

# Report:

## Emergency Town Hall on Health Care

On Wednesday, March 20th, MPP Bhutila Karpoche hosted an emergency town hall on the Ford government's health care bill, which proposes sweeping changes to our public health care system. Community members from across Parkdale—High Park spoke out, and the message was loud and clear: the people want publicly-delivered, equitable, not-for-profit health services.

### Guest Speakers

The evening started off with three speakers who are well-known champions in defending public health care.

Sara Labelle – A front-line health care worker who has worked 19 years in public hospitals

- Ford's proposed changes to the public health care system will give sweeping power to privatize entire sectors at will
- The proposed reconstruction of public health care offers no consultation with front line health care workers, no democracy and no checks and balances

Dr. Ritika Goel – Family physician and board member for Canadian Doctors for Medicare

- The bottom line of the proposed new health care institution will be profit, and not health
- More people have died in for-profit facilities than in not-for-profit
- The most marginalized people—the vulnerable seniors, uninsured migrants, mental health patients—will suffer from the new proposed health care legislation

France Gélinas – MPP for Nickelbelt, Ontario NDP Critic for Health, former executive director of a Community Health Centre in Sudbury

- Health care is a \$62 billion industry
- Medicare that defines us as Canadians—and mandates that care should be based on needs and not ability to pay—is under threat with the new proposed health care legislation
- The 14 Local Health Integration Networks (LHIN) that are aware of, and reflect the interests and issues of local communities will be dissolved under the proposed new legislation
- Bill 74, the People's Health Care Act, is not the solution

## What you said

Here are some of the concerns and questions that town hall participants shared on how Bill 74 will impact them:

"I would be happy to pay more in taxes for better health care"

"What's going to happen to people being treated and supported by LHINs, people incarcerated, people with mental health concerns? How will these people be cared for?"

"Are health teams geographically determined?"

"Prevention is better than cure. If we truly wanted to improve health care, we would invest in the social determinants of health, like pharmacare."

"We need labour and union to join forces, we need to take to the streets."

"One thing that seems to be forgotten is dental health. Dental health care needs to be part of health care."

## Key Issues

- Super bureaucracy
  - Largest restructuring of Ontario's health care system since the establishment of OHIP
  - 20 Crown health agencies (14 LHINS and 6 Agencies) will be dissolved and consolidated into a single super-agency named Ontario Health
- Equity
  - Would create Ontario Health Teams that would need to deliver only three services out of all health services
- Public accountability
  - Ontario Health Board of Directors inaugural meeting was held March 11, 2019, behind closed doors and with no public announcement
  - LHINs, however, were required to hold public meetings
- Ministerial and Cabinet Power
  - Would take away power from the elected Members of the Legislative Assembly
  - Would concentrate decision-making power to the Minister of Health and Ontario Health
- Privatization

- There is no requirement in the proposed legislation that service providers have to be “non-profit”, or that services have to be publicly delivered
- There is language in the proposed legislation that allows “Ontario Health Teams” to be able to generate revenue.
- There is no transparency or information on governance of the super-bureaucracy of “Ontario Health”, or of “Ontario Health Teams”, unlike past legislation, which made this very clear.