

**Remarks for Len Elliott, Regional Vice-President, Ontario Public Service Employees Union, for a presentation to the Standing Committee on Finance and Economic Affairs re: the 2017-18 Ontario Budget**

January 20, 2017, 1:45 p.m., Double Tree by Hilton, London

CHECK AGAINST DELIVERY

Good afternoon. My name is Len Elliott, Regional Vice-President for the Ontario Public Service Employees Union for Region 1, which includes London, Windsor, Sarnia, Woodstock, and communities in southwestern Ontario. I have been an Executive Board Member with OPSEU since 2010, and an activist for many years before that. Thank you for this opportunity to speak with you today.

Normally, when I appear before legislative committees I speak about issues of health and safety in the workplace. I have been a health and safety inspector in the Ontario Public Service, with the Ministry of Labour, for 10 years.

Today, I want to talk about health – but not about health or safety in the workplace. I want to talk about the declining health of Ontario’s publicly-funded health care system. The patient is ill, and unless we take steps now to put it on the road to recovery, I fear the worst.

It should not have come to the surprise of anyone that when the CBC conducted a survey of the Greatest Canadian Ever a few years back, Tommy Douglas came out on top. Over fierce opposition in his home province, Tommy Douglas established Canada’s first publicly-funded and publicly-delivered health care system in Saskatchewan – a template used by the federal government when it introduced medicare in the mid-1960s.

For decades, Canadians – and that includes the vast majority of Ontarians – have embraced the principles behind what Tommy Douglas put into place. Canadians want a health care system based on our needs, not our ability to pay. We want a system based on equity, compassion and fairness – one that makes us proud of our health care system.

I ask you: Is that how Ontarians view the delivery of public health care in our province today? Judging by how we’ve violated the principles Douglas fought for, I fear not.

Let the numbers in Ontario speak for themselves.

Since 2008, hospital global funding increases have been set below the rate of inflation. This means real-dollar cuts, as hospitals have been unable to keep pace with basic cost increases.

What has that underfunding produced? It has produced a health care system in Ontario that ranks at, or near the bottom of, health care spending compared to other Canadian jurisdictions.

Ontario has the fewest hospital beds per capita than any other province.

Ontario has the fewest nurses (RNs and RPNs) per capita in Canada.

Ontario ranks near the bottom for funding of our public hospitals (both by population and as a percentage of GDP).

Add it up. In less than a decade, our provincial government has managed to take our province from one which, at the very least, was keeping its head above water. Today, we are sinking badly with a cinder block strapped to our ankles.

OPSEU represents more than 45,000 workers in the health care sector. Their occupational categories are too numerous to recite here, but I think you have a good idea of where we serve the public.

OPSEU members work in hospitals and in laboratories. They work in community health agencies, at long-term care facilities and as paramedics. They are the backbone of Canadian Blood Services in this province. Our members' eyes are fixed on the frontlines of public health care delivery. And what they see is a crisis.

It's a crisis made up of one part underfunding and one part privatization of services. When mixed together, the two are very bad for your health.

That's not the way the provincial government views the crisis. It would prefer to use the term "transformational." I love that word – "transformational." It's a warm and fuzzy way of saying, "We're going to take you to a place where you don't want to go, but we're going to take you there anyways."

Let me spend a couple of moments on each: underfunding and privatization.

In their recent analysis, the Financial Accountability Office (FAO) concluded: [quote] "If the current level of health care quality and service are to be maintained, health care expenditures will require 5.3 per cent annual increases until 2020." [end quote]

At the same time, the FAO stated, the government plans to limit growth in the period 2018-19 to an increase of 1.7 per cent. I'm not much of a mathematician but I know that this doesn't even keep up with the basic rate of inflation, let alone population growth, an aging population, or the higher inflation rates in the health care field, such as for medications. What I do know is that with those numbers in play, the result will be further cutbacks to health care and less services to Ontarians.

This is, I guess, what the government means by “transformational.” We’re taking you to a place where you will struggle to get something as basic as a bed in your local community hospital when you need it.

For many, the availability of a hospital bed, when you need it, is the real measure of how our health care system is working for the benefit of all. Again, sadly, Ontario fails to measure up.

In her November 2016 report, Ontario’s Auditor General painted a bleak portrait of the current state of the province’s large community hospitals. Problem number one? Severe overcrowding in too many of our hospitals.

By international standards, 85 per cent occupancy of hospital beds is a measure of what is called, “safe occupancy.” Citing this level, Auditor General Bonnie Lysak said that in Ontario, 60 per cent of all medical wards had occupancy levels in excess of 85 per cent.

This crisis hits close to home in this part of Ontario.

London’s Health Sciences Centre had an occupancy rate of 108 per cent in 2013.

Windsor’s Hotel Dieu Grace hospital and Erie St. Clair hospital was at 101 per cent. Exeter hospital was at 106 per cent. By no measure have these hospitals achieved basic international standards.

It gets worse. According to the Organization for Economic Cooperation and Development (OECD), Ontario ranks third to last among 33 countries – behind only Mexico and Turkey – in hospital beds per capita.

Can it be that this how far Ontario has fallen from the principles set out by Tommy Douglas?

As part of the provincial government’s “transformational” agenda of taking us to places in health care that we don’t want to go, privatization of health care ranks high on the agenda.

Privatization of health care represents a big part of the crisis we face. It’s not the solution to our challenges.

Privatization has become embedded in our health care system. It is being used as a method to download costs onto individual patients who, more often than not, are the frail, the sick and the elderly who can least afford to pay.

This is particularly true in the home care system, which is rife with privatization and where the majority of provider agencies are private, for-profit entities competing for bids to provide services and seek profits.

This amounts to nothing less than privateers looting the public purse by providing less care and inferior services. Is this what Tommy Douglas had in mind?

Home care is not the only sector affected by privatization. The privatization of laboratories, the expansion of private clinics providing services previously offered by hospitals, and the contracting out of hospital support services all point in the same direction.

It amounts to this: if you are elderly or sick in our province, or if you need support services as you approach the winter of your lives, be prepared to spend more on private providers – and get less in return.

We must resist this misguided approach. There are alternative policies the provincial government could adopt if it truly wanted to maintain the best of Canada's publicly-funded health care system.

Let me conclude my presentation by providing you with a few of them:

- **Restore** financial stability and safe levels of hospitals service, beds and staffing.
- **Stop** the starvation of hospital funding.
- **Stop** the endless health care restructuring that only facilitates more funding cuts.
- **End** contracting-out and **fund** a fully public, non-profit health care system.
- **Stop** the outsourcing and privatization of public health care services. This has proven to be a disaster that puts profits over quality care for patients.

Make no mistake. Health care funding is complex. Much depends on transfers from the federal government. Much depends on how we choose to craft a "Made in Ontario" solution.

Unfortunately, what the provincial government has implemented, through funding cuts and reliance on privatization, falls short of the needs of the people of Ontario. For starters, the provincial government should abandon its "transformational" solutions by replacing them with a public health care agenda that puts patients and clients first.

Thank you for your attention. I would be pleased now to take your questions.