EMAIL TEMPLATE 1

Dear [RECIPIENTS NAME WILL GO HERE]

I'm writing to you today as an Ontario resident and supporter of the **Waterloo Health Coalition**.

I was appalled to learn about how our public hospitals' operating rooms are closed evenings, weekends, and some even permanently. They aren't given funding to run full-time, which would reduce waitlists.

These proposals are nothing short of **a disaster for patients**. They would make it easier for regular people to fall into serious financial debt for medical services they need.

Ontario had more than 1,100 emergency department closures last year. Local hospitals, in existence for 100 years, are now at risk of permanent closures. If the Ford government chose, they could restore services by funding & staffing our public hospitals.

I urge you to listen carefully to the Waterloo Health Coalition and other patients who share the following concerns with the proposed legislation:

1. **Lowest public hospital funding while billions of dollars were shifted to private health care**

Ontario funds our public hospitals at the lowest rate of any province. At the same time, the Ford government is redirecting more than a billion dollars per year from our public taxes to fund private for-profit clinics & staffing corporations.

2. **For-profit clinics charge patients thousands in illegal (& unethical) user fees for surgeries & tests**

Maureen needed eye surgery for macular degeneration so she wouldn't lose her vision. A private clinic charged her $7,000. She told us, "Being a senior on a fixed income, I'm still trying to catch up with my bills from the surgery." This should NEVER happen.

The Ontario government is responsible for enforcing our medicare laws to protect patients like Maureen from extra-billing & user fees. Medically needed surgeries & tests must be covered by OHIP. That's the law. Last spring, we made a complaint to the Ford government from 50 patients - including Maureen - who were charged or manipulated into paying for medically unnecessary add ons in private clinics.

The patients should be reimbursed & the clinics should be stopped. We're making another complaint this fall to push the Ford government to stop them. If you've been charged for your surgery, please contact us.

3. **Ontario has downsized our hospitals to an extreme extent. We are last in Canada & third from the bottom among developed nations.**

In 1990, Ontario had 50,000 hospital beds for 10.3 million people. Today, we only have 35,000 for 16.2 million people.

According to data from the OECD, only Chile & Mexico have fewer hospital beds per person than Ontario.

Why? Because everything they cut from public hospitals is privatized.

4. **You can't say you stand up for Canada while privatizing our health care**

The United States has the most privatized health care in the developed world. Americans pay almost double our costs for care.

The Ford government is privatizing more & more of our long-term care and hospital surgeries & diagnostics. They're giving primary care to for-profit chains, privatizing Public Health services like COVID testing, vaccines & more. They're allowing private clinics to bill OHIP & charge patients on top. They're moving toward U.S.-style for-profit health care.

U.S. for-profit hospitals charge exorbitant prices. Businesses face high insurance costs for employees. On top, employees pay co-payments every paycheque plus they have to pay deductibles before coverage kicks in...IF they are covered. Insurance companies make profits by denying coverage.

Medical costs are the top reason for bankruptcy: 56 million Americans struggle with medical debt: more than Canada's entire population.

I urge your government to heed Waterloo Health Coalition's policy recommendations and focus your energy, resources, and capacity on achieving real, tangible outcomes for those in core healthcare need.

You can contact the Waterloo Health Coalition or the Ontario Health Coalition to meet with leaders in your riding and across the province by emailing waterlooregionhealthcoalition@gmail.com.

Sincerely,

your full name will go here
your email will go here , your location will go here

EMAIL TEMPLATE 2

Dear recipient's full name will go here ,

Under the Canada Health Act, it is illegal to charge patients user fees or sell queue jumping for the wealthy. OHIP covers all medically needed surgeries & diagnostic tests.

However, patients are being charged record-breaking illegal fees in Ford's privatized surgical clinics. Instead of stopping them, the Ford government is expanding them.

Every service that has been cut has been privatized. It's not a coincidence, it is the plan.

If Ontario even met the average funding of the other provinces, our services would be much better and they would stay under public ownership & control.

For-profit long-term care corporations have benefitted from billions of dollars in contracts with the Ford government to build new and expand their existing long-term care homes rather than using our money to build those homes under public and non-profit ownership and control. Among the biggest winners of government contracts for new beds and redevelopments are the chain corporations with the worst records for death and negligence. The for-profit long-term care industry has many close connections within the Ford government.

Under the Ford government there has been unprecedented lobbying from for-profit corporations to get laws that benefit themselves, shield themselves from accountability for poor care and get billions in public money to build long-term care homes that they will run for their own profit under new 30-year licenses from the Ford government.

From Devastating to watch': Private long-term-care homes have seen some of Ontario's worst death rates – but Doug Ford's new funding set them up for decades of profits in the *Toronto Star:*

"Southbridge alone brought in three [lobbyists] from Earnscliffe Strategy Group, including Alanna Clark, who joined the firm directly from Caroline Mulroney's office, Rob Leone, a former PC MPP, and Stella Ambler, who is running for a PC nomination in the next election. (Neither Leone nor Clark responded to request for comment. Ambler replied only to say she left Earnscliffe, and lobbying, late last year.)

Arch Capital Corporation, a private equity outfit that has been scooping up long-term-care homes in Ontario for the past four years, hired Carly Luis, a long-time PC staffer...After Luis left to become Health Minister Christine Elliott's director of communications, Arch replaced her, in April 2021, with Kailey Vokes, Doug Ford's former director of policy for major projects.

There are more. Omni Health Care, which is owned by private equity heavyweights Hillcore Group, retained, among others, Fraser Macdonald, who played a crucial role in Rob Ford's mayoral campaign in 2010. Caressant Care hired Patrick Lavelle-Tuns, Ford's deputy campaign manager in the 2018 leadership run. Amir Remtulla, who is close to both Ford and his chief adviser, is still lobbying for Revera, one of Canada's largest long-term-care operators. Melissa Lantsman, who ran Ford's war room in 2018, lobbied for Extendicare.

Even the Ontario Long-Term Care Association (OLTCA) got in the act, hiring Luis, and later, a team of conservative lobbyists from Crestview Strategy, including Andrew Brander, a former Ford government staffer, and Ginny Movat, a longtime federal and provincial conservative activist, and occasional columnist at the National Post."

There are multiple media reports about the connections between Ford's people and these for-profit corporations. For evidence, see the following:

- https://www.ontariohealthcoalition.ca/index.php/health-coalition-requests-integrity-commissioner-investigate-political-donations-high-level-personnel-links-between-for-profit-ltc-industry-and-ford-government-prior-to-passage-of-legal-liability-bi/
- https://www.thestar.com/news/lobbying/
- https://pressprogress.ca/here-are-all-the-corporations-lobbying-doug-ford-to-privatize-and-outsource-parts-of-ontarios-health-care-system/
- https://pressprogress.ca/doug-fords-director-of-pandemic-response-was-a-private-health-lobbyist-for-shoppers-drug-mart/
- https://www.huffpost.com/archive/ca/entry/ontario-nursing-home-lobbyists-pc-party-donations_ca_5fc53f95c5b63d1b770e8a4d
- https://www.huffpost.com/archive/ca/entry/more-ford-staffers-private-nursing-home-companies_ca_5edab7c6c5b61875909f5a50
- https://www.readthemaple.com/the-catastrophe-ontario-could-have-avoided/
- The Ford government's former Health Minister became a lobbyist for a corporation that owns a for-profit hospital after she left office. The Ford government increased funding to that hospital by 278% and is funding them more than double the cost per surgery than our local public hospitals – paid by our taxes.
- https://www.ontariohealthcoalition.ca/index.php/release-ford-government-expanded-for-profit-hospital-in-violation-of-the-law-and-while-lying-to-the-public-health-coalition-and-democracy-watch-call-for-concrete-measures-to-protect-the-public-inter/

I urge your government to heed Waterloo Health Coalition's policy recommendations and focus your energy, resources, and capacity on achieving real, tangible outcomes for those in core healthcare need.

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EMAIL TEMPLATE 3

Dear recipient's full name will go here ,

Over the past decade, long-term care (LTC) homes across Canada have made important progress in reducing inappropriate antipsychotic use. By focusing on person-centred care strategies to address dementia-related behaviours, these efforts achieved meaningful improvements in quality of care, benefiting residents, care partners and care providers. Between 2014-2015 and 2019-2020, the rate of potentially inappropriate antipsychotic use dropped from 27.2 to 20.2 per cent.

Unfortunately, the COVID-19 pandemic brought new challenges. Staffing shortages and high turnover made it difficult to sustain progress and rates of inappropriate use have risen in many areas. Healthcare Excellence Canada's (HEC) newest program, the Sparking Change in the Appropriate Use of Antipsychotics (AUA) Awards Program, aims to support LTC homes to use

person-centred care approaches, build upon the previous success and bring teams across Canada together to improve care.

The AUA approach

The AUA approach focuses on person-centred care by tailoring strategies to meet the unique needs of each resident. Responsive behaviours are often a result of unmet needs, confusion or frustration due to changes residents are experiencing. By understanding the resident and their family and creating a care plan centred on their specific needs, it's often possible to reduce or stop using unnecessary antipsychotic medications. The AUA approach is a full team approach and is most successful when all members of the resident's care team have a common goal, share and review data and support and reinforce each other's work. By collaborating, teams can improve residents' quality of life, foster a positive staff culture and strengthen family involvement.

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EMAIL TEMPLATE 4

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Ontario's Ministry of Health has tasked hospitals struggling with deficits to come up with a three-year plan to balance their budgets, and service cuts and bed closures do not appear to be off the table for extreme cases.

The Ontario Hospital Association has said that hospitals ended last year $360 million in the red and need an additional $1 billion in funding this year to keep pace with population growth and inflation.

However, government guidance to hospitals on the balanced budget plans, obtained by The Canadian Press, suggests belt tightening is on the way

For the financial planning exercise, hospitals were told to assume annual funding increases of two per cent — half of what they have received in the past three years. The parameters are not confirmation of funding intent, the government says in the document, but the hospital sector is reading the tea leaves.

The Ford government is privatizing more & more of our long-term care and hospital surgeries & diagnostics. They're giving primary care to for-profit chains, privatizing Public Health services like COVID testing, vaccines & more. They're allowing private clinics to bill OHIP & charge patients on top. They're moving toward U.S.-style for-profit health care.

U.S. for-profit hospitals charge exorbitant prices. Businesses face high insurance costs for employees. On top, employees pay co-payments every paycheque plus they have to pay

deductibles before coverage kicks in...IF they are covered. Insurance companies make profits by denying coverage.

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In 1990, Ontario had 50,000 hospital beds for 10.3 million people. Today, we only have 35,000 for 16.2 million people.

According to data from the OECD, only Chile & Mexico have fewer hospital beds per person than Ontario.

Why? Because everything they cut from public hospitals is privatized.

For more than a hundred years, Ontarians have fundraised & volunteered to build our local public hospitals' services. Together we built a world class public hospital system we could be proud of.

Privatization couldn't happen unless they dismantled our public hospitals: underfunded them, pushed them into crisis, and left them without the resources they

need to provide for our communities… and that is exactly what the Ford government is doing.

Real-dollar cuts for public hospitals, huge funding increases to for-profit clinics

In the most recent budget year, the Ford government held hospital funding in real dollar cuts (less than 1% increase while inflation was running at triple or more than rate) all year, throwing hospitals into deficit even while we had the worst staffing crisis and hospital closures we have ever seen. At the same time, they more than tripled the funding for private clinics (up 212%).

Then, only in the last weeks at the very end of the budget year, did they announce a bump up in hospital funding. This enables the Ford government to say that they increased funding in the most recent budget year, but they did it too late to allow hospitals to hire staff, save services, stop closures and so on. In fact, in order to cover staffing needs, hospitals had to incur extra costs for overtime and private for-profit staffing agencies (that cost up to three times more per nursing hour) while receiving real dollar cuts.

For-profit privatization is an urgent threat to our health care.

It siphons funding & staff out of our local public hospitals, forcing them to close services.

It costs more. Private clinics charge OHIP and they charge patients thousands of dollars in user fees on top, even though such fees are illegal.

Privatization enriches corporations at the expense of the health and well-being of regular Ontarians.

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For Social Media

Post 1

Slide 1

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Slide 2

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- https://www.thestar.com/news/lobbying/
- https://pressprogress.ca/here-are-all-the-corporations-lobbying-doug-ford-to-privatize-and-outsource-parts-of-ontarios-health-care-system/
- https://pressprogress.ca/doug-fords-director-of-pandemic-response-was-a-private-health-lobbyist-for-shoppers-drug-mart/
- https://www.huffpost.com/archive/ca/entry/ontario-nursing-home-lobbyists-pc-party-donations_ca_5fc53f95c5b63d1b770e8a4d
- https://www.huffpost.com/archive/ca/entry/more-ford-staffers-private-nursing-home-companies_ca_5edab7c6c5b61875909f5a50
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