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Canadian Union of Public Employees
Syndicat canadien de la fonction publique

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March 26, 2007

VIA FAX

The Honourable Tony Clement
Federal Minister of Health
Brooke Claxton Building
Tunney's Pasture
Postal Locator: 0906C
Ottawa, ON K1A 0L2

Dear Minister Clement:

As you know, New Brunswick Health Minister Mike Murphy is considering expansion of for-profit services in his upcoming provincial health plan. When questioned on this by the *Globe and Mail*, you affirmed public insurance but welcomed private delivery. I am writing on behalf of 560,000 members of the Canadian Union of Public Employees to urge you to uphold the *Canada Health Act* and denounce for-profit incursions into Medicare to Minister Murphy, to other governments promoting health care privatization, and to the Canadian public.

Research the world over documents the ill effects of for-profit health care: higher costs, longer waits, unequal access, and poor outcomes. This holds true for clinical services, support services, insurance, infrastructure and every other aspect of health care.

Governments, yours included, have gone along with commercial interests who claim falsely that Medicare and the *Canada Health Act* are only about who pays, not who delivers. Canadians are not so easily fooled. Privatization of both insurance and delivery undermine accessibility and equality – core principles of the *Canada Health Act*. It also inflates costs, diverting resources from patient care.

For-profit health services are proven to cost more and deliver worse care. Reports from the *British Medical Journal* and the British government itself put the premium for private clinic surgeries at anywhere from 11 to 47 percent above public hospital costs. Closer to home, researcher Colleen Fuller reported in December that private clinics charge on average twice what public hospitals spend per hip or knee replacement. Data comparing continuing care providers by ownership status reveal the same pattern: for-profits cost more.

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Evidence also abounds that commercial operators cut corners and even cost lives. Studies published in the *Journal of the American Medical Association* showed that investor-owned for-profit hospitals and clinics have higher patient mortality rates than non-profits. Non-profit long-term care facilities hire more staff and have better performance on measures such as infections, falls, and hospital admissions.

Minister Murphy and others suggest that private clinics will reduce wait times. Private clinics actually lengthen waits because they drain health care professionals, already in short supply, and they introduce conflicts of interest. International evidence shows that countries with parallel private hospital systems have larger waiting lists and longer waiting times in the public system. A 1997 study by researchers from the University of Manitoba found that patients waited almost three times longer for cataract surgery if their doctors worked in both the public and private sectors.

Commercial delivery of health care support services, another idea floated by Minister Murphy, is likewise inferior. Britain substantially privatized hospital cleaning services in the 1990s. In response to massive public outcry over deteriorating standards of cleanliness and increased infection rates, the government reversed its requirement for competitive tendering of support services in 2001. Scandals over filthy conditions and hospital infections similarly plagued health authorities in British Columbia when they privatized housekeeping five years ago. In 2007, incidents of health care acquired infections are spiraling. High turnover, low staffing, poor training and inadequate supplies characterize the expanding for-profit health care cleaning industry, contributing to these outbreaks.

Public-private partnerships are another serious threat to public health care in Canada that your government has condoned. In health, as in other sectors, P3s are more expensive and less flexible than public non-profit facilities. They lack transparency and weaken accountability. And, as shown in the United Kingdom, they often result in bed cuts and shoddy quality. Despite the evidence, a number of Canadian jurisdictions have implemented or are considering P3 projects in health care.

In these and other forms, privatization accelerates in health care, and the federal government either turns a blind eye or actively endorses it. Again last year, you failed to demand adequate reporting on the *Canada Health Act*, and your penalties for violations were paltry. On wait lists, instead of implementing the recommendations of Dr. Brian Postl and supporting public sector solutions, you've endorsed the Quebec model of a care guarantee that will expand the role of private clinics.

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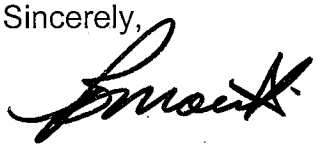
When the Alberta government last year proposed allowing doctors to operate in both the private and public system, Prime Minister Harper wrote a letter saying the idea would put doctors in a conflict of interest. Alberta later abandoned its plans. The New Brunswick government is now taking its turn leading the privatization bandwagon, and your government must send a clear message that the *Canada Health Act* will be strictly enforced and that non-profits remain the most efficient, fair and safe way to deliver health care.

The NB Minister of Health launched the question: "Do New Brunswickers want some of the facets of public health care delivered through private means?" The 20,000 members of CUPE in New Brunswick respond with a resounding "No", and 540,000 CUPE members in other provinces back them up.

We welcome the opportunity to meet and discuss these issues with you at your earliest convenience.

Sincerely,



PAUL MOIST
National President

cc: NB Minister of Health, CUPE New Brunswick