



Presentation to the Ontario pre-budget consultation committee

December 14, 2016

Thank you to the Standing Committee on Finance and Economic Affairs for giving the Ottawa Health Coalition the opportunity to present its proposal for the 2017 Ontario Budget.

My name is Stuart Ryan, Co-chair of the Coalition. I am here with Al Dupuis, also Co-chair and a health care worker at the General Campus of the Ottawa Hospital; Mary Catherine McCarthy, the Chair of our Communications and Outreach Committee and a former health care worker at the Civic Campus; and Nancy Parker, our Administrative Officer and a retired researcher with the Canadian Union of Public Employees. I am a retired employee of a CUPE local at Carleton University who wants to ensure that our health care system will be accessible to me and all the people of Ontario when we will need it.

The Ottawa Health Coalition is a local volunteer-based organization of individuals and organizations who advocate for the preservation and enhancement of our public and accessible healthcare system in Canada. We support the principles embodied in the Canada Health Act. We include in our membership health care advocates, health care workers, retirees, students, faith and community groups.

As an affiliate of the Ontario Health Coalition we participated in the 2016 province wide referendum in May, asking people if they believed that we should stop the cuts to our community hospitals and restore services and staff to meet our communities needs. In Ottawa alone, just over 9000 people participated and 8942 agreed, sending a clear message to the Ontario government.

Our coalition also presented to this committee last January to highlight the impact of the health care cuts in Ottawa. We also held a Town Hall in the 2015 federal election to which we invited all the political parties running candidates in the Ottawa ridings to present their positions on promoting our universal, publicly-funded health care system. We also participated in the 2016 Canadian Health Coalition lobby of federal MPs for more federal funding of public medicare.

Our presentation will outline our specific concerns in the Ottawa area. Nancy will outline her family's personal experience with the health-care system. Mary Catherine will describe how our Coalition sees the new Civic Campus should serve the people of Ottawa and Eastern Ontario. Al will summarize the principles of a public, democratic

people-centred health care system which will need the financial and political support of the Ontario government.

Nancy Parker

Hello, my name is Nancy Parker Thank you once again for giving us the opportunity to meet with you. This is my second pre-budget meeting. Last year I was overcome with emotion as I attempted to share the story about my husband's firsthand experience with long wait times. On one of his many trips to emergency following complications from a heart attack, he waited from mid-day on a Tuesday until 4:00 on Thursday for the first available bed. Staff advised that there were at least five patients waiting for a bed and this was a common occurrence.

Wait times in our area hospitals continue to be an issue. Sadly, I am returning this year with another personal story to share with you. My sister in law was in need of a stronger defibrillator. She had her appointment set and headed to the hospital. Apparently there was an emergency and she was sent home, her appointment was rescheduled for two weeks later. On the morning of her rescheduled appointment she was found dead in her bed by her daughter and her 87 year old mother. My sister in law was only 55 years of age. Did the delay play a part in her death? It's not a question that anyone should be faced with.

Long wait times, rescheduled surgeries, early discharges, the list goes on. All evidence is that our healthcare system is being underfunded and this is having a devastating impact on people's lives. Please do what you can to improve the funding to our health care system so I can return next year with a happier story to share.

Mary Catherine McCarthy

This year we have some major concerns about the proposed new Ottawa Hospital Civic Campus. We are not here to discuss parking or location of the Civic site – the two issues getting the most coverage here in Ottawa. We are very concerned about the capacity of the new hospital and further privatization of health care in our community.

1. Will the new hospital have improved capacity to provide the full range of medically necessary diagnostic, surgical and therapeutic services to meet the health care needs in Ottawa? We are concerned that privatization of elective surgeries including knee and eye surgeries as well as diagnostic procedures like endoscopies to private clinics will result in reduced access, user fees increased costs and poorer care. We are asking the provincial government who is contributing 80 percent of the cost that they require that the hospital

not be constructed with a view to contracting out services to private for-profit clinics.

In Ottawa, Pinnacle, a multi-national corporation is building two private for-profit clinics in Kanata and Ottawa South with a view to opening in 2017. They are planning to perform surgeries among other Health care services. Research has shown that the biggest source of waste in Canadian health care is the private for-profit sector.

The provincial government has the opportunity to take leadership to provide funding to improve wait times, access and quality by ensuring that surgical and other medically services are provided for in our 21st century hospital.

2. The development model for the new site is likely to be a Public Private Partnership (P3) a discredited model that will likely cost more and deliver less. There are several examples of cost overruns, secrecy, corruption, decreased services and lower accountability to the community with Hospital P3s in Ontario, British Columbia, Quebec and the UK. They have shown that governments should no longer be pushing this model.

Bonnie Lysyk, the Ontario Auditor General noted that the government in pushing the P3 model has not adequately assessed the 'all in costs' of P3s and that the traditional method of public procurement would cost less with public financing and operation.

We request that this Committee recommend that the province act on the auditor's recommendations and take leadership to ensure that the procurement for public hospitals be fully transparent and open to public scrutiny and accountability.

Public solutions like improving access to high quality public long term care, home care and community health center primary care can take some of the pressure from community hospitals and still safeguard our public health care system for all of us.

Albert Dupuis

Good morning and thanks for hearing us here today. If I may begin by speaking briefly about the state of Ottawa's hospitals.

First, a look at a chart on occupancy at the Ottawa Hospital as of yesterday would indicate that it was at 107%. The Ottawa Hospital typically runs at over 100% capacity as do many hospitals in Ontario. While there have been modest increases this year to hospital funding in Ontario, these have come after years of cuts which for the Ottawa Hospital alone meant a loss of over \$100 million to its budget since 2011. This has meant over 500 job eliminations in the support staff sector and 100's of nursing and allied health staff as well.

A recent report published by CUPE indicates that:

“Based on the latest figures from the Canadian Institute for Health Information (CIHI), Ontario government funding for hospitals is \$1,395.73 per capita. The rest of Canada, excluding Ontario, spends \$1,749.69 per capita. In other words, provincial and territorial governments outside of Ontario spend \$353.96 more per person on hospitals than Ontario does. That is a whopping 25.3 per cent more than Ontario.”

The report also points out that this is significant comparative change since 2005:

Average Ontario hospital funding for the population the size of Ottawa in 2005/6 would have been about \$42.17 million less than average funding for the same population outside of Ontario. But by 2015/16 the funding shortfall for a population the size of the City of Ottawa would have exploded to \$312.69 million.

In terms of what this means for patient care and support services, the “Fewer Hands, Less Hospital Care report found that **for Ottawa**, Ontario’s level of funding results in 981 fewer nurses and 2915 fewer people providing care in the hospital.

Last year, the Ottawa and Ontario Health Coalitions asked the Ontario government to bring funding levels for hospitals up to the national per capita average. Instead, the government announced an increase of \$345 million to hospital funding province wide. While we are pleased that this meant a move off of the freeze of the last four years, the increase for the whole province is just a bit more than what Ottawa alone would need to be on par with the rest of Canada.

The Coalition does acknowledge that the government is making significant capital investments in Ontario and Ottawa in particular with plans being released for the new Civic Hospital. But we are very concerned with a report in the Ottawa Citizen just a couple of days ago that this new facility is likely to fall under a P3 funding model.

This is quite remarkable given the numerous studies and reports, including from the Auditor General of Ontario which point out that this funding model is not in the best economic interests of the people of this city. It will likely cost more and deliver less.

Stuart Ryan indicated at the outset this morning that I would say a little about the need for democratic decision making about the future of our public health care system. When given the opportunity to express their voices on the matter, people in Ottawa and Ontario recently overwhelmingly agreed that funding for Ontario's hospitals should be restored to meet community needs. When people are aware that the governments' claim that budgets must be balanced by cutting funding to our hospitals and other public services is, in fact, based on a decision to embrace an austerity agenda of huge tax cuts for corporations and the wealthy; and, that those tax cuts mean a loss of revenue in Ontario approaching \$20 Billion annually compared to other provinces, they realize that the government has significant room to move on fixing its revenue problems and restore hospital funding without compromising "competitiveness" as a jurisdiction in Canada and in North America. Given that room to maneuver, there should be no deficit, and certainly no need to go to private financiers to build our new Civic Hospital. And, our public institutions broadly, would remain in public hands where they will be more accountable to us.

So, as a Coalition, we will continue to embrace our role as an organization that believes that our community will make sound judgments about what is in its best interests when presented with good information. Based on our experience with the province wide referendum campaign, we know that means the public will choose adequate funding for public health care and fully publicly-funded hospitals when given a voice.

We hope the Ontario Government will agree and act accordingly.

Thanks very much again to the Committee.

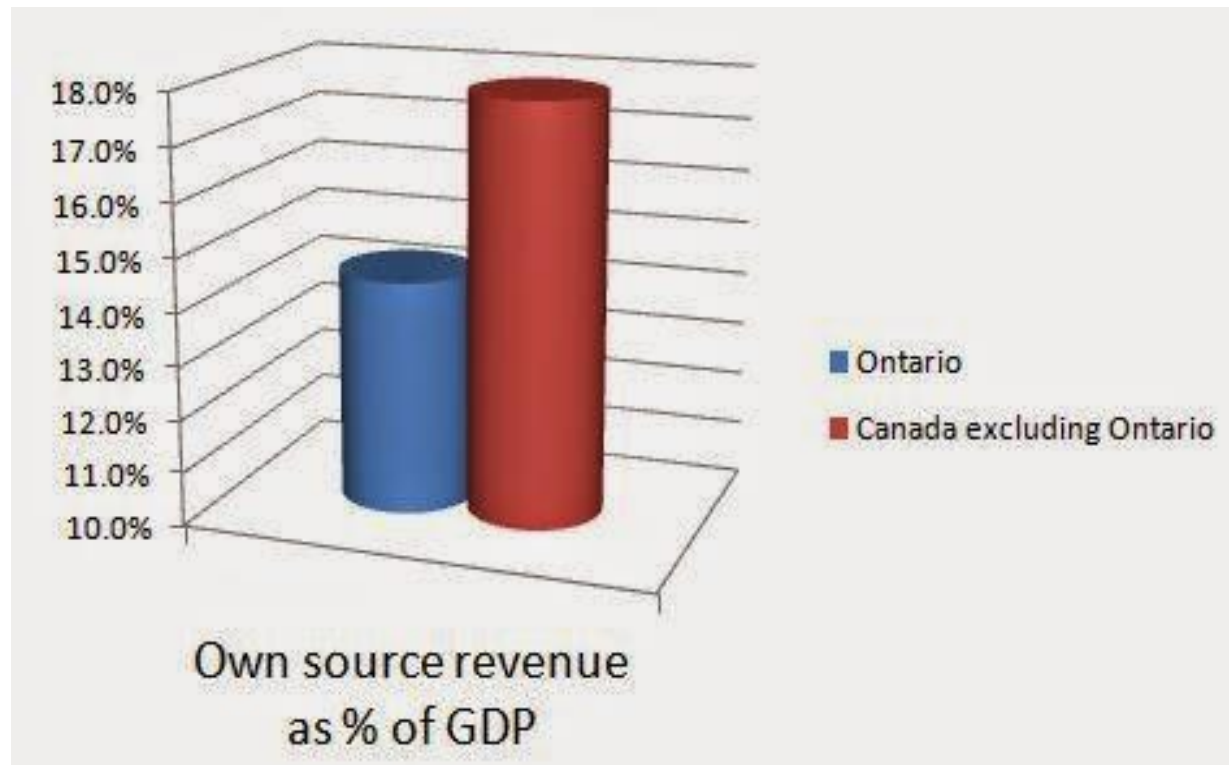
The chart below shows that the Ontario Governments Own Source Revenue as of 2009 as a percentage of the size of the economy, is significantly lower than the

rest of Canada. This difference meant a loss of over \$19 Billion annually as of 2009:

Source:

<http://www.ontariohealthcoalition.ca/index.php/health-system-facts-trends/funding/>

Own source revenue for Ontario was 14.4% of GDP, while in the rest of Canada it was 17.9%, i.e. an astonishing 3.5 percentage points of GDP lower in Ontario.



If Ontario had taken the same own source revenue as the rest of Canada, the treasury would have **an extra \$19.5 billion in 2009**. The deficit would be toast and our big problem would be to figure out how to spend the extra cash.