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For Immediate Release

Attn: Assignment Editor

Ernst + Young "Line by Line" Review Biased and Unhelpful: Health Coalition Warns it is Just Repackaging of Same Old Ideas that Have Led to Cuts, Restructuring and Privatization and Widespread Public Anger

Toronto-- It is long on propaganda but short on new ideas, and despite all rhetoric, would lead to more of the same-- cuts, instability, restructuring and privatization -- the Ontario Health Coalition warned today in response to the Ford government's release of its so-called "line-by-line" review of public services.

"They cherry-picked stats to make it look like spending is skyrocketing, when in fact, Ontario's public spending on all public services is the lowest in Canada. When it comes to health care we are near the bottom of the country. When it comes to funding our public hospitals Ontario is already dead-last in Canada," noted Natalie Mehra, executive director of the Ontario Health Coalition citing government's own statistics from the national health care data base and Ontario's Ministry of Finance. "How low would they have us go?"

The Ernst and Young report authors cherry-picked provinces with the second and third lowest public funding for health care as their comparators, rather than the national average, the Coalition points out, among other methodologically dubious choices that slant the information to make the lowest spending in the country look like something else. In health care expenditure, they failed to adjust costs for aging, something that is normally used to assess relative spending around the globe. They cited the Fraser Institute as an expert source, an extreme right-wing campaigning organization that has opposed the Canada Health Act and other vital public services. "At least half of the report is propaganda and to make it look like spending is spiraling, when we have actually had a decade straight of austerity."

The Coalition also noted that most of the ideas in the report are old, have proven deeply unpopular, and, perhaps unsurprisingly, have led to the massive growth in government contracts for consulting companies like Ernst and Young.

"Creating market-based pricing in the public service has meant having local hospitals compete to see which could meet the so-called efficient price for cataract surgery," reported Ms. Mehra who has been following health care reform in Ontario for the last 22 years. "It meant that many local hospitals lost these services, and now entire cities' worth of senior citizens have to drive to another community to access them. It is deeply unpopular, not to mention incredibly expensive to keep moving staff and services from town to town, and it neither saved money nor did it improve access to care."

"Virtually all of the proposals in the report are already in practice or have been tried and abandoned," she noted, citing LEAN (which came from Toyota manufacturing and has been imposed in hospitals), competitive bidding which created a disaster in home care, mega-mergers and amalgamation (which in the last round cost \$3.9 billion to save \$800 million according to Ontario's Auditor General), and market-based pricing which has damaged care particularly in small and medium-sized community hospitals.

"In fact, all of these proposals lead to more consultants and tiers of administration, bean-counters, price assessors, competition overseers, and the like. The public is already sick of and alienated from these practices," she noted. "Patients are not widgets. Hospitals and home care are not factories."

"Doug Ford's government has no mandate for this and Ontarians have already been through it too many times. We won't fall for the old bait-and-switch again," she said calling on Ford to live up to his election promise to improve services, not cut and privatize them." If it were implemented this report would make tiers and tiers of consultants and administration and siphon more funding away from care. Dangerously, all of these mechanisms have proved to result in health care privatization and more user fees for patients," she concluded.

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