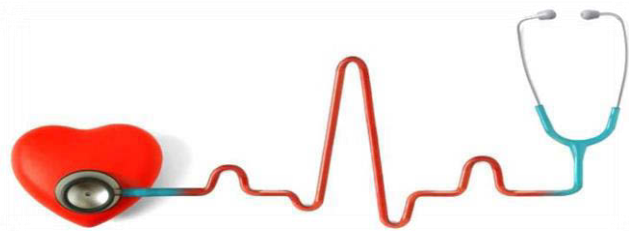


Ontario Health Coalition

ACTIONUpdate



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Ontario's new government, led by Doug Ford, plans to cut \$22 billion out of provincial revenues. This is a massive cut to the funding that is used to pay for health care and all our public services and programs. See what it means and what we are doing about it on page 2.



You can help to protect public health care for all -- Now, more than ever please become a member/donor

As Canadians we tend to take public health care for granted. We think that it will always be there. We don't realize that Canada has protected, by and large, single-tier public care for all because we have huge, vibrant, effective health coalitions in many provinces that act as public watchdogs and advocates. We are always working to save services, improve care levels and stop privatization and service cuts, even as we face funding cuts and the powerful expansion efforts of the multinational private health industry.

Against the odds, we are remarkably effective.

In the provincial election, we succeeded in driving public hospital cuts and downsizing to the top of the public agenda. Even those who are intent on cutting public services had to respond by committing to fixing "hallway medicine". All of us across Ontario, who joined in the countless events to bring this issue to light, deserve to take credit for keeping public medicare a priority.

We have also worked doggedly to protect patients from user fees in private clinics. Our exposés on private clinics have been ground-breaking, featured prominently in national media, forcing Health Ministers to account. Our large public events, lobbying and advocacy have stopped the expansion of private clinics and hospitals in Ontario. We should all be proud of this achievement. It is hard-won.

We have fought home care privatization and promoted progressive reform to successfully improve conditions for personal support workers and lay the groundwork to improve continuity and quality of care. We have relentlessly campaigned to improve care levels in, and access to, long-term care. And we have improved health care policy in innumerable ways.

But given the pro-privatization bent of Doug Ford, his history of trying to privatize health care services in the City of Toronto, and in light of the truly massive cuts he is intending to make to the funding for health care and other public services, we are going to need to be stronger and more vigilant than ever.

We are all in this together. Please know that it matters that we can say that we represent a broad and large membership of regular Ontarians who care about and believe in protecting public health care as a priority. You make a difference if you become a member/donor. For those who are able, signing up for a regular monthly donation is the most help because it provides stable, automatic funding. Please do join, and please ask others you know who care about public health care. It really does help. Member/donor form enclosed. For online payment, go to: <http://www.ontariohealthcoalition.ca/index.php/donate-now/>



OHC plans mass rally and strategy to protect healthcare under our new government – see page 3 for details. Downloadable poster is on our website.

Book your bus! Please let us know if you are bringing in a busload as soon as you can. We are expecting thousands of people and we will need to issue you a bus number and give you an information package. You can email us at ohc@sympatico.ca – subject line: **RALLY BUS**



Ontario Health Coalition

Health Action Assembly

& Conference

Saturday November 17, 10:00 a.m. – 4 p.m.

Sunday, November 18, 9:00 a.m. – 1 p.m.

Steelworkers' Hall, 25 Cecil Street, Toronto

Book your hotel room by Friday, October 19 at Holiday Inn (corner of Yonge & College Sts.) 30 Carlton St. Cite Ontario Health Coalition to get our block rate.

Phone: 416-977-6655. See call out & registration insert.

\$22 billion in cuts to funding for public services planned by Doug Ford: OHC is mobilizing to protect health care

Many Ontarians are captured by the idea of getting the same or more services for less money. But few know what the numbers might actually mean. Since Doug Ford did not release a clear platform, Ontarians know more about how much a beer may cost than they know about how much their hospitals may be funded. This is a serious problem because the numbers that Mr. Ford has revealed are shocking.

The clearest analysis of Mr. Ford’s proposed cuts to the province’s revenues – that is the money available for funding our public services and programs – comes from Mike Moffatt, an economist at Western University. This analysis shows that, [using Mr. Ford’s own concrete figures, \\$22 billion in cuts to provincial revenues is planned over three years.](#)

To put this number in context, economist Hugh Mackenzie tracked the cuts during the Mike Harris/Ernie Eves era. [In the first four years of the Harris government, the cumulative loss to provincial revenues used to fund public services was approx. \\$15 billion.](#) The first term cuts planned by Mr. Ford are actually *more* than Mike Harris’. Mike Harris’ cuts added up year by year and by 2003 when the Harris/Eves government lost power, Ontario had lost \$15 billion per year in revenues that provide the funding for our public services and programs.



Former Conservative Party President & Humber River Regional Hospital CEO appointed as Health Care Czar

In July, Doug Ford appointed Rueben Devlin, former president of the Ontario Conservative Party to be the Chair of a new *Premier’s Council on Improving Health Care & Ending Hallway Medicine* and Special Advisor on *Ending Hallway Medicine*. The positions come with a \$348,000 per year salary for the Conservative stalwart who was president of the party during the Mike Harris era during which the government spent \$3.9 billion closing and merging hospitals in an attempt to cut \$800 million from their budgets. That was most radical restructuring of public hospitals in the country’s history. Rueben Devlin is also the former CEO of Humber River Hospital where he presided over the closure of three entire hospitals. The three were replaced with one privatized P3 hospital at an eye-popping \$1.76 billion due to the exorbitantly expensive P3 financing and privatization model. In so doing, Devlin closed down a hospital in one of the poorest neighbourhoods in Toronto. The new P3 hospital did not have enough capacity to serve its population and last fall the former Liberal government reopened one of the closed-down sites in order to deal with patients waiting on stretchers in hallways for care.

Arch Health Care Privateer Appointed to Head Doug Ford’s Fiscal Review

Not only does he have an abysmal record on financial matters, but former B.C. Premier Gordon Campbell, whom Doug Ford just appointed to lead Ford’s fiscal inquiry in Ontario, is perhaps *the* biggest enemy of public health care in Canada. A snapshot of his record:

- Gordon Campbell wiped out a \$1.5 billion surplus he inherited when he took government, then went on to post the largest deficits in the B.C.’s history up to that time, and added \$20 billion to the province’s debt.
- Gordon Campbell’s record is among the very worst in the history of Canadian public health care. Attempts to improve health care under the public system were undermined as Mr. Campbell completely ignored the advice and recommendations of public health care advocates and opted instead to cut and privatize. The number and scope of private clinics mushroomed under Mr. Campbell’s tenure while his government turned a blind eye to private clinics charging user fees to patients for medically necessary services, including double-billing (billing B.C.’s public OHIP plan and billing patients too for the same procedures).
- Just recently, at the beginning of July, Mr. Campbell issued an affidavit as ex-Premier supporting private for-profit clinics in their fight to extra-bill patients in B.C.. Mr. Campbell’s affidavit supports the private clinics’ attempt to get an injunction in court to stop the current government from imposing a regulation clamping down on the extra user charges they are billing to patients. Despite the obvious hardship caused to patients by thousands – or even tens of thousands – of dollars in user fees being charged for needed health care, Mr. Campbell makes the outrageously false claim that the private clinics he supports do not damage Medicare.
- Mr. Campbell’s government brought private health care interests and other corporate interests in to take power over B.C.’s Regional Health Authorities. Then he brought in legislation to allow the contracting out of public hospital services. During his tenure there was mass privatization of hospital support and clinical services. Vital cleaning services were privatized along with food and other patient support services. As a result of privatization and the poor practices of the for-profit cleaning companies hospital infection outbreaks increased.
- Mr. Campbell cut taxes for the rich and for corporations, who called it “Christmas in July” and then undertook to pay for it by a massive campaign of cutting rural hospitals, closing schools, and decimating services including everything from the B.C. ferries to undertaking the largest mass layoff of women in the province’s history (due to his public sector cuts).
- Mr. Campbell brought in privatized P3 hospitals.
- Mr. Campbell attempted to axe the B.C. Therapeutics Initiative funding and close down their independent laboratory. The Initiative was a public watchdog, giving advice on drug safety and pharmaceutical policy. An international outcry forced Campbell to turn back some of these attempts to gut the Initiative.

Mobilize to set the public agenda & protect health care: OHC Strategy Summit



“Sometimes the best defense is a good offence,” noted Health Coalition executive director, Natalie Mehra, summarizing the input received at our high-level briefing and summit held shortly after election day. The group decided to hold a mass rally to reiterate our call that health care needs to be rebuilt and improved – with services reopened and expanded – no cuts and privatization. The idea is that we mobilize in the thousands and set the agenda, rather than waiting for cuts and then trying to roll them back.

The strategy session was on June 22 with more than 80 representatives from health coalitions and key organizations across the province. Advocates shared information about what was happening in their local areas and highlighted ongoing concerns about safeguarding access to health care in their communities.

A high level briefing by executive director, Natalie Mehra, and OHC Board members gave Summit participants needed information on Ontario’s fiscal situation, the incoming Conservative government’s party platform (or lack thereof) and its implications for health care, Conservative policy options and issues, the Fords’ record in Toronto and a brief overview of the policy year.

After a quick working lunch everyone got to work on how the coalition should position itself in the coming years of Conservative government majority rule in the province. There was an open discussion for delegates to express their opinions on what the priorities should be, actions and strategy ideas.

There was agreement that the Coalition should lead on a positive message and continue its advocacy role for an expansion, not a reduction, of care. The OHC’s pre-election platform continues to be the ‘asks’ for health care activists. Rebuilding capacity in the health care system including building a quality public long-term care system, pushing for the expansion of medicare, and fighting to save the vital role of small rural hospitals were some of the issues discussed at length during the open discussion. Issues of concern included mega-hospital mergers, amalgamation and privatization.

The Coalition and our supporters are planning regional discussions, a cross-Ontario tour and a large rally in support of key health care issues. In the coming months, you can check the OHC website for details.

Ford’s First Cuts Hit Most Vulnerable

Health Coalition calls for Ford to restore public drug coverage & proper public consultation about policy changes that hurt the sickest



From a twitter posting urging Ontarians to pass on the news.

a private drug plan will be covered. Despite some media reports, the government’s press release expressly did not say that all extra costs for those cut off the public drug coverage plan would be covered. The government’s release states only that patients will have to seek reimbursement for drug costs from their private insurer first, then any “eligible” costs (eligible is not defined anywhere) could be billed to OHIP+.

The Health Coalition raised the concern that those people cut off of OHIP+ by Ford’s announcement will face deductibles and co-payments that can, for those with severely ill children, run to hundreds of dollars per month. So far the Ford government has not addressed this concern.

In addition, patients will have to try to seek payment from one insurance company first, then wait to get payment, then try to see what if any costs are eligible for coverage under OHIP+ and seek payment for those. In future budgets, the government could, as has happened with drug benefits for seniors, increase the co pays and user fees and decrease eligibility. This would be more difficult for a government to do with a clean and clear universal plan with full coverage.

“The bureaucracy required by a system of this sort is significant and will eat into any “savings” that the cut to coverage would create. Furthermore, these are not true savings as the costs must be picked up by businesses and individuals paying for private drug plans,” noted the OHC in a press release, concluding, “this cut will hurt families with sick children the most.”

Conservative government under fire for cut to long-awaited mental health funding

They made it seem like a funding boost, but really it was a cut. In late July, the Ford government announced new funding for mental health. But the Official Opposition revealed that it was really a reduction in money. Upon taking power, the Ford government cancelled the former Liberal government’s program that was to increase mental health services funding by \$2.1 billion and replaced it with a cheaper program, axing \$335 million in planned new mental health funding. “The premier took \$2.1 billion over 4 years and replaced it with \$1.9 billion over 10-years,” noted NDP leader Andrea Horwath. Moreover, the amount that the provincial Doug Ford government is now planning to fund mental health services matches exactly the already-announced federal funding for mental health, so they are simply flowing through the money given by the federal government without any additional investment from the province. Ford promised increased funding for mental health care during the election, stating that it was a priority, giving a clear indication about how his election promises are to be taken.



Good Reads

Corporatizing Canada, Making Business Out of Public Service

Edited by Jamie Brownlea, Chris Hurl, and Kevin Walby

Exorbitant executive salaries, consultants taking over, multinational companies moving in.... we have it all! Corporatizing Canada takes on the commercialization of the public sector. Whether it be in our hospitals, schools, utilities or food banks, the corporate sector has steadily been taking over. This book is a scholarly collection investigating the cultural changes influencing and increasingly dominating Canadian public services. OHC executive director Natalie Mehra authored the second chapter on hospitals, probing the increasing role of private for-profit corporations and the adoption of their methods in public hospitals. Published by Between the Lines press, the book is available online or through the OHC for the discounted price of \$25.

WASH, WEAR, and CARE – Clothing and Laundry in Long-Term Residential Care

By Pat Armstrong and Suzanne Day
McGill-Queen's University Press, 2017

Anyone with experience in a long-term care home as a resident, a family member, or worker knows that clothes are critical to care. How residents are dressed signals who they are. For some it is the last connection they have with their life outside the nursing home. Clothing is an indicator of dignity and respect for residents and for the workers who care for them.

Wash, Wear, and Care summarizes research that uses laundry and clothing in long-term care homes (nursing homes) to explore larger questions about care and how work is organized. Some findings, such as the real cost of contracting out, are also relevant to hospitals. How clothes and laundry are handled can show whether the place is more like a home or an institution for residents. The conditions of care for residents reflect the working conditions of staff.

Forty-eight researchers from 19 universities in Canada, the United States, the United Kingdom, Germany, Norway, and Sweden visited 25 nursing homes in these countries. They made field notes and conducted 500 interviews with residents, relatives, workers, managers, volunteers, and visitors.

They found examples range from a nursing home in Texas where laundry is contracted-out to a private for-profit company to a nursing home in Sweden where there's a washing machine in each resident's room. There workers doing laundry are a visible part of residents' daily lives and residents can do their own laundry if they wish. There's a UK nursing home where a resident with dementia folds the clean towels, for her a comforting memory of a time when she did the housework.

WASH, WEAR, AND CARE offers a fascinating window into the issues associated with clothes and laundry, and through them, conditions of care, work and management of long-term care. You can order the book from McGill-Queen's press online: <http://www.mqup.ca> Lynn Spink has written a book review with more information – on our website under Long-Term Care.

Congratulations to the Recipients of the OHC's Highest Honours



Philippa von Ziegenweidt, Windsor Citizens for an Accountable Mega-hospital Planning Process was given the Daniel Benedict award to mark her exceptional skills,

her commitment and her tireless efforts to protect Windsor's hospitals and save services in the city of Windsor. So intelligent, such a joy to work with, Philippa deserves this and much more for her commitment to her community. Daniel Benedict would be proud to see his award given to her. The Dan Benedict Award was also given to **Betty Clost** and **Mike Cowen** of Our TMH, in absentia, for their amazing and successful efforts to save the Trenton Memorial Hospital.



Judith Wahl, retired executive director and lawyer for the Advocacy Centre for the Elderly, was given the Orville Thacker award for her extraordinary commitment in improving seniors' care. Judith is a policy expert who

always has the public interest at heart. Under her leadership the Advocacy Centre for the Elderly successfully advocated to protect seniors and their families from exorbitant and coercive fees levied by hospitals in an attempt to push seniors out without adequate care in place, pushed the government to improved retirement homes legislation, and much much more. She is an inspiration and we look forward to working with her in her retirement to continue to improve the lives of vulnerable Ontarians. **Lois Dent**, long-time Board Member of Concerned Friends of Ontarians in Care Facilities, a lovely person who has spent years advocating for families impacted by long-term care was also given the award in absentia.



Dr. Joel Lexchin, emergency room physician, professor and author, was given the Ethel Meade award for excellence in research that advances public health care in the public interest. Dr. Lexchin has done so

many things, it would be impossible to list them all here! He is a policy expert and researcher on the pharmaceutical industry and drug policy and has been instrumental in the health coalition's work for a public drug program for Canadians. He has helped, at every turn, with input and research on health policy. He is a gem of a human being, and we are honoured to count him as a longstanding member.

In Memory: Bea Levis 1918 – 2018



Bea Levis, loved and missed dearly by the Ontario Health Coalition, was a vibrant force. She was one of the founding members of the Ontario Health Coalition and served on its Board for decades. Bea was elegant, wise, compassionate, deeply intelligent, warm and generous. She served on numerous boards, founded organizations, contributed in every way to political action and advocacy groups, and was the recipient of

many awards, including the Order of Ontario. She was a friend and a mentor and we thank her family for sharing her with us for all these years.

Ontario Health Coalition

Health Action Assembly & Annual Conference

Steelworker's Hall, 25 Cecil Street

Saturday November 17 & Sunday November 18

10 a.m. – 4 p.m.

9 a.m. – 1 p.m.

With a new Doug Ford government and a federal election coming up, the conference and Assembly will be our opportunity to regroup and plan our strategy to protect and expand public health care for all in light of the challenges ahead. Our members and affiliates, local health coalitions, and allies will gather to discuss the context, identify key issues and debate strategy. All members are welcome. (Membership form on back.)

We try to hold the Assembly & Conference in an interesting neighbourhood for our members travelling into Toronto from other towns. This year, the venue is in the neighbourhood of Baldwin Street, celebrated for its diverse restaurants and boutiques. It borders Chinatown and Kensington Market. We have reserved a block of hotel rooms on Yonge St. which is a short streetcar ride away or a 25 minute walk.

Hotel Rooms: We have reserved a block at a reduced rate at the Holiday Inn, 30 Carlton St. at Yonge & College Sts (College St. turns into Carlton as it crosses Yonge St.) Rate \$174 plus tax. Please cite "Ontario Health Coalition" as the group name and ask for the block rate. Tel: 416-977-6655. **Deadline to book your hotel room and get the group rate: October 19.**

Local coalitions: are asked to please seek local funding first to subsidize your travel costs. If you need subsidy from the Ontario Health Coalition, we will fund up to two representatives from each active local health coalition including hotel and travel costs. All subsidies must be pre-approved by Natalie Mehra, executive director. Note: we will subsidize amounts up to the block rate for a hotel room and gas (not mileage) or train/plane.

Registration Form

Number of people attending _____ Name of key contact _____

Additional Names of Attendees _____

Organization if applicable _____

Address _____ City/Town _____

Postal Code _____ Email _____

Tel (day) _____ (night) _____ (cell) _____

Fees: (sliding scale)

Saturday: \$0 - \$40 per person Amount paid: _____ x number of people _____ = Subtotal \$ _____

Sunday: \$0 - \$40 per person Amount paid: _____ x number of people _____ = Subtotal \$ _____

Total: \$ _____

Please circle one: Enclosed by cheque or Paid online at
https://store.ontariohealthcoalition.ca/collections/all

Mail or email to: Ontario Health Coalition 15 Gervais Drive, Suite 201, Toronto, Ontario M3C 1Y8 tel: 416-441-2502
email: ohc@sympatico.ca www.ontariohealthcoalition.ca If emailing, please use subject line: Assembly Registration.

Note: you can register and pay online at: <https://store.ontariohealthcoalition.ca/collections/all>

For office use only: ____ member ____ dbase ____ mls ____ lls

Ontario Health Coalition

Monthly Giving Plan & Regular Membership

Municipality or Organization: _____

Contact Name: _____

Mailing Address: _____

City/Town: _____ Postal Code: _____

Phone: (H) _____ (W) _____

Phone: (C) _____ Email: _____

☐ I am a new member (please check if applicable)

☐ I am renewing my membership (please check if applicable)

Your Support Leads to Success

Your support is what enables the Ontario Health Coalition to do all that we do to protect and improve health care under the principles of the Canada Health Act in Ontario's communities. Some of our collective successes:

- We've halted the closure of rural hospitals and emergency departments & stopped for-profit hospitals from moving into Ontario
- We've forced a halt to competitive bidding in homecare & rolled back the use of private for-profit retirement homes as health care facilities
- We won improved regulations and better staffing levels in nursing homes...not enough, but more than we had before...

We hate to have to ask, but please be assured, your memberships, donations, and participation in our garlic fundraiser and other initiatives make all the difference. *Thank you so much!*

PLEASE JOIN OUR MONTHLY GIVING

Under this plan, a set amount will be withdrawn directly from your account each month as a personal donation to the Ontario Health Coalition.

YES! I will give per month a fixed amount monthly:
(circle one) \$5 \$10 \$20 other _____

Every 1st or 15th of the month (circle one).
Starting date: _____, 2018

Please attach a blank voided cheque.

If only 1 signature is required for the account, then only 1 Payor need sign. If 2 or more signatures are required, then both or all Payors must sign.

I/We authorize the Ontario Health Coalition to debit my account with the financial institution noted on my cheque for the amount and frequency described above until written notice to the contrary is given.

Payor signature(s):

Date:

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca

This Authorization may be cancelled at any time upon notice being provided by me either in writing or orally, with proper authorization to verify my identity within 10 days before the next PAD is to be issued. I acknowledge that I can obtain a sample cancellation form or further information on my right to cancel this Agreement from the Ontario Health Coalition or by visiting www.cdnpay.ca

CAN'T GIVE MONTHLY? ANNUAL MEMBERSHIP FEES 2018

Individual members: \$20

Organizations:

Under 100 members: \$25

Over 100 members, membership rates set at \$0.20 per member, e.g:

500 members = \$100
1,000 members = \$200
5,000 members = \$1,000
10,000 members = \$2,000 etc.

Municipalities:

Population under 49,999: \$100
Population 50,000-99,999: \$200
Population over 100,000: \$300

Your membership fee rate enclosed is \$ _____

Additional donation (circle one):

\$20 \$50 \$100 \$200 \$500 \$1000

Is this a membership renewal? (check one)

☐ Yes ☐ No ☐ Not Sure

Please fill out this form and send it to us at:

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