

OPEN LETTER

May 9, 2006

Dear Premier Dalton McGuinty,

We are writing to express our strong opposition to your government's policy of hospital financing through "P3s" or public-private partnerships. "Alternative Finance Mechanism" or "Alternative Financing and Procurement" (AFM/AFP) hospitals are P3s under a new name. In these hospitals, a group of financiers, construction companies, designers, and service providers build a hospital project and sell it back to the non-profit hospital board under a contract that stretches for 20 – 40 years. The companies make their profit through the financing deals, the long term privatization of some range of hospital facility management and support services, user fees and service charges for patients and their visitors, private development on hospital grounds, and technology or other ancillary business contracts.

Based on the evidence, we conclude that the P3 hospital policy will lead to unnecessary additional costs, have a negative impact on work environments, reduce public control over our hospitals, and create a new and powerful stakeholder group invested in dismantling Medicare -- now from the inside. The result will be only one: diminish the public health care system. As nurses we value the ability to provide safe, competent and ethical care that allows us to fulfill our ethical and professional obligations to the people we serve. Nurses uphold principles of equity and fairness to assist persons in receiving a share of health services and resources proportionate to their needs and to promote social justice. We value and advocate for practice environments that have the organizational structures and resources necessary to ensure safety, support and respect for all persons in the work setting. These values are at risk when P3 hospitals are introduced.

The British Medical Journal and other studies by Dr. Allyson Pollock report that the high costs of the P3 financing schemes are borne by cutting clinical and support staff budgets, and by reducing community health services. The rigorous analysis of the P3 in North Durham for example, shows that the P3 scheme led to cuts that fell mainly on the qualified nursing staff, reducing the number of qualified nurses by 12%. In other studies, the BMJ reports that community health services in the P3 hospital areas are also reduced due to the higher costs of P3 financing. We are concerned that the LHINs will face similar problems as the P3s take money away from hospital budgets, beds and staff and reduce funding to local community health services.

The Ministry of Public Infrastructure Renewal states that the hospitals will be built faster, will be on time and in budget, and will be under public control. The evidence does not support these claims. The authoritative study by the British Association of Certified Chartered Accountants found that the premiums charged by the for-profit companies exceeded any evidence of past cost overruns in publicly financed projects. The study by the UK Auditor General expressly did not conclude that the hospitals were cheaper than publicly financed hospitals, nor did the auditor look at cost increases from the outset of the negotiation of the long-term privatization deals. Moreover, there are many examples of serious cost overruns and delays in the British P3 projects. Claims of public control are not based on fact as under a P3 it is no longer the hospital board that runs the hospital facility, lands and privatized services. Their power is circumscribed by the 20 – 40 year contract negotiated with the private companies. And there is simply no basis for the claim that the hospitals will be built faster.

Hospitals are not commodities to be bought and sold on the stock market as revenue streams for investors. They are valued public institutions upon which our communities rely for life enhancing and life prolonging care. It will be less expensive to finance and manage our hospitals on a non-profit basis and to maintain public non-profit services throughout the hospitals. Ontario's nurses are urging your government to stop the P3 hospital program and create a public financing system for our hospitals.

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