

FULL REPORT: The Ontario Health Coalition Action Assembly

A Submission by Sandra Sahli – Communications Officer

OSSTF ARM Chapter 9 is a member organization of the Ontario Health Coalition (OHC). On October 1 & 2, 2002, I represented ARM Chapter 9 at the OHC's Annual Health Action Assembly. The event was held over two days in Toronto. The assembly was a hybrid model, in person and available on Zoom. I attended by Zoom. In this report, I will give you an overview of the agenda, speakers and topics covered at the assembly.

Saturday, October 1st

Opening Plenary with Natalie Mehra and Ross Sutherland

Natalie Mehra has been the executive director of the OHC for over 21 years. She has built the Health Coalition into the largest and broadest public group on health care in the province, representing almost a million Ontarians in its network of more than local chapters. Natalie is a recognized expert on health policy, privatization, social movement organizing.

Ross Sutherland is a retired RN who has worked in emergency, home care and addictions. He is author of False Positive: Private profit in Canada's Medical Laboratories. He currently chairs the executive board of the OHC and is a South Frontenac Township Councillor.

In this plenary session Natalie and Ross outlined the work done by OHC and its local coalitions to fight back the provincial government's efforts to privatize Ontario health care, including home care and long-term care. OHC's campaigns, newsletters and reports can be found on the OHC website at <https://www.ontariohealthcoalition.ca/>.

Natalie highlighted all the legislation and other actions by the Ford government to privatize public health care, The scope of their changes tells us the government is serious about this agenda – it is not a trial balloon - and must be fought at all levels. Leaders from each of the opposition parties were invited to this year's annual assembly to provide how their parties intend to fight the Ford government's changes.

Presentation by Peter Tabuns, MPP, New Democratic Party

Peter Tabuns has been a Member of Provincial Parliament since 2006 and is the interim leader of the Official Opposition, the Ontario New Democratic Party. Peter was the Executive Director of Greenpeace Canada. He also pioneered energy efficiency in Toronto in the 1990s, as a City Councillor. At Toronto City Hall, he helped keep valuable services public. He's also worked in health care, organizing government relations for the Ontario Nurses Association.

Peter supported Natalie's claim that this is not a trial balloon by the Ford government. For decades, Canadians have had a world class public health system – one protected by many of you attending today. Ford's response to our health care crisis is to introduce Bill 7 rather than dealing with the critical staffing issues in our health care system. Bill 7 targets the elderly and disabled, arguing if they can be moved out of our hospitals into other settings, the crisis will be resolved. Ford's other solution is to introduce private facilities to offer services previously provided by our public health care system.

Peter noted the NDP will have to approach Bill 7. Going forward, we will have to use whistle-blowers who will come forward and share their personal experiences with Bill 7 and privatization of services. The reality is that most Ontarians will not pay attention to this change until it impacts them

personally. We need to make the impact of this Bill and privatization of services real for others to take it seriously. They need to understand the cost to individuals and their families.

NDP is committed to work with the Ontario Health Coalition, the Ontario Federation of Labour and union and professional groups representing health care workers. The NDP is committed to bringing the real stories into the legislature.

NDP's position is that private health care is not the answer. The government needs to scrap Bill 124, pay health care workers what they deserve and find a system to bring internationally trained health care workers into the Ontario system.

Report-ins from local health coalitions and member organizations

Local health coalitions and member organizations provided updates on their activities since the provincial election.

Lessons from the frontlines of the fightback against for-profit privatization of hospitals in BC with Andrew Longhurst

Andrew Longhurst, BA (Hons), MA, is a research associate with the BC Office of the Canadian Centre for Policy Alternatives (CPPPA-BC), a researcher and policy analyst with the Health Sciences Association of BC and served as senior advisor to the BC Ministry of Health's Primary and Community Care Research Initiative. He is also a PhD student in the Department of Geography at Simon Fraser University, researching health care reform in Canada and internationally. He is the author of "The Concerning Rise of Corporate Medicine" which tracked public contracts with corporate clinics and found unlawful extra-billing.

Andrew told the story of what happened in BC – private financing and private, for-profit delivery. He spoke to the charter challenge led by Cambie Surgeries Corporation to strike down the BC Medicare Act that prohibited a ban on extra billing and the effective prohibition on dual practice (payment from public and private purses). Ultimately, the BC Supreme Court dismissed all claims. Cambie Surgeries Corporation appealed to the BC Court of Appeal. This court unanimously dismissed the appeal. However, their ruling left some arguments open and the Corporation appealing to the Supreme Court of Canada. For further information you can visit: <https://www.cbc.ca/news/canada/british-columbia/cambie-surgeries-case-trial-decision-bc-supreme-court-2020-1.5718589> and <http://ultravires.ca/2021/03/cambie-surgeries-corporation-v-british-columbia-attorney-general/>.

Andrew concluded that the line between publicly funded, for-profit delivery and two-tier medicine is increasingly blurred.

Presentation, discussion and debate on action plan with Natalie Mehra and Ross Sutherland

Natalie presented the proposed Action Plan followed by a discussion and debate, and finally the approval of the OHC Plan on the 2nd day of the assembly. Natalie outlined the main rationale for the Action Plan. Specifically, the move to award long-term beds, in thirty-year licences, to for-profit organizations. The same is happening for home care and virtual medical care. It is up to the provincial government to enforce the Canada Health Act that protects publicly funded services. The Ford government has not demonstrated they will do this, in fact, it appears they are enabling this very real threat to publicly funded health care by their legislation and actions. The Action Plan will be focused on creating an environment of urgency.

Closing Plenary and giving the Ontario Health Coalition awards this year for exceptional contribution and commitment to the struggle

Orville Thacker Award – it is awarded to a person or organization whose voluntary contribution supports the fundamental principles in the Canada Health Act. Recipient

- Dr. Vivian Stamatopoulos.
- Helen Lee
- Bonnie Roe

Sunday, October 2nd

Opening Plenary – High level briefing on the key health care issues, the Ford government’s messaging and strategy with Natalie Mehra

Natalie made the following points:

- Since 1993, income has been status for the lower-middle class, the only classes that have seen real increases are the highest income earners.
- One solution to this, is to build up the social safety net that supports lower-middle class families, however just the opposite has happened. This is significant because public services plays a major role in providing equity. This move to privatization only compounds this issue.
- At the same time, the Ford government has passed legislation to restructure health services in Ontario, this started prior to the pandemic. Natalie cited what was planned for public health services and EMS. Natalie noted she believes these plans have not gone away; they were only postponed with the pandemic.
- In home care, the government passed Bill 170 that basically gutted the home care legislation (ie: removal of client’s rights). Instead, the government said sections would be moved from legislation to regulations. This is their way of making changes that don’t have to be debated. The new plan for home care is to hand the services over to the provider. Now over time, we expect the whole public governance of home care will be moved into for-profit provider organizations.
- In long term care, we know the military cited the horrible conditions they found when they were called in for support during COVID. Natalie noted these concerns are not new. There have been concerns since she joined OHC in 2000.
- The for-profit organizations who provide long term care have been fighting for years for deregulation of the industry, including inspections, so they don’t have to be accountable. Even though the government threatened fines and removal of licences, this never happened. In fact, the facilities that had the worst record during COVID, are being awarded the new long term care beds.
- Leading into the pandemic, Ontario had the most cuts in hospital beds in Canada. The focus has been to move people out of hospitals where everything is paid for to other facilities where there are co-pays. It’s been a 30 year plan – create a crisis – then privatize.
- The private clinics are taking staff from our public hospitals and are being selective on what patients they take.
- In primary care, many Ontarians don’t have a family doctor (estimated 15% of the population). This impacts preventative care and compounds the hospital crisis.
- The staffing crisis is throughout our health care system and it is staggering how little is being done to address this.

- Natalie also spoke to the bias in reporting that they are seeing out of Queens Park as it relates to medical issues. There is definitely under-reporting of the issues by Queen's Park media.
- Ford is using 3 messages:
 - the status quo is broken and we will no longer fund the status quo.
 - More money won't make a difference.
 - You will only pay with your OHIP card, never with your credit card – this is not true.

Presentation by Mike Schreiner, Leader of the Green Party of Ontario

Mike Schreiner is the leader of the Green Party of Ontario, since 2009 and has been a member of Provincial Parliament since 2018. Mike is an outspoken advocate for the environment, local food and water, small businesses, and mental health.

Natalie noted Mike has been very supportive of the work of the Ontario Health Coalition and protecting publicly funded health care.

Mike stressed that it is chronic underfunding of our health care system that is creating this crisis. If we funded health care at the national average the health care system issues would be resolved. Bill 124 capping wages and benefit improvements is shameful, especially at a time that we have called on our health care workers to get us through a pandemic.

We have to make sure Ontarians understand how the actions of government are impacting our health care system and patient outcomes. We need solutions not outcomes. We need care, not profits.

The Green Party has their policy proposals for health care online at <https://files.ontariogreens.ca/platform/gpo-platform-2022-en-web.pdf>. Mike went through the main pieces of their platform.

We need to put on the ground pressure on the Ford government, with real examples of where money is going (ie: new highways) that should be reinvested into our public health care system. He offered to mobilize the Green Party members to support OHC local initiatives. He also suggested that OHC ask the other provincial parties to do the same.

Presentation by Adil Shamji, MPP, Liberal Party

Dr. Adil Shamji has been a Member of Provincial Parliament since 2002 and is the Liberal Health Critic. Prior to that, he spent years providing healthcare on Indigenous reserves across Canada and most recently served as an Emergency Physician and the Medical Director for 11 homeless shelters in the City of Toronto. He is a trusted expert in matters of public health and medicine, in addition to his role as a physician. Dr. Shamji worked as a faculty member in the school of medicine at the University of Toronto. He has fought on the frontlines of the COVID-19 pandemic and the opioid crisis.

Dr. Shamji stated we shouldn't have to be here fighting for our public health care right. He supports team-based family care. He is keenly aware of the challenges facing communities outside of greater Toronto. I intend to be OHC's advocate. In every strategy put forward by the Ford government, it is to dismantle our health care system.

Yesterday was the National Day of Seniors and the government did not put out a statement. The primary concern in health care should be what is in the best interest of our people, not profits. Our health care system is in crisis. If we are to be successful in defending public health care, we need to understand the different ways it is being attacked. When we see it, we need to call it out.

Can be divided into two elements – financing and delivery. The Canada Health Act protects universal health care. Far too often, we hear, we will always pay with our OHIP card not our credit card. You should not be reassured when the Ford government says this. There are many ways the government can get around this.

The delivery of our health care system does have a private component. What I mean by this, in most cases, doctors run their offices and are reimbursed by the government. But family doctors have a fiduciary duty to their patients and most family doctors run not-for-profit offices. The government's for-profit agenda is very different. When they say our health care system already has a lot of for-profit delivery, they are talking about something very different than what is in place with provincial doctors.

We need to also watch out for the argument that innovation can only be found in private businesses. Health Force Ontario is a publicly sector market recruitment industry that helps physicians get in touch with communities that need help. For more than a decade it has functioned very well. However, when the Conservative government came into power, they cut the budget for Health Force Ontario.

Dr. Shamji noted the Liberals government believes

- Defend and enforce the Canada Health Act
- Fight to invest more in health care with public dollars
- Repeal Bill 124
- Fight for preventative health, social care – all of policy is health policy!
- Minimum of 4 hours of care daily in long term care

The Liberals have launched a campaign – *Focus on Patients, Not Profits*. This campaign will be launched province wide. There is a petition online that can be signed at: <https://ontarioliberal.ca/patients-not-profits/>.

Dr. Shamji stated we need to move beyond political parties and he committed to work with OHC and other like-minded groups to protect our publicly-funded health care system.

Discussion and debate on OHC Action Plan

Natalie noted that we need to structure the Action Plan to coordinate with the efforts that have been promised this weekend. Ideally, we should all work together. The Action Plan needs to speak to a strategy that has us hitting the ground running. Participants asked that the Action Plan speak to timelines and commitments required by various groups.

After revising the proposed Action Plan to incorporate the input from this weekend, the Action Plan will go to the Board of the Ontario Health Coalition for approval on Thursday, October 6th. Once approved, it will be disseminated broadly by email to local health coalitions and organizations and individuals who are supporting members of OHC.