

backgrounder

BC HEALTH COALITION

The B.C. government's agenda for privatizing health care

February 2006 - B.C. government Throne Speech claims that health care spending is out of control, announces plans to discuss health care changes with the public, and poses questions such as "why are we so afraid to try private health care delivery...what difference does it make whether health care is delivered publicly or privately."

September 2006 - In launching the Conversation on Health the government poses the same questions as the Throne Speech, "why are we so afraid about private delivery...", and seeks to add the principle of "sustainability" to the Canada Health Act.

October 2006 - To open the "Conversation", the premier calls a provincial "Health Care Congress" of municipal leaders. The only keynote speech is delivered by private, for-profit medical entrepreneur, Dr. Brian Day. Day touts the recently-implemented U.K. funding model - known as performance- or activity-based funding - that forces public hospitals to compete with each other and with private, for-profit clinics for patients and for resources.

November 2006 - B.C. finance minister warns of looming budget crisis, claiming that at current rates health care will consume 71 per cent of the provincial budget by 2017, a myth that financial experts quickly debunk. Yet private, for-profit health care proponents regularly cite the figure in health care discussions around the province.

February 2007 - Provincial budget allocates one year of funding for health care but provides nothing for 2008-9 and 2009-10 beyond contract commitments, making it impossible for health authorities to plan past the current fiscal year.

March 2007 - B.C. finance and health ministers say that government will be looking to introduce U.K. 'activity-based' funding here. That's despite documentation from Britain showing that this market competition model has forced many NHS facilities to the brink of bankruptcy while for-profit, foreign-owned corporations have landed lucrative, long-term health services contracts denied to public hospitals.

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