

BILL 36 REPRESENTS A FUNDAMENTAL SHIFT IN HOW OUR HEALTH CARES SYSTEM WILLFUNCTION IN ONTARIO.

I HAVE SERIOUS CONCERNS WITH RESPECT TO LOCAL AUTONOMY, PRIVATIZATION AND WORKERS RIGHTS.

WHILE IT IS WIDELY ACKNOWLEDGED THAT FINANCIAL AND FISCAL ANXIETIES WILL ALWAYS PERSIST WE MUST, AS A SOCIETY, DO THE MOST CIVILIZED THING AND PUT THE WELFARE OF THE SICK AND THE PEOPLE WHO WORK ON BEHALF OF THE SICK IN FRONT OF ALL OTHER CONSIDERATIONS.

IF BILL 36 IS DESIGNED TO USE ECONOMIC PLANNING TO SERVE THE MORAL PURPOSE OF IMPROVING OUR HEALTH CARE SYSTEM WHY IS AN ACT OF PARLAIMENT SABOTAGING THIS RESPONSIBILITY.

THIS LEGISLATION RAISES SOME SERIOUS CONCERNS WITH RESPECT TO WHERE THE FUNDAMENTAL SOVEREIGNTY LIES IN OUR DEMOCRATIC SOCIETY.

THANKFULLY, TODAY'S FORUM WILL PROMOTE A FRANK AND OPEN DISCUSSION. BUT THESE PROCEEDINGS WILL RING HOLLOW IF THIS LEGISLATION PASSES WITHOUT

SERIOUS CONSIDERATION BEING GIVEN TO THE VALUED SCRUTINY OF CONCERNED HEALTH CARE WORKERS, CONSUMERS AND THEIR UNIONS.

BILL 36 EXILES LOYAL CIVIC MINDED, ELECTED VOLUNTEERS IN FAVOUR OF A PAID BUREAUCRACY OF DETACHED APPOINTEES WHO WILL BE MOTIVATED BY NOTHING MORE THEN A FISCAL AGENDA.

THIS WILL SPAWN THE PRIVATIZATION OF HEALTH CARE SERVICES. MOREOVER, THE BARGAINING RIGHTS AND COLLECTIVE AGREEMENTS WHICH TOOK YEARS TO FORGE WILL BE THREATENED AS WELL AS THOSE WHO CONTRIBUTE TO THE WELFARE OF YOUNG AND OLD.

WITH THE PRIVATIZATION MODEL FOR PROFIT PROVIDERS FALL BEYOND THE SCOPE OF THE PUBLIC HOSPITALS ACT AND ARE NOT ACCOUNTABLE TO THE HEALTH CARE CONSUMER. BECAUSE PRIVATE BUSINESS PRACTICES WOULD RESTRICT PUBLIC ACCESS AND AUDITS QUALITY OF SERVICE IS PREDICATED ON COST SAVINGS NOT QUALITY OF CARE. THE EXPERIENCE OF P3 HOSPITALS IN THE UK CONFIRMS THAT SUBSTANTIAL REDUCTIONS IN SERVICE OFTEN OCCUR IN THE P3 ENVIRONMENT

.(cdn. Center for policy alternatives.p.4 Nov 2003.

WE HAVE BEEN EXCLUDED FROM PROVIDING INPUT INTO WHAT CONSTITUTE THE PARAMETERS SORROUNDING THESE “ACCOUNTABILITY AGREEMENTS” WHICH ARE ESSENTIALLY FISCAL TARGETS SET BY THE HONOURABLE MINISTER. IN TURN HIS AUTHORITY IS GIVEN TO THE LHINS AND THEY CAN CREATE PARTNERSHIPS WITH OTHER PERSONS OR ENTITIES, TRANSFERING, MERGING, DESOLVING AND SO ON.

WHEN THE 14 LHINS ARE UP AND RUNNING HOSPITALS WILL BE FORCED TO ADOPT FISCAL TARGETS AND DICTATES SET OUT BY THE NETWORK. AGAIN LET ME STRESS IT IS UNCLEAR WHAT FORMULA OR MODEL IS USED TO ESTABLISH THIS TARGET AND THERE IS NO TRANSPERENCY, OVERSIGHT OR ACCOUNTABILITY.

BECAUSE I LIVE IN A SMALL COMMUNITY I FEAR THE LARGER URBAN CENTRES WILL HAVE A BIG ADVANTAGE. BECAUSE THE LARGER CENTRES REPRESENT A GREATER POPULATION AND HAVE ENTRENCHMENT AND LONG STANDING WITHIN THE HEALTH CARE SYSTEM I SUSPECT THE SMALLER

INSTITUTIONS SIMPLY CANNOT COMPETE OR WILL NOT BE ALLOWED TO COMPETE. REGIONAL INEQUALITIES WILL BECOME A GREATER SYSTEMIC PROBLEM BECAUSE WHEN COST CUTTING IS THE PRIMARY MOTIVATOR THE MOST VULNERABLE WILL BE AFFECTED.

RURAL ONTARIANS HAVE A LOT TO BE CONCERNED ABOUT WITH THIS LEGISLATION BECAUSE WE ALWAYS SEEM TO BE THE RECIPIENTS OF THE “MADE IN TORONTO SOLUTIONS” AND THERE EXISTS A VERY REAL DISCONNECT BETWEEN URBAN AND RURAL ONTARIO.

I HAVE BEEN RURAL PARAMEDIC FOR 26 YEARS AND HAVE SEEN FIRST HAND HOW THE VALUE OF NUMBERS HAS DRIVEN POLICY WITH RESPECT TO SERVICE DELIVERY. IT IS MY UNDERSTANDING AMBULANCES SERVICES HAVE BEEN EXCLUDED FROM THIS BILL AND I RECEIVED AN E-MAIL FROM THE DIRECTOR OF EMERGENCY HEALTH SERVICES ASSURING ME LAND AMBULANCE WILL REMAIN A MUNICIPAL RESPONSIBILITY. BUT FOR HOW LONG?

IN CLOSING I RESPECTFULLY URGE YOU TO REMIND THE GOVERNMENT HAS THE PRIVILEGE AND RESPONSIBILITY TO PROTECT OUR HEALTH CARE SYSTEM. IF IT CHOOSES TO GO DOWN THIS PATH WE WILL ALL BECOME CASULTIES OF A DISTANT, UN-CARING BUREAUCRACY DRIVEN BY A RATIONALIZED SENSE OF IMMUNITY IN PURSUIT OF A BALANCED BUDGET.

THE CHASM WILL BECOME AN ABYSS IF THE ARCHITECTS OF THIS LEGISLATION CHOOSE TO IGNORE THE CONCERNS OF THE SPEAKERS WHO STOOD BEFORE YOU TODAY.