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**Defend Public Services!**

**No to Attacks on Public Services and  
the Workers Who Provide Them**



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The incoming Ford government issued a directive on June 18 for a government-wide freeze on hiring and discretionary spending as part of its aim to cut \$6 billion in "efficiencies." This measure will accompany an audit of the province's economy which the new government intends to undertake after it takes office on June 29. The government plans to hire independent auditors to do a line-by-line audit of the province's books to ensure "taxpayers are getting value for money."

"We made a promise to the people of Ontario that respect for taxpayers was coming back to Queen's Park," Ford spokesman Jeff Silverstein said in the statement. "The people of Ontario work hard for their money and they expect their tax dollars to go to the services we all depend on."

All government ministries have been directed to halt new hires, except for "essential front-line services staff" in jails, policing, fire and developmental services.

Out-of-province travel is also restricted along with use of consultants, temporary help services, non-essential events and communications, such as advertising, newspaper and magazine subscriptions and media monitoring.

The directive stipulates "any expense that can be placed on hold without putting government service delivery or the public at risk" in terms of health, safety and security matters.

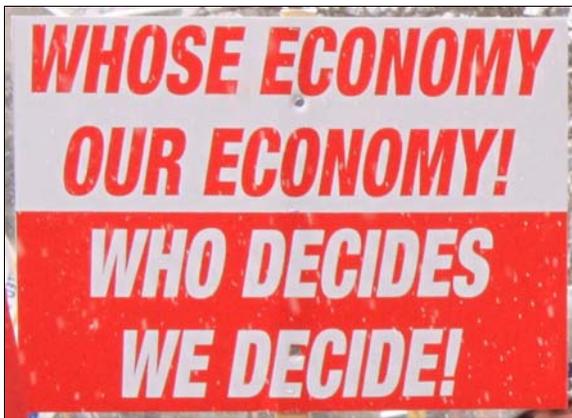
"Any planned expenditures that are not committed by contract and/or required to meet immediate legal obligations or address matters of health or safety are to be deferred pending further direction," the



directive states.

The new government holds up "respect for taxpayers" as a lost ideal it seeks to restore. It is based on the idea that the working people of Ontario relate to government as those who pay taxes and own property. The category "taxpayers" is used to deny that Ontario is comprised of citizens and residents who live in a modern society and depend on it for their well-being. The level of public services is the practical recognition of various social and economic rights -- the right to health care, to education, to social security, etc. It contributes to the society's stability and people's peace of mind. Referring to people as "taxpayers" dehumanizes them. It is based on an outlook which denies the human need for social cohesion on the basis of activating the human factor/social consciousness. It goes against the people releasing their social responsibility and solidarity.

Calling people "taxpayers" is typical neo-liberal parlance which implicitly targets those on the lower level of the income spectrum who do not pay taxes and social cohesion. The polity is artificially divided between those who allegedly carry costs and those who are a burden, between those who want to pay less and receive more and those who say they are willing to pay more so as to receive the services they require. Such talk reduces all the important matters to categories which speak about people in a manner which dehumanizes them. They are referred to as consumers and, in the health care system, as "clients." All of it is designed to deprive people of an outlook which starts from the modern conception of rights as claims human beings make on society to humanize the natural and social environment. The relationship is between rulers who decide what is good for these categories of people and the ruled who are dehumanized and do not participate in decision-making.



Neo-liberal governments also deny the enormous value workers in the public sector produce for the economy. Public sector workers' claims on the value they produce mostly stay in the province and contribute to the health of the economy. To reduce public sector workers' claims on the value they produce by attacking their collective agreements and rights, to eliminate public sector livelihoods through cutbacks, layoffs, privatization and public-private-partnerships are assaults on all Ontarians, their economy and security.

Working people in Ontario, especially those in the public sector, are under no illusions that their jobs or the services they provide will be protected by the new government. The suggestion that the public sector hiring freeze will not eliminate jobs and will therefore be harmless and in the interests of "taxpayers" is childish, designed to divert attention from the agenda the new government is putting in place. People see it as a prelude to further privatization of public sector jobs and services in the name of high ideals.

The approach of the Ford government to relegate people to the sidelines by treating them as taxpayers instead of citizens with rights is not acceptable. This is the method which is being passed off these days as being fiscally responsible and stopping the wastage of money as a justification for more privatization and funneling profits to the rich. It is the government providing risk-free opportunities to private interests to turn services which the people need into making maximum profits and at the same time removing education, health care and other sectors from public control so the people receiving education, health care and other services and the workers providing them have no say. The issue of decision-making on questions affecting the society is what will be further undermined by the Ford government and must be kept in mind when fighting back.



## Response of Unions That Represent Public Sector Workers

Posted below are statements and excerpts of statements from organized labour in response to the new Progressive Conservative government and its June 18 announcement of a public sector hiring freeze.

### Ontario Federation of Labour

"Premier-designate Doug Ford's announcement of a public sector hiring freeze, except for 'essential front-line services' in jails, fire, and policing, spells trouble for Ontario's already overburdened and underfunded public services.



"Ontario hospitals and long-term care facilities, for example, are already in a state of crisis,' said Ontario Federation of Labour President Chris Buckley. 'Ford's hiring freeze will likely put our health care system under even greater pressure, will further stretch the workers that provide care and will no doubt negatively impact patients,' Buckley added.

"Ontarians value the important work our civil servants provide daily -- whether that's keeping us healthy and safe, educating our children, or providing the services that Ontarians rely on,' said

Buckley. 'Now is the time to invest in the people that deliver those services, to enhance the level and quality of our public services -- not look to cut costs by further burdening workers already operating within systems that are not adequately funded.'"

### Canadian Union of Public Employees

"[... W]e need to get prepared for the challenges ahead. Doug Ford has promised to cut more than \$10 billion a year from provincial revenue -- money used to fund the services we provide. If he keeps this promise, we will see substantial cuts to our services and jobs, and serious concession bargaining. We need to be ready to fight back."

CUPE informs the leaders of Ontario's main unions are meeting to discuss how to respond and to "map out the most effective ways for us to work together.

"If we are going to succeed in stopping the cuts Premier Ford has planned, you cannot do it on our own. You will need the full force of our union, our community allies, and the broader labour movement. We must all be prepared to mobilize.



We must all be prepared to step up and support locals that are under attack. And you, must let your staff rep and CUPE Ontario know the minute you see signs that your local is being targeted," CUPE said.

## Ontario Public Service Employees Union

OPSEU President Warren (Smokey) Thomas said the union's 34,000 members in the Ontario Public Service have "real concerns about the future of the public sector under Ford. Our frontline services have been cut to the bone. For years we've heard the Liberals brag about their frugal spending, and how it's the lowest per person of all the provinces; we can't go any lower."

"We live in a growing province, with a growing economy," said OPSEU First Vice-President Eduardo (Eddy) Almeida. "So, when Ford says 'hiring freeze,' he means full-out cuts; this is reckless behaviour. When we stop hiring staff to provide public services and fill real job vacancies that too is a cut -- it's a growth-killer."

Thomas added that OPSEU is seeking a meeting with the new government. "We've got practical ideas to save tax dollars, while protecting our precious public services," said Thomas. "For starters, we could save billions of dollars by ending costly privatization schemes. For a quarter century, governments have been falling on the sword of privatization; Harris privatized the 407, and Wynne privatized Hydro One, and look how those turned out."



## Elementary Teachers' Federation of Ontario

"While the newly elected Progressive Conservative government has come to office without a fully costed platform leading to many uncertainties, the Elementary Teachers' Federation of Ontario (ETFO) will continue to advocate for Ontario students, educators and public services that the majority of families need," said an ETFO press release.

ETFO President Sam Hammond stated, "ETFO's first priority is to stand up for Ontario students and educators and ensure that all students have the support and learning environment they need to succeed. We will continue to advocate for, and defend, the necessary investments in public education that are needed to ensure a high quality education system. We will also work with all parties and education stakeholders to maintain the instructional excellence and curriculum initiatives



that best prepare our students for a successful future.

"Well-funded public services like education, health care and child care are critical for working people and families to lead a decent life. We will stand with the government opposition party to prevent any further corporate tax cuts that would erode those services while benefiting the wealthiest.

"It will be equally important to stand up for the rights of workers and the human rights of all people, both of which have been eroded by recent conservative governments at provincial and federal levels."

## **Ontario Secondary School Teachers' Federation**

In its statement OSSTF says amongst other things:

"Beyond offering a truly regressive approach to Health and Physical Education and some bromides regarding other aspects of curriculum and cell phones in class, at the time of writing Doug Ford has said almost nothing at all about his plans for education once his party transitions to government. If, through frank dialogue and reasoned discussion, we can help to steer his government away from actions that harm the working conditions of our members and the learning conditions of our students, then we will follow that course of action for as long as it remains productive.

"That said, we are well aware that it's simply not possible to square any kind of meaningful, ongoing support for our members' work with the budget cuts the PCs promised during the campaign. We must be fully prepared for the very real possibility that this government will veer in directions that would effectively subvert the work of our members and undermine publicly funded education in Ontario.

"Should that occur, OSSTF/FEESO will tenaciously oppose those actions by all appropriate means. As always, we must be prepared to adjust our tactics accordingly, but our objective will always be, as it has always been, to advance the interests of our members, and to protect and enhance publicly funded education."

## **Unifor**

"A blunt public sector hiring freeze announced today by Premier-designate Ford could cause long-term damage to Ontarians and workers who rely on public health care services.

"'Today's sudden announcement of a public sector hiring freeze shows that Ford plans to govern with the same approach that he campaigned with, to act first and figure out the details later,' said Naureen Rizvi, Unifor Ontario Regional Director. 'The Unifor members and all public servants who rely on this government to ensure safe and healthy workplaces deserve better.'

[...]

"Hospitals across Ontario are already over-capacity and under-staffed. Of the 163,000 workers that Unifor represents in Ontario, 25,000 are health care workers who work at hospitals, in ambulance services and at long-term care facilities, and whose workplaces may be affected by this heavy-handed policy."



## Health Care Is a Major Matter of Concern for Ontarians

# The Need for People's Empowerment to Put an End to Neo-Liberal Wrecking



**A coalition of social organizations in Windsor held an all-candidates' forum on May 22, 2018 at which people discussed their concerns with the state of health care and having no say in decisions being made about restructuring the local hospital system.**

The Progressive Conservative (PC) leader and now Premier-elect of Ontario Doug Ford issued his plan for health care during the election in a May 18 item posted on the PC website:

"My message to nurses, doctors and other frontline professionals is clear -- resources are on the way and help is on the way," said Ford. "We're going to work with our frontline health care workers, cut wait times, end hallway health care and ensure that seniors, patients and families have the high quality health care they deserve."

Under Doug Ford's Plan for the People, an Ontario PC Government will invest in 15,000 new long-term care beds in five years and 30,000 new beds over the next 10 years, invest \$1.9 billion over 10 years in mental health, addictions and housing supports, and provide dental care to low-income seniors.

Ford contrasted his commitment to frontline health care to the out-of-control spending, scandals and waste that have defined Kathleen Wynne's mismanagement of the health care system. Over the last 15 years the total number of Assistant Deputy Ministers at the Ministry of Health has grown from six to 21.



A media campaign supports Ford's idea that by cutting out what is called wasteful bureaucracy, funding can be spent on health care and not managers and administrators. This outlook is based on the myth of scarcity of funds and aims to detract attention from the pay-the-rich schemes in which successive governments have engaged. Ford cannot be expected to do otherwise.

Beginning with his time as a Toronto city councillor, Ford is a known advocate of privatization.

During the election he said that as premier he would achieve \$6 billion worth of "efficiencies" without cutting jobs. He has already announced a freeze in the public service. Contrast this with the campaign of former PC leader Tim Hudak in the 2014 election when he said he would find "efficiencies" worth \$2 billion, which he explicitly said would come by cutting 100,000 public sector jobs. However, whether the jobs are cut through attrition, as Ford says about the public service, or as a result of closures and privatization, the promised "efficiencies" mean that more money is directed to construction companies, insurance companies, medical and hospital supply companies and other private interests.[1]

The Ontario Health Coalition in its 2018 election platform sums up the experience of increasing privatization of health care in the past 20 years.

The evidence, from two decades of these experiments with privatization is that care has become fragmented and is often moved further away; costs for patients and governments have escalated; and quality protections for patients are far fewer. Integration of inpatient clinical services with outpatient care is helpful for clinicians seeking diagnostics, consultations with health professionals and on-site referrals, and for patients trying to navigate an often complex health system. Indeed, access to care has become a serious problem as privatization has expanded. For decades, municipal public transit systems and non-profit supportive agencies have located to facilitate ease of access to local hospital clinics. There are often no public transportation options for patients who now have to find their way to centralized private services. The evidence shows that privatization has neither served the public interest in accessible quality care, nor is it less expensive. It is time to restore and rebuild integrated outpatient services that operate in the public interest.



As public hospitals have cut and shed services, a new industry of private for-profit clinics has emerged. In three separate studies over 10 years the Ontario Health Coalition has called all of the private clinics we could find in Ontario, including boutique physician clinics, MRI/CT clinics, colonoscopy and endoscopy clinics and cataract surgery clinics. We found that the majority of the clinics are billing OHIP and charging patients extra user fees on top, amounting to hundreds or even thousands of

dollars. Sometimes fees are charged for medically-needed care and sometimes for add-ons and services that are upsold to patients by clinic operators. We also surveyed 250 patients who had been charged for services and found that many reported manipulative pressure tactics used to compel them to pay extra user fees for things such as extra eye measurement tests, without patients being informed that such extras are medically unnecessary. Patients, many of them elderly and on fixed incomes, reported that they suffered financial hardship as a result of the user fees; going without groceries, forgoing other bills and borrowing money to pay medical costs.

Medically needed hospital and physician care are covered under public health care and paid through our taxes to protect against financial hardship when patients are in need. These practices by private clinic operators are unlawful in many cases, and in all cases violate the spirit and intent of our medicare laws. The government must roll services back into public hospitals that have better quality regimes and operate in the public interest. Extra-billing and user fees by private clinic operators must be stopped and patients must be protected against

manipulative tactics used to enhance profits at human expense.

The right to health care must be recognized to stop the selling of services in schemes to pay the rich. The working class of Ontario is motivated to put an end to the destruction of the health care system. The current situation underscores the need for the working people to continue to speak out in a manner which empowers them so that they make decisions which favour them and they put an end to relying on representatives of private interests. They cannot afford to be spectators to back and forth name-calling in the Legislature. They must work out how to hold the Ford government to account which, amongst other things, requires keeping informed and speaking out in defence of the rights of all. This government must not get away with behind-the-scenes swindles and corruption as took place under the Liberals.



### Note

1. In 2013, *Ontario Political Forum* wrote: "The Hudak Conservatives of course are hoping to benefit from the widespread opposition to the Liberals' hospital closures, bed cuts and service cuts. Hudak blames Liberal mismanagement for the cuts and says health care costs can be reduced without service cuts by finding 'efficiencies.' But people are well aware that the cause of the cuts is the austerity and deficit reduction fraud that both the Liberals and Conservatives are pushing. People are also aware that Hudak was part of the government of the Harris Conservatives that launched a massive bed cutting and hospital closing program in the mid 1990s. Since then, Conservative and Liberal governments have closed between them 18,900 hospital beds."

## Ongoing Wrecking of the Health Care System



Natalie Mehra speaks at "Save Our Hospitals" rally at Queen's Park, February 1, 2016.

In health care, the wrecking has been going on for decades. The Ontario Health Coalition, in its platform for the 2018 election, provides relevant information about the situation. It writes:



Already Ontario's hospital cuts and consolidation have been more extreme than anywhere else in Canada. Ontario underwent the largest-scale hospital amalgamation and closures in Canada's history in the 1990s. Billed initially as a plan to achieve administrative savings, the reality has been quite the opposite. In the ensuing years, smaller sites of amalgamated hospitals have seen their local democracy eradicated and their services gutted, and at huge cost. In fact, the price has been tallied by Ontario's Auditor General. From 1995-1997 \$800 million was cut from hospital budgets. But the costs of amalgamations, closures

and movement of services were far greater. In 1999 and 2001, the annual reports of the Ontario Auditor General revealed that costs had escalated to \$3.9 billion (up from the projected \$2.1 billion) an increase of \$1.8 billion over expectations. Billions of dollars were spent cutting beds, forcing mergers, closing hospitals and laying off staff, after which hundreds of millions were spent re-opening needed beds and recruiting staff to restore stability. The high costs of restructuring and merging were never recouped.

The body of evidence regarding the costs and quality-of-care consequences for mergers is substantial and stretches across two-and-a-half decades. The Canadian Health Services Research Foundation [CHSRF] published a 2002 essay that took issue with the myth that "bigger is better." They found that during the 1990s the number of Canadian hospitals declined from 1,231 to 929 -- a drop of 25 per cent, largely due to mergers. The CHSRF said evidence on cost savings from mergers is largely anecdotal and inconclusive, finding that a number of mergers increased the cost of management and administration. They reported that larger hospital mergers tend to be less responsive to the patient, disadvantage low income patients, do not necessarily improve recruitment and retention and often lead to issues around staff morale and trust. The essay concluded that "the urge to merge is an astounding, run-away phenomenon given the weak research base to support it, and those who champion mergers should be called upon to prove their case." These findings are supported by recent studies, both international and Canadian.

Despite the evidence and without regard for massive community opposition, the closures and consolidations are still happening. In 2016, the hospital for Ajax-Pickering, a hospital that serves more than 150,000 people, was amalgamated with Lakeridge Health in a double merger that by the hospital's own documents was slated to cost \$47.8 million. The Ajax-Pickering/Lakeridge merger, according to the hospital documents, would take more than 62 years to pay off, threatening further consolidation and local closures of care services. Currently, a proposal has been floated to close one or both of the remaining hospitals in Muskoka and merge them onto one site. This comes after the Burk's Falls hospital was already shuttered in recent years. Another planned merger between Lindsay and Peterborough has just been made public. In Windsor the proposal is to close virtually all hospital services in the downtown

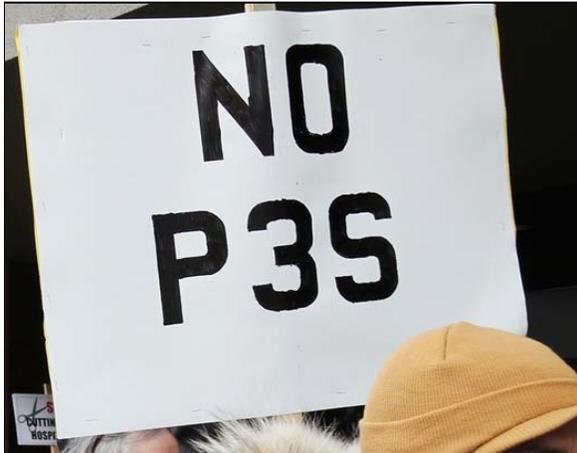


**Protest, May 2, 2018, against closing of two Windsor hospitals to be replaced by an inaccessible mega-hospital.**

area and move services ranging from emergency to acute and chronic care out to one hospital site past the airport, a \$70 round-trip taxi ride from the poorest neighbourhoods of the city.

These mergers and amalgamations are not in the public interest. They are extremely expensive, taking vital resources away from care, and they lead to the centralization of services further away for many residents.

[...]



In the last two decades, Ontario has built our new hospitals using a privatized "P3" private-public partnership model. In these schemes, private multinational consortia fund and build our hospitals. The costs are much higher than if our hospitals were publicly funded, and P3 hospitals are often located on greenfield sites far from local town transportation systems. In fact, Ontario's Auditor General reports that \$8 billion could have been saved if our hospitals and other public infrastructure projects were built using traditional public finance and sound management. Today, P3 hospitals are so expensive that two or three or

more existing community hospitals are closed down to build one new one, too small to meet the needs of local communities for the next generation. Billions have been taken away for care and local access as a result. Infrastructure Ontario should be reformed to be governed by public interest experts and focus on sound management and public oversight of a publicly-financed infrastructure program.



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### Northern Ontario

## Kiashke Zaaging Anishinaabek End Traditional Gathering



Kiashke Zaaging Anishinaabek -- Gull Bay First Nation (KZA-GBFN) concluded its Traditional Gathering on June 5. The gathering was located on the access road to the North American Palladium's (NAP) Lac des Iles Mine which is located on KZA-GBFN's traditional territory, 100 kilometres north of Thunder Bay. The members of Kiashke Zaaging Anishinaabek have been holding a traditional gathering on the access road since May 31 to continue to exercise their inherent

rights to their traditional territory until NAP complies with a list of demands. KZA-GBFN say that their community has failed to benefit from the palladium mine and that the company has not shown respect for their concerns.

The decision to conclude the gathering came after meetings with NAP representatives and a Ministry of Northern Development and Mines deputy minister on June 4 and a visit by NAP President and CEO Jim Gallagher to the site June 5.

"The [Letter of Understanding], dated June 5, 2018, sets out an agreement in principle regarding certain outstanding matters between the parties that will be further defined in a more detailed participation agreement, which is to be negotiated in the near future," NAP said in a media release.



"The mine has met all of our demands and we're in the process now of developing a participation agreement. We're hoping to have that concluded in two months," said KZA-GBFN Chief Wilfred King. King said respect for the First Nation was a major issue. King did not go into specifics, but said they included operational, environmental and business concerns.



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