CANADA'S HEALTH CARE PROFITIZATION PROBLEM

RESEARCH ROUNDTABLE

OCTOBER 23, 2025 | UNIVERSITY OF OTTAWA

Canadian Health Coalition

University of Ottawa's Centre for Health Law, Policy and Ethics

Desmarais Building, Room 12102, University of Ottawa Google Maps

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SCHEDULE

8:00 AM | Registration opens

9:00 – 9:15 AM | Welcome

JASON MACLEAN, Chair, Canadian Health Coalition

VANESSA GRUBEN, Director, University of Ottawa's Centre for Health Law, Policy and Ethics

9:15 AM – 9:45 AM | OPENING KEYNOTE

ARMINE YALNIZYAN, Atkinson Fellow on the Future of Workers

9:45 AM – 10:45 AM | WHO IS STANDING IN THE WAY OF ACHIEVING PHARMACARE FOR ALL?

Moderator: STEVEN STAPLES, Canadian Health Coalition

DANYAAL RAZA and BRIGID GOULEM, University of Toronto

More than meets the eye: The increasing links between for-profit primary care, commercial data brokers & big pharma.

Technology is rapidly enhancing the delivery of healthcare services, including enabling more timely and integrated transmission of patient data. However, patient medical records managed by for-profit entities are increasingly being transformed into commercial assets. The Health, Tech & Society Lab's latest research reveals how relationships between for-profit chains of primary care clinics, physicians, and data brokers transform patient medical records into commercial assets. Researchers found: Growing Pharma Influence: Pharmaceutical companies were identified as the primary clients of the data brokers, raising concerns about increasing industry influence over clinical decision-making and patient care. Emergence of a Vertically Integrated Model: One major data broker owned a network of for-profit primary care clinics in Canada, enabling direct access to patient records. Pharmaceutical companies sponsored the data broker to develop algorithms

PROGRAM

to identify patients who may be eligible for their drug treatments. With physician consent, the data broker mined medical records, and provided physicians with a list of relevant patients along with drug recommendations. Patients Absent from Decision-Making: Study participants reported patients were not involved in decisions about how their health information was collected and used by the data brokers, highlighting serious concerns around informed consent, transparency and public trust. This is the first study of its kind in Canada. It reveals opportunities for regulators and legislators to protect individual rights, patient privacy and preserve public trust in health care services.

MARC-ANDRÉ GAGNON, Carleton University, QUINN GRUNDY, Lawrence Bloomberg Faculty of Nursing, University of Toronto, and BLUE MIAORAN DONG, School of Journalism and Communications, Carleton University

The complex dynamics of Preferred Provider Networks in employer-sponsored drug insurance programs

Preferred Provider Networks (PPNs) have become a prominent strategy in pharmaceutical distribution in both the United States and Canada's employer-sponsored drug insurance programs. By streamlining drug distribution and negotiating pricing advantages, PPNs claim to reduce expenses for drug plans. However, in the context of expensive specialty drugs and opaque pricing, their implementation raises critical concerns about potential long-term risks to the healthcare system that warrant closer examination. PPNs are typically categorized into four types: closed, mandatory, open, and voluntary. Existing research predominantly focuses on their short-term cost-saving benefits, with little attention to their broader implications in a system more and more organized around patient support programs and opaque pricing due to confidential rebates. This article addresses this gap through an analysis of existing literature, by analyzing current government oversight of PPNs in the United States (FTC investigation) and Canada, and relevant legal cases such as the demand for a class action suit against specialty pharmacies by the Association Québécoise des Pharmaciens Propriétaires. Our findings reveal that PPNs often distort market incentives through confidential rebate agreements and exclusive patient support programs. These practices undermine the patient-pharmacist relationship, restrict patient autonomy, and exacerbate geographic and financial barriers to care, particularly in underserved regions. Moreover, the emphasis on profit margins over therapeutic value compromises the quality and continuity of care, further entrenching inequities in access and affordability. If, in the short term, PPNs can reduce costs, they seem to drive costs up in the longer term. Despite these challenges, different initiatives in Canada could lead to relevant pharmaceutical policy reform. By addressing systemic inefficiencies and inequities associated with PPNs, policymakers can advance a more equitable and sustainable healthcare system that prioritizes patient outcomes over short-term financial gains.

JOEL LEXCHIN, York University

Trump, tariffs and drug prices & access: All Trump, all the time

This talk will explore how the tariffs imposed and threatened by Donald Trump could affect access to prescription drugs and their prices. The tariffs that Trump has imposed on Canadian exports will almost certainly drive up unemployment leading to the loss of private drug coverage for hundreds of thousands of Canadians. The result will be more people being unable to afford the medications that they need and more visits to doctors, more hospitalizations and poorer health. Trump's threatened tariffs on drugs from China will be passed on to Canada in the form of higher prices since many of the active ingredients in drugs imported by the US from China eventually make it into Canada. Finally, Trump wants to lower US prices but make all other countries raise theirs. This threat may make it into the renegotiations of CUSMA. Public action in the form of an expanded pharmacare program and a Crown Corporation to manufacture some drugs must be Canada's response.

10:45 AM – 11:00 AM | Break

11:00 AM – 12:00 PM | UNPACKING FINANCIALIZATION OF HEALTH CARE

Moderator: ELIZABETH KWAN, Canadian Labour Congress

MATTHEW TRACEY, University of Toronto

Financial actors within Canadian health systems: trends and governance challenges

Financialization is defined as the expanding role of financial actors, instruments, and ideas within the economy, and has been identified as a threat to health systems. Financial investors, such as private equity and venture capital firms, are now active within the health systems of most high-income countries, including the United States and Canada. Evidence generally demonstrates that health services acquired by financial actors have higher service costs, higher rates of adverse outcomes, and poorer quality ratings when compared to non-acquired services. Furthermore, cases of service closures and bankruptcies have raised concerns about the stability of financialized systems. This has prompted both national and sub-national governments to propose–and implement–regulation to address financial actors' involvement in health systems. However, knowledge about the financialization of Canadian health systems is lacking. There are few empirical studies of financialized health services within Canada, and little attention has been given to the role of national and sub-national governments in governing these actors. This presentation will address this knowledge gap in two ways. First, it will summarize the trends in private equity and venture capital acquisitions of Canadian health services by year and by service type. Details of several acquisitions will be used as case examples. Second, the presentation will summarize how financial actors interface with health system governance, paying close attention to partnerships between provincial governments and for-profit surgical centres as part of surgical wait-time reduction strategies. The presentation will end with a discussion of options for addressing the financialization of Canadian health systems.

EDWARD XIE, Canadian Doctors for Medicare

Position statement on private equity investment in Canadian health care

Private equity firms are investment companies that buy other businesses. Unlike publicly traded companies, privately held companies have greater privacy over their data and they are not required to abide by the same transparency rules. Around the world, private equity (PE) firms increasingly own the health-care companies upon which we rely. In Canada, PE activity in the health care sector is growing. For example, a network of 53 for-profit surgical centres across 6 Canadian provinces is owned by a single PE firm. Our position statement briefly reviews unique characteristics and behaviours of PE firms that warrant consideration of how they might influence clinician behaviour and patient health outcomes. PE ownership of health care practices in some jurisdictions is associated with increased costs to patients and decreased quality of care. For example, in the United States, where much of the research on this issue is conducted, PE ownership has led to worse self-reported patient experiences, a decrease in provider staffing ratios in acquired hospitals, higher costs to patients, changing hospital services to those that are more profitable, and an increase in adverse events related to health care. The entry of PE firms into health care systems is likely to worsen patient outcomes and increase costs. Though some have called for increased oversight, there is insufficient evidence to suggest that more regulation will mitigate their potentially harmful effects. Canadian Doctors for Medicare (CDM) opposes the delivery of medically necessary, publicly funded care in health care facilities owned by private equity investment firms.

SUSAN BRAEDLEY, Carleton University

Unpacking accountability: Are there 'good" for-profits in long-term care?

Policy and research arguments are increasingly being made that distinguish between "good" for-profit long-term care homes (often regional, privately held homes and chains) and "bad' for-profits (typically those owned by private equity firms and publicly traded companies). This presentation challenges this dangerous distinction by unpacking the various problems of accountability presented by for-profit long-term care home ownership, including accountability for care, for financial stewardship, and for transparency necessary to public oversight. Drawing on case examples from Ontario, including privately held, publicly-traded and private equity ownership,

these issues are illustrated, along with their relevance to jurisdictions across Canada. Finally, policy alternatives to address these issues in the immediate and longer term are discussed, including the blocks preventing these policy changes. This presentation is based on a recently published commentary in the journal, Healthcare Policy and on her 2025 contribution on long-term care policy in Canada in Beland, Mahon and Smith Oxford Handbook of Social Policy in Canada.

12:00 PM – 1:00 PM | Lunch

1:00 PM – 1:30 PM | KEYNOTE SPEAKER

PAT ARMSTRONG, York University Emeritus Professor

Moderator: Rita Morbia, Inter Pares

1:30 PM – 2:45 PM | PUBLIC-PRIVATE HEALTH CARE COLLISIONS AND TENSIONS

Moderator: FRÉDÉRIQUE CHABOT, Action Canada for Sexual Health & Rights

RUTH LAVERGNE, Tier II Canada Research Chair in Primary Care and Dalhousie University

Episodic virtual care and private payment for primary care

Primary care is under pressure as one in five Canadians have no regular place for primary care, and many more experience delays accessing care. In this context, platforms for virtual care offer immediate access to care in 'walk-in' style care, with limited continuity for ongoing health needs or coordination with other health services. We refer to these services as episodic virtual care (EVC), to distinguish them from virtual services offered in longitudinal primary care. The governments of Nova Scotia and New Brunswick both offer publicly funded EVC through partnership with Maple. This presentation will share context for EVC in the Maritimes as well as initial findings from a public survey examining perceptions and experiences of EVC. This will be placed in the context of a broader program of research examining private payment and for-profit delivery of primary care in Canada.

VANESSA GRUBEN, University of Ottawa's Centre for Health Law, Policy and Ethics

What's missing from Ontario's IVF policy?

This presentation examines the regulatory framework governing Ontario's fertility sector, with particular focus on Ontario's approach to in vitro fertilization (IVF) policy, to assess what lessons can be learned for regulating privately financed healthcare. The analysis reveals that fertility services are primarily regulated through self-regulation by medical colleges and clinical practice guidelines, with minimal government oversight except where public funding is provided. The study identifies important regulatory gaps in the privately financed fertility sector, including less effective clinical standards enforcement, limited complaint processes, and inadequate data collection compared to publicly funded services. These findings serve as a cautionary tale for potential expansion of privately financed healthcare in Canada. The fertility sector demonstrates that while self-regulation plays an important role, external government oversight is essential to protect patient health and safety, maintain quality care standards, and ensure adequate data collection and transparency.

MONA-LISA AMAM ODUKOYA, Carleton University

Public plan, private realities: patient and provider voices on the CDCP rollout in a privatized dental system

This presentation shares findings from a student-led, mixed-methods study exploring early public and provider experiences with the Canadian Dental Care Plan (CDCP). Launched in 2024, the CDCP was introduced as a historic step toward equitable dental coverage in Canada, yet its implementation unfolds entirely within a profit-driven system of care. This project investigates whether the plan's public goals are being realized in a landscape dominated by private delivery. Data was collected from three primary sources: (1) over 100 patient responses from online health

forums (2) an ongoing survey distributed through the Canadian Dental Hygienists Association to independent providers (3) Verbal Survey to patients enrolled in CDCP in a dental office. Preliminary results reveal significant gaps in patient awareness, confusion around eligibility and coverage, and other barriers during clinical visits. Meanwhile, providers report operational challenges, reimbursement uncertainty, and a lack of clarity in CDCP communications. These realities raise critical questions about how public plans interact with privatized infrastructures and whether universal goals can be achieved without public control. This grassroots research offers a real-time snapshot of how a landmark public program is landing on the ground, particularly among vulnerable and underserved communities. The presentation will outline key patient-provider disconnects, emerging themes of fragmentation, and policy opportunities to strengthen delivery, outreach, and accountability.

TRACY GLYNN, Canadian Health Coalition and St. Thomas University

Seizing New Brunswick's abortion moment for reproductive justice

Successive governments in New Brunswick have failed to ensure residents have access to abortion services, even though all provinces, including New Brunswick, consider it a medically necessary procedure, thus making it subject to the conditions and criteria of the Canada Health Act. Not providing access to this service is considered a violation of the Act. From 1994 to 2024, governments in New Brunswick restricted abortion access to hospital settings. As New Brunswick allows more procedures such as cataract surgeries to be done in private clinics, reproductive justice advocates concerned about equity in health care should be cautious about making comparisons and calling for more private delivery of health care. More privatization of health care is linked to the erosion of the universal public Medicare system and poorer outcomes for patients, especially marginalized populations. This paper traces the history and politics surrounding the regulatory restrictions that impeded abortion access in New Brunswick to the current conjuncture when a political openness to increase abortion access could be seized by either public or private interests, each holding very different predictable outcomes for reproductive justice.

2:45 PM – 3:45 PM | SOCIAL DETERMINANTS OF HEALTH

Moderator: Natalie Appleyard, Citizens for Public Justice

MARC-ANDRÉ GAGNON, Carleton University

Challenges in access and affordability of prescription drugs in Ontario Indigenous communities

No systematic data exists to understand potential issues of access and affordability of prescription drugs faced by First Nations people on reserve. On paper, the federally funded Non-Insured Health Benefits (NIHB) covers in last resort all prescription drug expenditures for any First Nations person who is registered under the Indian Act. However, Native welfare administrators constantly handle and manage issues and problems to help Indigenous people on reserve to access the drugs they need. In collaboration with Ontario Native Welfare Administrators' Association (ONWAA) and following OCAP principles, we are performing an environmental scan to better understand existing issues faced by Indigenous communities in Ontario to access prescription drugs. In addition to reviewing scientific and gray literature addressing these issues, we systematically compared NIHB drug formulary with the Ontario Drug Benefit (ODB) formulary and we interviewed Indigenous organizations involved in the health of Indigenous communities to achieve qualitative collection of stories relating lived experiences and issues when it comes to accessing prescription drugs in Indigenous communities. Research is ongoing and will be completed by September 2025. Under the condition of obtaining all necessary authorizations by all Indigenous communities involved in this research, we will be happy to share our preliminary results at CHC Research Roundtable. Our results can be divided in four categories: 1)Geographical difficulties to access the necessary medicines in a timely fashion 2)Refusal to dispense prescription drugs due to Indian status 3)Administrative hurdles due to competing insurers refusing to be payers of first resort 4)NIHB not covering all prescription drugs covered by ODB. By examining more closely issues of access and affordability of prescription drugs on reserve in Ontario, we hope this environmental scan will allow Indigenous communities to voice their concerns about the problems they face in ways that could achieve positive institutional and policy reforms.

ZAKARIYA THRAYA, Mental Health Commission of Canada and TIM AUBRY, University of Ottawa

Housing First: What's next? Policy, practice and research recommendations to advance Housing First

Housing First (HF) is an evidence-based approach to addressing chronic homelessness among individuals with complex mental health and substance use health (MHSUH) concerns that is effective, human-centered and economical. Research shows that supportive housing, an important social determinant of health, leads to improved health outcomes and decreases in costs across health, social service, and justice systems. Despite strong evidence, a factor limiting the widespread uptake of HF across the country is the increase in privatization across health care and housing services over the last decade. With a worsening housing crisis, increased rates of homelessness among people with MHSUH concerns, and mounting economic pressures, there is a need to ignite action around HF as an avenue to address the challenges posed by increased privatization of health and housing services. Building from a research demonstration project, At Home/Chez Soi (2008-2013), over 10 years later the Mental Health Commission of Canada (MHCC) convened a national workshop in 2024 to discuss lessons learned from HF research, implementation, best practices, challenges, and future priorities. The discussions and recommendations are summarized in a forthcoming report planned to be released in the summer of 2025. This presentation will discuss the HF approach, share resources, and highlight the four key recommendations from the workshop/report: 1. Using data to drive improvements to HF programs 2. Supporting and training the workforce to bridge gaps between research and practice 3. Expanding affordable housing and wraparound supports 4. Identify champions and boosting public engagement to strengthen the sustainability of the HF approach

DONNA WILSON, University of Alberta

US/Canada health care access differences and differential outcomes – What does the evidence reveal?

Although Canada is known around the world for having a publicly-funded and thus universal healthcare system, where all citizens have a right to medically-necessary healthcare services, there is also much awareness that Canadians often wait for health care. Wait times and wait lists are not considered as healthcare access factors for Americans. Instead, healthcare insurance is the defining factor for healthcare services access in the United States. Although Medicare and Medicaid (with CHIP or Children's Health Insurance Program) are federal programs that provide healthcare insurance for Americans aged 65+ and some other people living with a disability (65 million), as well as those who are classified as poor (85 million), these programs do not fully fund healthcare services for the people who qualify for them and are enrolled as such. Around 50% of healthcare costs for each care episode will need to be paid for privately either out of pocket or through supplemental insurance, a costly personal or family expense. Moreover, as these federally funded programs are not designed for universal access to health care, this means nearly 200 million Americans must rely on workplace-provided healthcare insurance, privately purchased healthcare insurance, or luck in the hope that they will not need healthcare services or that they can rely on charity services for indigent people needing emergency care. Many different health status and other outcomes can be expected between US and Canadian citizens as a result of this major healthcare access variance. The most significant differences will be outlined, including bankruptcies rates, mortality and morbidity rates, age at death, and other comparisons for which clear and irrefutable evidence exists. Another major comparison will be in relation to profit-making, a driving force within the US system and one that could become more problematic in Canada.

3:45 – 4:00 PM | Break

4:00 – 4:45 PM | PUBLIC HEALTH CARE SOLUTIONS

Moderator: TYLER LEVITAN, Canadian Federation of Nurses Unions

JANNA KLOSTERMANN, University of Calgary

Rethinking concepts of work and care in conditions of systemic neglect: What can we learn from continuing care staff in Alberta?

Across Canada and other post-welfare states, late life care is in crisis. With clear links to neoliberal privatization and global capitalism, there have been increasing stories of inadequate care levels, unmet care needs, and exhausted workers. In Alberta's continuing care sector, these are issues of gender and intersectional equity, as the majority of people who rely on this support are older women, with women, and particularly racialized immigrant women, shouldering the work. Many are feeling the weight of these pressing social problems. In turn, I ask: How are paid staff coping with crisis conditions in Alberta's continuing care sector? What can we learn from them about the process and structural conditions shaping their experiences, and about what needs to change? To respond to these questions, I employ the tools of feminist political economy with an interpretive rhetorical approach to analyze research conducted with 27 nursing, dietary, maintenance, activity, and administrative workers. My analysis makes visible the range of gendered employment management work these workers engage in, including as they negotiate expectations and meanings around care or what it means to be a "caring" person. Beyond a focus on work and organizational relations, what emerges is a story of how the caring self is implicated in profit-making relations, and how dominant conceptions of work and care need to be rethought to promote equity for all involved. This research contributes to shared and ongoing efforts to reveal care's inequitable organization, while identifying potential sites of resistance and change.

GARRY SRAN and MORGAN CARL, CUPE

Bargaining strategies and the rise of for-profit long-term care

Canada's long-term care (LTC) system is under threat. Big-money actors are cutting corners and stretching workers to the breaking point in for-profit homes, with patients getting substandard care as a result. Our presentation will discuss how privatization affects workers and patients alike. We will discuss early warning signs, how big-money actors have shaped the delivery of care and working conditions, and how unions can fight back and win at the bargaining table. Our presentation will touch on best practices for organizing campaigns and model language for collective agreements – with success stories from CUPE locals across the country.

4:45 – 5:00 PM | SUMMATION/CLOSING REMARKS

For more information, contact Tracy at **tglynn@healthcoalition.ca**.

Organized by the Canadian Health Coalition and the University of Ottawa's Centre for Health Law, Policy and Ethics.

BIOGRAPHIES

Convenors

VANESSA GRUBEN is the Director of the Centre for Health Law, Policy and Ethics, and Associate Professor in the Faculty of Law at the University of Ottawa. A recognized expert in health law and reproductive justice, her scholarship spans assisted reproduction, organ donation, harm reduction, and healthcare regulation.

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TRACY GLYNN is the National Director of Projects and Operations of the Canadian Health Coalition. She holds a regular teaching appointment at St. Thomas University. She is a founder of Reproductive Justice New Brunswick and the Madhu Verma Migrant Justice Centre where she engages on migrant health care activism.

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ANNE LAGACÉ DOWSON is the Media Director of the Canadian Health Coalition. She is an award-winning interviewer and commentator, former CBC radio host, reporter and researcher. Anne worked for 25 years for CBC, Radio-Canada and BellMedia. She has an MA in History from Carleton and is fluently bilingual.

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HAYLEE KEYES is the National Director of Development and Community Engagement at the Canadian Health Coalition, championing public health care through strategic fundraising initiatives and digital advocacy.

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STEVEN STAPLES is National Director of Policy and Advocacy of the Canadian Health Coalition. He is an accomplished policy advocacy, strategist, communicator and author, with 30 years of experience in non-profit, labour, and research organizations. He holds a Bachelor of Education and a Master of Leadership and Community Engagement.

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Moderators

NATALIE APPLEYARD is Citizens for Public Justice's socio-economic policy analyst. A former teacher, Natalie's Master's thesis in Education looked at bringing social justice issues into the classroom to foster active, engaged citizens.

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FRÉDÉRIQUE CHABOT (she/her) is the Acting Executive Director of Action Canada for Sexual Health & Rights, a national organization safeguarding and advancing sexual and reproductive health and rights in Canada and around the world. She has been with Action Canada for a decade, leading on health promotion and domestic advocacy activities.

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ELIZABETH KWAN is a Senior Researcher for the Canadian Labour Congress (CLC). The CLC is Canada's largest central labour body and speaks on issues of national importance for three million unionized workers across Canada. As the CLC's health policy lead, Elizabeth works on all the key priorities to strengthen, build and expand the Canadian public health care system. She champions health justice and equity, working with the intersectionality of inequalities and socio-economic factors. Elizabeth is a member of the Implementation Advisory Group (IAG) for the National Strategy for Drugs for Rare Diseases. Prior to her tenure with the CLC, she worked with a broad range of health-related organizations, including the Health Services at Correctional Service of Canada (CSC), the Children's Hospital of Eastern Ontario (CHEO), Health Canada's First Nations and Inuit Health Branch (FNIHB), the Public Health Agency of Canada, women and family shelters, community health centres, and immigrant and refugee health service organizations.

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TYLER LEVITAN is the Policy and Research Specialist at the Canadian Federation of Nurses Unions (CFNU). He is a graduate of the Institute of Political Economy. He has served in various advocacy roles on issues ranging from human rights to agricultural policy, before beginning work on health policy and advocacy with the CFNU in 2019.

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JASON MACLEAN was elected NUPGE Secretary-Treasurer at the National Union's Triennial Convention in June 2022. In this role, he oversees NUPGE's finances, focusing on transparency, accountability, and the implementation of modern operational and technological best practices. Jason also serves on the National Executive Board, where he helps guide the National Union to advance the best interests of all members. In 2023, he co-chaired NUPGE's first-ever antiracism conference, bringing together diverse voices from the National Union's Components to foster better understanding and drive positive change for all members. He spearheaded the establishment of the new Indigenous Issues Committee to advance the National Union's equity and reconciliation efforts. Jason serves on several boards, including the boards of the Black Class Action Secretariat and the Canadian Centre for Policy Alternatives, and he is a member of the Coalition of Black Trade Unionists. Before his current role at the National Union, he led the Nova Scotia Government and General Employees Union (NSGEU/NUPGE) as President, first elected in 2016 and re-elected in 2019. As NSGEU President, he introduced an annual diversity summit to support tangible improvements for all members in the province.

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RITA MORBIA is the co-manager of Inter Pares and the co-treasurer of the Canadian Health Coalition. She works on issues related to women's rights, feminist movement-building, and health, including sexual and reproductive rights, in Canada, Africa and Asia, currently focusing on the Philippines and Sudan.

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Presenters

MONA-LISA AMAM ODUKOYA is a BHSc Health Sciences student with a minor in Law at Carleton University. With several years of experience as a dental clinic administrator, she combines frontline knowledge with a passion for policy reform. Her research focuses on health equity and public system design, particularly in oral care delivery. She is actively engaged in national health advocacy. Mona-Lisa is committed to amplifying community voices and bridging the gap between policy and patient realities.

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PAT ARMSTRONG is a Distinguished Research Professor of Sociology at York University and a Fellow of the Royal Society of Canada. A feminist political economist, her research, writing and activism focus primarily on women's work, women health and health services. Most of this work has been done in partnership with unions, governments and community organizations and has been the basis of her testimony in more than twenty cases heard by tribunals and courts. She has served for many years on the Boards of the Canadian Health Coalition and the Canadian Centre for Policy Alternatives. She was a member of the Health Standards Organization's Technical Committee that developed standards for long-term care and of the Ontario Science Council's Sub Committee on Congregate Care.

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TIM AUBRY, Ph.D., C. Psych., CE, is an Emeritus Professor in the School of Psychology and Senior Researcher at the Centre for Research on Educational and Community Services at the University of Ottawa. His areas of research include community mental health services, homelessness, and Housing First. He was a Member of the National Research Team and the Co-Lead of the Moncton site in the At Home / Chez Soi Demonstration Project on Housing First of the Mental Health Commission of Canada. He is currently the Co-Chair of the Canadian Housing First Network - Community of Interest. Dr. Aubry was the holder of the Faculty of Social Sciences Chair on Community Mental Health and Homelessness at the University of Ottawa (2011-2020). Dr. Aubry is a Fellow of the Canadian Psychological Association and the Society for Community Research and Action (Division 27 of the American Psychological Association).

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SUSAN BRAEDLEY, MSW, PhD, is a professor at the School of Social Work and Institute of Political Economy at Carleton University. She has been involved in long-term care research in Canada and internationally since 2010. She is co-editor with Pat Armstrong of the book, Care Homes in a Turbulent Era: Do They Have a Future? (2023) and many other publications on long-term care policy and practice.

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MORGAN CARL (she/they), BAH, MPPA, is a Research Assistant at CUPE National. With a background in politics and human rights, her previous research focused on gender equity and housing issues. Prior to working at CUPE, she worked with the New Democratic Party of Canada.

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BLUE MIAORAN DONG isis a contract instructor and Ph.D. candidate at Carleton University, researching how major industries—like pharmaceuticals, chemicals, telecom, and technology—influence public policy and discourse by blurring the boundries between private and public interests. She has authored and co-authored several academic journal articles, book chapters, and presented in over 20 national and international academic conferences. Blue is currently working as a data manager for the Global Media and Internet Concentration (GMIC) Project, as well as a research assistant for the Ghost Management project.

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MARC-ANDRÉ GAGNON holds a PhD in Political Science from York University. He did his post-doctoral training with the Centre for Intellectual Property Policy at McGill University, and with the Edmond J. Safra Center for Ethics at Harvard University. His current research focuses on the political economy of the pharmaceutical sector. He analyzes financial incentives and corporate strategies in the pharmaceutical sector, innovation policies and intellectual property in the knowledge-based economy, as well as comparative regimes of health insurance and drug coverage.

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BRIGID GOULEM is Research Coordinator at the Health, Tech & Society Lab, and a PhD candidate in Social and Behavioural Health Sciences at the Dalla Lana School of Public Health, University of Toronto.

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VANESSA GRUBEN is the Director of the Centre for Health Law, Policy and Ethics, and Associate Professor in the Faculty of Law at the University of Ottawa. A recognized expert in health law and reproductive justice, her scholarship spans assisted reproduction, organ donation, harm reduction, and healthcare regulation.

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JANNA KLOSTERMANN is an assistant professor in the Department of Sociology at the University of Calgary. Her research and teaching interests include work/labour studies, paid and unpaid care work, feminist theory and narrative/arts-based approaches. Her work has recently appeared in Studies in Political Economy, with her first book 'At the Limits of Care' forthcoming with the University of Toronto Press.

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RUTH LAVERGNE is an Associate Professor in the Department of Family Medicine at Dalhousie University and holds a Tier II Canada Research Chair in Primary Care. Ruth's program of research aims to address disparities in access and build evidence to make sure primary care organization, delivery, and workforce meet the needs of Canadians now and in the future. She works with linked administrative health data and leads mixed methods primary care studies in collaboration with experts in qualitative methods, patients, care providers.

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JOEL LEXCHIN received his MD in 1977 and worked as an emergency physician for almost 40 years. He also taught health policy at York University for 15 years. He is a global expert on many aspects of pharmaceutical policy. His two latest books are *Private Profits vs Public Policy: The Pharmaceutical Industry and the Canadian State and Doctors in Denial: Why Big Pharma and the Canadian medical profession are too close for comfort*.

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DANYAAL RAZA, MD, is a family physician with Toronto's St. Michael's Hospital, where he is the Primary Care & Health Policy Scholar. He is also an Assistant Professor at the University of Toronto.

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GARRY SRAN (he/him), B.A.(Hons), M.A., Ph.D. (ABD), is CUPE National's Senior Research Officer for health and seniors care, leading the charge against privatization and for-profit services. His previous research focused on monetary and macroeconomics, and the impacts of for-profit seniors' care. A long-time union organizer, Garry has fought for workers alongside CUPE, AUPE, and ETFO.

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ZAKARIYA THRAYA is a Senior Policy and Research Analyst at the Mental Health Commission of Canada. In this role, he analyzes emerging trends to inform sound pan-Canadian public policy on mental health that addresses inequities for marginalized populations and identifies solutions to complex problems spanning multiple sectors, including housing, criminal justice, education, and technology. Zakariya holds a Master's in Health Policy, Management, and Evaluation from the University of Toronto and sits on various advisory councils, including the Ontario Caregiving Organization, to provide strategic input on policies, practices, and programs.

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MATTHEW TRACEY is a registered nurse and a Doctoral Student in Health Policy with the Institute for Health Policy, Management and Evaluation at the University of Toronto. His research interests include: the political economy of health, the financialization of healthcare, and social epidemiology. He works as an RN at Women's College Hospital and as a Clinical Research Nurse Coordinator at the Hospital for Sick Children.

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DONNA M. WILSON, RN, PhD, is a Professor Emeritus at the University of Alberta. She is also an Adjunct Professor, Faculty of Nursing, University of Alberta, Adjunct Professor, Faculty of Medicine and Dentistry, University of Alberta, and Adjunct Professor, School of Nursing and Midwifery, University of Limerick.

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