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Health Care Advocates Slam Ford Government for Privatizing Surgeries While Pushing Public Hospitals into Deficit

“A gross misuse of public funds” the Coalition warns as mass protests are planned

Toronto – Ontario’s public hospitals have been pushed into deficit and ordered to find cuts while the Ford government shunts hundreds of millions of public dollars away from them to for-profit clinics, the Ontario Health Coalition warned today on the heels of the province’s announcement of plans to privatize thousands of orthopedic surgeries.

“We have existing operating rooms sitting unused in our local public hospitals because the Ford government refuses to fund them,” said Natalie Mehra, executive director of the Ontario Health Coalition. “In fact, the Ford government is threatening local public hospitals and demanding cuts. Yet, at the same time, the sky is the limit when it comes to private clinics.”

The Coalition notes that the Ford government has been paying 20% more for each surgery in private cataract clinics and more than 200% more per surgery to the private hospital for which their former Health Minister became a lobbyist.

Ms. Mehra noted that the provincial government delayed increasing surgeries in public hospitals where there is all kinds of existing under-used OR time, instead opting to slow everything down by holding an entire bidding process to invite private corporations to privatize surgeries. Patients have had to wait while the bidding process was done, proposals reviewed, corporations chosen, and now while they set up the capacity to do the operations. All this is unnecessary but for the choice of the Ford government to privatize.

“Let’s get this absolutely clear. The Ford government’s hospital privatization plan is *not* about wait times, it is about giving public money to private and for-profit corporations to privatize our health care,” Ms. Mehra warned. “With this announcement, the Ford government is shifting more than a hundred million dollars in public money away from our public hospitals’ underused operating rooms. It is a gross misuse of public funds. This government has no mandate whatsoever to dismantle and privatize the core services of our public hospitals.”

The Coalition is planning province wide protests to demand the Ford government restore our public funding to our public hospitals and stop their privatization scheme.

Fact checker

False: Health Minister Sylvia Jones' claims that it is not an "either-or situation".

The Ford government is underfunding public hospitals. Ontario's hospitals are funded at the lowest rate of any province in the country. The Coalition released results of information requests on public hospitals and found that virtually all have the majority of their operating rooms closed the majority of the time because they are not funded to staff and run them.

The Coalition reports that the majority of public hospitals were pushed into deficit in the most recent financial year, and many if not most are in deficit again now. At the same time, the Ford government has announced repeated rounds of increased funding for private clinics.

The announcements in the summer (\$155 million) and this week (another \$125 million) are very large amounts of public money. That public money is shifted from improving capacity in our public hospitals to funding new private clinics, the vast majority of which are for-profit. At the same time as private clinics take budget money and staff away from public hospitals, they are taking the easy, non-complex, profitable surgeries and diagnostic tests while leaving the more complex, heavier care and more expensive patients behind.

False: Private clinics have the same quality protections as public hospitals

The quality and safety regime in public hospitals is far superior to that of private clinics. Public hospitals have peer scrutiny and review. The information they give to patients is clear and is reviewed by hospital staff who act in the public interest and with sound medical ethics. The information given in private clinics is often manipulative, and sometimes completely false and unlawful. Public hospitals have quality improvement committees, peer review of medical accidents and adverse events, robust health and safety regimes, people for patients to complain to if there are problems. Private clinics have been plagued by problems with quality, sterilization and patient exposure to infections, and show higher patient morbidity and mortality rates. Public hospitals are not perfect, but it is patently false to claim that the quality and safety regime for private clinics is anywhere near that of public hospitals.