

The Pulse

Newsletter

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Packed Action Assembly Sets Plans to Protect Our Public Health System Leading into Next Year's Elections

The next provincial election is October 6, 2011. The OHC gears up to set key issues for election year with an ambitious cross-province action plan

A federal election could happen as early as this spring. The OHC & the Canadian Health Coalition forge a plan to protect Medicare and safeguard the Canada Health Act



Gayle Beattie from the Citizen Action Group in St. Marys reports on her community hospital at the OHC Assembly

2010-2011 Action Plan Goals

Each year, local health coalitions, key affiliated organizations, and OHC members get together in an assembly to set our annual action plan. This year, the action plan is particularly important as it will lead us into the provincial and federal elections. For a copy of the full action plan (available to OHC members only) please contact the OHC office. Here are the goals as passed at the Action Assembly.

Provincial Election

I. Work to set the key election issues as follows:

i. SAFEGUARD LOCAL HEALTH CARE SERVICES

Safeguarding local health services means protecting local hospital services from cuts and closures. It means stopping delisting of services eg. physiotherapy and chronic care. It means stopping the inappropriate downloading of patients caused by hospital bed shortages. It entails expanding homecare to meet community need. It requires improved standards and conditions in long term care homes and improved access to -- and reformed models of -- primary health care (like community health centres).

ii. IMPROVE HEALTH CARE PLANNING; MAKE SURE PUBLIC FUNDS GO TO FRONT-LINE CARE & SUPPORT SERVICES

Improved health care planning means stopping the LHINs and endless restructuring. It means planning based on measuring and meeting population need for health care. It means streamlining administrative requirements to make funding available to front-line care and care support services.

iii. STOP FOR-PROFIT PRIVATIZATION

~ Stop hospital fee-for-service funding competition.
~ Stop private clinics and for-profit delivery of health services.

Ongoing campaigns:

II. Fight-back on myth of Medicare's unsustainability

Promote improved funding through focus on eliminating employer health tax loopholes, containing the costs of drugs, and improving political climate to discuss taxation and investing in public services. Reframe this issue away from repeating the language of "unsustainability" to a positive framing such as promoting the value and economic advantage of Medicare.

III. Ramp up local campaigns to stop the hospital cuts.

IV. Ramp up education and action to stop fee-for-service hospital funding and funding competition among hospitals.

V. Expose homecare cuts and the failure to meet community need for this vital care. Stop competitive bidding. Advocate for improved ability for people to choose to age in their homes.

VI. Stop the downloading of patients into retirement homes and work to improve the oversight and standards in the new retirement home regulations.

VII. Re-open the question of guaranteed mandatory 3.5 min (RN, RPN, PSW) long term care home standards and get these onto the election agenda. Educate our members on new long term care compliance regime.

Federal Election

VIII. Work to safeguard federal health transfers and reaffirm the commitment to public Medicare in the Health Accord. Support the campaign for national drug purchasing and pharmacare. Build these issues leading into the federal election, working in cooperation with the Canadian Health Coalition.

IX. Stop private clinics and for-profit privatization of health care services.



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Cross Ontario Check-In

Niagara

This week Welland MPP, Peter Kormos will be presenting to the legislature a petition with over 7,000 signatures from the Niagara Health Coalition. The petition calls for an independent investigator into the Niagara Health System (NHS). It is a response to the closure of two emergency departments and severe hospital service cuts in Niagara. Seven municipal councils in the Niagara region have passed a motion calling for an investigator due to increases in wait times and travel times, bed shortages, surgery cancellations, and the increase in barriers to access health care. A huge thank you to Sue Hotte and all the volunteers in the Niagara Health Coalition that worked to get thousands of local residents to sign petitions!

Petrolia

The Charlotte Eleanor Englehart Hospital in Petrolia has avoided immediate overnight closure of its emergency department. The hospital has temporarily approved a plan to rely on Health Force Ontario (a provincial job posting and doctor recruitment agency) in conjunction with local doctors, to keep the ER from closing overnight as was the plan in September. This is not a permanent solution, as there have been several nights where the ER did not have coverage and patients had to be rerouted. Continued pressure is being put on the LHIN by the community to find a permanent solution that saves the ER and improves physician recruitment.

Peterborough

In October, hundreds of CUPE hospital staff supported by concerned community members held a rally, directed at local MPP Jeff Leal, outside of the Peterborough hospital in response to the hospital's plan to cut hospital beds and services. The total service cuts have never been made public, but 283 hospital staff including nurses, health professionals and support staff are being laid off affecting services throughout the hospital. Recently the Peterborough Health Coalition signed a contract with the city to place a mailbox at City Hall for citizen's documentation (confidentially delivered and handled), regarding instances of declining patient care at PRHC in 2010. It will be up and running by the first week of December. The Peterborough chapter will also request, at December's Hospital Board Meeting, that the hospital compile a clear-cut patient care report as well as a previously announced staff satisfaction report.

St. Marys

On November 24th, the South West LHIN, voted to pass the Huron Perth Healthcare Alliance's (HPHA) Vision 2013, to restructure hospital services in Seaforth, St. Marys and Stratford. Under this plan St. Marys' emergency department will close overnight and they will lose 5 medical beds, and gain 10 continuing complex care beds. Former mayor, Jamie Hahn, noted to his local newspaper that this is a big step towards making St. Marys Memorial essentially a long term care centre. He noted that the 17,000 people in St. Marys and the surrounding rural area deserve having St. Marys Memorial remain their "general care" hospital. Community Action Group member, Gayle Beattie, expressed frustration that the Nov. 24 LHIN board meeting -- where the restructuring plan was decided -- was held in Warton, more than 3 hours away from St. Marys.

Kingston

The hospital board has decided to contract out food services to multinational Compass Group, spawning a major local food movement to stop the 10-year secret privatization deal. Under the deal, hospital food will be made and packaged 300 km away from Kingston. More than 6,000 postcards were sent to the hospital and a city council resolution was passed in support of local food production. The hospital is still trying to move ahead with the privatized contract, but the campaign is not over. There is a "Food Fight" public meeting at Kingston City Hall at 7pm on December 15, and supporters can go to the website to find out how to help:

kingstonfoodfight.ca/help.php



Queen's Park Updates

Bill 122 - Public Sector Accountability Act

In response to opposition parties exposing consulting and lobbying costs in health care, the provincial government introduced a new "Public Sector Accountability Act" this fall. The Act extends access to information legislation to cover hospitals, places some limits on use of lobbyists, and requires hospitals and LHINs to report on use of consultants. The OHC presented at the only public hearing on this Act in Toronto in late November. We supported the initial steps but called for an extension of the access to information provisions to cover long term care, homecare and public health boards. Working with InPatients for Change, we successfully opposed an amendment put forward by the Ontario Hospital Association that would have exempted information on quality of care from public access to information.

Rural and Northern Panel and Emergency Department Task Force

Yes. It is confusing. The Minister's Panel on Rural and Northern Health Care - the one that was formed in response to our 3,000-person protest against small and rural hospital cuts at Queen's Park - has written its report. Though the report - written without any public input - has been in the Minister's office for months, it has still not been released. In response to our public hearings on rural and northern hospitals, the government promised public consultations after the report is released. Nothing has materialized as yet.

Not to be confused with the Minister's Panel, a new Emergency Department Task Force has been set up. This task force, made up of OHA, LHIN and Ministry of Health representatives is reviewing human resource issues in emergency departments. Concern has been expressed about some Task Force members. Among these: Gary Switzer, CEO of the Erie-St. Clair LHIN whose public comments about local emergency departments have infuriated local residents and Dr. Lisa Shepherd - emergency department lead in the South West LHIN - the LHIN that just voted to close St. Marys' emergency department at night. (To see the government's announcement on the task force go to: <http://www.health.gov.on.ca/en/news/bulletin/2010/20100923.aspx>) The task force is not conducting any public consultations, and though the OHC has asked to meet with them, we have not received a response. We will keep you apprised.

Retirement Homes Act Regulations

A recent Toronto Star investigative report brought to light painful neglect in a Toronto-area retirement home to which patients were being sent from Humber River Regional Hospital. The OHC has been repeatedly raising the problems caused by downloading hospital patients into retirement homes. The story helped push the government to recognize our very real concerns, and those of groups like the Advocacy Centre for the Elderly, which we collectively raised again last spring in response to the government's new Retirement Homes Act. The Act left wide open the definition of services that these homes can provide, allowing them to become a second-tier of privatized and relatively unregulated chronic care hospitals or long term care homes. Our additional concerns include the ability for retirement homes to lock up seniors in "secure units", inadequate public oversight and inadequate protections for residents and staff. Regulations under that Act are now being drafted and are scheduled to be released next winter/spring. The OHC is working to have our recommendations considered. We will provide updates and will send out the new regulations for consultation when they are released.

OHC Assembly and Conferences

A Student's View

By Sonia Stellato, OHC Student Intern

Being a student from Humber College, it is sometimes hard to see how anything to do with health care can apply to myself. When I think of health care issues I often think back to issues my grandparents and family members have faced in regards to wait times for surgeries and quality of care while in hospitals. Never did I think that Medicare would have a direct impact upon my life until I reached an older age. From November 6th to 8th I realized that having a two tier system will impact me, not in years to come, but sooner than I would have expected.

Going into the Ontario Health Coalition Action Assembly and Conferences that took place from November 6th to 8th I expected that it would highlight the key issues around bed cuts, the shortage of funding, and the stopping of out-patient services. It was a nice surprise to experience so much more.

Saturday November 6th's Action Assembly focused mainly on the OHC's action plan for 2010/11. Campaign organizing around the provincial election coming up in October 2011 is a major priority, along with raising public awareness of key issues including health restructuring, sustainability, hospital cuts, homecare, long-term care and charter challenges.

Health care impacts anyone at any time. That is one of the myths that were debunked for me on Sunday November 7th's conference which focused on the myth of unsustainable health care. The truth is Canada can support public health care. It is simply that we are at risk of choosing a different path. Other myths that were brought into light were around Ontario's health spending and income trends, the myths of health spending as a 'pac man' effect, the aging population as a 'silver tsunami', and restructuring vs. dismantling.

The court challenges that have been launched by private interests to bring down Medicare were discussed Monday November 8th. We received updates from British Columbia, Alberta, Ontario and Quebec on the court cases dealing with Medicare and what provincial health coalitions are doing to intervene to help safeguard Canada's public health care system. A portion of the day gave attendees a chance to voice their personal struggles with the current health system and the impact it is having on them and their loved ones. It was at this point that I realized that privatization does have an affect on me. Not because I am a patient, but because a family member is struggling with the decision of having a surgery through a public hospital or a private clinic.

Having the opportunity to hear not only the speakers but what others had to say was both a delight and inspiring. Many things were brought to my attention that I did not think were an issue, such as how the myths of Medicare impact patients.

A common issue raised over the weekend was getting this information to the public. Being in a room where everyone agrees with the main goal, though it feels like 'preaching to the choir', is great because we can educate each other on our areas of specialty. With this education, it gives individuals the tools to go back to their communities and peers to educate others on what they may not already know.



Niagara coalition co chair Sue Hotte promotes t-shirts that say "Some Cuts Don't Heal: Save Our Local Hospitals" at the Assembly



Former Health Minister Ujjal Dosanjh addresses the conference on November 8



OHC director Natalie Mehra addresses a packed house at the OHC conference on Medicare's sustainability November 7



Len Harrison was presented with the Daniel Benedict award for activism to safeguard public medicare for a lifetime of commitment to the cause



Dr. Robert G. Evans, renowned economist was presented with the Ethel Meade award for excellence in research. I-r Natalie Mehra, Ethel Meade, Dr. Evans



Linda Mackenzie-Nicholas was also awarded the Daniel Benedict award for years of volunteer work in Northumberland



I-r Aisha Brown, OHC campaign director, presented Peggy Smith and Patty Park from the Northumberland coalition with the Daniel Benedict Award for their work to save their local hospital services



St. Marys' citizen action group received an award for their commitment to saving their local emergency department and hospital services



Ian Mitchell received the award on behalf of the Friends of the Kincardine Hospital for their dogged efforts to preserve local services



I-r Andy Lehrer and Ed Dwyer were given volunteer awards for hours of dedication. Also recognized was Corrie Gallaway (not pictured here).



Katha Fortier, co chair of the Windsor Coalition, was recognized for her outstanding help with the garlic fundraising drive



Lawyers from across Canada presented on the court challenges to dismantle Medicare. I-r Stephanie Drake (B.C.), Marie Claude Premont (Que), David Eggen (Alta)



Students for Medicare pose with volunteer photographer Naomi d'Sousa

Ontario Health Coalition - Holiday Gift Cards

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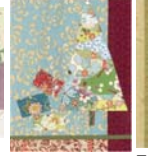
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- The history of Medicare in Canada

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