

**Budget Hearing Submission
to the
Standing Committee on
Finance and Economic Affairs**

by the

Northeastern Ontario Health Coalition

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Days Inn

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presenters

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The Northeastern Ontario Health Coalition (NOHC) has been in existence for the past three years. We are affiliated with the Ontario Health Coalition based in Toronto. As community activists, our membership came together to address perceived attacks on our health care system by private service providers, seemingly aided and abetted by our federal and provincial governments.

Our mission is to spread the word to residents of Northeastern Ontario, to help raise awareness about what is at stake for them and to provide information with regard to how they will be negatively affected as our publicly managed health care system becomes ever more privatized.

The NOHC believes in the principles of the Canada Health Act (CHA). We fully support the Romanow Commission Report on the Future of Health Care in Canada, delivered to the federal Liberal government on November 28th, 2002.

The five basic principles of the Canada Health Act are accessibility, universality, portability, comprehensiveness and public administration. Romanow recommended adding accountability as a sixth principle.

The NOHC recognizes that governments have taken some liberties with the guiding principles of the CHA and have stretched its meaning through interpretations of their own to suit their political agenda or financial circumstances. It is our opinion that the Act has not been enforced the way it should have been. We also contend that our health care system has been badly under funded by all levels of government.

We are very concerned that so little has been done to address the 47 recommendations contained in Mr. Romanow's report. Although there have been some encouraging signs of progress lately with the recent financial commitment to the provinces by Ottawa, we believe that it is taking far too long to institute many other important initiatives such as the establishment of the Canada Health Council.

Ottawa must do more to repair the damage done to our precious health care system as does our government at Queen's Park. It needs more than an occasional shot in the arm, it needs long term funding commitments from all levels of government. This necessarily includes municipal fundraising activities and full democratic participation on local Hospital Boards and Community Care Access Centers.

The system requires political will, not only to maintain, but indeed to make the improvements demanded by the residents and taxpayers of this province and of this country. Our health care system has become the number one priority of the people for very good reason. It defines us as Canadians and affects each and every one of us, in one way or the other, at some point in our lives.

The NOHC believes that Ontario can play a pivotal leadership role in Canada's overdue health care reforms. We did not support the direction our last provincial government was taking in privatizing many services within the health care field and we will not support any government efforts to further undermine this valuable social program.

There is sufficient evidence from around the globe to prove that the direction Ontario has embarked upon does not work. Privatization in the health care field costs more and provides less service to those in need of medical treatment. We believe in the principle of universality where everyone is treated fairly and equitably, where need, not money, gets you the best medical service available in the shortest time possible.

Perhaps more importantly, we firmly believe that our health care system must remain in public hands, not only in terms of who pays for health care but in terms of who actually delivers these services.

Ontario's public health care system is massive yet it continues to provide some of the best care in the world. This alone speaks volumes for the dedication of those still working in the system. However, the crises manufactured by both senior levels of government through ten years of budget cuts are taking their toll. The negative results of failed management policies are evident throughout the system.

There has been a huge out of province exodus of qualified health care workers, particularly nurses, over the past ten years. Attempts at bringing them home from other jurisdictions have been painfully slow if not a complete failure. While money was perhaps the primary contributing factor leading to this loss of personnel, the loss of dignity and respect was and continues to be equally important to healthcare providers.

By and large, those who work in the health related fields are dedicated individuals who want to deliver the best possible care to those they serve. Reduction in personnel necessitated by budgetary constraints has created a crisis for those who remain in the system.

Too many hours of work combined with high levels of workplace stress has convinced many nurses to leave their chosen field altogether. Some have taken part time work offered by an ever-increasing number of private service providers where benefits and job protection are virtually non-existent.

Existing shortages of medical practitioners in remote areas of Ontario are unacceptable. Meanwhile, fully qualified, foreign trained nurses and doctors are on the sidelines working outside their chosen fields while the College of Physicians and Surgeons as well as the College of Nurses throw up roadblocks to their integration. Something must be done to correct this outrageous situation.

Obviously there needs to be more emphasis on training nurses and other health care workers to supply the demand of an ever-aging population of seniors and baby-boomers. We need to be innovative in our approach to fast tracking certification of foreign-trained professionals. We must look seriously at the possibilities that exist for training and deploying nurse practitioners, particularly to serve the more remote areas of this province.

But above all, we must give these people good reason to want to serve within a public health care system in the first place, in a system that respects their individual and collective rights, needs and skills.

The concept of Community Health Centers has been fully examined and is well established in certain regions of this country. The opportunities provided in this setting, where health services are supplied by a team of professionals on a 24/7 time schedule, are proven to be cost efficient and medically effective.

The government of Ontario must be bold if it is to contain its health care costs while maintaining control of service delivery. We believe it can all be done within a public delivery system. The government can expect and should receive the full cooperation from health care professionals, their associations and their unions if the required negotiations are approached with open minds, sensitivity and good leadership.

Although there may be excellent reasons why health care workers should provide essential services during any work disruption caused by a failed collective bargaining process, the use of back to work legislation undermines workers rights and serves to frustrate all those involved.

Unions are mature enough to understand budgetary constraints and are fully aware of the philosophical and ideological directions taken by governments that have resulted in the systemic crises we are experiencing today.

Collective bargaining principles must include the right to deny one's labour in the event that an agreement has not been reached in a timely fashion. Additionally, some mechanism must be provided where both sides would be bound by the ruling of a respected independent arbitrator who has been agreed upon by both sides in the dispute.

I would be remiss at this point to not indicate to the committee that I am a trade unionist and as such, I am pleased to report that the NOHC fully supports the re-introduction of anti-scab legislation as a means to encourage the collective bargaining process in all workplaces in Ontario.

Since the Conservative government got rid of the previous NDP legislation banning replacement workers (or scabs) in this province, there has been more time lost to strikes and other work disruptions such as "work to rule" methods than at any other time in provincial history.

Coupled with the right-wing ideology of the Harris/Eves regime, Ontario has become a beach head for an anti-union, anti-worker agenda that the Liberals have now inherited. The Ontario government would be well advised to get off the track that has pitted it against the labour and social movements in this province. Its energies would be better spent fixing the mess they have inherited.

The Liberals campaigned on a slogan that it was "Time for Change". The overwhelming majority of support Dalton McGuinty received from the electorate clearly proved that they want to see a real change in direction from their new government, not just a change in leadership with the same familiar agenda. I do not believe that the good people of Ontario want a Gordon Campbell style government, one that is prepared to sell off valuable public resources in a bid to balance the books at all costs.

The models that are most often cited as examples of efficiency in health care delivery simply do not hold up under scrutiny. Once you get past the glitzy sales pitch and glossy reports put out by these would-be service providers and promoters of a privatized health care system, reality soon sets in.

All these private health care providers want is unencumbered access to what they see as a growing industry in health care delivery. All they really care about are the huge profits that can be realized for their shareholders at the expense of the taxpaying public, off the backs of some of the most vulnerable in society, those who are sick and dying.

Public Private Partnerships, or P3's as we prefer to call them, have become very popular in Ontario over the past couple of years. We now have more private providers supplying services to our health care system than ever before. We have developers and speculators ready to build hospitals and long-term care facilities so that our government doesn't have to go into debt to finance such infrastructure.

The P3 financing arrangements your government seems bound and determined to jump into are creating a false economy. The burden of payment will not disappear, it is simply being amortized over several years. Joe Public will still end up paying the going mortgage rate for the new facilities plus a substantial profit margin to the project developers and their financiers.

Instead of reaping the economic benefits previously available through the issuance of secure government bonds to help pay down debts incurred to build our existing publicly owned and operated infrastructure, it now appears that the Ontario government is preparing us for sacrifice on the altar of corporatization.

Are we to interpret this government's acquiescence to the demands of health care privateers as repayment for past loyalties demonstrated through large corporate political donations? Surely corporations are clear in their single-mindedness to make profit at all costs. Are we so naïve to believe this is not so or that they will limit their expectations to a reasonable and acceptable dividend level?

Private companies have been lining up to provide Community Care Access Centers (CCAC's) with health care and other ancillary services to hospitals and long term care facilities such as laundry, cleaning and maintenance while promising to reduce costs. The vast majority of these service providers are anti-union and their employees have few of the benefits that collective bargaining has provided to the workers now being displaced by this insecure and contingent workforce.

Why are governments bound and determined to allow these private corporations to ghettoize these once well compensated employment opportunities? Surely the fall-out of reduced wages and benefits are self-evident, the negative impact of which will continue to affect the socio-economic wellbeing of communities large and small right across this province.

The NOHC believes that the new Liberal government in Ontario has a clear choice to make. They can continue further down the road to privatization of our health care system and the false economy it will inevitably produce, or it can reintroduce a progressive tax system in this province to help pay for the medical services Ontarians have repeatedly said they want. We think the choice is clear.

Some interesting statistical and factual information:

- Out of pocket health care costs have risen by 25% for Ontarians since 1995
- Pharmaceutical costs alone have risen by a whopping 130% since 1995
- 45 medical procedures have been de-listed from OHIP over the past 8 years, most are now being delivered by private healthcare providers with accompanying user fees
- Approved P3 hospital projects budgeted costs have increased substantially from \$300 to \$350 million in Brampton, and from \$100 to \$150 million in Ottawa
- The British Medical Association Journal calls Britain's experiment with P3 hospitals "perfidious financial idiocy" while in Australia, the new South Wales state auditor found that their P3 hospital could have been built twice over by the public sector
- New Zealand has abandoned its experiments with P3's and other privatization efforts
- CUPE estimates redirection of health care dollars to ballooning administration costs, duplication of services, inefficient staffing and excess profit taking costs the provincial home care program about \$247 million per year or 21% of the home care budget in Ontario

- Inadequate funding and cuts to home care budgets have caused thousands of Ontarians to lose home making and home care services if we can not afford to pay for them ourselves
- Seniors and those on fixed incomes now pay user fees for their drugs in Ontario
- Americans spend twice as much as Canadians do for their health care
- 43 million Americans are not covered by their health care system while many others are underinsured
- The infant mortality rate is 40% higher in the US than it is in Canada
- Life expectancy in Canada is # 2 in the world, while the US ranks # 25
- The prestigious New England Journal of Medicine reported in their August 5th, 1999 issue that “For decades studies have shown that for-profit hospitals are 3 to 11 percent more expensive than not-for-profit hospitals; no peer-reviewed study has found that for-profit hospitals are less expensive.”
- The Journal of the American Medical Association reported in a 1999 study comparing quality of care in investor owned Health Maintenance Organizations (HMO’s) to non-profit HMO’s that “The decade-old experiment with market medicine is a failure. The drive for profit is compromising care, the number of uninsured persons is increasing...costs are escalating rapidly.”

Do we really want to go down this road any further?