

# Health Providers Against Poverty

hpagainstpoverty@gmail.com

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André Marin  
Ombudsman Ontario  
Bell Trinity Square  
483 Bay Street  
10<sup>th</sup> Floor, South Tower  
Toronto, ON M5G 2C9

May 16, 2006

Dear Mr. Marin:

We are writing to you as health professionals from across the province who provide health care, collectively, for thousands of the poorest Ontarians. We are deeply concerned about the threat poverty poses to the health, well-being, and lives of those in our care. This poverty is preventable and reversible, but a succession of governments in Ontario have made cuts to social programs that have resulted in an increase in our patients' poverty and a corresponding worsening of their health. It is this legislated poverty that we feel falls within your mandate to investigate.

Ontario Works and Ontario Disability Support Plan benefits were drastically cut in 1995, and have fallen steadily relative to inflation since then. Welfare recipients' spending power is now forty percent less than it was prior to those cuts. This has left our patients on social assistance without enough money to pay for even their most basic needs, such as food, shelter, and childcare. The Toronto Board of Health estimates that a single person receiving Ontario Works benefits receives only about two-thirds of what she requires to meet her basic needs. People cannot be healthy when they are forced to choose between food and rent and keeping the heat on. We feel this situation constitutes an unconscionably under-addressed health crisis.

A recent example of the provincial government's neglect of Ontarians living in poverty occurred with the changes to the Special Diet Allowance application process. This Allowance was created to provide a nutritional supplement for people living on welfare who require nutritional support for the treatment or prevention of health problems. In November, 2005, the government arbitrarily revised the application criteria in a manner that cut thousands of deserving people off this lifeline of extra income, and took millions of dollars out of the pockets of people living in extreme poverty. The new application forms require that medical conditions, including HIV/AIDS, be disclosed to front-line social service workers, which we consider a breach of privacy rights. The amounts that people receive for each health condition is grossly inadequate; for example, those with liver disease or cardiovascular disease only receive \$10 per month. Finally, the new regulations remove the ability for providers to promote a preventative approach to health

care. This means that recipients are only eligible for assistance when significant damage to their health has already been done. The changes in this process were made without any basis in medical evidence, have undermined the purpose of this program, and have placed thousands of Ontarians at higher risk of developing, and suffering worse consequences from, significant health problems.

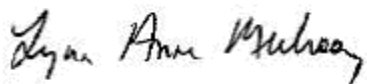
The change to the Special Diet Allowance program represents only one small example of the way in which our government has the ability to legislate poverty. Every day in our practices we see the negative health outcomes that result from living on social assistance payments that fall far below subsistence levels. A robust body of research supports the link between poverty, ill health, and premature death. People who live in poverty are at significantly higher risk for developing, getting sicker from, and dying from many diseases, including diabetes, cancer, heart disease, and serious mental health conditions. Furthermore, growing up in poverty can mean not growing up at all: a large-scale British study recently reported that the poorest children were 40% more likely to die in their first 10 years than children in the highest socio-economic group. The fiscal argument, that we need to “trim” social spending that has grown beyond our means, does not account for the inevitable and large increases in health care spending that will result from these policies.

Your office has consistently acted to protect the rights of our most vulnerable citizens. You carefully documented the plight of families who were forced to give up parental rights so that children with severe disabilities could access needed care, you recommended that government fund cysteamine for Batten’s Disease for Christopher Comeau-D’Orsay, and criticized the failures of Ontario’s newborn screening program that resulted in as many as 50 children annually becoming disabled or dying. In all these cases, government policies and programs caused suffering and harm to vulnerable Ontarians. We urgently request that you continue to use the powers of your office to protect those who most vulnerable by launching an investigation into legislated poverty in this province, especially chronically inadequate (and falling) social assistance rates.

We would like to meet with you to discuss our concerns about the health impacts of low social assistance rates and related programs such as the Special Diet Allowance. We would be pleased to provide additional information to support your investigation into this threat to the health of the hundreds of thousands of Ontarians living in poverty.

We look forward to your reply. Please contact Lynn Anne Mulrooney at 416 408-5616 or [lmulrooney@rnao.org](mailto:lmulrooney@rnao.org) or 158 Pearl Street, Toronto, ON M5H 1L3. Thank you.

Sincerely,

A handwritten signature in black ink that reads "Lynn Anne Mulrooney". The signature is written in a cursive, flowing style.

Lynn Anne Mulrooney (for the steering committee)

HPAP Steering Committee:

Gary Bloch, MD, CCFP, St. Michael's Hospital

Mimi Divinski, MD, Family Physician

Anne Egger, RN(EC), Regent Park Community Health Centre

Kathy Hardill, RN(EC), Regent Park Community Health Centre

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