

## ON HEALTH CARE

February 2006

### **BROAD AND GROWING OPPOSITION TO LIBERAL'S LHINs**

There is broad and growing opposition by Ontarians to the Liberal government's Bill 36 (*Local Health Integration Act, 2005*) as it is proceeding through the legislative process.

LHINs will disrupt our public health system giving extensive powers to unelected bodies to carry out the bidding of the Liberal government and to open the door for profit-seeking companies to cash in on this new system. Ontarians will be forced to travel greater distances to receive needed services.

The Liberal government introduced *Bill 36 (Local Health Integration Act, 2005)* for first reading on November 24, 2005. It received second reading on December 7, 2005. During the period January 30-February 8, 2006, there were seven days of hearings on this proposed legislation by the Standing Committee on Social Policy. Several days of hearings were held in Toronto and one day each in London, Ottawa and Thunder Bay. Presenters were given a 15-minute time slot before the Standing Committee. This was completely inadequate given the importance of this proposed legislation. In December the OFL had asked affiliates to contact the Standing Committee and request a hearing in their community. The overwhelming majority of presenters appearing before the Standing Committee spoke in opposition to *Bill 36*. The Liberal government's current political plan is to use their majority to push *Bill 36* into law in March 2006.

As noted in the December 2005 *FOCUS on Health Care*, OFL affiliates Canadian Union of Public Employees (CUPE), Ontario Nurses' Association (ONA), Ontario Public Service Employees Union (OPSEU) and the Service Employees International Union Local 1.0n (SEIU Local 1.0n), representing almost 200,000 Ontario health care and community-based social workers, are working closely together in opposition to *Bill 36*. In January 2006, these unions mobilized thousands of their members in 17 communities to attend information meetings on LHINs. February saw a variety of actions including a province-wide workplace picket (February 14) in opposition to LHINs. There are plans for an extensive media campaign against this proposed legislation. Activists from these unions were well represented as presenters during the Standing Committee hearings. All four unions presented detailed written submissions on how this proposed legislation, as presently, written would facilitate privatization of health services as well as recommendations for extensive amendments. They have developed resources which are available on their joint web site [www.stoplhins.ca](http://www.stoplhins.ca), which complements the information available on their individual union web sites - [www.cupe.ca](http://www.cupe.ca); [www.ona.org](http://www.ona.org); [www.opseu.org](http://www.opseu.org) and [www.seiulocal1.org](http://www.seiulocal1.org).

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The Ontario Health Coalition (OHC) is a broad-based coalition with an active membership across Ontario. The OFL and many of its affiliates have been members of the OHC for many years. The OHC has been very active in the community opposition to *Bill 36*. Working with its local membership, the OHC has organized at least 30 community meetings on the impact of LHINs. To date these meetings have been large and informative for the local community. Extensive resource material and information on this campaign is available on their web site at [www.ontariohealthcoalition.ca](http://www.ontariohealthcoalition.ca).

OFL Executive Vice-President, Terry Downey, made a presentation on *Bill 36* to the Standing Committee on February 7, 2006. The presentation is available on the OFL web site at [www.ofl.ca](http://www.ofl.ca).

The preamble of *Bill 36* notes that a community's health needs should be developed by the community, healthcare providers and the people they serve and that local communities should make decisions about their local health systems. Yet, whole sections of our health care system are not included under this proposed legislation. The reality is that *Bill 36* transfers control of such decisions to the Minister of Health and Long-Term Care and the Lieutenant Governor in Council (Cabinet) through their creation of the Local Health Integration Networks (LHINs). Through this anti-democratic action, the Liberal government is ignoring a long tradition in Ontario of locally elected representatives responsible to their community for their actions.

Fourteen LHINs cover the province of Ontario. Five of them serve populations larger than five Canadian provinces. Existing communities across Ontario will not be well served. Neither will communities with particular language and service requirements. There is little "local" in LHINs.

LHINs are given the responsibility to provide funding to health service providers for the provision of services. Providers will sign accountability agreements. This purchaser/provider split, and the competitive bidding process which flows from it, has proven to be disastrous in home care and has been disruptive for both users and providers of services in that sector. LHINs will facilitate the movement of services away from not-for-profit and towards for-profit.

There is a need for a provincial strategic plan to build and sustain the kind of health care we want in our province. A necessary first step is to be both supportive and involved in activities in communities across Ontario which are challenging the Liberal government's flawed LHINs policy.

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