



February 7, 2023

Left unchallenged, “create a crisis and privatize” provincial schemes will destroy public health care: Health Coalition called on Trudeau to step up and show real leadership

Toronto – For decades the Ontario Health Coalition has been on the front line of the fight to safeguard public health care against privatization and to protect patients from extra-billing. Few have followed the behaviour of the private clinics in Canada more closely. Today, the Coalition warned that the unprecedented health care crisis is, in significant part, due to our governments cutting and privatizing public hospital services beyond all reason and evidence. Public hospitals are a target because they represent billions in public funding that vested interests want for themselves in profits, tax giveaways and other redirections of that funding. This has resulted in suffering that is now being exploited, in a horrible irony, to force through privatization. No province has cut its public hospitals more radically than Ontario, but all of Canada ranks very low among our peer nations. Here are the facts:

- See [number of hospital beds left after downsizing and cuts, by province](#).
- See [number of hospital beds left in Canada compared to the OECD](#).

“Canada’s public hospitals are overwhelmed beyond comprehension yet we are hearing our Prime Minister talk positively about more cuts to - and privatization of - public hospitals,” reported Natalie Mehra, executive director. “When we talk about a status quo that is untenable, the unrelenting cuts to and privatization of public hospitals are a big part of the status quo that has plummeted us into crisis.”

“Now, the Prime Minister is talking about moving resources everywhere except to our public hospitals. It defies reason,” she warned. “We cannot continue to do what we have done for 30-years in this country -- nowhere to a worse extreme than Ontario -- and expect that we will get a different outcome. Canada cannot any longer undermine its public hospital system and privatizing it is the *destruction* of our health care, not an innovation.”

“Already existing private for-profit clinics across Canada routinely extra-bill patients thousands of dollars, often illegally. The private clinics also charge patients hundreds or thousands of dollars for extra medically unnecessary add-ons. Moreover, private clinics take scarce staff out of public hospitals to serve lighter-care profitable patients. They leave behind the unprofitable patients – those with more complex care needs like diabetes and COPD, obesity, heart diseases and cancer -- to public hospitals with less funding and staffing to provide for them. This, in the context of unprecedented staffing shortages will devastate already overstretched local public hospitals,” warned Ms. Mehra.

Canadians expect our federal government to stand up for the foundational principles of our public health care system. “We will not stand idly by and watch these political leaders drive our public hospitals into the ground and then claim that privatization is a solution to the crisis that they have created. Privatization is the destruction of public medicare. Profit-taking from our health care is already causing terrible neglect, staggering medical bills and suffering among the elderly, the injured and the ill. It goes against everything we believe as a people, against the values that we hold most deeply as a country.”

Four times since 2006, the Coalition has called all the private for-profit clinics in Ontario and/or across Canada and caught the majority of them extra-billing patients. In the [most recent study](#) done by the Coalition [published in a front-page series in the Globe and Mail, the for-profit clinics were caught double-billing, charging patients thousands of dollars and charging the public health system at the same time for the same procedure](#). Patients are routinely charged *ten times* the public health system costs for private for-profit shoulder surgeries, *four or five times* the cost for private

cataract surgeries, *three times or more* the cost for private MRIs. The same process of calling all the private clinics in British Columbia was replicated by the BC Health Coalition which found the same results. The Ontario Auditor General hired a consultant to do the same type of investigation of extra-billing in private clinics in Ontario and found the same results. The head of a major for-profit clinic in British Columbia has appealed his court challenge to the Supreme Court of Canada in an [attempt to bring down the laws that protect single-tier public medicare](#) – ie. protect patients against extra billing. Brian Day lost his private clinics’ case at every level of the courts in British Columbia.

“There is no possibility that the Prime Minister is unaware of the existential threat that the cuts to and privatization of our public hospitals poses to the future of public health care for Canadians,” said Natalie Mehra, executive director of the Ontario Health Coalition. “To say his statements on health care are disappointing is an understatement. The Prime Minister needs to make a course correction on health care. Canadians will back him up if he stands up against the privatization and destruction of our public health care against the worst provincial premiers, including Doug Ford.”

Facts & Background:

- Trudeau’s record on health care is varied:
 - Pre-pandemic Trudeau was weak on health care. When his government took office, Trudeau forced through bilateral funding deals with the provinces that [only slightly modified Steven Harper’s funding formula](#). Trudeau adopted Harper’s formula with minor modifications, mostly for PR and without substance.
 - During the first years of the pandemic the Trudeau government made a sea change in fiscal policy. They floated the country, contributing [more than 80% of pandemic spending](#), obtaining vaccines and testing kits, PPE and providing extraordinary funding for health care, social and income supports and much more. At this point, the federal government did show tremendous leadership.
 - In the recent federal election, the Trudeau government [announced more than \\$9 billion for long-term care funding, without strings attached](#). In a horrible irony, this federal funding can be used by provinces (eg. Ford’s Ontario) to actually expand new for-profit long-term care homes owned by the same companies that are responsible for horrific negligence, suffering and death of their residents. There are no required federal standards: no minimum care standard; no requirement for inspections and public reporting; no accountability. Trudeau has completely ignored [calls for meaningful national standards in long-term care](#), and instead adopted a process that is a distraction, resulting in standards for accreditation: [– a voluntary, industry-led process that did nothing to prevent the thousands of deaths](#) and suffering among long-term care residents in the pandemic. This is nowhere near the equivalent to strings attached to federal funds to ensure accountability for Canadians.
- Canadians now face a level of flagrant extra-billing that is truly unprecedented where private clinics have been allowed to expand. Private for-profit clinics are overtly selling medically needed surgeries for thousands or tens of thousands of dollars and charging for an increasing array of medically-unnecessary add-ons. Virtual care companies, bolstered by new public funding, are overtly selling access to family doctors and refusing access to those who cannot pay. COVID testing sites – in the midst of pandemic – are selling access to medically-needed COVID testing for hundreds of dollars.
- Previous federal governments have done more, at times. Patients in Quebec forced the federal government to pressure Quebec to stop extra-billing for a period in their private clinics. Alberta’s Klein government was forced to pay back all patients that were extra-billed in private MRI & CT clinics. The federal government can and must clarify that virtual clinics cannot sell access to doctors, that provinces will be penalized for the extra-billing of patients, and must direct federal funding to public non-profit institutions and services with real national standards and accountability.