

IN THE NEWS

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Opposition to Privatization of Health Care

Mass Rally at Ontario Legislature Demands Ending Privatization of Hospitals and Public Health Care



A rally organized by the Ontario Health Coalition on May 28 on the front lawn of Queen's Park, where the Ontario legislature was in session, drew well over 6,000 workers, youth and retirees from across the province. Health care workers were joined by steelworkers, teachers, students and others. Workers came with their flags and banners from Windsor, Woodstock, Hamilton, Kitchener, Waterloo, Kingston, Niagara, Toronto and other towns and cities to present a vigorous united front against the Ford government's attacks on the public health care system.

Since his government came to power in 2018 Ford has been leading the charge to complete the restructuring of the state to put all decision-making directly into the hands of narrow supranational private interests. As a result, all aspects of health care are privatized including care for seniors, home care and more. Ford has now embarked on a plan to create 61 private clinics and surgical centres. A total of \$300 million has been allocated by the province for these facilities, funds diverted from public hospitals. The stated intent of the government is to redirect 1.2 million patients away from the public hospital system.



Organizers called on everyone present to reach out to their co-workers and neighbours and friends to inundate the Premier, his cabinet and MPPs with emails demanding an end to the privatization agenda. They emphasized that the Ford government has underfunded hospitals, forcing them into deficits while providing public funds for private hospitals and clinics. They provided examples of patients being "upsold," manipulated into paying out of pocket for unnecessary tests and lenses for cataract surgeries not covered by the provincial health plan, to the tune of thousands of dollars. They demanded that the public funds being provided to private operators be invested in existing public hospitals to put an end to underutilization of existing facilities, solve the problem of understaffing and treat health care workers with respect for the essential work that they do by increasing wages and improving working conditions.

The rally followed a demonstration and march to Queen's Park from Union Station where workers had arrived on trains from around the province. They were met at Queen's Park by striking Ontario Public Service Employees Union (OPSEU) workers from nearby Surrey Place, part of the 4,500 OPSEU community and social service workers on strike across the province. They are demanding needed funding for the services they provide and wage increases that they are owed as a result of the courts' overturning of Ford's legislation capping public sector wage increases. Leaders of the Ontario Health Coalition, OPSEU/SEFPO and the Ontario Nurses' Association called on all health care workers to lead the fight against privatization and for a public health care system that is founded on the principle that health care is a right, not a luxury or a business opportunity.

The spirit of the rally was one of defiance, determination to fight for a health care system based on meeting the needs of the people of Ontario, not the profits of narrow private interests that the Ford government serves, and that this fight has just begun and will continue until the anti-social agenda of the Ford government is defeated by the people themselves.







Ontario Community, Health and Social Services Workers on Strike to Defend Their Rights and Services They Provide



Striking workers at Lynwood Charlton Centre in Hamilton, May 25, 2026

Since May 25, over 4,500 workers, members of the Ontario Public Service Employees Union (OPSEU/SEFPO) have been on strike across the province. A press release from the union states that "this is a fight for the future of the services they provide, and they're calling on their employers to support this call for funding to shorten job action." The striking workers include social workers, child therapists, addictions counsellors, legal aid staff and other frontline social service workers who work for agencies funded by the provincial government.

The theme of the strike is "Worth Fighting For" and the situation the workers are facing is summed up in the words of Tannis McGinn, Chair of the Child Treatment Divisional Executive and Leader of the Worth Fighting For Working Group: "We are tired and devastated -- seeing every day the impacts that underfunding has on our communities and the people we support. We simply cannot continue to carry a crumbling system on our backs."



Workers at nearly two dozen community organizations are on strike or locked out. A union press release from May 25 states: "Worker demands include retroactive pay for stolen wages by Premier Ford's unconstitutional Bill 124, which capped wage increases at one per cent during a time of skyrocketing cost of living. While many public sector workers have received retroactive wage increases of 6.5 per cent or more since Bill 124 was ruled unconstitutional and repealed, workers in community and social services are still waiting."

"Chronic underfunding," the press release states, "has resulted in people falling through the cracks, and families have struggled to access support. Workers have been forced to work two or three jobs just to make ends meet, and many rely on food banks."

"At the same time, funding for community and social services continues to fall, with the Financial Accountability Office highlighting a \$1.5 billion budget shortfall for the Ministry of Community and Social Services in 2025/2026."

The union is calling for support on the picket lines. Visit the website worthfightingfor.ca for more information and locations of picket lines.



Ontarians Call for Defeat of Ford Government's Anti-Social Agenda



Queen's Park, April 25, 2026

Thousands of Ontarians from Ottawa to Windsor, from Thunder Bay to Toronto took part in "Fighting Ford" protests on April 25 to denounce the Doug Ford Conservative government's continued corruption, assaults on their democratic rights and intensification of the anti-social

destruction of the province, its people and resources in the service of supranational private interests. Actions were organized by the Ontario Health Coalition and through social media in cities and towns throughout the province.

A major focus of the actions was the demand for repeal of Bill 97, the *Plan to Protect Ontario Act (Budget Measures)*, an omnibus budget bill that was fast-tracked through the legislature on April 23 without any public consultations or input. The legislation makes changes to the province's *Freedom of Information and Protection of Privacy Act*, retroactively, to prevent public scrutiny of communications records of Ford and his ministers. Several speakers at rallies noted that it was such records obtained through freedom of information that exposed the Green Belt scandal that Ford and his developer friends were involved in and which prompted a police investigation.

Protesters also called for the repeal of Bill 5, the *Protect Ontario by Unleashing Our Economy Act, 2025*, through which the Premier and Cabinet can designate any part of Ontario a "special economic zone" in order to fast track projects that serve narrow private interests and allow the executive to override laws and regulations, including those of cities and regional bodies. One of the main themes of the action in Toronto was opposition to Ford's plan to take over the lands around the Billy Bishop airport from the city to expand it to allow jets to land by designating it the province's first "special economic zone."

Common themes in the protests included the lack of affordable housing for the most vulnerable, hospital privatization and cuts to health care and to education including to the Ontario Student Assistance Program and autism services and to other social programs. Protesters also denounced the criminalization of protests and the Ford government's support for war and war production in the name of creating jobs and prosperity in the face of U.S. tariffs.

The organizers pledged to continue mobilizing and organizing Ontarians to put their demands forward, to hold the Ford Conservatives to account and advance their fight for an Ontario where the well-being of the people, not the rich oligarchs and their narrow destructive agenda, are put in first place.

Queen's Park, Toronto

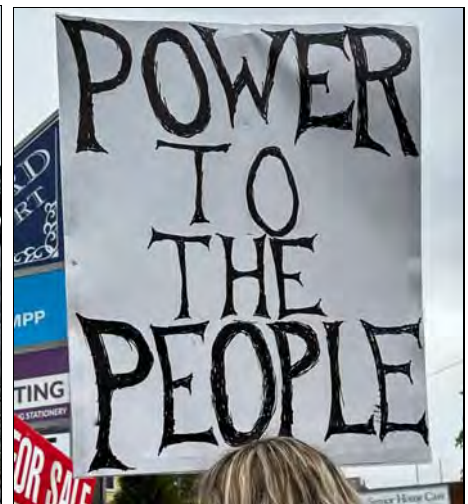
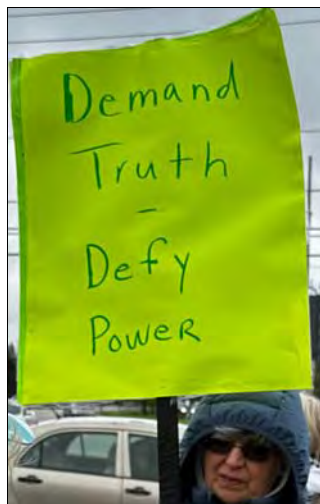




Burlington



Windsor





Canada Requires a New Act Which Enshrines Health Care as a Right

– Peggy Morton –

There is broad and fierce opposition across the country to the aggressive expansion of privatization of health care and putting health care decisions in the hands of supranational private interests. People are demanding that governments stop paying the rich and increase funding for health care and other social programs. Across the country, working people are rallying to demand that the right to health care be provided with a guarantee, alongside unions, health care professionals, seniors' organizations and many others.

In Alberta, Bill 11 sets out the legal framework for greatly expanding what is referred to as two-tier health care with private insurance to cover medically necessary health care services. So too



in Quebec and Ontario, workers and their unions are fighting against the direct dictate of government ministers empowered to privatize the entire health care system.

Canada is said to have a public health care system which defines us as a nation, with the *Canada Health Act* as a nation-building project which sets us apart from the U.S. Establishing public health care was an advance for society, where matters of health and even life and death were not based on a person's wealth, but by virtue of their humanity. Public health care has the aim of raising the level of society and the well-being of all its members to live with dignity and security with equal rights and care as needed.

This advance was incomplete, with many aspects of a healthy life excluded, including the social determinants of health, to the extent that Indigenous Peoples lack even clean water. Now, as a consequence of the anti-social offensive, the most basic services provided by the health care system are in crisis.

Acknowledging the experience of Canadians, Quebecers and Indigenous Peoples in fighting for their right to health care is crucial to waging this battle. It concerns hundreds of thousands of people who suffer as a result of the actions governments are taking.

The acute shortage of health care workers and professionals, lack of facilities for acute care and long-term care, wait times in emergency rooms and for ambulance services are at crisis levels. This and long surgical wait-lists all show that the issue of a two-tier system must not be reduced to pro and con privatization or to the demand that the "principles" of the *Canada Health Act* be upheld or that this or that government should "do the right thing." The demand which opens society's path to progress is that health care must be guaranteed as a right and the people must have the decision-making power to make it so.

What a Study of the *Canada Health Act* Reveals

In 1998, the Hardial Bains Resource Centre (HBRC) commissioned a study on the *Canada Health Act*. The aim of the study was to verify whether the *Canada Health Act* determines what are called the national standards and lists what rights to health care it enshrines. The conclusion reached by the study confirmed that when it comes to defining the actual standards of health care, all the Act has is some policy objectives. What it calls "national standards" have to do with administering the funds that the federal government transfers to the provinces and setting up an accountant in the provinces to receive the funds and then report to the Auditor-General on how they were spent. That's all. Accounting practices. The *Canada Health Act* is not about guaranteeing the right of Canadians to health care because such a right is not recognized.

First came the *Medical Care Act* of 1966 which took effect nationwide by 1968-1972 to provide a public insurance system for medically necessary hospital and physician care. When the *Medical Care Act* was enacted in 1966, cost-sharing between the federal and provincial governments was to be on a 50-50 basis. Then came the *Canada Health Act* of 1977, which replaced cost sharing with block funding and no longer tied federal contributions to actual provincial spending. Then came the *Canada Health Act* of 1984 which set out five "core principles" -- universality, accessibility, comprehensiveness, portability and public administration. The Act does not guarantee publicly-delivered or funded health care to meet the needs of the people. It is a financial agreement setting out the relationship between the provincial and federal governments regarding public funding of health care.

Under Canada's Constitution, health care is a provincial responsibility, and the *Canada Health Act* does not mandate how provincial governments carry out the delivery of health care services. As a financial arrangement, the *Canada Health Act* does provide for financial consequences in the event that a province or territory introduces or maintains extra billing, user fees or full private payment for health care services which are covered under the provincial insurance plan.

The federal government also transferred "tax points" to the provinces for a wide range of social services including health care. When Paul Martin was Finance Minister (1993–2002) in the government of Jean Chrétien, the federal Liberals carried out major cuts to transfers to provinces, including health care transfers. When he became Prime Minister, Martin changed the Canada Health Transfer. Federal health care cash transfers to the provinces had come to about 19 per cent of provincial funding, and fell to around 12 per cent following Martin's cuts. Today, as privatization of health care services increases, federal cash transfers for health care have gradually risen to around 22 per cent of all public health care spending.

As written, the *Canada Health Act* discourages extra billing for private services by deducting from the Canada Health Transfer an amount equal to that paid by patients for insured services. In practice, the federal government simply ignored many, if not most, instances where patients paid for insured services. Where intervention does take place, the amounts deducted are minuscule compared to overall transfer payments. Then negotiations take place which return most of the funds withheld to the province on promises of "good behaviour" in the future. This is precisely what happened in Alberta when deductions were made because private diagnostic imaging (DI) centres were offering very fast access if patients paid privately. They charged patients, who they call "clients," up to four times what the provincial government paid for the same tests.

Alberta "corrected" itself by passing legislation which permits DI centres to charge patients to perform tests without a physician referral, with reimbursement if a serious condition is found on the test. This is intended to evade further deductions, because patients do not need to present a physician's referral and therefore the test can be declared to be "not medically necessary."



The Supreme Court weighed in on the question of private insurance for insured services in 2004, in the Chaouilli case, when the court ruled that private health care and insurance were constitutional. Lawyers for Dr. Jacques Chaouilli and a patient argued that "the lack of timely access to provincially-insured health care services coupled with legislative restrictions on access to private care amounted to a violation of section 7 of the *Canadian Charter of Rights and Freedoms*." Section 7 of the *Charter* states that "everyone has the right to life, liberty and the security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice." The court acknowledged that the Quebec government was putting lives and health in jeopardy by failing to provide adequate resources. It concluded that the government had failed to deliver health care in a "reasonable manner" and that, under these circumstances, a two-tier system provided a remedy and was constitutional.

The government of Paul Martin intervened in the Chaouilli case, arguing before the court that the demand for health care is "limitless," which is to say that rationing and depriving people of timely care is actually responsible fiscal management and managing scarce resources. This has become the mantra of governments ever since.

The Chaouilli decision was widely opposed by Quebeckers. In 2006, the Quebec government took one step back and enacted Bill 33 which mandated that surgeries performed in these private clinics would be paid for by the public health system. This was a similar development to that in Alberta where in 2000 the Ralph Klein government had introduced the first Bill 11 legalizing private hospitals. Due to public opposition, Klein was also forced to amend the legislation to disallow the private hospitals to charge patients directly. Both Klein and Quebec Premier Jean Charest continued, despite broad opposition and evidence to the contrary, to justify the establishment of

private clinics by claiming they would improve wait times, a claim that has been proven false many times over since then. Even though these arrangements remain in place, they are now violated with impunity by private clinics in many provinces which openly advertise hip replacement surgery at a cost of from \$20,000 to \$38,000.

The Alberta government's current Bill 11 is designed to finish what was started in 2000 and establish a full two-tier system for a yet unknown number of health care services. It could allow surgeons by specialty, and even family doctors, to practice in both the public and private system. This would allow them to offer patients a "choice" between paying for quick service and joining a long wait-list in the public system.

What is clear from what the *Canada Health Act* does and does not do, and the state of health care across the country, is that the right to health care is not upheld by any current legislation whether federal, provincial or territorial. Supranational narrow private interests dominated by suppliers of modern equipment, AI software, Big Pharma and the like are seizing more and more control to serve their own private aims of maximum profit. New arrangements are needed. The summation of all the battles which the people have waged for the rights of health care workers, against cuts to health care, rampant privatization and the conditions of seniors' care is that the aim must be to provide the right to health care with a guarantee on a universal basis.

The demand of the people is for a free, high-quality, publicly delivered health care system where the highest quality care available to society is provided when it is needed. The absence of a public authority which takes decisions to ensure the well-being of the population, not narrow private interests, is a matter of great concern. Over the years people from all walks of life and from every corner of the country have participated in countless actions to lay their claims.

Universal, unconditional access to health care, as well as housing, food, education and all that is necessary for humans to thrive are basic human rights which belong to people by virtue of being human. The right to health care must be guaranteed and the people must make it so by becoming the decision-makers.

Now is the time to take up the fight for a new and modern constitution to guarantee the rights of the people. A modern constitution is needed to put in place new arrangements established by the people themselves for the democratic renewal of the political process so that the people of Canada, Quebec and the First Nations, Métis and Inuit become the decision-makers. Health care workers who have dedicated their lives to providing the people with health care will play their leading role in providing solutions based on their expertise, experience, knowledge and dedication.

The fight includes the refusal to accept a situation in which basic social policy, which determines the kind of society we have, is decided by those in positions of power and privilege. The people are fighting for the recognition of their rights. This is the stand the Communist Party of Canada (Marxist-Leninist) upholds under all conditions and circumstances, in the fight for the unity of the Canadian people in defence of the rights of all, the interests of the most vulnerable, the interests of the unemployed, the homeless, migrants, youth, seniors and everyone. This is the banner that the Party has planted, based on the analysis that the demand of the times is to create a society which recognizes the rights of all and their claims upon it by virtue of the fact that they are human.

