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2016 Ontario Budget -- Minimal Funding Increases for Hospitals: Not Far Enough

Toronto – The Ontario Budget, released today at the Ontario Legislature, has announced a \$60 million increase for hospital global budgets for the upcoming year. This minimal increase, along with targeted funding, will mean that some hospitals will see up to a 1% increase in funding. Small and rural hospitals will receive a modest funding increase and specialty hospitals, such as Childrens' and Mental Health, will receive an additional \$175 million. This will be the first increase in five years, and while we are pleased to see they have loosened the stranglehold on community hospitals by providing a minimum increase, it is nowhere near enough to stop the erosion of patient care and services across Ontario.

Since inflation is projected to run up to two per cent, in economists' terms, Budget 2016 heralds another year of "real-dollar" cuts, making this the ninth consecutive year of real-dollar budget cuts. This is the longest stretch of hospital cuts in our province's history. Despite the government's claims of "transformation" and other euphemisms, very significant and damaging cuts are happening to every size community hospital in every region across Ontario.

As Ontario has slashed hospital beds and services, long-term care homes have taken a heavier load of more complex residents. The 2 per cent increase announced for long-term care is not enough to improve care levels.

Across the province, small and rural towns' hospitals are being decimated. The scope of the cuts to smaller community and rural hospitals across Ontario is unprecedented in Canada. Many mid-sized towns like Lindsay and Cobourg are facing new rounds of cuts. In larger communities, cuts to thousands of front-line and vital support staff have left hospitals with patients stacked on stretchers in hallways with the least nursing care in the country. Yet in London, Windsor, Kitchener and Toronto damaging cuts to staff and care levels continue to be announced. Ontario's larger town hospitals are now the most dangerously overcrowded of any jurisdiction in the developed world. In all hospital settings, it is crucial that any new funding goes directly to the provision of front-line patient care.

"We are concerned by the Wynne government's mulish response in stopping the cuts. This government has been hearing the outcries from patients, seniors, staff and concerned citizens across the province. Although they have responded with minimal increases, they have not gone far enough to undo the damage caused by nine consecutive years of cuts. Wynne's unyielding determination to cut and privatize goes against everything the premier promised Ontarians when she was elected," said Natalie Mehra, Executive Director of the Ontario Health Coalition. "We will continue to organize community-by-community to insist that Ontario restore hospital funding to at least the average of the rest of the provinces in Canada."

"Today's announcement is one small step, but there is still a long way to go to restore the services that have been cut and privatized over the last eight years. Ontario has plummeted to the bottom of Canada in hospital funding. As a result of the Wynne government's cuts, we have the fewest hospital beds and least staff per patient in the country," said Sara Labelle, Board Member of the Ontario Health Coalition. "We need to continue to hold their feet to the fire, and demand that services are restored."

The cuts to hospital services and clinics are resulting in more and more health care privatization. Private clinics are charging patients two-tier user fees for care at the same time that they are billing OHIP often in contravention of the Canada Health Act. For patients, many of them seniors, the privatization of these clinics is resulting in hardship and stress. In addition, patients continue to be pushed out of hospital quicker and sicker. They are learning the hard way that the community supports they have been promised, including home care services and long-term care, are full, strictly rationed, privatized and subject to ever escalating user fees.

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