

## Why NOT Privatize?

**privatize / 'praɪvə , taɪz/- assign to a private interest (a business etc.), private as distinct from public control or ownership**

**the question is...  
who benefits?**



The goal of profit-seeking companies is profit maximization. And profit has to come from somewhere. For a private company to provide health services for the same cost as the public system, profit margins must come at the expense of facilities, or levels of patient care, or staff wages and working conditions.

Privatization simply means more public money going to profits instead of patient care. And frequently, the drive for profits forces costs to go up - beyond costs in the public system.



**is private health care  
EFFICIENT?**

Lessons from around the world tell us it is not. Generally, privatization simply draws personnel and resources out of the public system into the more expensive private system. In short, privatization just shuffles the queue instead of getting rid of it. In many cases, it makes the queue longer.

**this is what  
PRIVATIZATION  
looks like**



Costing more than double Canada's system per person, the U.S. health system eats up 13+% of U.S. Gross Domestic Product (GDP) compared to Canada's 9%. And, tragically, for all the money it costs, the U.S. health system serves only a fraction of the population.

A staggering 43 million Americans have no health coverage whatsoever and another 100 million are considered under-insured. So where does all that money go? The U.S. system has the

highest level of private health service administration of any industrialized country. Vast sums of public money go to duplication, administration, advertising, lobbying, and profit.

The bottom line? The U.S. for-profit health system costs more, serves less people and delivers worse health outcomes in virtually every category of measure.



**does private health  
care  
COST LESS?**

Again, the answer is no. In order to meet the higher salaries, executive bonuses, lobbying, advertising, and profit-seeking activities that characterize private sector interests, costs in a privately administered health system are driven up.

**but aren't health  
costs swallowing up  
more and more of the  
province's budget?**



The Conservative government would have us believe that runaway health costs are eating up the Ontario budget, but the reality is that after years of deep cuts, health costs have simply moved back to 1995 levels while the rest of the pie has shrunk.

By downloading costs like housing and daycares onto municipalities - and our property tax load - by gutting government services like environmental protection and social services, the Harris government has made the pie smaller.

And the key question now is who is getting the health portion? Disturbingly, more and more, it is going to profit-seeking corporations not patients. And we are all making up the difference in increasing municipal property taxes, user fees and declining patient care

**an  
eye  
on  
alberta**

**WAITING LISTS GROW LONGER...** In Alberta, according to the Consumers Association of Canada (1999) waiting lists are longest and costs highest for cataract surgery in centres with the highest proportion of private clinics. In Calgary, where all cataract surgery is done in private facilities, patients had a 56% chance of having cataract surgery in less than 12 weeks. In Edmonton, where most cataract surgery is done in public facilities, Albertans had an 87% chance of having surgery in less than 12 weeks. In Lethbridge, where all cataract surgery is done in public facilities, 100% of patients had surgery within 12 weeks.

**COSTS GO UP...** Alberta Workers Compensation Board figures show that it costs \$3,602 to do two knee surgeries in private clinics. The same amount of money will pay for nine knee surgeries in a public facility.

**It was thoughtful analysis and a principled vision that guided the much loved founders of Canada's Medicare system. They challenged us to build a health system that would ensure that Canadians could have equal access the care we need, that was based on a foundation of common spirit, and that worked for the benefit of people.**

**They determined that mixing medical care and profit does not work. And for good reason. They lived through it. It is time for us to rise to the challenge. If we want a quality health care system that meets the needs of people for generations to come, the answer is not more privatization, but less.**



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