



# dialogue

November 2, 2006

A bi-weekly update on issues  
affecting health care in Ontario

**Who supports the health care pledge?**
**Check it out at**
[www.protecthealthcare.ca](http://www.protecthealthcare.ca)
**Health care workers need colleges.**
**Support the fairness campaign:**
[www.collegeworkers.org](http://www.collegeworkers.org)
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## First privately-financed hospital opens

**T**here was much fanfare around the Oct 30 opening of the Royal Ottawa Mental Health Centre — the first privately-funded and operated hospital in Canada. While an opening gala featured many dignitaries, one was missing: local Federal NDP MP Paul Dewar.

While a new mental health facility in Ottawa is long overdue, Dewar likely knew that the Royal Ottawa project will be an expensive albatross around the neck of the health system for years to come.

The Royal Ottawa and William Osler Hospitals are the first of a series of controversial privately-financed and run health care facilities in Canada. Originally opposed by the McGuinty Liberals during the 2003 election, the deals were none-the-less signed a year later. As *Globe and Mail* columnist Murray Campbell writes: “you couldn’t slip a cigarette paper between the original deal and the one that won the Liberals’ blessing.”

Coincidentally, on the same day, a Toronto court room was hearing from lawyers representing opposing sides in a battle to release information around Osler project in Brampton. After more than three years of legal wrangling, the judge decided to reserve the decision for yet another day.

OPSEU, CUPE, SEIU and the Ontario Health Coalition have been seeking to release documents that will prove the deal is a bad one for taxpayers. It is estimated that the Osler contract will cost Ontarians \$300 million more than if the project had been publicly financed.

The government not only broke their promise around the two hospitals initiated

by the Eves government, but have announced some 33 more projects to be financed in the same manner. If the current evidence uncovered in the Osler case is any indication, the entire health care system may face a financial burden it can ill afford. To maintain the profitability of these new facilities, either workers will eventually face new forms of restraint, including layoffs, or Ontario taxpayers will have to get used to paying more.

While promising greater transparency, the initial Requests for Proposals (RFPs) on the new McGuinty projects were kept from the public. Instead, qualified bidders were given RFPs in confidence. When the Ontario Health Coalition raised the issue of this new secrecy, several RFPs — but not all — were suddenly made available to deflect criticism.

The private consortiums that stand to profit from these new projects claim the secrecy is necessary to protect their commercial interests. However, with the public shut out from critical documents, the true cost of these projects may never be known.

While suggesting these new projects are the same as mortgages, the new Royal Ottawa hospital opened with laundry, dietary and food services, security, building maintenance and operations all in the hands of the private consortium. If those services prove to be inadequate, the relationship with the private partner may make these issues much more difficult to resolve.

With hospital-borne infections already out of control in Britain’s privately financed and run hospitals, this factor may be critical to the future of such projects.

NOV 13 ELECTION

### Who supports publicly-delivered health care?

With 10 days remaining before the November 13 municipal elections, many candidates from across Ontario have already signed the health care pledge. Encourage your local candidates to make the commitment to publicly-delivered health care. Before casting your vote, visit [www.protecthealthcare.ca](http://www.protecthealthcare.ca).

### Nov 16 new date for needlestick legislation

NDP Health Critic Shelley Martel will be reintroducing her private member’s Bill — Safe Needles Save Lives — for second reading on Nov 16th. Members are encouraged to come to Queen’s Park that morning to support the legislation.

### Emergency strategy, or CCAC bail-out?

As part of the Oct 27 emergency department strategy, the government earmarked \$35 million for new home care funding. However, with close to half of the CCACs reported to be in debt, including Hamilton’s \$3.6 million shortfall, it is more likely a back door bail out rather than a serious initiative to free up hospital beds. \$35 million is about two per cent of the home care budget.