

# Privatization schemes advanced by governments amid deepening health care crisis across Canada

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The president of the Canadian Medical Association (CMA) released a statement last month calling for urgent action by Parliament and the provinces to address the overcrowding crisis in the country's hospital emergency rooms.

The CMA statement warned that a flood of patients suffering from viral infections was intersecting with staff and material shortages that were the outcome of decades of underfunding to produce overwhelmed emergency services at health care institutions throughout the country, and that this would persist without "major systemic changes."

According to Dr. Kathleen Ross, who heads the association of 70,000 physicians and medical learners, "Staff shortages and hospital overcrowding combined with poor access to high-quality team-based primary care are leaving hospital emergency departments woefully under-resourced for the avalanche of patients with influenza, COVID-19 or respiratory syncytial virus (RSV) at this time of year."

She noted that patients are waiting 20 or more hours to receive care. This was most recently exemplified by the case of 17-year-old Angelina Malott, who had to wait 19 hours and seek treatment at two hospitals in Kitchener, Ontario in January for appendicitis. "This felt so backwards because the resources were right there, but we couldn't get to them. We couldn't do what needed to be done," her mother Julia Malott told CTV News.

In December two patients died while waiting for care in the ER of the Anna-Laberge Hospital in Châteauguay south of Montreal. The death of 37-year-old mother Allison Holthoff after waiting seven hours in extreme pain without care in a Nova Scotia emergency room sparked widespread outrage last year.

Ross stressed that without a focus on improving access to high quality primary care for Canadians the health care system and those who work in it would "continue to endure endless cycles of deterioration." A 2023 survey by the OurCare initiative found that approximately 6.5 million people, or 1 in 6 Canadians, did not have a primary care physician who they saw for regular checkups. And accounting for those who reported being unable to make an appointment with their family doctor, the CMA reports about half of Canadians do not have ready access to a physician. Consequently, among a broad swathe of the population—and for no fault of their own—common medical conditions are left to fester untreated, leaving many no choice but to turn to emergency rooms

for care when their symptoms become acute.

What Ross's letter does not explain is that Canada's health system has been in crisis for decades due above all to systematic defunding by successive governments. The current New Democratic Party-backed Liberal government headed by Prime Minister Justin Trudeau has, in health care as in many other areas, continued and intensified the austerity policies of its Conservative predecessor.

When population growth and aging are taken into account, the Trudeau government has imposed real spending cuts on health transfers from the federal government to the provinces during its eight plus years in office. A \$46.2 billion deal reached last year with the provinces will only increase the federal share of healthcare funding from 22 percent to 24 percent, well below the 50-50 split which prevailed at the birth of the country's public health care system, Medicare, in the late 1960s.

Trudeau's attack on health care funding is part of his government's big business agenda which is aimed at advancing Canadian capitalism's global "competitive" position and predatory interests on the world stage at the expense of working people. The Trudeau government is determined to make workers pay for the hundreds of billions handed to big business and the banks during the pandemic, a massive program of military rearmament and the waging of war against Russia.

The trade union bureaucracy, which serves as a key pillar of support for Trudeau's pro-war, pro-austerity government, was intimately involved in crafting last year's health care funding settlement. In a statement released just days before Trudeau unveiled the final agreement, Canadian Labour Congress president Bea Bruske enthused over a "productive and constructive meeting with Minister [of Health Jean-Yves] DuClos." Bruske concluded by urging Trudeau and the premiers to "rise to the challenge" of the health care crisis.

While claiming to be opposed to the privatization of health care, the union leaderships have worked tirelessly to block any genuine struggle against privatization by health care workers. Instead, they have collaborated with provincial governments across the country to impose one sellout deal after another, as shown by the ongoing sabotage of the public sector workers' struggle in Quebec. At the federal and provincial levels, the unions worked closely with the respective governments to enforce the "back-to-work" campaign

during the early stages of the pandemic, overwhelming the health care system and killing thousands.

The health care crisis has been deepened by the profits-before-life approach to the ongoing COVID-19 pandemic which has been adopted at every level of government, resulting in millions of infections and nearly 58,000 official deaths. Life expectancy fell for three years in a row between 2020 and 2022 in Canada, with COVID being the third leading cause of death. Since the onset of the pandemic in early 2020, hospitals have been repeatedly overwhelmed by waves of illness and a “tripledemic” of COVID, flu and RSV.

The crush of patients combined with underfunding has contributed to a surge in burnout among healthcare workers and the closure of emergency rooms due to staff shortages. According to the Ontario Health Coalition emergency rooms and emergency centres in Ontario closed 1,199 times in 2023 due to a lack of staff.

The growing crisis in Canada’s health care system has been used by all provincial governments to justify further privatization. The funneling of an ever greater share of public funds into private coffers has been justified with the lie that this will reduce wait times for basic care and medical procedures.

In fact, as health experts have warned and various studies have demonstrated, the profusion of private for-profit health care clinics has only served to draw personnel and government funding away from the public system, exacerbating staff shortages and lengthening waitlists for urgently needed, even lifesaving, procedures.

While private services have long been a part of Canada’s health care system, with eye, dental, mental health care and prescriptions entirely or largely excluded from the “universal” Medicare system, privatization has picked up pace in recent years at the behest of corporate interests. Nearly one third of health care is now paid for by patients out of pocket or through insurance plans offered by their employers.

In Ontario, the government of Tory Premier Doug Ford has approved the expansion of services which can be provided by privately-owned clinics from cataract surgery and MRIs to include hip and knee replacements. The authorization of private clinics to offer surgeries began in January 2022, with Ford presenting it as a means of easing pressure on the province’s hospitals. Such “private” clinics are receiving millions of dollars in public funds to perform surgeries. An investigation by CBC News found that a private clinic in Toronto was receiving more than twice the public funds for procedures covered by the Ontario Health Insurance Program than public hospitals.

Quebec’s right-wing populist Coalition Avenir Québec (CAQ) government adopted legislation late year last (Bill 15) which places the province’s entire public health care system—including hospitals, nursing homes, and community health clinics (CLSCs)—under a new agency, Santé Québec. The agency will be led by corporate “top guns” and charged with boosting the “efficiency” of the health care system through introducing “market” norms and outright privatization. The province also allows fully private clinics, which provide services to those who can afford to pay thousands of dollars per year out of pocket, for family care and surgeries like hip replacements.

Meanwhile, the hard-right, anti-public health government of United Conservative Party Alberta Premier Danielle Smith has outlined a sweeping plan to smash up the province’s health system. A plan to split Alberta Health Services into four separate agencies will open up a further \$17 billion in government funding for corporate pillaging.

Successive New Democratic Party governments in British Columbia have given hundreds of millions of dollars in contracts every year to private surgical clinics, building on a policy initiated by the provincial Liberals.

One of Canada’s largest telecommunications monopolies, Telus, has gotten into the lucrative health care game in recent years. It offers “telehealth,” pharmacies and private clinics in British Columbia, Alberta, Manitoba, Ontario, Quebec and Newfoundland and Labrador through its subsidiary Telus Health. The company also operates in the US, UK and Australia. The subsidiary reported revenue of \$422 million in the third quarter of 2023.

Despite the crisis in the health care system, Medicare remains overwhelmingly popular among Canadian workers with privatization long treated as a political third rail. While they and their corporate taskmasters salivate at the billions to be made, all of the bourgeois parties know that outright privatization would spark mass outrage, hence the gradual privatization and death through a thousand cuts for public health services. This has been the preferred strategy enforced by all political parties when in office from the Conservatives, Liberals and Parti Québécois to the NDP in partnership with the nationalist and pro-capitalist trade unions.

The root of the health care crisis in Canada, as around the world, is the capitalist system, which subordinates the needs of humanity to the interests of profit accumulation. A political struggle by the working class against all the representatives of the ruling class is required to save Medicare and establish a truly universal health care system which provides high quality care to all. Health care workers must establish independent rank and file committees which will mobilize in opposition to the union bureaucrats to defend public healthcare. Above all this struggle requires the fight for socialism through the building of the Socialist Equality Party as the revolutionary leadership of the working class.



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