



A newsletter for OPSEU members in Health Care Support

Public-Private Partnerships (P3) Hospitals

What is a P3 hospital? It is a hospital designed, built, owned and operated by private for-profit corporations. In a P3, a consortium (group) of for-profit corporations including banks or financiers, architects, property management corporations, and private health services corporations bids to build a new hospital. The corporations build their profit margins into the project, including the ongoing privatization of huge parts of the hospital management and services over the life of the deal. The public leases-back the hospital from the consortium over the period of the agreement. The costs are paid out of the operating budget of the hospital.

In addition to providing hospital buildings and facilities, these P3 deals would bundle all “non-clinical” services into long-term contracts with for-profit health care companies. According to the government, clinical care services would remain under the control of the existing hospital boards. Britain was the first to do such a big experiment with private finance initiative (PFI) hospitals which has turned out to be disastrous.

Do those hospitals really work? What we found is that they have been a disaster for the National Health Service (NHS) and for the British people. These hospitals have seen a 30 per cent reduction in beds and clinical staff, to be exact it means a 30 per cent cut in staff- 14 per cent of doctors, 11 per cent of nurses and 38 per cent of clinical and support staff. If SARS had hit there instead of

here, those P3 hospitals would have had no capacity to handle it.

The experts describe the consequences of adopting the P3 for public hospitals as including but not limited to:

- a substantial premium that taxpayers will pay for hospital facilities and services that are likely to be 10 per cent more costly than hospitals that are publicly financed, owned and operated;
- the likelihood that the extent and quality of services will decline in P3 hospitals as efforts are made to sustain profit margins in an environment where efficiency gains are limited;
- the accountability problems inherent to P3 projects where confidentiality is claimed for financial and business records, preventing a proper accounting of public health-care spending, and frustrating efforts to monitor P3 hospitals for compliance with the principles and objectives of the Canada Health Act;
- the risk that by introducing the profit motive to public hospitals, P3s will create a platform for two-tiered service because of the comingling in one institution of insured health care services with those provided outside the publicly funded system.

Adopting the P3 model for Ontario hospitals will not provide better health care. If P3s are not

stopped in Ontario we will be looking at other hospitals and health care facilities being sold. Dalton McGuinty and the Liberals have not joined the fight to stop these P3 hospitals – they say they oppose them in theory, but they stop short of promising to scrap them. For more information or the “video” on the P3 Hospitals, contact the Ontario Health Coalition at 416-441-2505, e mail: ohc@sympatico.ca or visit the web site @ www.ontariohealthcoalition.ca.

At stake is the future control and operation of our hospital and healthcare system!

Your sector’s mandate

- Improve communications with the locals. Quarterly newsletter distribution, web site updated, contacts assigned to each executive, networking all conferences and conventions.
- Educate members in the sector on health care issues.
- Promote educational opportunities on matters affecting Sector 11 members on health issues that pertain to the sector.
- Investigate and educate on central and local collective bargaining.
- Print, research and update language in model agreement, continue to provide locals with strong contract language, support Network for Better Contracts.
- Continue to network with all OPSEU committees in support of their campaigns. Examples: P3 hospital abolition, RPN campaigns, work with Organizing (OPSEU) to bring in new members.
- Promote Union Activism.
- Promote Sectoral Education within OPSEU.

Health and Safety Committees, Local Presidents: Please request your health and safety pins for the members of your committee at no cost to the locals. These pins help in identifying your Health and Safety representatives in the workplace.

You may request them through the Health and Safety Unit at OPSEU head office at 1-800-268-7376 at www.opseu.org.



Convention 2004

Convention was April 14-17. There were a few tables there from which you could pick up information, including your sector table. We had a few items for you including information and pins. We also held two draws at our table.

1. The draw Friday was for two gift baskets worth approximately \$75.00. Tickets were \$1.00 each. We had two winners there.

2. A 50/50 draw was held on Friday. Tickets were \$2.00 for three tickets. We had one winner there.

3. Health Care Support pins were sold at \$3.00 each.

Both draws were held during convention on Friday, April 16, 2004 at 3 p.m. and we also had a few more donations from the floor after we put forward a challenge to the Executive Board to meet the funds we raised during convention. The Board took up the challenge. All proceeds from these sales will go to the support of victims of SARS.

Look for the Sector 11 – Health Care Support Special Edition Newsletter

Any comments or stories that you would like to see published? Please forward them to Sue Shank at tgerlady477@aol.com, or forward them to anyone of the executive team members. They are listed on the web site under BPS – Health Care Support.