through some forms of ASD agencies - examples include the Canadian Food Inspections Agency, the Canadian Parks Agency and the Canada Customs and Revenue Agency.[48] NPM was successful in challenging the Universality of some Canadian social programs (like Pensions and

Employment Insurance), yet not for Healthcare and Education.[49] This phenomenon highlights 2 important considerations: [1] of the significance that Canadian Nationalism, ethics, and Ideas can play to shape or void the sphere of influence of NPM's reach over social programs. [2] the extent to which Healthcare is crucial to the Canadian population. Canadianism and NPM explain a dichotomic history for privatization debates within Canada.

An essential proponent to why NPM and ASD's failed implementations in Federal healthcare is because of the ethical considerations that privatization poses to the Canadian image. The 1995 attempts to introduce user-pay methods to "jump the queue" for healthcare service deliveries saw a great divide within the Canadian public.[50] Initiatives to adopt private contracting such as private nursing agencies had an overwhelming negative response by the public, displaying how "ethical debates" triumph considerations for market efficiency.[51] The influence of Canadianism over healthcare is clear; emphasis is placed on the preservation of an economy that endorses more public sector spending into social programs over a private sector approach. NPM was an attempt to reform the public sector from within by fostering private-public partnerships, and this reform was met with limited progress to counter the 'fear of erasure' seen significant to Canadianism.[52]

The issue of inconsistency

An issue of inconsistency is presented when Canadianism is subject to the paradigms of some infrastructures, whilst NPM informs others. Implementation of different Ideas into different social programs leads to horizontally inconsistent approaches to policy making, creating a greater national polarization between for-profit and nonprofit markets. Horizontal inconsistency in the public policy context refers to the integration of policies across the wider space as the conscious act to limit contradictions in policies from one field to another, ensuring a greater cohesion of "government philosophy".[53] When policy consistency is not upheld it can jeopardize stability, and a greater concern is when inconsistencies intersect as they limit integration for individuals with complex cases. For example: In

Canada, primary care is a standard to comprehensive healthcare integration as it is the first source of contact to which consumer must interact with to access services. However, as Canada is made up of 10 provincial and 3 territorial healthcare plans due to the Federalist divisions of powers set by the constitution, different provinces deliver primary care through different means. To achieve comprehensive primary care, there must be shared strategic policies and governance over social services and community support which is inconsistent across the provinces.[54] Coordination is crucial to ensuring that health policies are effective across different regions and that there are equitable standards of care.

As mentioned in Scott et. Al's research (2023), youth aged 0-25 years and elderly aged 65 years and above are two major target groups who suffer the most from these provincial inconsistencies, requiring more access to "home care; mental health and addictions services; timely transitions between urgent, emergency and acute care; respite care; and medication reconciliation by community pharmacies".[55] The provinces with greater governance proximity between primary care and priority services are Manitoba, Ontario, New Brunswick, Nova Scotia and Prince Edward Island. These provinces are considered most supportive of integration solutions.[56] The overall consistency across the wider policy fields and between spaces is threatened when there are more distinctions between provinces as the population is faced with conflicting approaches to accessing services in comparably efficient ways. The use of more selective vs generalized approaches to some service deliveries and not others result in different qualities of public access to these social programs, making some services more accessible than others and affecting overall public user-engagement. This horizontal inconsistency in managerial structures for social program deliveries is important and highlights how Canadianism, alongside other Ideas which shape and influence policy, is crucial to considering how hindrances in policy growth can occur.

Canadianism and Keynesian Economics

Bill C-60, the 'Microcosm', and Keynesian Economics

The healthcare "privatization" debate which swept political discourse in 2023 had been over Bill C-60. Ontario Premier Doug Ford received scrutiny and heavy criticism over his provincial Conservative government's passing of Bill C-60, titled the Your Health Act, 2023. The bill's Royal Assent status convoluted the socio-political sphere with divided considerations over its efficacy and potential 'detriment' to the integrity of the Universal Medicare system. Under the bill, both for-profit and nonprofit clinics would be allowed to conduct cataract surgeries, MRI and CT scans, minimally invasive gynecologic surgeries and, eventually, knee and hip replacements under the Ontario Health Insurance Plan.[57] To advocates of C-60, it is considered a marginal step in addressing the fundamental issues in Canadian Healthcare: Inadequate health access, staffing shortages specifically in primary care divisions and prolonged surgery wait time deaths, insufficient immigration services for skilled labor and overall dissatisfaction with the work-place environment.[58]

Propositions for this bill had risen at a tumultuous time in Canadian political history, a post-pandemic period where healthcare discourse had the urgent window of opportunity to reach policy venues at a faster rate. However, to many actors and scholars, this Bill posed as a threat to the essence of Canadianism. Groups, such as the NDP, had come forth mentioning how the bill incites a "fatal blow to our treasured Medicare", disregarding "care based on needs", and favoring investor partnership and private sector involvement in healthcare.[59] The role to which political ideologies informed the direct actors involved in the conversation shifted the debate into a for-profit vs nonprofit war. Groups such as the Ontario Nurses Association (ONA) and the NDP desired an expansion of the public sector over Ford's Conservative party's methods of a private sector approach to service delivery. Therefore, Bill C-60 highlighted two important considerations: [1] It represents the modern attempt at bringing NPM further into the healthcare system, and [2] oppositional reactions show a 'microcosm' of the fear of erasure of public-investment into social programs that is seen with Canadianism.

The Microcosm of fear seen through oppositional discourse is motivated by Canadianism and its inherent disposition to favor the economic philosophies of Keynesian Economics. The perspective of post-Keynesian economics recognizes that the market is better at generating wealth, yet not at guaranteeing fairness and opportunity for all.[60] The post-Keynesian position in healthcare is one which finds the fair opportunity of service access as being a foundational right, and comprehensive access to healthcare resources as a beneficial input for effective human-society contribution. Public Capital can influence welfare since investing in infrastructures can contribute positively to private productivity, increasing income and welfare. Therefore, the question on whether society would benefit from more resources being directed into public investment reaches the forefront of the privatization debate.[61]

Privatization, networks and public trust

Following implementations of the Canada Health Act in 1984, there had been various efforts laid out by private stakeholder groups such as the CMA and their provincial affiliates over the "unsustainability" of the Federal health system.[62] These groups had advocated for the desirability of private medicine market incentives, which has gained "considerable currency" by medical communities.[63] CMA polling's highlighted that 70% of doctors favour a two-tier system, and with growing discussions in recent years over "privatizing" it presents a dilemma to the main stakeholder groups involved within health policy.[64] The discourse and fears over privatization are reactionary responses to the potential threat it poses to Keynesian Economics; a foundational part of Canada's unique Economic Identity that has arguably resurfaced within current years following Prime Minister Justin Trudeau's policies. This model focuses more on directing ways to strengthen the nation's overall GDP through means like greater public healthcare resource access as health has strong implications for economic growth. Canadianism in Medicare is clear on this perspective as seen by its policies which advocates for higher Health Indexes and decommodification. Methods of healthcare investment contribute greatly to productivity,

efficiency, and macroeconomic stability. Bill C-60 instigates a threat to the Keynesian position that public expenditure should primarily focus on its functional value, known as the "functional finance", and as well threatens the aggregate supply and demand of healthcare by disrupting network trust.[65]

Trust in this context refers to a socially embedded quality which integrates itself within the health-network, linking political actors, medical professionals, and the public in a shared relationship. This relationship involves a cyclical cooperation and an established consensus over mechanisms of 'how the system works', overall leading to the effective resource allocations of health.[66] Privatization challenges consumer supply and demand by breaking the already built 'trust' and preconceived guise within the health-network that care in Canada works under an irrevocable "opportunity for all" philosophy. This trust in the system entails a security in keeping healthcare 'Canadian' with the perspective of privatization being the 'Americanization' influence over the healthcare system. This demonstrates how strong Nationalist views aim to keep social welfare a staple foundation to the Canadian identity. The creation of bill C-60 highlights the problematic condition of a fragile relationship between conflicting political-ideological motives and the security of inaugural trust within different social networks built upon a fundamental economic thought. By introducing a bill considered "unfair," this description highlights the dominance of Canadianism in the healthcare discourse and the role that it has on network trust inordinately.

Discussion: The Phantasm and policy growth

Moving forward from the ways in which Canadianism limits the privatization of federal healthcare, it is substantial to account for the ways in which Canadianism may limit the scope of the conversation on what should be done to reform the system. As with any strong Nationalist thinking, bias has a strong hold over reshaping the semantics of political debates. These semantics can directly influence the growth of policies and government by deciding the

salience of an issue, posing as either a hindrance or an accelerator for policy growth in social programs. When the conversation around privatization becomes one over a 'fear of erasure' it can act as a slippery slope, allowing for the conservation or rejection of certain ideas to support what is unique to that Nationalist group. This case is inescapable with Canadianism's application within healthcare; the extent to which a misconstruction for the debate on exploring policy alternatives for Medicare, out of fears of an 'Americanized' result, restricts the ability to have open dialogue on the issue and what might be the best approach to maximize health service delivery.

Here enters the philosophical phenomenon of the Phantasm in the perspective of Jacques Derrida. Derrida argues the Phantasm as relational to Plato's "Simulacra", a representation of an image without the substance or quality of its original form seen as the "illusion" of thought.[67] Two contrasting concepts, death and prolonging life, are essential components to Derrida's conception of the Phantasm as it is described as a disagreement of the "finitude" - the Phantasm is a "Masked Imagination", a deconstruction of variations in ideologies which entraps individuals within a "repetition of sameness" sustained over time.[68] The imagination is inextricably bound to death and time. Derrida describes the imagination as a "Trojan Horse", running under a scripture leaving its subjects with an impression of having power and control over it, as a possessive noun to its subject.[69] Phantasm's also perfectly construct an "immaculate maintenance" of oppositional ideas, reducing knowledge in a way which delimitates reality. Hegel argues that Phantasms measures the value of truth, and so a society working with multiple Phantasms depreciates truths and often furthers the spread of misinformation passed through political media.

Canadianism can operate like a Phantasm in the Policy Paradigm; a reactionary response producing shallow and limited tunnel-visioned lenses over what should be done to advance public policy. Advocating for more government spending into public-sector delivery of care rationalized as a 'Canadian' position emphasizes a singular narrative, reducing the complexity of the issue's problem definition that shifts the policy process to only having one solution.

Canadianism as a Phantasm acts as an obstacle leading to the 'drift' of alternative types of policies, repetitions of sameness, and the disallowing of innovative ideas from reaching the political agenda of actors. The Ideas or rhetoric at play heavily frame public discourse and political implementations, therefore policy growth can be severely limited on healthcare reform due to the dominance of Canadianism's embedded and systemic nature. A fixed-bound imagination can entrap the paradigms of policy makers and political actors as fears in losing the "Canadian values" of welfare infrastructures clouds judgement over novel approaches to policies. As with Beland's "Idea" theory, Phantasms which gain control over an individual's Idea benefit to gain control over the framing tools which legitimize actor's decisions. The challenges are that ideas can act to oversimplify or complicate an issue and affects democratic transparency in policymaking. Policy change, whether incremental or critical, is threatened from reaching healthcare discourse as the masked imagination over governing structures of Medicare are reproduced.

Conclusion

Canadianism is a complexity within systemic infrastructures and manifesting itself throughout Canadian social welfare discourse in varying strengths. With strong ties to ethics and network trust, Canadianism is a crucial point of observation to examine when assessing social welfare, economics, and the ideologies or identities informing actors within Canadian politics. The study of Canadianism is important for investigating the extents and legitimacies of privatization debates for Canadian social welfare, offering considerable insights into the failures of NPM takeover and the solidity of Keynesian Economics advocacy within Canadian healthcare. Like Anderson's "Imagined Communities" on Nationalism, Canadianism highlights the significance of learning about how infrastructures transcend through time and bridges the gaps of an ideology between generations of the past and future.

In resembling Nationalism, Canadianism asks what social values hold the most value to Canadians, and what vision do they want to stand the test of time in bringing forth a constructed 'historical memory of Canada' to future generations? Canadianism is neither good nor evil, rather, it simply is a functioning fragment of Canadian politics and informs actor choices, infrastructures, and institutions just like any other Idea. It is crucial to assess the phantasms that come at play, such as Canadianism, when studying the political mechanisms behind how healthcare policies are shaped to properly predict future trajectories of Medicare.

Health is one of the most crucial institutions to a society, as powerful healthcare systems tend to demonstrate a nation's security, economy, and overall societal function. As future political discussions over Medicare may begin to lean towards finding alternate solutions, the findings of this research are important to anatomize and comprehend when considering why healthcare reform in Canada is difficult to manage. As well, demonstrates how Canadian welfare infrastructures may still serve as a defensive and reactionary means to enforce a distinct, charitable and good-hearted vision of Canadian economic identity to escape the sociopolitical clutches of its southern-border neighbor.

Notes

[1] Benedict Anderson, "Imagined Communities: Reflections on the Origins and Spread of Nationalism" (London: Verso1963), 4-6

[2] Anderson, "Imagined Communities", 4-6

[3] Anderson, "Imagined Communities", 11

[4] Anderson, "Imagined Communities", 5

[5] Yannick Dufresne, Sanjay Jeram, and Alexander Pelletier, "The True North Strong and Free Healthcare? Nationalism and Attitudes Towards Private Healthcare Options in Canada", *Canadian Journal of Political Science*, *47*(3), 569–595.

[6] Donald Swartz, "The Limits of Health Insurance" in "The 'Benevolent' State", ed. Allan Moscovitch and Jim Albert (Toronto: Garamond Press, 1987), 256-257

[7] Donald Swartz, "The limits of Health Insurance" in "The 'Benevolent' State"

[8] Bernice Madison, "Canadian Family Allowances and Their Major Social Implications", *Journal of Marriage and Family 26, no. 2* (1964), 135

[9] Brigette Kitchen, "Wartime Social Reform: The Introduction of Family Allowances", *Canadian Journal of Social Work and Education 7, No.1 (1981), 45-46*

[10] Charlotte Whitton, "The Family Allowances Controversy in Canada", *the social service review 18, no.4 (1944), 422*

[11] Keith Banting and Stan Corbett, "Health Policy and Federalism: An Introduction" in *Health Policy and Federalism: A Comparative Perspective on Multi-Level Governance*, (2002),

[12] Bernice Madison, "Canadian Family Allowances and Their Major Social Implications", 136

[13] Donald Swartz, "The limits of Health Insurance" in "The 'Benevolent' State", 260

[14] Keith Banting, "Visions of the Welfare State", in *the future of Social Welfare Systems in Canada and the United Kingdom*, ed. Shirley B. Seward (Meech Lake, the institute for Research on Public Policy, 1987), 150

[15] Martin et. Al, "Canada's Universal health-care system: achieving its potential", National library of Medicine.

[16] Martin et. Al, "Canada's Universal health-care system: achieving its potential."

[17] Charles Conrad and Chris Cudahy, "Rhetoric and the Origins of the Canadian Medicare System", 551

[18] John Archer, "Saskatchewan: A Political History", *Canadian Parliamentary Review 8, No. 3* (1985)

[19] Martin et. Al, "Canada's Universal health-care system: achieving its potential."

[20] Charles Conrad and Chris Cudahy, "Rhetoric and the Origins of the Canadian Medicare System", 553

[21] Charles Conrad and Chris Cudahy, "Rhetoric and the Origins of the Canadian Medicare System", 554

[22] *Commission, vol. I, 740* in Charles Conrad and Chris Cudahy, "Rhetoric and the Origins of the Canadian Medicare System", 555

[23] Antonia Maioni, "Federalism and Health Care in Canada", in "*Health Policy and Federalism: A Comparative Perspective on Multi-Level Governance", (2002), 179-180*

[24] Daniel Beland, "policy change and healthcare research", Journal *of health Politics, Policy and Law 35, no.4* (2010), 623.

[25] Denis O'Sullivan, "The Concept of Policy Paradigm: Elaboration and Illumination" *The Journal of Educational Thought (JET) / Revue de La Pensée Éducative 27, No.* 3 (1993), 246–272.

[26] Mark Carl Rom et al., "Political Socialization: The Ways People Become Political", Introduction to Political Science No. 2 (2022): 6.1.

[27] Abraham Rotstein, "Canada: The New Nationalism", 99-101

[28] Mark Carl Rom, "Political Socialization: The ways people Become Political", 6.1

[29] Dale Eisler, "From Left to Right: Saskatchewan's Political and Economic Transformation" University of Regina,

[30] Dale Eisler, "From Left to Right: Saskatchewan's Political and Economic Transformation" University of Regina,

[31] Dale Eisler, "From Left to Right: Saskatchewan's Political and Economic Transformation" University of Regina,

[32] John Archer, "Saskatchewan: A Political History"

[33] John Archer, "Saskatchewan: A Political History",

[34] Hannah Appel, Nikhil Annand and Akhil Gupta, "The Infrastructure Toolbox: Suspension", Society for Cultural Anthropology 24, no. 1 (September 2014)

[35] Brian Larkin, "The Politics and Poetics of Infrastructure", *The annual review of anthropology 42,* no. 343 (2013), 340

[36] Charles Conrad and Chris Cudahy, "Rhetoric and the Origins of the Canadian Medicare System", 544

[37] Charles Conrad and Chris Cudahy, "Rhetoric and the Origins of the Canadian Medicare System", 547

[38] Hubert Rioux, "Canada First vs. America First: Economic Nationalism and the Evolution of Canada-U.S. Trade Relations", *Journal of European Review of International Studies 6,* no. 3 (2019), 34

[39] Gøsta Epsing-Andersen, "Three Worlds of Welfare Capitalism", (Cambridge, UK: Polity Press, 1990) 56-57

[40] Clare Bambra, "Worlds of Welfare and the Health Care Discrepancy", *Social Policy and Society 4, No.1* (2005), 34

[41] Charles Conrad and Chris Cudahy, "Rhetoric and the Origins of the Canadian Medicare System", 556

[42] Eleanor D. Glor, "HAS CANADA ADOPTED THE NEW PUBLIC MANAGEMENT", the Public Management Review 3, no. 1 (December 2010): 121-130

[43] Tom Christensen, Per Laegreid, Lois R. Wise, "Transforming Administrative Policy", *Public Administration 80, no.1* (2002), 153 – 178.

[44] Government of Canada, "*Assessing Alternative Service Delivery Arrangements",* of the A. G. of C. (September 2007)

[45] Bryan Evans, Halina Sapeha and Andrea Spender, "Perspectives of Public Service Elites Post Financial Crisis: A Comparison of Canadian and Australian Public Executives"*, International conference on Public Policy (Milan, Italy: Catholic University of Sacro Cuore: July 2015) 2-3*

[46] G. C. Harcourt and Peter Kriesler, "POST-KEYNESIAN THEORY AND POLICY FOR MODERN CAPITALISM", JOURNAL OF AUSTRALIAN POLITICAL ECONOMY No 75 (2015) 31-33

[47] G. C. Harcourt and Peter Kriesler, "POST-KEYNESIAN THEORY AND POLICY FOR MODERN CAPITALISM", 35

48 Government of Canada, "Policy on Alternative Service Delivery", (2002)

49 Eleanor Glor, "HAS CANADA ADOPTED THE NEW PUBLIC MANAGEMENT?", *Public Management Review 3, no.*1 (2001), 121–130.

50 Eleanor Glor, "HAS CANADA ADOPTED THE NEW PUBLIC MANAGEMENT?",134.

51 Kathleen Power Cory, "*New Public Management: Impact on Canadian Healthcare Reform", Academia.edu, (2019), 9*

52 Kathleen Power Cory, "*New Public Management: Impact on Canadian Healthcare Reform",10*

53 Leslie Pal, "Beyond Policy Analysis: Public Issue Management in Turbulent Times" in "Policy Consistency", *The Atlas of Public Management ed Ian Clark (Toronto: Word Press: 2017)*

54 Catherine M. Scott et. Al, "Inconsistent Governance Structures for Health and Social Services Limit Service Integration for Patients with Complex Care Needs", healthcare policy 19, no.1 (October 2023)

55 Catherine M. Scott et. Al, "Inconsistent Governance Structures for Health and Social Services Limit Service Integration for Patients with Complex Care Needs"

56 Catherine M. Scott et. Al, "Inconsistent Governance Structures for Health and Social Services Limit Service Integration for Patients with Complex Care Needs"

57 The Canadian Press, "*Ontario passes health-reform bill that expands private delivery of care", CBC (May 2023)*

58 John Nater, "Pre-Budget Submission 2023: Canada's Health Care Crisis", Open Letter to the Minister of Finance, (Ottawa: 2023)

59 CTV News Toronto, "Ontario passes health-care bill allowing private clinics to conduct more surgeries", (2 023)

60 James R. Crotty, "Post-Keynesian Economic Theory: An Overview and Evaluation", *The American Economic Review 70, no.* 2 (1980), 20–25

61 Andrew F. Haughwout, "Public infrastructure investments, productivity and welfare in fixed geographic areas", Journal of Public Economics 83 (2002)

62 Antonia Maioni, "Federalism and Health Care in Canada", *187-188*

63 Antonia Maioni, "Federalism and Health Care in Canada", 188

64 Antonia Maioni, "Federalism and Health Care in Canada", 188

[65] Stephen P. Dunn, "Prolegomena to a Post Keynesian health economics", *Review of Social Economy* 64, *no.*3 (2006), 273–299

[66] G. C. Harcourt and Peter Kriesler, "POST-KEYNESIAN THEORY AND POLICY FOR MODERN CAPITALISM", 38 *and* Stephen P. Dunn, "Prolegomena to a Post Keynesian health economics", 280

[67] Gilles Deleuze, "*Logique du sens"* trans. Mark Lester and Charles Stivale (London: The Athlone Press: 1990), 245-252

[68] Jacques Derrida, "Digressions: Essays on Jacques Derrida", Sofia Iztok-Zapad (2013) pp. 91-140 in Darin Tenev, "La Déconstruction en enfant: the Concept of Phantasm in the Work of Derrida", Academia.edu (2022)

[69] Jacques Derrida, "Parergon", *La Vérité en peinture,* (Paris: Flammarion:1978), 162

Bibliography

Anderson, Benedict. *Imagined Communities: Reflections on the Origin and Spread of Nationalism*. London, Verso, 1983.

Archer, John. "Saskatchewan: A Political History", *Canadian Parliamentary Review*, *Www.revparl.ca*, www.revparl.ca/english/issue.asp?param=114&art=625

Banting, Keith. *Visions of the Welfare State. The Future of Social Welfare Systems in Canada and the United Kingdom*, IRPP, 1987.

Banting, Keith, and Stann Corbett. *Health Policy and Federalism: A Comparative Perspective on Multi-Level Governance. Google Books*. IIGR, Queen's University, 2002. https://www.google.ca/books/edition/Health_Policy_and_Federalism/WTdDCpHT8KAC?hl=en&gbpv=1&printsec=frontcover.

Beland, Daniel. "Policy Change and Health Care Research." *Journal of Health Politics, Policy and Law*, vol. 34, no. 4, Aug. 2010, pp. 623 https://doi.org/10.1215/03616878-2010-019.

Béland, Daniel. "Ideas and Institutional Change in Social Security: Conversion, Layering, and Policy Drift." *Social Science Quarterly*, vol. 88, no. 1, Mar. 2007, pp. 20–38, www.jstor.org/stable/42956169?seq=1, https://doi.org/10.1111/j.1540-6237.2007.00444.x.

Bambra, Clare, et al. "Towards a Politics of Health." *Health Promotion International*, vol. 20, no. 2, 18 Feb. 2005, pp. 187–193, academic.oup.com/heapro/article/20/2/187/827479, https://doi.org/10.1093/heapro/dah608.

Crotty, James. "Post-Keynesian Economic Theory: An Overview and Evaluation." *The American Economic Review*, vol. 70,

no. 2, May 1980, pp. 20–25,
www.jstor.org/stable/1815433?seq=1.

Cory, Kathleen. "New Public Management Canadian Healthcare
Reform." Jan. 2013.
https://www.academia.edu/6003864/New_Public_Managem
ent_Canadian_Healthcare_Reform

Conrad, Charles, and Chris Cudahy. "Rhetoric and the Origins of
the Canadian Medicare System." *Rhetoric and Public
Affairs* 13, no. 4 (2010): 543–79.
https://www.jstor.org/stable/41940502?searchText=saskatch
ewan+party+1990&searchUri=%2Faction%2FdoBasicSearc
h%3FQuery%3Dsaskatchewan%2Bparty%2B1990%26so%
3Drel&ab_segments=0%2Fbasic_search_gsv2%2Fcontrol&
refreqid=fastly-
default%3Adce97cdea17c1b342f9c98c6f57637db&seq=2.

Christensen, Tom, et al. "Transforming Administrative Policy."
Public Administration, vol. 80, no. 1, Jan. 2002, pp. 153–
178, onlinelibrary.wiley.com/doi/10.1111/1467-9299.00298,
https://doi.org/10.1111/1467-9299.00298

Clark, Ian. "Policy Consistency – Atlas of Public Management."
Atlas of Public Management, Apr. 2017,
www.atlas101.ca/pm/concepts/policy-consistency/.

Dufresne, Yannick, et al. "The True North Strong and Free
Healthcare? Nationalism and Attitudes towards Private
Healthcare Options in Canada." *Canadian Journal of
Political Science*, vol. 47, no. 3, Sept. 2014, pp. 569–595,
https://doi.org/10.1017/s0008423914000894.

Derrida, Jacques, and Craig Owens. "The Parergon." *October*, vol.
9, 1979, p. 3, www.jstor.org/stable/778319,
https://doi.org/10.2307/778319.

Eisler, Dale. "From Left to Right: Saskatchewan's Political and
Economic Transformation". login.proxy.library.carleton.ca.
University of Regina, April 23, 2022. https://ebookcentral-

proquest-com.proxy.library.carleton.ca/lib/oculcarleton-
ebooks/reader.action?docID=6949895.

Esping-Andersen, Gøsta. *The Three Worlds of Welfare Capitalism*.
Cambridge Polity Press, 1990,
pagotto.files.wordpress.com/2018/05/the-three-worlds-of-
welfare-capitalism-1990.pdf

Evans, Bryan, and Halina Sapeha. *Perspectives of Public Service
Elites Post Financial Crisis: A Comparison of Canadian
and Australian Public Executives*. 2015.
https://www.ippapublicpolicy.org/file/paper/1433954668.pd
f

Glor, Eleanor D. "HAS CANADA ADOPTED the NEW PUBLIC
MANAGEMENT?" *Public Management Review*, vol. 3, no.
1, Jan. 2001, pp. 121–130,
www.researchgate.net/publication/247517659_Has_Canada
_adopted_the_new_public_management,
https://doi.org/10.1080/14616670010009414. Accessed 3
Aug. 2019.

Gupta, A, et al. "Introduction: The Infrastructure Toolbox." *Cultural
Anthropology*, 24 Sept. 2015,
journal.culanth.org/index.php/ca/article/view/ca30.4.04/202

Gilles Deleuze, et al. *The Logic of Sense*. New York, Columbia
University Press, 1990,
www.elimeyerhoff.com/books/Deleuze/Deleuze%20-
%20Logic%20of%20sense.pdf.

Haughwout, Andrew F. "Public Infrastructure Investments,
Productivity and Welfare in Fixed Geographic Areas."
Journal of Public Economics, vol. 83, no. 3, Mar. 2002, pp.
405–428, uh.edu/~bsorense/Houghwout%20JPubE.pdf,
https://doi.org/10.1016/s0047-2727(00)00164-x

Harcourt, G C., and Peter Kriesler. *POST-KEYNESIAN THEORY
and POLICY for MODERN CAPITALISM*. JOURNAL OF
AUSTRALIAN POLITICAL ECONOMY No 75,

https://www.ppesydney.net/content/uploads/2020/05/Post-Keynesian-theory-and-policy-for-modern-capitalism.pdf

Kitchen, Brigitte. "Wartime Social Reform: The Introduction of Family Allowances." *Canadian Journal of Social Work Education / Revue Canadienne d'Éducation En Service Social* 7, no. 1 (1981): 29–54. https://www.jstor.org/stable/23458245?searchText=&searchUri=&ab_segments=&searchKey=&refreqid=fastly-default%3Adb4242afca90d67c7326ffbdd921f23e&seq=17.

Larkin, Brian. "The Politics and Poetics of Infrastructure." *Annual Review of Anthropology*, vol. 42, no. 1, 21 Oct. 2013, pp. 327–343, www.annualreviews.org/doi/pdf/10.1146/annurev-anthro-092412-155522, https://doi.org/10.1146/annurev-anthro-092412-155522.

Madison, Bernice. "Canadian Family Allowances and Their Major Social Implications." *Journal of Marriage and the Family* 26, no. 2 (May 1964): 134–41. https://doi.org/10.2307/349719.

Martin, Danielle, Ashley P Miller, Amélie Quesnel-Vallée, Nadine R Caron, Bilkis Vissandjée, and Gregory P Marchildon. "Canada's Universal Health-Care System: Achieving Its Potential." *The Lancet* 391, no. 10131 (April 28, 2018): 1718–35. https://doi.org/10.1016/s0140-6736(18)30181-8.

Mitchell, Keith. "Pre-Budget Submission 2023: Canada's Health Care Crisis." *John Nater*, 10 Mar. 2023, johnnater.ca/open-letter-to-the-minister-of-finance/

Moscovitch, Allan, et al. *The "Benevolent" State*. Toronto: Garamond Press, 1987.

ISBN: 0920059481

O'Sullivan, Denis. "The Concept of Policy Paradigm: Elaboration and Illumination." *The Journal of Educational Thought (JET) / Revue de La Pensée Éducative*, vol. 27, no. 3, 1993, pp. 246–272, www.jstor.org/stable/23767396 .

Pal, Leslie A, et al. *Beyond Policy Analysis: Public Issue Management in Turbulent Times*. Toronto, Ontario, Nelson, 2020.

Rom, Mark Carl. "6.1 Political Socialization: The Ways People Become Political - Introduction to Political Science | OpenStax." *Openstax.org*, openstax.org/books/introduction-political-science/pages/6-1-political-socialization-the-ways-people-become-political.

Rotstein, Abraham. "Canada: The New Nationalism." *Foreign Affairs*, vol. 55, no. 1, 1976, p. 97, https://doi.org/10.2307/20039629

Rioux, X. Hubert. "Canada First vs. America First: Economic Nationalism and the Evolution of Canada-U.S. Trade Relations." *Canadian Journal of Political Science*, vol. 52, no. 4, 15 Oct. 2019, pp. 657–675, www.jstor.org/stable/26914892?seq=5, https://doi.org/10.1017/s0008423919000568.

Scott, Catherine M., Et. al. "Inconsistent Governance Structures for Health and Social Services Limit Service Integration for Patients with Complex Care Needs." *Healthcare Policy*, vol. 19, Oct. 2023, www.longwoods.com/content/27180/inconsistent-governance-structures-for-health-and-social-services-limit-service-integration-for-pati, https://doi.org/10.12927/hcpol.2023.27180.

Tenev, Darin. "La Déconstruction En Enfant: The Concept of Phantasm in the Work of Derrida." *Www.academia.edu*, 2022, www.academia.edu/81702445/La_D%C3%A9construction_en_enfant_the_Concept_of_Phantasm_in_the_Work_of_Derrida?ri_id=370599

Whitton, Charlotte. "The Family Allowances Controversy in Canada." *Social Service Review* 18, no. 4 (1944): 413–32. https://www.jstor.org/stable/30014255?searchText=&search

Uri=&ab_segments=&searchKey=&refreqid=fastly-default%3Aca21f3236e79fcd3172364d20f943bc8&seq=5.