

Good morning and welcome to Sault Ste. Marie. I'm Jeff Arbus, and I'm the Regional Vice-President for the Ontario Public Service Employees Union, OPSEU, for an area we call Region 6 which is northeast Ontario.

As a member of OPSEU's Executive Committee, my remarks today represent OPSEU.

I'm going to focus on public health care, as other presenters will no doubt comment on the devastating impact of frozen levels of spending on other public services such as corrections, environment, and northern highways to name a few.

Our public health care services are suffering from obscene levels of underfunding across all areas. How bad is it? Last year my daughter went to emergency at the hospital for a medical condition that they confirmed was indeed an emergency. It was 3 hours before she saw a doctor, 4 ½ hours before she got a bed in emergency, and she lay in that bed, in the hallway of the emergency department, for 43 hours. It got so bad, there were so few staff, that because her bed was in the

hallway near the entrance, she found herself giving directions to people who were coming into emergency to see family members. This is not an uncommon occurrence in northern hospitals. How can anyone justify this?

Another example: Last year a friend was admitted for cancer treatment. When I'd visit her, I noticed a man in a bed in an alcove in the hallway of the unit. The alcove was originally designed to store carts for the staff. This poor fellow, middle aged and being treated for cancer also, lay in his bed in this alcove, in full view and with no chance to even dim the lights, for several weeks. There was no other bed...yet not far away there was another unit recently closed in order to cut staff. This, I've learned, is not uncommon in Ontario hospitals, and it has become more common in the past 10 years. How can anyone justify this? How can anyone claim that these are tolerable situations. Would you tolerate any of this if it was your partner, your child?

Because of corporate tax cuts under both the Conservatives and Liberals over the last two decades, the Ontario budget is short by some estimates to the tune of \$20 billion a year. Corporate taxes are too low to maintain the quality of health care and services that Ontarians expect and deserve.

And yet, we can afford public health care services. Ontario's GDP per capita is at high levels. The next generation faces a bleak future with the rise of precarious employment. And yet, corporations are sitting on billions in dead money that is not being spent to create jobs. The average salary of the top 100 Canadian CEOs is now nearly \$9 million a year. There is lots of money in this province. We can afford public services and are better able to afford them than we have ever been before.

But we are not getting that kind of leadership. Instead, in the north we get this, last year: New Liskeard – closes its operating room for 50% of

the time, 1 in 10 of the total staff gets cut...in an isolated community with few viable options for patients needing these services; Timmins, in October, cuts 26 remaining beds (16% of total beds), closes physio, cuts 40 staff; North Bay, cuts mental health rehab with no community services to pick up the load, and also cuts as much as 300 staff, including nursing, lab techs, social workers, and many other direct care providers); here in the Sault, cuts of 50 beds including acute and complex care, all in a hospital that is in code gridlock the majority of the time, and cuts to emerg have resulted in an additional 200 hours of paramedic time wasted on delayed offloading.

And it is not just nursing staff being cut. Social workers, occupational therapists, lab techs and diagnostic imaging techs have also been cut, with North Bay hospital being one major example of severe cuts to these areas. And again, with inadequate or absent services to pick up the slack created by these cuts. So people suffer, communities suffer, nowhere more vividly than in the north. The north is especially hard hit,

since we have rural areas and challenging transportations distances and inclement weather. More and more people feel punished for simply living and working in the north.

I ask, where is the show of concern from MPP Oraziotti's Liberal government? When will they say, enough is enough, and provide the needed funding increases?

Oh, they will say, we have increased dollars spent on public health care. But they mask the truth by not factoring this against inflation, and by including dollars specifically earmarked for special projects, not always about patient care.

The government has continually put forward privatization as a solution to underfunding problems, yet rather than fixing the problems privatization is making them worse. Ontario's for-profit nursing homes have a mortality rate that is 16 per cent higher than non-profit homes and a rate of hospitalization that is 33 per cent higher. Home care privatization is out of control and we hope that the current review will

realize that public and non-profit providers are best placed to provide home care. The government has now made it easier for private clinics to provide medical procedures (cataract, colonoscopy services), previously provided by hospitals. We know that patients have been charged user fees in contravention to the Canada Health Act (OHC) and that self-referral continues to be a problem. Practically all laboratory testing has been privatized, increasing the hardship for those in rural areas. Physiotherapy services continue to be cut from hospitals and transferred to private providers. Right across the system we are seeing privatization that is costing more and delivering less. Privatization has failed to deliver on its promises to the public. It has only succeeded in delivering huge profits to companies like Care Partners in St. Catherine's, a company like so many of them that has made large donations to the Liberal party.

Many of our sectors are being restructured right now, but no amount of restructuring can compensate for the disappearance of services. Base operating funding for all of Ontario's public hospitals has been frozen for the fourth year in a row. The Ontario Health Coalition has provided the statistics, so I don't need to go over them here...you have them, you have the sorry picture of the nature of the cuts to health care services right across the board. The Canadian Association of Emergency Physicians identified that hospital overcrowding has been escalating and recommends, "that governments sufficiently increase the number of functional acute care beds to achieve regular hospital occupancy rates that do not exceed 85% (Canadian Association of Emergency Physicians, CAEP, 2009).

Mental health continues to remain the poor cousin of the health care system. Since the Michael Kirby report in 2009, we are still waiting to see the implementation of a framework that will create lasting change so that our jails are no longer the mental health facilities of last resort.

North Bay hospital cut its mental health rehab program last year, and a spokesperson told me that they knew there was no community provider, so when I asked where the patients were to go, the person shrugged and said “Sudbury, I guess”....an hour and a half drive each way on a good day, for a person with mental health problems of a level requiring three or four contacts per week? I hardly think many patients will make the drive. It is shameful.

Ontario’s public sector could have the capacity to do what we used to do, which is to manage public funds effectively to deliver the programs we need. We built Medicare. Privatizing the work of and the oversight of the public sector as we have with public-private partnerships has been a disaster as proven by the Auditor General and will continue to spell disaster.



This budget needs to turn the page on the last seven lean years of austerity and restore public health services to their proper place as a vital, vibrant, and healthy part of every Ontario community.

Thank you