

## QUERIES RAISED ABOUT NEW HOSPITAL DESERVE ANSWERS

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*The bluster is starting to wear a bit thin.*

For years, the Ontario government has denied that it is involved in unholy matrimony in working with the private sector to build hospitals.

It has argued that using private bucks for bricks and mortar does not mean any loss of public control of the health system or that any corners are cut in the provision of services or facilities.

But a report released yesterday casts doubt on these claims.

The Ontario Health Coalition looked at the arrangements surrounding the recently opened Brampton Civic Hospital and concluded that the facility costs twice as much as it should have and provides less than it was supposed to.

This may not be the last word on the subject, but given the government's near-obsessive secrecy about the hospital contracts - not to mention the coalition's seven-month examination of a two-metre-high stack of documents - it has to be taken seriously.

And there is a good deal to worry about if the conclusions drawn from the Brampton project are replicated in some of the 30 hospitals being built in Ontario using private money. Coalition director Natalie Mehra says "a deeply disturbing picture" emerges from the Brampton project.

For a start, the hospital was projected to cost \$350-million, but more than \$650-million had been poured into it by the time it opened - two years late - in October.

It was to have contained 608 beds, but opened with just 479 (although there are pledges to reach the initial pledge at some unspecified date).

Just as crucially, the plan was for 20 operating rooms but the new facility contains just 12.

The coalition estimated that a private consortium, Healthcare Infrastructure Co. of Canada, secured \$2.85-billion in 25-year contracts and that the higher interest rates charged private debtors means an additional expenditure of \$174-million over that same period.

"The evidence," said Ms. Mehra, "is that the introduction of profit-taking out of the hospital services reduces the quality of the services and compromises patient care."

Dalton McGuinty's government has a long history with Brampton Civic.

When the former Progressive Conservative government announced in 2001 that it planned a public-private partnership, or P3, to build the facility, Mr. McGuinty denounced the "Americanization of our hospitals" and said "we believe in public ownership and public financing."

Once in office, however, Mr. McGuinty adopted a more, um, nuanced position toward Brampton Civic and a similar project in Ottawa.

The government would continue to use private financing, but a public hospital board would retain control of operations.

It's like a mortgage, the government argued. It shunned the P3 label, preferring to talk about "alternative financing and procurement" projects.

Health Minister George Smitherman has been combative about suggestions that the Liberals were mimicking the Conservatives, particularly so after two high-profile patient deaths at Brampton Civic shortly after it opened.

He has treated the health coalition as so much gum on his shoe, saying they aren't "relevant."

Mr. Smitherman wasn't available yesterday but a spokeswoman indicated that he isn't interested in any analysis of the Brampton deal. "The minister is uninterested in what OHC has to say because the people of Brampton spoke loud and clear in the most recent provincial election where every elected MPP in the area was from the Liberal Party," Laurel Ostfield said.

It's an unworthy response. The coalition has raised some questions about P3s and it doesn't have to prove its "relevance" to ask them. There wouldn't be a bit of second-term arrogance creeping in, would there?