

# The health-care debate: Private vs. public, and the 'inconvenient truth' about spending

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The Wall government's decision to contract out surgeries to private clinics can hardly be viewed as anything but ideological.

The government could have stuck with the proven, cheaper public plan to innovate within the system and reduce wait times internally. There have been great improvements already.

According to the government's own Saskatchewan Surgical Initiative document, over the past four years the number of people waiting more than 12 months for surgery has dropped 51 per cent. The number of people waiting more than six months has dropped by 27 per cent.

More can and should be done in the public system. The government's claim that the public system is running at full capacity is simply not true. CUPE members who work in public health care tell us that operating rooms and CT scans could be much better used.

Also ignored is the fact that \$3 million in funding for a new ambulatory surgery centre for the Regina Qu'Appelle Health Region has been cut. Rather than spending \$5.5 million on a contract with a private, for-profit company, why not invest in our own public system?

This contract is only the beginning. The government wants to sign a new five-year deal that will increase the role of private clinics in our system.

Heading down this slippery slope seriously risks weakening our public health-care system. Private health care costs more and poaches valuable professionals from public institutions. With a global shortage of doctors, nurses and other health professionals, there is a finite pool of health-care professionals to draw from. Can we really stand to lose them to private hospitals?

The Wall government is using this contract to get its foot in the health-care privatization door.

This isn't about reducing wait times. It's about reducing public capacity and opening the door to private enterprise. It's about ideology.

Gordon Campbell

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Regina