



COMMENT

Letter

No doubt you know that the Emergency Room at Douglas Memorial Hospital is scheduled for closure, to be replaced by a 14 hour Prompt Care Centre, to be open from 8 a.m. to 10 p.m. only.

I am 88 years old with hypertension and heart problems and am very concerned in the event that I have a heart attack or a stroke, that I could not withstand the time it would take to transport me to an out-of-town hospital.

There is a petition circulating in Fort Erie to keep the Emergency Room open, which I have signed, as have many others.

There is a growing number of seniors living here. What are they supposed to do? If we all dropped dead it would solve a lot of problems. Is that the hope of the present government?

I've paid a fortune in taxes in my lifetime and continue to do so, and also contribute to the Health Insurance Plan included in my income tax.

There must be a better way to conserve money.

Keep up the good work. I am counting on you.
Marguerite Hanratty, Fort Erie

"Like Mike Harris, all over again"



"It is not acceptable for a government in a parliamentary democracy to pursue long-term privatization and competitive bidding in homecare, privatized P3 hospitals and for-profit long term care facilities while running election campaigns promising to protect public non-profit health care."

It is not acceptable to wipe out democratically-elected hospital boards and hide behind unelected LHIN boards while cutting needed hospital services in local communities.

It is not acceptable to pour public health care money unaccountably into for-profit companies and financiers, while claiming that Ontario residents must tighten our belts.

We have lobbied. We have done the research. We have produced the reports and we have made the arguments. But it has become abundantly clear that asking isn't enough.

There comes a time when citizens are obligated to require our government to be accountable and act in the public interest, for the consequences are too severe to do anything less. That time is now."

Excerpt from speech by Natalie Mehra, OHC Director September 2008



Federal Election ACTION ALERT!

Election Materials are In Production

- Questions for Candidates
- Where the Parties Stand Leaflet for Distribution

These will be up on our website by Mon. Sept. 22nd.

Put up a Protect Public Medicare Ribbon!
Call us to order your ribbons and materials.

Protecting Public Medicare For All

By Katha Fortier

ASK MOST CANADIANS if they support public health care; it's no secret their answer would be a resounding 'YES'. If you also ask Canadians what defines public health care they would probably tell you that it's accessible, universal and publicly funded. They might even tell you that they are incredibly proud of the system we've built, where no person is denied health care based on the ability to pay. But if you ask most Canadians if they would attend a rally to support public health care, many would say 'no', because they don't actually believe what we have is in jeopardy.

Few of us can ever recall an incident where a family had to choose between taking a sick child to a doctor and buying groceries. While we've heard these horror stories from our southern neighbours, we are secure in the belief that this is something that will never cross the border. For the most part, we aren't even aware that corporate greed and shareholders profits are now often the first consideration with our health care providers. Sadly, we couldn't be more wrong, as for-profit health care is insidiously and steadily on the rise.

Take home care as a case in point. Home care has become the lead experiment with pervasive privatization brought on by opening up a competitive bidding process. In the name of competition, for-profit operators, who can underbid to obtain contracts, have squeezed respected non-profit organizations such as the Red Cross and the Victoria Order of Nurses, out. Once an operator loses a contract, the collective agreement and seniority become null and void, and the employees have no legal right to employment with the new contractor. So, where once home care nursing was a valued profession, it has now become a stepping-stone, and most nurses or personal support workers, even though they love their job, often choose to go into another sector when the opportunity arises. Employee turnover rates now run as high as 100%.

Three new nursing homes are now under construction in Essex County. They will join the growing ranks of the more than 65% of long-term-care homes in Ontario that are run by for-profit corporations. Not only have we invited the for-profits into this sector thanks to a Mike Harris initiative, but also we are the only jurisdiction in either Canada or the US to actually fund for-profit operators (\$109,500.00 per bed) for new builds. Our tax dollars contribute to amassing assets for their shareholders. In addition, the Ministry has consistently refused to reinstate a minimum staffing level for nursing and personal care. Effectively there is no guarantee that nursing home residents will receive any measurable standard of care. It's no wonder the Ontario Ombudsman has now stepped in to do an investigation into how the Ministry monitors and regulates nursing home standards.

Public-Private-Partnerships (P3s) have become the new model for building hospitals in Ontario. While a partnership sounds effective, the reality is that hospitals that were once considered public infrastructure will now become cash-grabs for corporate investors. For-profit clinics are rapidly expanding across Canada claiming that they will ease the strain on our system. In reality we know that they will simply skim the healthier patients out of the system, leaving public hospitals to care for more complex patients with less money and less staff.

The Ministry of Health is slowly transferring power to Local Health Integration Networks, (LHINs) who will make decisions regionally with an appointed (not elected) Board. LHIN's mandate is for planning, integrating, and funding health care. They have been clear that they will utilize a competitive bidding system to do that, despite the fact that they know this will erode wages and working conditions. Health care workers should be able to earn a respectable living in recognition of the critical work they perform, and the risks they assume along with that work.

ON SATURDAY SEPTEMBER 27TH rallies will take place across the Province organized in conjunction with the local and Ontario Health Coalitions. **Public health care matters to workers, to our families, and to our communities. Join us in sending the message.**

Katha Fortier is the new CAW Director for Health Care. Excerpt from original article. Reprinted with permission from The Guardian, Windsor.

