Ontario Health Coalition

MEDIA RELEASE

Health Minister Tony Clement announced that bidding will open later this summer for up to 20 MRI clinics and 5 CT scan clinics. Bids will be open to for-profit corporations. This announcement marks the privatization of key hospital diagnostic services provided currently on a non-profit basis. Clement is also cited in the National Post newspaper as saying that non-OHIP funded MRIs will be available at the clinics (2 Tier Medicare) thereby opening the door to queue jumping for those with the ability to pay. The following release contains the Ontario Health Coalition's response to the announcement.

Please send your responses to the following:

Ernie Eves: ernie_eves@ontla.ola.org or webprem@bov.on.ca

Surface mail: Premier Ernie Eves Legislative Building Queen's Park Toronto, ON M7A 1A1

Toronto Star - lettertoed@thestar.ca Globe and Mail - Letters@GlobeAndMail.ca

July 8, 2002

FOR IMMEDIATE RELEASE Attention: Assignment Editors

For Profit MRIs and CT Scanners Extremely Grave Threat - Ontario Health Coalition Warns of Public Response

Toronto - The Ontario Health Coalition reacted with outrage over Health Minister Tony Clement's announcement of the opening of for-profit bidding on 25 MRI and CT scan machines for Ontario. With this announcement, the provincial government has made clear its intention to take non-profit public hospital services and fund for profit corporations to provide them in private clinics.

"Stubbornly clinging to an ideological approach with no public mandate and no outcome-based evidence, the provincial government is risking the future of our public Medicare system and must be stopped," said Irene Harris, coalition co-chair. "We view this announcement as an extremely grave threat to the future of our Public Medicare system and will respond in kind."

The Minister still has not justified creating for-profit cancer treatment at Sunnybrook Hospital in the face of a Provincial Auditor's report that found that the for-profit treatment was more expensive and that waiting lists had not changed.

Similarly privatized eye treatment in Alberta has proven to be ineffective against waiting lists. The Alberta Consumer's Association reports that waiting lists for cataract surgery in Alberta is longest and costs are highest in centres where the proportion of private clinics is highest:

In Calgary where most surgeons work and where all cataract surgery is done in private facilities, Albertans had a 56% chance of having 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 in less than 12 weeks. (Consumers Association of Canada - Alberta Branch, March 1999.)

The government has not answered in any way what will be done if the private MRIs and CAT scans drain scarce personnel out of the public system as we have seen in the case of other privatizations.

The government's claims about keeping OHIP services public are spurious as allowing out-of-pocket payment for "non-medically necessary" services amounts to 2 tier Medicare or queue jumping for those with the least medically pressing conditions and the wealth to pay to jump the queue.

Last summer's so-called health survey used as justification in the Ministry press announcement today included not a single mention of providing services on a for-profit basis versus as a public service.

"The government has run two consecutive elections on a promise not to dismantle Medicare. Yet the hand-over of public services to private for-profit corporations is as sure a way of destroying Medicare as any", added Bea Levis from the Ontario Coalition of Senior Citizens Organizations. "Experience from around the world is that profit seeking in a publicly funded health system drives up costs and leads to two-tier Medicare with deterioration of services and longer waits for most people."

FOR MORE INFORMATION: 416-441-2502