

# Too many dangers in promised privatization of care economy

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Federal Conservative leadership candidate Jean Charest is promising a “sea change” for health care by directing more public funds to privately delivered care.

In Ontario under Doug Ford this is already happening as his government quietly expands the for-profit share of publicly funded care.

Sixteen thousand long-term care beds were recently licensed to for-profit facilities and more are in the works despite the widespread evidence of appalling conditions of work and care in many of these homes. Some of the companies whose licenses were renewed presided over some of the worst outbreaks and death counts of the pandemic.

This newspaper and the 2021 Ontario Long-term Care Commission documented how for-profit long-term care corporations have lower staffing levels, poorer working conditions, lower quality care, more hospitalizations and greater overcrowding than homes operated by not-for-profit and municipal providers.

This move toward privatization of publicly funded care is a pattern for Ford.

Prior to signing the \$10.2 billion in federal funds for early learning and child care, the province allowed the share of for-profit providers to grow from 25 per cent to 30 per cent of all licensed providers.

Last summer the Ontario government announced \$24 million in new public funding to “independent” health facilities to increase their volume of surgical and diagnostic services, and for licensing even more such facilities. “Independent” is code for for-profit businesses.

This privatization by stealth is a consequence of the government's failure to address major shortages in health care personnel and in-care services, which were creating backlogs even before COVID-19. This is escalating across Canada.

Privatization of public services also occurs when services not covered by public funding are bundled with ones that are, so getting access to any care becomes an issue of your ability to pay, not your need for care.

The for-profit system also tends to cater to the healthiest individuals. People with complications are too costly for this business model. They'll end up in an underfunded public not-for-profit system.

More access to care through for-profit providers does nothing to address the shortage of health care and eldercare workers and early childhood educators.

Cheaper, more equitable, high-quality care that creates good jobs won't happen by expanding for-profit care. Here are 10 advantages of investing more in public and not-for-profit care.

1. The quality is higher, in part because the rich must use the same services as the poor. When everyone's in, everyone has a vested interest in good services.
2. Administrative costs are lower. We spend less on billing, chasing down unpaid bills and sorting out the deserving from the undeserving.
3. Accessibility can be planned, not market-driven, ensuring more equitable services especially in areas that don't attract private investment.
4. Access to care is more affordable for more people, based more on need than on ability to pay.
5. Wasteful duplication of services can be eliminated.
6. There are more avenues for democratic decision-making, with input from people receiving and providing care.
7. Jobs are better, especially for the predominately female and increasingly racialized labour force.
8. The province's employers save money because costs are shared and risks are pooled across a wide population.

9. Advances in areas such as cataract surgery, early learning pedagogy and preventive measures can be shared across populations, improving everyone's health.

10. Public commitments to standards can develop consistency across services and regions.

When more money goes to profit rather than care, some of it goes right out of the country. Why should taxpayers fund shareholders?

All aspects of the care economy are in stress and need action, not privatization. With just days left before Ontario's citizens go to the polls it's time to ask, as singer Kenny Rogers might, which of our elected leaders really care about what condition our condition of care is in.



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[This article was published in the Toronto Star](#) on April 25, 2022