

Attn: Assignment Editor
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Coalition Applauds MPP Gates' Call for Premier to Answer on Status of Niagara Falls Hospital

But Niagara residents deserve answers for the whole region & on privatization plans

Niagara Falls – On Thursday, in advance of Premier Kathleen Wynne's visit to Niagara Falls today, MPP Wayne Gates questioned the Health Minister in the Ontario Legislature on the slow pace of approval for a new hospital in Niagara Falls. He advocated that local contractors be used in the construction. All this is good. There is no question that the Niagara Falls hospital is old and a new one is required. Two years ago, the Niagara Health System submitted to the Ministry of Health a Phase I proposal to build a new hospital in Niagara Falls that has not yet been approved.

Unfortunately, here in Niagara, as is the case in Scarborough, Durham, Picton and other areas, the government has used a vague and distant promise of a new hospital in what appears to be an attempt to stifle dissent about closure of needed health care services and a dismantling of local governance. In Niagara, the plan is to close down five entire hospitals and replace them with one. The closures have already started with the eradication of all overnight hospital services in Niagara Falls though the supposed replacement hospital has not even been approved at Phase I. All of this political manoeuvring has occurred without any proper evidence-based planning nor any reasonable attempt to measure and meet population need for public hospital services.

"Niagara Falls needs a new hospital and we wholeheartedly support the call for the Wynne government to give clear answers on this," said Sue Hotte, chair of the Niagara Health Coalition. "But Welland and the region need their hospital protected also. The government cannot continue to pit community against community in a false competition that, in the end, would see not enough hospital services for anyone in Niagara. It is not about one town winning and others losing. If there are not enough beds and services, everyone in the region loses."

There is a second issue that must also be addressed. While the government may claim it cannot afford enough new hospitals to meet population need, it continues to pay a massive premium for private financing of new hospitals – euphemistically called P3s (public private partnerships). The public cannot be told to tighten our belts endlessly while the financiers, consultants and construction companies in the P3 deals are raking in extraordinary returns. The P3 privatization has been justified on the supposed transfer of risk to the private sector but the St. Catharines' hospital stands as an irrefutable example of how risk is not transferred. That hospital was years late due to the implosion of the financial markets and financial troubles of Deutsche Bank, the scheme's original financier, and faced exorbitant costs that kept going up through the negotiation of the P3 deal even as deadline after deadline was not met. At no point did the private sector bear real or meaningful transfer of "risk" for the cost overruns and delays.

"First the McGuinty and now the Wynne government have steamrolled through the closure of one entire hospital in Niagara and made draconian cuts to the remaining south Niagara hospitals. These are among the worst cuts in Ontario despite unsafe hospital overcrowding, high death rates, and clear evidence of population need. As a result of the cuts, patients – most of them elderly – are transferred repeatedly from town to town, creating hardship for them and their families and communities," noted Natalie Mehra, executive director of the Ontario Health Coalition. "In the remaining time before the next election the political leaders and public in Niagara need to push as hard as possible to win a promise to protect the existing community hospitals in Niagara – both to protect their services and improve them, and to build new hospitals through public financing."



The government has begun to move on the situation in Welland. But the new promise of an ambulatory care centre is not a community hospital -- it does not have the same scope of services -- and the 100,000 people served by the Welland hospital have the right to demand that their hospital remain open as a real community hospital and regain lost services.

The government must move forward with a new public hospital for Niagara Falls, not a privatized P3 hospital, and to develop a proper planning process to protect the smaller towns' services across Niagara and across Ontario, particularly in amalgamated hospitals where the large site dominates. The way to do this is through sound planning processes that measure population need and are based on evidence. Empire-building and politics must be taken out of Ontario's public hospital capital development process.

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