

The Pulse

June 2005

Newsletter of the Ontario Health Coalition

In This Issue P3 Action Alert • Supreme Court Decision • LHINs Information • Dates & Issues to Watch

Ontario Campaign In Full Swing

Coalitions across the province are fully engaged to stop the P3s & plan for upcoming restructuring:

Events and Actions Updates:

- **Brampton Health Coalition** met with the editorial board of the Brampton Guardian.
- **Brockville Health Coalition** met with local press.
- **Hamilton Health Coalition** held a press conference at the Hamilton Health Sciences Centre, with Fran Borsellino (Hamilton HC), David Goodings (Burlington HC) and Jan Ouzas (CUPE 4800).
- **Kenora Health Coalition** held a press conference at Lake of the Woods District Hospital with Cassie Moeller and Doug Kurtz (Kenora HC). Coverage included the front page of the Kenora Daily Miner and News, as well as radio coverage over Northwestern Ontario on CBC, and locally in Kenora.
- **Windsor Health Coalition** held a press conference at the CAW 200/444 Hall with Mike Longmoore and Andy Schmidt. Coverage included the Windsor Star.
- **Lindsay Health Coalition** held a press conference June 2nd on the sidewalk in front of Ross Memorial (they weren't allowed on the hospital grounds). Representing Lindsay HC were Deborah Scott and Rheta McLaughlan.
- **Kingston and Area Health Coalition** held a media event and delivered a letter to local MPP John Gerretsen June 3rd.
- **Cornwall Health Coalition** held a press conference on June 6th. The radio station CFLG –FM / Variety 104.5 FM aired the story, placed a feature photo of Elaine and Co-Chair Dianne Morin on their website's main page, and included a news brief in the local news section.
- **Toronto Health Coalition and P3 Committee** Held, on June 9, an Emergency Action Strategy Meeting Community Agencies, Health Care Workers and Activists. Also held a Sign Up for Signs! Tables & Leafletting at the St. Jamestown Festival and the Bloor St. festival.
- **Sudbury** a coalition of unions representing Long Term Care Facility workers held a lively rally with OHC participation at City Hall on June 13.
- **North Bay Health Coalition** Thursday, June 16 Public Action Assembly to set local strategy for planned North Bay P3 hospital: 7 pm, Legion, 150 First Ave. W.

Big Push for P3 Petitions enclosed you will find a petition. We have extended the due date to the fall. Please put copies at the reception desk in your office, ask friends or members of your group to sign, take them to your library or church. We have well over 10,000 signatures now. We need 10 times that many and we know that we can do it because we've done it



YES!
a new
Hospital
for St. Catharines
Build it right!

Keep our new
Hospital 100% Public

VOTE
June 25th

**Niagara
Health Coalition**

www.ontariohealthcoalition.ca

Current and Upcoming:

- **LHINs - S/E Ontario Region including Kingston, Brockville, Ottawa, Cornwall, Renfrew** (LHINs # 10 & 11), held a Regional Planning Session to set up strategy and communications in this LHIN. To join this group, please contact us for more information.
- **LHINS - Toronto Region**, held a Regional Planning Session to set up strategy and communications in this LHIN. To join this group, please contact us for more information.
- **LHINS, P3s, Health Restructuring - Lindsay** Saturday, June 18 Health Action Assembly - to update & set strategy 11 am - 2 pm, 33 Lindsay St. E. in the Community Living Building
- **P3 Hospitals - St. Catharines** Sunday June 19 Rally & Barbeque at Montebello Park 11 am - 3 pm, Montebello Park, St. Catharines
- **P3 Hospitals - Toronto/Scarborough** Sunday June 19 Public Meeting with Ali Mallah, Amy Go, Mahalligan Kandiah, Natalie Mehra 6:30 pm, Scarborough Civic Centre
- **P3 Hospitals - St. Catharines** Monday, June 20 City Council Resolution 6:30 pm
- **LHINs - Kitchener Waterloo, Guelph, Cambridge and north to Clifford & Swinton Pk.** (LHIN #3) Wednesday, June 22 Planning Session to set strategy & communications: 7:30 pm 844 Cortland Ave. E. (CAW office- look for the building in behind) Kitchener
- **P3 Hospitals - St. Catharines** Thursday, June 23 Final campaign planning meeting 7 pm - Campaign Headquarters 455 Merritt St.
- **P3 Hospitals - St. Catharines** Friday, June 24 Workplace Votes
- **P3 Hospitals - St. Catharines** Saturday, June 25 Community-Wide Plebiscite (Vote)
- **P3 Hospitals - St. Catharines** Monday, June 27 Announcement of Plebiscite Results
- **P3 Hospitals - Hamilton** Monday, June 27 Public Action Assembly to plan strategy for planned P3 hospital redevelopments in Hamilton: 7 pm, Hamilton Public Library
- **P3 Hospitals - Woodstock** Tuesday, June 28 Planning Meeting regarding planned P3 hospital redevelopment in Woodstock: 7:30 pm, CAW I.636 Hall, 126 Beale St.
- **LHINs - LHINs Central East including Oshawa, Peterborough, Lindsay** (LHIN #9) Thursday, June 30 Planning Session to set strategy and communications in this LHIN: 7 pm, CAW Hall, 1425 Philip Murray Ave.

Toronto Lawn Sign Campaign Stepped Up



The first 500 new lawn signs are out and the next 1,000 will be going out starting this weekend. Many campaign activities are planned. Please order your lawn/window/balcony sign, ask your friends, members and co-workers to take signs and help out! Call Andy at 416-441-3713.

St. Catharines Community-Wide Vote Launched

A plebiscite covering the communities of St. Catharines, Thorold and Niagara-on-the-Lake was launched this week in St. Catharines. The vote, called by and organized by area residents, will be held on June 25th in dozens of polling stations across each community. Workplace balloting will be held on June 24th. Call 905-688-3929 for more information or see the St. Catharines campaign website at: <http://www.web.net/~ohc/StCats.htm>

Toronto Health Coalition School Outreach Project

by Pat Futterer, Toronto Health Coalition

The Toronto Health Coalition has undertaken an exciting and challenging new project. As health care activists, our main objective is the preservation of Medicare. However, we can't do it alone; we need the support and involvement of young—and informed—Canadians. Hence, the launching of our School Outreach Project.

Over the last several months, we approached civics teachers in Toronto secondary schools asking if they would be interested in having representatives from the Toronto Health Coalition talk to their students about Medicare. Fortunately, the grade ten civics course includes a unit on pressure groups and the Toronto Health Coalition—as well as all the other health coalitions in Ontario—is definitely a pressure group.

We created a lesson plan that included a pre-presentation component, a detailed outline of the actual presentation—including visuals, a taped segment, role-playing, handouts-- and suggestions for a follow-up lesson. From the beginning, we knew that this had to be an interactive process. (I can't think of a faster way of alienating a group of twitchy teenagers than talking **at** them for 50 minutes!) I ran the first draft past the four civics teachers at Jarvis Collegiate in Toronto where we had been invited to launch our pilot project. They were quite enthusiastic and so we set up our visitation schedule.

In May, we addressed six civics classes at Jarvis Collegiate in Toronto. This was a challenging, and, at times, a humbling experience. Needless to say, we had to keep revising the original lesson in an effort to meet the needs of our target audience. The response, however, was generally quite positive. One of the teachers commented, "What I think made the presentation work was the fact that the students were well integrated into the different activities you had...there was a lot of variety within the 50 minutes you had to work with."

We will be promoting our project with the hope that teachers in other Toronto schools will invite us to do presentations for their students. It would be wonderful if we could develop this into a province-wide effort. Contact Pat Futterer by phone (416-929-1545) or by e-mail: pacfutt@globalserve.net

Weighing the Evidence

by Dora Jeffries, coalition co chair

Is Canada's Public Medicare system unsustainable and inefficient? Have other countries found a "third way" to deliver health care that is cheaper and better than our single payer system? The conference, "Weighing the Evidence – International Experience with Health Care Reform", held in Calgary, April 30 - May 1, provided answers to these questions.

Conference presenters showed that other developed countries are also struggling with health care reform. Dr. Alan Maynard, Dr. Jim Maher and Dr. Patrick Dubreil provided an overview of the public/private mix of health care delivery, funding models and experiments in privatization and public-private delivery in the UK, Australia and France. Each speaker noted a strong ideological push to allow private for-profit agencies access to public health care dollars. Dr. Maynard (UK) stated that "evidence should trump ideology in health care reform", unfortunately he observed that many countries have tried the same old "solutions" - user fees, public-private partnerships and private insurance for medically necessary procedures. He noted that these measures have been tried, abandoned and often tried again in many developed countries.

Canadian economists Armine Yalnizyan and Tammy Horne provided compelling evidence that health care costs are neither unsustainable nor rising astronomically. Ms. Yalnizyan concluded that governments had created the crisis of sustainability in health care. Since 1996 \$250 billion has been lost to tax cuts. Other government spending has shrunk because of tax cuts so it appears that health care spending is more of the budget - an artificially created situation. Studies showed that drugs, the most privatized part of health care, are the area in which costs have grown most rapidly and are truly unsustainable.

The evidence presented at the conference was irrefutable; shifting costs from the public purse to individuals and private insurance will cost more and create greater social and economic inequity. Dr. Claudia Fegan, President of the Physicians for a National Health Program in the United States, observed that Americans think they have the best health care system in the developed world when in fact they have the worst. She noted that many Canadians think they have one of the worst systems when in fact we have one of the best. We need a concerted strategy to promote the evidence that proves Public Medicare is the best way to deliver health care to Canadians and that evidence-based reforms are the best basis for change to our health care system.

Video and audio recordings and speakers' power point notes of the speakers at the conference "Weighing the Evidence: International Experience with Health Care Reform" are now available at www.weighingtheevidence.ca or by calling Friends of Medicare - Alberta at (780)423-4581.

Urgent Update: The Supreme Court Ruling on Private Health Care



[click here to see more photos](#)

Ontario, Ottawa and Canadian Health Coalitions on a 2-Tier Bus outside the Supreme Court when the Chaoulli Case was heard.

On June 9, the Supreme Court of Canada ruled on a case brought by a Quebec physician and his patient who had to wait for his medical procedure. By a 4-3 majority, the Court found that two provisions of Quebec health insurance law banning private insurance for insured medical and hospital services (ie. the ban on 2-Tier healthcare) violate the Quebec Charter of Human Rights and Freedoms. As for the Canadian Charter, the court split evenly, 3-3.

The case comes as the Fraser Institute, Preston Manning, Mike Harris, Michael Kirby and others

have launched a new campaign to try to open up the door to privatization, slammed shut by the Romanow Commissions definitive rejection of private health care. This campaign seeks to draw attention away from the US health system and focus on European health systems that involve a mix of public and private care. More information on this is contained in the sidebar.

As matter of law, the damage caused by the case is limited in Quebec. No other health care statutes are affected, including other provincial schemes that include a similar ban on private insurance. It may be that legal challenges will now be launched in other provinces, but it is far from a foregone conclusion that these would succeed. The more immediate challenge is likely to be a political one as some provinces may use the Supreme Court's decision as an excuse for removing the bar to private insurance.

The majority judgment of Court is comprised on two sets of written reasons: one set written by McLaughlin and Major, and supported by Bastarache (M,M and B); the other written by Deschamps. It is because Deschamps limits her decision to the Quebec Charter, that no majority exists on the question of the Canadian Charter. A briefing note is enclosed and is available on our website at www.ontariohealthcoalition.ca. More resources on the case, called the Chaoulli case, are on the Canadian Health Coalition site at www.medicare.ca.

Two Tier Healthcare: Costly and Unfair

Two tier healthcare is the creation of two lines for health services - one for the poor and one for the wealthy. The world's biggest two-tier health system exists in the United States. It is also the world's most expensive health system. Those who support the principles of the Canada Health Act reject two-tier healthcare because it would drive up costs in the health system, inviting in private insurance companies, profit-taking, exorbitant executive salaries, expensive administrative systems and higher prices as patients compete for care. We also reject two-tier healthcare because it draws precious human resources and money out of the public system, creating longer waits for many, while those with less medical need but more money jump the queue. Two-tier health care is not a solution. It replaces taxes with higher out-of-pocket costs. It will replace the problem of wait times with new problems of out-of-control prices, higher costs, and diminished access for the majority of Canadians.

The problem of wait times is one of demand and supply. The forces that pushed tax cuts which created long wait lists now want to create a two-tier system to "solve" the crisis they created while creating profit-making opportunities for themselves and their colleagues. There are public solutions to the problems in the health system. If supply is increased, progressive reforms are adopted, profit-taking is curtailed and demand is managed in the public health system, there will not be a wait list problem. This relies on a rejection of the tax cuts agenda and a redoubled effort to improve the public health system according to the values of community, equality, inclusion and social solidarity embraced in the principles of the Canada Health Act.

Two-Tier Health Systems: A Quick Glance Around the World

One of the problems in comparing health systems around the world is that different systems cover a varying range of services and programs, cultures vary, social equality and the determinants of health differ and systems are in flux. In some cases drugs are covered, many countries have more robust social security systems, all European countries have national or other government housing strategies etc. Here is a quick briefing on some of the major observations about the two-tier health systems that are emerging or have emerged in other countries. The conclusion from more rigorous research is that two tiering creates new costs and leads to inequality of access.

Sweden: Sweden's health system covers far more than ours publicly. Drugs, dental care, rehab and other services are covered. Swedes pay far less out-of-pocket for healthcare than we do. Sweden has a relatively short experience with two-tier healthcare. Nonetheless, the Kirby Committee heard the testimony that the privatization has created a problem of queue-jumping. The unfairness of the system has become a political problem.

Australia: Australian two-tier health system has sucked resources out of the public system to the detriment of public patients. The problems created by the privatization were reported to Kirby by Dr. Roer Kilham from the Australian Medical Association who noted: "(...)there is more rationing in the public sector. People do not get access. It is very common to meet someone who has waited five years to get a hip replacement or even longer for a knee replacement....We call private health insurance "queue-jumping insurance." Basically, it buys a place further up the queue....they can jump queues if they have the money to do so."

France: France has a relatively robust social security system and a health system that covers more than ours. They also have two-tier healthcare and many problems in their health system. The system is rife with unnecessary duplication and over-capacity. (In a two-tier system, health facilities try to compete with each other by buying expensive medical equipment etc.). The high costs of these items are borne by health care professionals and workers. France's doctors are paid about half our rate. France's government is grappling with rising health costs, over-prescription and high drug costs and other issues.

United Kingdom: Under the privatization, restructuring and two-tier health system, the UK has seen its health care administrative costs skyrocket. Kirby heard the following testimony about the unfairness and queue-jumping in Britain from Clive Smee, Chief Economic Advisor, Economic and Operational Research Division of the U.K.: "In terms of jumping queues, yes it happens....That is seen, of course, as a cause of unfairness, which is one of the reasons that the government is committed to bringing down waiting times for National Health Service patients as rapidly as it can."

United States: The US private health system costs more than two times our cost per person. Americans pay more in taxes for health care than we do. Even so, 43 million Americans have no health insurance. Costs are escalating at a rate that has thrown private industry into crisis and causing

Letters

Thanks for all your hard work aimed at protecting our most important social program. It is sad that government will not act in a way consistent with the Romanow Report. Thus it falls on organizations like yours to protect the public interest. Your organization is in fact acting like a democratic government while the government is acting like the private sector. What a sad decline in Canadian democracy and government since Brian Mulroney stated that 'Canada was open for business'.

John S Gaul (Sudbury)

One thing about this Supreme Court decision which I have not seen anybody comment on yet is that the man who allowed his case to be used as the test case in Quebec really won a hollow victory. If he thought he was going to be better off if he could buy private insurance, I believe he was badly misled. If he already needed a hip replacement, he would have had a pre-existing condition. No private insurance company would have given him coverage for a hip replacement if he already needed one. Am I missing something here? This is one of the reasons why we have Medicare.

Steve Watson (Toronto)

You might want to add to the briefing note about France the fact that private insurance in France is limited to covering patient co-payments (and mainly for optical and dental care -- the parts of the French system that receive relatively lower levels of public coverage). Private insurance there (according to a 2004 OECD report) CANNOT be used to queue jump. I think this is an important fact (if it is still true) because Chaoulli and others have offered France as an example for Canada to follow. Also even though 92 percent in France have private coverage, it only constitutes about 12 percent of total health spending. (I have to assume but cannot confirm that the remaining 12 percent of private expenditures are for out of pocket costs that are not covered by private insurance such as OTC drugs, and for the dental care and optical care provided to people who do not have private insurance known as voluntary health insurance in France). In other words, the French model would not help Canadian get faster care. The reason why France does not have waiting lists has more to do with the supply of providers (more than Canada) and the excess capacity in the system partly fuelled by private provision and private insurance -- but which the French believe have contributed to poorer cost control -- since there is some evidence that private insurance encourages over-use of services.

Carol Kushner (Toronto)

Briefing Note on 5 Year Infrastructure Plan Announced May 25 Implications for Hospital Privatization

On May 25 Minister for Public Infrastructure Renewal, David Caplan, released his long-anticipated 5-Year Infrastructure Plan. The full plan is available on the ministry website at: <http://www.pir.gov.on.ca/>. The plan calls for the following:

- 66 hospital projects over 5 years. 30 – 35% (approx. 23) of these are large and complex. The report says, “a significant number of large complex projects will be financed and built using alternative financing and procurement methods” pp. 7. This means that the plan is to privatize up to 23 hospitals through private finance mechanisms or P3s.
- the completion of 39 current projects (financing mechanism unclear, we are working on getting more information).

Which hospitals are affected?

We have called the Ministry and are attempting to get a list of the up to 23 hospitals that are slated for potential privatization. So far, we have not received that information. Those communities that are planning new-build hospitals are the most likely to fall under the “large complex projects”, a significant portion of which the government has announced it is planning to privatize. It is likely that the for-profit corporations will find the larger new-build projects the most attractive as they can take over the management of the facilities, structure private land development deals as part of the projects, and create more potential revenue streams for themselves than are likely in expansion or renovation projects. We will update the list of communities on P3 watch as we get more information.

What are “Innovative Alternative Finance and Procurement Mechanisms” (AFMs)?

The government is cloaking its privatization plans by re-naming them from P3s (public private partnerships) to “innovative alternative (read private) finance and procurement mechanisms”. From the descriptions given by Minister Caplan in the legislature, from the examples used in his 5-Year Plan, and from the descriptions given by other MPPs, AFMs are P3s. This is not the first time that these privatization plans have been re-named in an attempt to confuse and avoid public displeasure. In Britain, they were called “Private Finance Initiative” or PFI. Once they became deeply unpopular and the editors of the prestigious British Medical Association Journal called them “Perfidious Financial Idiocy”, the government changed the name to “Public Private Partnerships” or “P3s”.

According to the P3 industry lobby, there are a number of models of P3s – ranging from design-build contracts, to full design-build-own-operate contracts. From the information they have released, it appears that Ontario’s government is planning P3s following the design-build-operate model (as was used in the Brampton and Ottawa P3 hospitals). In these, a group of private corporations will finance the hospital and run the hospital facility. They will privatize the lands, privatize the services – including food, disinfection, clerical, patient records, portering, maintenance, security and others – and bundle all of these into an extremely large long term contract, usually 30 – 60 or more years in length. This means that the hospital facility and property and services – excluding for the time being doctors and nurses – will be privatized and run for profit for the next generation unless we stop them.

For fact sheets and reports on P3s see www.ontariohealthcoalition.ca and click on “Public Private Partnership”

Upcoming on Homecare, LHINs, Health Spending, Mental Health and Long Term Care

The Ontario Health Coalition will release a preliminary analysis of Elinor Caplan’s homecare review and an analysis and background on Local Health Integration Networks (LHINs). Copies will be available on the OHC website or by calling the office. Look out for our upcoming series on health spending, local mental health round tables, the release of the results of our long term care consultation and homecare activities.

Ontario Health Coalition Newsletter pp. 4 of 4

