

Ontario Health Coalition

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Ontario Health Coalition Vows to Continue Legal Action to Keep Hospitals Public

Toronto - The Ontario Health Coalition and partners will file further legal action today to stop the Ministry of Health from signing off on any private (P3) hospital deals before the election or before the new government takes power. We are also continuing with our original legal case to nullify the signing of any deals that may have occurred.

"We are hoping that our action will save Ontarians millions by quashing any penalty clauses that may have been signed on the eve of the election," said Natalie Mehra, OHC provincial coordinator. "The hospitals plan to close the financial deals in mid-October and proceed with the interim agreements in the meantime. We will make the utmost use of our legal options to stop any further deal-making in the dying days of the current government and to void any of the unreasonable financial penalties that the hospitals may sign off on in the interim."

"The secrecy surrounding these deals was apparent in court yesterday," added Ethel Meade, Coalition co-chair. "However, our legal action has forced some disclosure about these secret deals. We have been able to ascertain that in neither Brampton nor Ottawa have financial closures been signed. The judge said today that the incoming minister of health would be able to cancel the deals and keep the hospitals public. We have been told that the penalties for cancellation of the private hospital deal in Ottawa are much less than the reported \$10 million - they may be more in the realm of \$2 million. These are important facts, but many documents pertaining to the agreements already signed remain secret. We are pursuing an appeal in part to force some disclosure about these secret deals."

"The hospitals are trying to blackmail communities into accepting privatization on a crisis basis, pretending that replacing the P3s with public hospitals is not an option," continued Natalie Mehra. "We have been fighting for two years to ensure that public hospitals will be built in these communities and that all future hospitals will remain in democratic public control. We are now redoubling our efforts to let the public know that these private P3 hospitals will incur unnecessary costs and profit-taking, will lead to

bed and staff cuts in order to make room for profit-taking and higher costs, and will ultimately shrink the scope of services covered by Medicare."

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