



# Canadian Health Coalition Coalition canadienne de la santé

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## Public Private Partnerships *OR* Private Exploitation of the Public?

Talking notes for Kathleen Connors, RN

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### STEPHEN LEWIS

Stephen Lewis, the *Special Envoy of the Secretary General* of the United Nations has publicly spoken about how the UN has fully embraced the private sector, in particular – Public Private Partnerships (P3s).

According to Lewis, CEOs of the Multinational corporations, in Orwellian fashion, claim their mission statement is a mirror reflection of the UN Charter. Lewis disagrees.

Lewis cites the deals signed between pharmaceutical companies and the UN. On the surface it looks good – Big Pharma contributes drugs at low cost to fight the AIDS pandemic. However, what it really does is give legitimacy to Big Pharma. Big Pharma does nothing for nothing.

Lewis says UN agencies seem to be willing to partner with any multinational, whether it be the maker of Agent Orange (Dow Chemical) or fast-food behemoths like McDonalds. It is a trend that disturbs Lewis.

### MOTHER'S MILK

The obsession with P3s is not confined to the international scene. P3s are widespread here in Canada and the trend appears to be growing. But civil society is not uncritical.

Indeed, many of us choke when we see the former head of the multinational drug lobby in Canada, and current head of the *Canadian Institute of Child Health*, take money from Nestlé. Is it any coincidence that a 'child health' group would form a partnership with multinational giant Nestlé – a corporation that has put children around the world at risk by their repeated and flagrant violations of the World Health Organization (WHO) *International Code of Marketing of Breastmilk Substitutes*. Another Canadian example of inappropriate P3s comes in the form of the Quebec government's new partnership with GlaxoSmithKline to run a diabetes program.

## DEAL WITH THE DEVIL

Some ‘partnerships’ should never be entered into. As Jane Jacobs so eloquently wrote: “Guardians don’t enter into partnerships with traders. If they do they create monstrous hybrids.” Governments can not properly regulate industries if they are in bed with them. To paraphrase Justice Horace Krever, who headed the commission into the bad blood disaster, “government must regulate in the interest of the public, NOT THE REGULATED.”

*Some recent Canadian examples of inappropriate partnerships-gone-wrong include:*

- Events leading to the tainted blood disaster
- Deregulation and unloading events leading to the Walkerton E-coli outbreak
- Health Canada’s drug approval process now funded by drug manufacturers
- Canadian Food Inspection Agency (CFIA) promoting the food industry instead of regulating it
- Regulatory capture by industry of the CFIA and Health Canada resulting in a blind regulatory eye being turned to a very real threat of the spread of Mad Cow disease in Canada.

## P3 HOSPITALS: BAD IDEA

A particularly virulent strain of the P3 virus in Canada is the race by right-wing governments (Alberta, BC & Ontario) to build P3 hospitals. There is no evidence supporting the P3 argument for using private capital to build hospitals:

- governments exaggerate the savings on both capital and operating costs of P3 hospitals
- P3s are not a neutral financing mechanism. P3s are a source of borrowing which has to be repaid -- either out of the public purse or by giving the private sector a concession (e.g. allowing the company to charge user fees)
- governments accept almost all the risks leaving the private sector with the profits
- information is classified as “confidential business information” resulting in loss of public accountability
- P3s may lead to international trade challenges under WTO and NAFTA

## PUBLIC NOT PRIVATE -- PATIENTS NOT PROFITS

Public health care and private health care don’t mix – they are governed by mutually exclusive rules and laws. In Canada, public health care is governed by the *Canada Health Act* which prescribes rules for ensuring all citizens have access to services based on need - not ability to pay. Private health care corporations are governed by laws requiring the maximization of profits and return on investment to shareholders.

Public health care and private health care systems are also based on fundamentally different value systems. Health care is a public good to be protected from the market and international trade agreements. Whereas, private, for-profit health care is a commercial commodity to be bought and sold to the highest bidder in the marketplace.

## DECODE THE LANGUAGE

Language is important. The term ‘public-private partnerships’ in health care is an oxymoron. It is a figure of speech in which contradictory terms appear together. The public pays and the private profits. That’s not a partnership. Let’s name things by their true name. P3s in health care are a corporate virus. P3s promote unfairness and exploitation. It’s not a partnership. Costs go up and quality goes down. The private “partner” functions like a parasite on the public health care system. In short, the so-called partnerships are a corporate scam. Stirring in a little bit of the market into the public health care system is like adding dirty water with clean water. It does not produce more clean water. The fact is, P3s are dangerous. For-profit health care kills. We now know -- thanks to Dr. P.J. Devereaux and his colleagues at McMaster University -- that private, for-profit health care would result in 2200 additional deaths in Canada every year.