



Hospital Emergency!

Day of Action Feb. 13, 2003

Questions and answers about the Feb. 13 Day of Action for OPSEU members

1. What is the Hospital Emergency Day of Action?

On Thursday, Feb. 13, 2003, hospital professionals represented by OPSEU and working at 40 Ontario hospitals that bargain centrally will take part in a day of protest. The protest is aimed at persuading the employer, the Ontario Hospital Association (OHA), to bargain in good faith towards a central collective agreement. Contract talks broke off in June 2002.

2. Who's included in "hospital professionals?"

The OPSEU members participating in this action are the 5,170 hospital professionals covered by central bargaining for 40 Ontario hospitals. Chances are you know who you are:

- audiologists;
- biomedical technologists or engineers;
- blood bank technologists;
- blood collection technicians;
- dietitians;
- health records technicians;
- laboratory and x-ray technologists;
- MRI and CT scan technologists;
- Nuclear medicine technologists;
- occupational therapists;
- perfusionists;
- pharmacists;
- pharmacy technicians;
- physiotherapists;
- psychologists;
- respiratory therapists;
- social workers;
- speech language pathologists;
- ultrasound technologists;
- and employees in close to 90 other professions.

3. Is the Feb. 13 action an illegal strike?

It is a **protest** against an employer and a government that have let hospital workers go without a contract for over 300 days. We are protesting low wages and staff shortages that endanger health care for all Ontarians.

Although hospital employees in other provinces do have the legal right to strike, those in Ontario do not under the Hospital Labour Disputes Arbitration Act (HLDAA, pronounced “Hilda”).

At one time, everything trade unions did was illegal. At one time, even gathering in groups to *talk* about workplace issues was against the law. The benefits of unionization that people enjoy today are the result of people in the past who took risks to improve their lives and their families’ lives.

In any case, the boundary between “legal” and “illegal” is not always clear, especially when politics are a factor, as they often are in areas like health and education. In 1998, Ontario teachers engaged in an illegal strike – a protest against bad new education laws – without being disciplined at all. Similarly, a nine-day illegal strike by nurses in Saskatchewan in 1999 restarted negotiations and led to a negotiated settlement later that year. It was ratified by 77 per cent of members.

At that time, Rosalie Longmoore, president of the Saskatchewan Union of Nurses, said:

"Premier Romanow should consider that he may be able to pass laws forcing nurses back to work, but he can't force nurses to stay in nursing. The actions of the Premier and [the Saskatchewan Association of Health Organizations, the employer] will make recruitment of nurses to Saskatchewan impossible. Imagine the effect this intimidation will have on the nursing shortage! Nurses are professionals, we're not criminals and we're not slaves."

4. Can I be disciplined, or even fired, for taking part in the Day of Action?

This plan is not without risks. Your employer could feel it has reason to discipline you if it thinks you are taking part in an illegal strike. The union will represent you in any dispute that results from this action.

5. What do I say if my manager wants to meet with me to talk about the Day of Action?

Tell your manager to tell the OHA to get back to negotiating and settle this dispute. Three hundred days is too long for anybody to wait for a new contract. If they want to talk, they should talk at the bargaining table.

6. We are regulated professionals. Will the colleges discipline us?

If there are complaints to colleges, OPSEU will defend you. OPSEU will argue that colleges should be concerned first and foremost with patient safety, not labour disputes. Some colleges already take this position.

We share the colleges’ concerns about patient safety. That is why some members are complaining to the colleges that short-staffing has interfered with their ability to do their jobs.

That is why we are advising members on how to keep patients safe. That is also why we are giving employers advance notice of the Day of Action.

7. Isn't this an extreme action? Why don't we try something else first?

We would not be taking this course of action if we hadn't already done everything else. We've been actively campaigning for over a year. We've written letters. We've been in the news. We've demonstrated. We've lobbied. We've had our issues raised in the Legislature. Most of all, we kept on bargaining until the employer quit. Over 300 days later, we still have no contract. It's time for strong persuasion.

8. Will the Day of Action put patients at risk?

No. We are putting the patients first. That's what this is all about. Right now there is already a risk because there are not enough people on the job. Staff shortages are the problem. We need to focus the employer's attention, and public attention, on finding a solution.

OPSEU is committed to safeguarding our patients. Don't let the employer tell you differently.

9. Why not just let the whole thing go to arbitration?

We only have arbitration scheduled for six out of the 40 hospitals that are part of central bargaining. Staff at these six hospitals have no guarantees about the outcome of those arbitrations. It is always better if the parties settle their own agreement.

It took a lot of effort just to get these arbitrations. Even after 300 days without a new contract, the employer refuses to agree to apply the contracts that will be awarded to the six to the other 34. The employer is still dragging its heels. At this rate, it could be years before we have contracts for all 40 hospitals. And they could all end up with different contract provisions.

We need a single, negotiated central agreement. Failing that, we need a single central arbitration process. Workers in every job classification do the same work no matter where they are in Ontario. Everyone deserves equal recognition and respect.

With 40 different arbitrations, we could end up with 40 completely different agreements. That would hurt morale and, eventually, cause people to leave one hospital for another. A series of poor awards, without central standards, could make it harder for many hospitals to keep and attract professional staff. Patient care would certainly suffer.

10. The OHA made a contract offer in June. What's wrong with it?

The OHA's June offer is extremely unbalanced. It does not address the underlying problems hospital professionals face. It will not help hospitals keep existing staff or attract new staff to the professions.

For example, until 10 years ago, Registered Technologists were paid the same as nurses. We lost parity with nurses in 1991 with the so-called Devlin award. The arbitrator's sole rationale for higher pay for nurses in that award was that there was a nursing shortage.

RTs had no pay increase from 1993 to 1999 and have only seen small increases since then. We have fallen far behind.

The OHA's last offer still leaves a wage gap of 10.9 per cent between RTs and Nurses. Nurses will make \$33.75 (maximum rate) at the end of their contract. RTs would only get up to \$30.44 with the OHA offer.

Many employers agree that the OHA offer is inadequate. That's why hospitals like Joseph Brant Memorial and the University Health Network have desperately tried to go around the central bargaining process and bargain side deals with us. Members of the OHA bargaining team have been involved in this; the union has charged the OHA and several hospitals with unfair labour practices and bargaining in bad faith.

11. At my hospital, the employer wants to make a deal to raise our wages higher than the OHA's offer. Why shouldn't we go for it?

If staff at one hospital make a deal, it weakens the bargaining power of staff at the other 39 hospitals. That's why central bargaining is important. If we stick together, we not only have the most power; we can also make things better for everyone, not just a lucky few. See also the answer to #12, below.

12. What is OPSEU seeking? What would resolve this?

We want a centrally negotiated agreement that will ensure adequate staffing levels of health care professionals for patient care now and in the future. There is a very real crisis in our hospitals and it must be addressed now, or it will spiral out of control. We want to eliminate the wage gap between RTs and Nurses (23.3 per cent) and maintain relative positions for jobs above and below the RT rate. We are also seeking one standardized wage grid with jobs properly placed on the grid, to reflect their duties, responsibilities, qualifications required, and market rates. This would mean an approximate increase of 25 per cent across the board, to make up for the real wage losses since 1993.

Before central bargaining, hospitals routinely "poached" staff from other hospitals. Central bargaining makes sure every community can compete for staff by taking wages out of competition.

A negotiated central contract, with improvements to wages and working conditions, is essential if we are going to entice young people to devote their lives to these professions.

13. I already get paid enough and I think this whole plan is too risky. Why should I participate?

All hospital professionals have different personal circumstances. While for some their job is a second income in a well-off household, for others it may be the sole income supporting a household with children, one or two elderly parents, or both. Short-staffing and workload stress may vary from hospital to hospital or department to department, but workers in a given occupation do the same work no matter where in Ontario they live. They all deserve fair and equal recognition for the work they do. And professionals should also be paid in accordance with their duties and responsibilities compared to other employees. If you don't mind the fact that your wages have fallen far behind those of people at other hospitals and in other professions, that's your business. But look around the place where you work. You may just find a co-worker

who really needs your help. If you don't have to stand up for yourself, stand up for someone else! Try it – it feels good.

14. How long have we been without a contract?

We've been without a central contract since March 31, 2002. That's over 300 days! Bargaining broke down in June. The OHA's last offer was divisive and insulting, and did not address the problems. OPSEU members are angry and frustrated. Labour relations are in chaos.

Our members don't want to see this situation get worse. That's why we're taking action.

15. How long will this action last?

The Feb. 13 action is a one-day action, but our campaign will continue until we have a satisfactory collective agreement that covers all 40 hospitals in central bargaining.

16. How many people are involved in this action?

OPSEU represents 5,170 hospital professionals who are involved in central bargaining with 40 Ontario hospitals. Hospital professionals in other hospitals are participating, too. The union is also reaching out to other OPSEU members, other trade unionists, opposition parties, and the public for support in this action.

17. Who made the decision to go ahead with this event?

OPSEU members did. Last fall, members of the bargaining units involved in central negotiations voted 91 per cent in favour of a motion to do "Whatever it takes!" to get a satisfactory central collective agreement. Then, on January 11, 2002, union leaders from participating hospitals met in Toronto, with your central bargaining team, to plan the next stage in the campaign. They voted for this action and set the date of Feb. 13. Then they went to the OPSEU Executive Board for support. The Executive Board voted unanimously to back the action.

18. Will there be picket lines at every hospital?

Actions will vary. There may be mass pickets at some hospitals, but not at others. In some cases members may picket their own hospitals. In others there may be cross-picketing, i.e., people will picket each others' hospitals to reduce personal confrontations between workers and managers who know each other. Some groups of members may go to the offices of MPPs or Cabinet Ministers to rally or lobby.

19. We only have a small local. We're not big enough to set up a picket line.

A picket of one is big enough to get noticed, but if you're not comfortable picketing in a small group, think about joining with a nearby local for an event. Or go it alone with your local members by lobbying your local MPP or municipal council. The main thing is to do *something* – and invite your local news media along.

20. All the members in my local are apathetic. I can't get my co-workers to do anything.

Tell your members that taking risks makes life more interesting. If they still won't wake up, create your own excitement. Invite members from other hospitals to speak to them. Invite members of other unions or local politicians to take part. Set up a trailer outside your workplace. Hold a songwriting contest about the OHA. Hire a clown to tour the hospital and talk about Feb. 13. Use your imagination. If nothing works, take action yourself anyway – you might embarrass (or charm) people into coming out with you after all.

21. Where can I go to find out more or get help getting ready for Feb. 13?

Talk to your steward or a member of your OPSEU Local Executive Committee. Talk to your OPSEU local president, your Executive Board Members, or the OPSEU staff rep for your local. Check our web site at hospitalprofessionals.org. Or call our mobilizing hotline at 1-877-561-8692.

Authorized for distribution by Leah Casselman, president.