

The Pulse

Newsletter

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More than 1,100 attend Public Hearings on Future of Hospitals New Report and Recommendations Based on Public Input Released Across Ontario

Public Hearings on the future of small and rural hospitals were held by the OHC in twelve regions through the month of March. The response has been terrific. More than 1,150 people attended the hearings and we received more than 487 oral and written submissions. This exceeds participation levels in many government public hearings.

The coalition's non-partisan panel, including Dr. Claudette Chase, Hon. Roger Gallaway, Dr. Tim McDonald, Natalie Mehra, Barbara Proctor RN (ret'd), Kathleen Tod RN (ret'd) have written an extensive report and a set of recommendations based on the input. This report is available on the coalition website at www.ontariohealthcoalition.ca or you can phone or email to get a copy mailed to you.



It was standing room only at the hearing into the future of small and rural hospitals in Minden.

Quick News Updates

Several Hundred Protesters at Health Minister's Speech in Toronto

On April 7, concerned citizens and health care workers from Toronto, Kingston, Cobourg, Niagara and other communities joined an OHC protest to raise the issue of hospital cuts and closures. Protesters filled the area in front of the Royal York Hotel with signs, flags and a bagpiper.



Cambridge Hospital Cuts Town Hall Meeting: coincided with a major hockey game. Nonetheless, it was well-attended and garnered lots of media attention. Speakers included representatives from the stroke survivor's group whose services are cut, the breast feeding support group whose services are also cut, the nurses and the new local health coalition. Natalie Mehra, OHC director attended and presented at the meeting.

St. Marys Hospital Cuts and Town Hall Meeting: The amalgamated hospital corporation is trying to close this town's emergency department at night along with an untold number of acute care beds. A meeting called by the local fight-back committee was attended by more than 150 people. Natalie Mehra, OHC director attended and presented at the meeting. There was considerable opposition from the appointees on the local advisory committee for the hospital board.

Oakville P3 Hospital: The new Oakville hospital, to be built by a privatized P3 arrangement might be the most expensive hospital to be built yet. The local share for a hospital is supposed to be 10% of the construction costs plus the costs of equipping the new hospital. In Oakville, the local share is a whopping \$520 million; hundreds of millions more than any other place. A tax increase and long term indebtedness of the municipality will be the result. Natalie Mehra, coalition director, presented to the municipal council. The local coalition organized a public meeting prior to council vote. Despite the outrageous amount of money involved, and despite extreme secrecy of the local hospital and provincial government with regards to the total estimated costs and plans, the local council voted in support of the donation to this P3 project. *continued >*

Key recommendations from the hearings include:

1. Dismantle the LHINs.
2. Restore democratic hospital boards with improved oversight, community accountability and requirement to release financial and service planning information.
3. Create policy to provide an expected level of hospital services in all hospitals.
4. Stop the closure of small and rural hospitals.
5. Require the health minister, cabinet and the Ontario legislature to restore accountable and appropriate processes for decisions regarding major service changes and restructuring.
6. Increase Ontario's hospital funding to meet the national average.

Despite the uniqueness of each locality, there was a remarkable consensus that emerged from the hearings. Meaningful change and a restoration of clear policy, process and democracy is demanded. Improvements in services is desperately needed in some areas. Many witnesses called for improved respect for patients, community members, municipalities and the vital role of our small and rural hospitals in the health system.

Attendance and participation were exceptional. Mayors and other municipal councilors, retired hospital workers and nurses, patients and community members, leaders of local health and social service agencies, faith leaders, representatives of agricultural and economic organizations, and others made presentations at the twelve hearings. In one town, community advisory board *continued...*