



Older Canadians Network



Care Watch

Supporting Quality Home & Community Care



Ontario Health Coalition

Quality universal public health care for all

Wednesday, April 3, 2013

Open Letter

Honourable Deb Matthews
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street,
Toronto, ON M7A 2C4

Dear Minister Deb Matthews:

Recently, you released the final recommendations of Ontario's Seniors' Strategy. Included in the strategy is a plan to have seniors pay user fees for home care services, based on their incomes. Announced, earlier with the release of the summary of the strategy, is a proposal to expand income-based user-fees for seniors' drugs.

On the face of it these proposals might sound innocuous. If the wealthy can afford to pay, so the argument goes, then why not have them pay out-of-pocket and relieve pressure on the public system? Private clinics use the same argument to push for all-out hospital privatization.

But there are good reasons to resist this siren's song.

Universal publicly-funded health care is understood as a fundamental value in Canada. The idea that judge and janitor would share the same hospital ward is cornerstone to our health system. It ensures that the judges (and the like) in our society share our common interest in quality health services for everyone.

As that health system is changed -- as services are moved from hospitals to home care and other community services-- the fundamental equity values that underlie our public health care system should not be abandoned. Otherwise, reform is simply a cover for dismantling public health care.

Moreover, in a context of scarce staff and health professionals, when the well-heeled pay and jump the queue, they take a disproportionate share of the resources first, worsening shortages for everyone else.

Public health care is about taking care of each other. We pay through our taxes for care when we are of working age and healthy --and we share the cost across society -- so that the burden for care is not shouldered by the sick, the elderly and the dying. This is a point of pride for most of us.

In fact across Canada, the progressive public interest organizations that work on health care are pushing for the principles of the Canada Health Act not only to be safeguarded in hospitals and clinics, but also extended to cover home care and drugs in a bid to protect equity and reduce suffering as health care is reformed.

It is distressing to see the Ontario government moving in the opposite direction.

The reality is that universal public coverage for senior's health care is increasingly eroded, and what was once a slippery slope is threatening to become an avalanche.

Not only has your government introduced the notion of means-testing for home care, but within less than a year, the initial plan for only the richest 5% of seniors to pay user fees for drugs, introduced last spring, has morphed into a proposal to expand user fees and means testing to more, or even all, seniors.

This is two-tier health care.

Twenty years ago Ontario had 18,500 more hospital beds than it does now. Wound care, chronic care, physiotherapy, occupational therapy and speech pathology are all services that used to be publicly-funded and provided in local hospitals. As these and other services are moved out of hospital they are being moved out from the Canada Health Act's protection against user fees and extra-billing.

Add them up, and the number of user fees seniors now face is accumulating at a disturbing pace. An elderly person who gets sick or frail now has to pay for rehab, home care, respite, long-term care homes, travel, drugs, exorbitant parking fees, lab tests, medical supplies and equipment, and the list goes on.

It is a false economy to claim these cuts as savings. Costs for needed care are simply downloaded to the frail and ill who pay disproportionately because they are the population group that requires these services more. Means-tested home care would simply add to the burden of costs for care for the people who need it most.

Home care is a vital service. There are many ways that home care could be improved within the public non-profit health care system. The vision of an integrated home and community care system that enables seniors to age in place is a deeply held priority for many many Ontarians. It should be reflected in our public policy decisions.

That our public services should enhance social cohesion and improve equity is a quintessentially *liberal* idea. Indeed, the universality and equity principles were written into the Canada Health Act under the Liberal government of Pierre Trudeau and Health Minister Monique Bégin. They have been upheld by the Liberal Party (and the NDP, and many Conservatives) for generations. They should not be abandoned lightly.

Ontario has a legislature with longstanding democratic practices – including public hearings and appropriate opportunities for public input -- that must be respected, especially under a minority government. Privatization of vital health services and abrogation of fundamental principles are a major policy decisions. They cannot be made by fiat. At the very least, these plans should be subject to fulsome public debate.

Sincerely,

Derrell Dular
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Alliance of Seniors
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Director
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Sheila Neysmith
Board Member
Care Watch

The following organizations have signed onto this letter:

Alce Art & Health
Anne Johnston Health Station
Canadian Hearing Society

Canadian Labour Congress Ontario Division
Canadian Pensioners Concerned Ontario Division
Caribbean Canadian Seniors Club

Canadian Assoc. of Retired Persons (CARP) Ch. 36
Canadian Auto Workers (CAW) Retired Workers
Executive and Local 27 Retirees London
Central Toronto Community Health Centres
Chinese Golden Age Club of Mississauga
Credit Valley Seniors Club
Colour of Poverty – Colour of Change
Concerned Friends of Ontario Citizens in Care
Facilities
Congress of Union Retirees of Canada
Cool Sistas
Council on Aging – Frontenac-Kingston, Ottawa, and
Toronto Chapters
Canadian Union of Public Employees (CUPE) Ontario
Downsview Services for Seniors
Elderly Vietnamese of Mississauga
Federation des Aines et Retraites Francophones
(FAFO)
Friendly to Seniors – Sudbury
Hindi English Seniors Club
Homecare Assistance Toronto/York
Huron Park Italo-Canadian Seniors Club
Indo Canadian Seniors Group
Italian Canadian Seniors – Mississauga
Kings Club #1506
Lake Country Community Legal Clinic
London Regional Congress of Union Retirees of
Canada
Meadowvale Seniors Club
Medical Reform Group
Mississauga Senior Club Inc.
Mississauga Seniors Council
Multicultural Council of Ontario Seniors
Muslim Seniors Circle of Hilton/Peel
Muskoka Network for the Prevention of Elder Abuse

National Pensioners and Senior Citizens
Organization
Nellie's
North Muskoka Nurse Practitioner Led Clinic
Older Women's Network
Ontario Chinese Seniors Association
Ontario Council of Hospital Unions
Ontario Federation of Labour
Ontario Federation of Union Retirees
Steelworkers Organization of Active Retirees
(SOAR), Ontario region and Chapters 16 & 17
Ontario Nurses Association (ONA)
Ontario Public Service Employees' Union (OPSEU)
Ontario Secondary School Teachers' Federation
OSSTF Active Retired Members – Ch. 22
Peel Poverty Action Group
Penage Road Women's Institute
Pickleball Mississauga Association
Provincial Council of Women of Ontario
Red Hat Rambles, Red Hat Society
Retired Teachers of Ontario District 3 Algoma
Retired Women Teachers of Ontario
Service Employees International Union (SEIU) L. 1
Social Planning Council of Sudbury
Social Planning Toronto
South Central Ontario Council of the Congress of
Union Retirees of Canada
Tamil Seniors Group of Etobicoke
Thunder Bay Long Term Care Family Council Support
Group
United Food and Commercial Workers Local 175
United Senior Citizens of Ontario
Uxbridge Seniors Club
Vietnamese Cambodian Laotian Community Services
Association
Waterloo Regional Council of Union Retirees