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What does a Doug Ford victory mean for health care?

In the last days before the election, we tried to find a way to contrast Doug Ford's belated "platform" with the former Conservative government of Mike Harris to see how far apart they were. Though I knew the cuts were massive, I was still shocked to discover that Ford' planned cuts to provincial revenues -- the money used to fund our public programs and services including health care -- are actually *deeper* than Mike Harris'. The Harris government cut \$13 billion in its first four years. DouJune 8, 2018g Ford plans to cut \$22 billion over three years.

While the Ontario Health Coalition is non-partisan, and we do not endorse any political party, we try tell the truth, no matter who it is in power, and now we must face a very serious reality. With cuts on this scale, there are only a few options-- significant downsizing of the workforce, an attempt to restructure through mass amalgamations, dramatic privatization, and cuts to services.

While there is no doubt that there are some administrative efficiencies to be found, there is simply no way they add up to \$22 billion, an amount that would be the deepest cuts ever. For example, if every Ontario hospital CEO's pay was cut by \$200,000, the total "saved" would be a few million. Ditto if 200 people were cut from the LHINs. Moreover, our experience has been that every round of cuts has spawned a whole set of consultants and managers to "find efficiencies" and manage the cuts, and there are all kinds of costs associated with moving services around and consolidating them. For eg. the Provincial Auditor calculated the cost of the hospital amalgamations and closures under Mike Harris to be \$3.9 billion. That was \$3.9 billion spent to save \$800 million. I fear the public has been oversold on an idea of finding efficiencies that are very significantly overstated, and this has led us all down a very dangerous path.

Leading into and throughout the election campaign we tried to push all of the political parties to make firm commitments to restore public hospital funding and reopen closed wards and operating rooms. After 40 years of downsizing, the conversation, about hospitals at least, needed to be about rebuilding capacity, not cuts. By the best evidence hospitals need 5.3 percent funding increase per year for four years in order to stave off cuts; and our province, which has cut beds to a level unheard of in Canada -- or among our peer nations-- needs urgently to reopen beds. (By that we mean funded beds as there are plenty of closed down wards and entire floors of hospitals due to inadequate funding.)

While we were definitely successful in setting the crisis of hospital overcrowding as a key issue, Doug Ford's promise was simply to "end hallway medicine" and that there will be "no cuts" without any commitment to any level of funding. In Wallaceburg, at a donut shop appearance, local health coalition members also asked Ford not to privatize hospitals and he promised this. They taped him on their cell phones. We'll have to hold him to that. So the key question remains this: how will Doug Ford cut billions from provincial revenues when Ontario already funds its hospitals (and in fact all our public services) at the lowest level per person, in Canada?

In addition to the budget cuts, there is reason to be wary. The Fords' record of trying to privatize long-term care at the City of Toronto -- a plan that we successfully stopped -- may be an indication of things to come. Reuben Devlin, former Conservative Party President and CEO of Humber River Regional Hospital is one of Ford's closest health care advisors. He closed 3 hospitals at Humber River, to build one privatized P3. One of the hospitals he closed down was in one of the poorest neighbourhoods of Toronto. Those of us concerned about mega-mergers and a new wave of expensive and destructive amalgamations should take heed.

The fact that Doug Ford did not make much in the way of clear commitments could afford him wide latitude to do whatever he wants in government. But on the other hand he also has no mandate for service cuts and privatization. In fact, our strength and the issues that we had successfully made top-of-mind leading into the election, meant that he had to commit to no cuts, no lay offs, and an end to hallway medicine in order to get elected, and, importantly as noted above, no privatization. We can be proud of that. In addition, leading into the election, the Conservatives were put into a position of voting in favour of legislation to bring in minimum care standards in long-term care. We will have to hold Ford's government to these commitments.

But we have been around long enough to know that there is a lot of work ahead. We are going to have to be ready to fight. The forces of cuts and privatization are now ascendant and it will take a great deal of strength to protect public health care and our core principles of equity and public non-profit service in the upcoming months. We will need your help, and with it, we commit to doing everything possible to protect local services from cuts and privatization, to advocate for the public interest, and to uphold the principles of public health care for all in our province.

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