August 17, 2015

Hon. Dr. Eric Hoskins
Minister of Health and Long-Term Care
80 Grosvenor St., 10th Floor, Hepburn Block
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Dear Minister Hoskins:

We, the undersigned, are 192 physicians providing clinical and public health services in Ontario. We are seeking your leadership in advancing consideration by the Ontario government for introducing a basic income guarantee (BIG) for the people of Ontario. More specifically, we ask for you to encourage the Ontario government, in support of the Poverty Reduction Strategy and the health of Ontarians, to establish a BIG trial program or demonstration project. We would welcome a meeting with you to discuss a BIG for Ontarians and options for advancing this idea, e.g., striking an experts group to study basic income in depth and to help design a trial program or demonstration project.

The government's commitment to poverty reduction positions Ontario to model basic income for Canada, and the world, in the 21st century. We are confident that a BIG trial or demonstration would be highly complementary to the government's current array of measures to combat poverty and social exclusion in Ontario.

As physicians we regularly witness what the Canadian Medical Association has attested, that "income is the great divide when it comes to Canadians' health."[1] So profound is the income-health nexus that Ontario family physicians are now taught to prescribe income-based solutions to the health problems of low income patients.[2] As well, the University of Toronto undergraduate medical program includes seven mandatory hours of teaching focused specifically on this issue. As one of us has written:

> *The link between health and income is solid and consistent—almost every major health condition, including heart disease, cancer, diabetes, and mental illness, occurs more often and has worse outcomes among people who live at lower income. As people improve their income, their health improves. It follows that improving my patients' income should improve their health.*[3]

We appreciate how the government is trying to improve the well-being of lower income Ontarians. Progress has been made but great strides are still needed, as evidenced by a child poverty rate of 19.9% for Ontario in 2012[4], representing 550,000 children.[5] Research has clearly shown that the experience of poverty in early childhood can lead to

what is termed “toxic stress”, with profound implications for physical and mental health from childhood through to adulthood.[6] This evidence alone suggests the imperative of a BIG for Ontario’s children and their families.

More is needed to improve social security for Ontarians. In this context we note that the 2014 Mandate Letter given to you by Premier Wynne asks “that you explore long-term options for a sustainable program that provides health benefits to lower-income Ontarians.”[7] In our view, this directive provides an opening for the government to explore the idea of establishing a BIG trial program or demonstration project, a move which could eventually lead to significant health and social improvements for all Ontarians, and especially those living at or vulnerable to low income. Surely this is one of the most upstream and sustainable of health interventions.

As defined by Basic Income Canada Network (BICN), a BIG “ensures everyone an income sufficient to meet basic needs and live with dignity, regardless of work status.” As BICN further explains, a BIG for all:

> *“ensures that everyone can meet their needs, participate in society and live with dignity. It reduces steep income inequalities and contributes to better health and fewer societal problems, opening the door to long-term savings in health care and other public services. It enables people to manage transitions and setbacks, supports creativity and entrepreneurship, and keeps money moving and producing in our economy.”*[8]

As Barry Ward, Chair of the Simcoe Muskoka District Health Unit, wrote in the Unit’s recent letter to you et al.[9]:

> *Basic income is a concept that has been examined and debated for decades, including through pilot projects in the United States, Canada, and other countries more recently.*[10,11] [The Dutch city of Utrecht is currently embarking on its own test of basic income.[12]] *As you may be aware, Mincome, in particular, was an encouraging pilot project of basic income for working age adults conducted jointly by the Government of Manitoba and the Government of Canada in the 1970s, which demonstrated several improved health and educational outcomes.*[13] *Basic income also resembles income guarantees currently provided in Canada for seniors and children, which have contributed to health and social improvements in those age groups.*[14,15]

We anticipate that policy makers will continue to place great emphasis on job creation and employment readiness as central to combating poverty. Of course, everything that

can practically be done to create and maintain employment should be pursued. The reality, however, is that labour is undergoing profound change due globalization, outsourcing and automation. This change is giving rise to a swelling "precariat"—those whose participation in the labour market is precarious. Twenty-two percent of jobs in Ontario are in this category[16] and in Canada's urban heartland in and around Toronto, "[t]his type of employment has increased by nearly 50% in the last 20 years. Another 20% are in employment relationships that share at least some of the characteristics of precarious employment."[17]

As BICN states, a BIG "safeguards the future as automation transforms the way people work and live together."[18] And as Barry Ward wrote (in his recent letter to you et al.):

> *"*[i]*n addition to providing an effective policy response to poverty and inequality, a basic income guarantee would be a key societal support in the face of rising precarious employment in Canada. Given the trend towards fewer opportunities for secure, permanent jobs, providing living wages and benefits, a basic income guarantee could help buffer the effects of precarious employment by providing a form of 'disaster insurance' that protects people from slipping into poverty during challenging times."*[19]

We recognize that, optimally, the federal government would be involved in establishing a BIG for all in Canada, in cooperation with the provinces and territories. While we are hopeful that a future federal government will demonstrate leadership for a BIG, we believe that Ontario could act on its own (as analysis by Toronto-based social policy expert John Stapleton suggests[20])—at the very least moving forward with a focused, well-designed and evaluated trial program or demonstration project.

Indeed, an initial trial or project would help to inform program design considerations in the phase of full implementation. It would help identify how a BIG could best intersect with other parts of health and social systems. It would also help evaluate the cost savings in health and elsewhere to make the case for a larger national shift.

The establishment of a BIG for Ontarians would be a magnificent legacy for those with the vision to act, and the Ontario government has an opportunity to be the provincial groundbreaker and innovator for this policy. We would be pleased to help you and your colleagues in thinking about how to move this forward. Please advise if a delegation from our ranks can meet with you soon to discuss this idea. Thank you for your consideration and we look forward to hearing from you: please direct your response to Philip Berger, MD (bergerp@smh.ca) and Lisa Simon, MD (lisa.simon@smdhu.org).

Sincerely,

On behalf of the 192 physician signatories listed on the attached pages

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Cc. Hon. Kathleen Wynne, Premier
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