



Four-union coalition formed to combat LHINs New networks will open door to private care *OPSEU and allies set to renew opposition*

By OPSEU Staff

OPSEU’s struggle against the planned Local Health Integration Networks (LHINs) continues—and now we have the active support of three other major health care unions. The Ontario Nurses’ Association (ONA), the Service Employees International Union Local 1.0n (SEIU Local 1.0n), the Canadian Union of Public Employees (CUPE) - four unions representing almost 200,000 healthcare workers in a united front to fight the proposed changes.

The four unions say the Ontario government’s plan for Local Health Integration Networks (LHINs) is deeply flawed and the LHINs plan:

- Lacks a comprehensive plan to deal with employees in a way that protects jobs and improves patient care;
- Threatens access to local health services;
- Reduces accountability by placing decision-making at arm’s length from the government;
- Ignores the role of doctors, the ‘gatekeepers’ of the system;
- Takes away local control; no input from front-line staff ;
- Will extend the disastrous ‘competitive bidding’ model (now used in home care) to the entire health care system;
- Is driven by the bottom line, not health care concerns.

The unions held a news conference Nov. 24 in Toronto to outline their concerns.

“The unelected, unaccountable LHINs could pit communities against each other in competition for scarce health dollars. There will be service cuts and consolidations, which means job losses. There is no

Continued page 2

Message from your chair *“We need to fight back”*

By Patty Rout

I would like to thank the past executive for all their help the last two years. I would also like to thank all the members who have supported our many campaigns. As we know, the government plans to privatize many of our services. We have to be involved! We must protect our work and our health system. We must mobilize and fight back against the transformation of public services!



Patty Rout

Already, campaigns against P3 hospitals in North Bay, Woodstock and St. Catharines have had real impact. The government is on the defensive, but unfortunately this government is firmly committed to the P3 agenda.

We need to fight back, using the media and legal avenues, to force disclosure. We need to build campaigns to educate the public about what services they could be losing. As LHIN legislation is introduced we have to be aggressive. It will be, and is, our jobs affected by the changes. The OFL has committed to fight P3s and privatization of health services. We, the deliverers of health services, must get involved.

Leaders must reassure Canadians about Medicare's future

By NUPGE staff

The 340,000 member National Union of Public and General Employees is disappointed with the recent Supreme Court decision in the Chaoulli case on health care and is calling on governments to act immediately to assure Canadians public Medicare will be protected.

“While this decision relates to Quebec, it is essential that federal and provincial leaders immediately reassure Canadians that their public system will be protected” said NUPGE president James Clancy.

Dr. Chaoulli and his patient George Zeliotis argued that waiting for care in the Quebec health care system and the laws that govern that province are a violation of their rights under the Quebec charter of rights.

They asked the courts to strike down the Quebec Hospital Insurance Act that prevent people from buying private health insurance for medical procedures covered by the public plan.

LHINs, Layoffs (cont'd from page 1)

plan in place to address human resource adjustment issues. This means more uncertainty for patients. And it allows politicians to avoid responsibility for their decisions,” said OPSEU President Leah Casselman.

Despite claims to the contrary, the McGuinty government appears to be extending the competitive bidding model that the Harris government put in place in home care, to hospitals and long-term care. Studies on the market model in home care show that “services have been reduced, care has been compromised, privatization has increased, and the staff turnover rate is much higher than for other health care workers. What kind of reward is this for the billions of dollars citizens are paying into the Ontario Health Tax?” said Michael Hurley, President of CUPE-OCHU.

Sharleen Stewart, president of SEIU Local 1.on,



James Clancy, NUPGE president

The National Union had intervener status during the case and argued that a decision to strike down the sections of the legislation would create a two-tier system that would not relieve the public system. The court struck down the provincial charter but not the Canadian charter of Rights and Freedoms. That means that so far there is no impact on the Canadian system.

Clancy said NUPGE disagreed with the decision.

OPSEU is an affiliate of the National Union of Public Employees

added: “McGuinty's health care privatization train has left the station at full steam. Ontario citizens must ensure it is derailed before two-tier health care becomes a permanent reality in Ontario.”

“Nurses feel that extending the for-profit model to local health care delivery will not fix what ails Ontario's system. As resources are diverted from care to private profits, patients and health care workers will suffer,” said Linda Haslam-Stroud, RN, ONA President.

The four unions are working cooperatively to ensure the for-profit model is not extended to hospitals, long-term care and community-based social services.

CHPS underlines shortage of health professionals



From CHPS

At the end of September, the Health Council of Canada met in Whitehorse, Yukon, to finalize plans for the council's report on human resources and to continue to work on its second report to Canadians.

As it undertakes the last of this round before the report is released later this fall, the Canadian Health Professionals Secretariat (CHPS) has written to Michael Decter to once again underscore the impact of the serious shortage of health professionals across the health system. The text of the letter is enclosed in the box below.

The Canadian Health Professionals Secretariat was created by NUPGE to address challenges and opportunities facing health professionals across the country and to recognize the valuable contribution of professionals who provide diagnostic, clinical and rehabilitation services.

In November CHPS members met with Dr. Brian Postle. Dr. Postle is in charge of waiting lists for the country. He had a strong warning for all of us to be aware of the changing scope of our jobs. As there is a shortage of professionals they are looking for others to also be able to do some of the scope of our jobs. We need to be certain we have contract protection around our scope of practice.

Elect Federal Public Health Care Defenders! Federal Health Care defenders will ...

- Speak out vigorously against privatization
- Fight to keep and improve local public health services.
- Advocate for open, accountable and transparent public ways to respect public health services
- Demand sufficient funding
- Demand fair distribution of not for profit care throughout the province
- Stand up for fair wages and benefits for all health care workers
- Support successor rights for health care workers

Fact sheets will be available from your Union and from your Ontario and Canadian Health Coalitions and your local labour council.

Letter to Mr. Michael Decter, Chair, Health Council of Canada

As the Health Council of Canada concludes the meetings and stakeholder consultations in support of its report on Health Human Resources, the Canadian Health Professionals Secretariat would like to again underline the critical need to address human resource shortages in non-doctor and non-nurse health professions. The Canadian Health Professionals Secretariat is the only organization of its kind in Canada, representing more than 60,000 health science professionals from every corner of the country.

We share Canadians support for the considerable progress that has been made in addressing physician and nurse shortages, and for the improved funding to significantly increase the availability of cutting edge health care technologies.

However, the equally pressing problem of shortages of health professionals has received little attention. When you met with the secretariat almost a year ago, we agreed that the improvements Canadians have so far seen in health care delivery risk being squandered if there are not enough health science professionals to provide the diagnostic, clinical, pharmacy and rehabilitation services essential for the delivery of quality health care.

We were then, and now, are gratified that the Council has shown particular leadership in understanding the critical role played by health science professionals, evidenced in your 2005 report accelerating change.

As the Council prepares its report on Health Human resources we urge you to again ensure the report reflects the breadth of the health professions Canadians rely upon to ensure the report reflects the depth and breadth of the health professions Canadians rely upon to ensure timely access to the quality we all cherish.

Cindy Stewart, Shelley Wilson, Co-Chairs, Canadian Health Professionals Secretariat

Safety Engineered Medical Devices ad campaign launched

Healthcare workers launch ad campaign to make safety needles law

Ontario healthcare workers have launched a province-wide print, radio and outdoor advertising campaign to push the Ontario government to make safety-engineered medical sharps mandatory.

OPSEU, the Ontario Nurses' Association (ONA), and the Service Employees International Union (SEIU) want a law making the use of safety needles mandatory in all workplaces where workers are exposed to blood-borne pathogens. They say this would prevent 33,000 injuries a year and save millions of dollars.

"Safety needles would save on a multitude of injuries, not only across our health care system, but in our



communities as well," said Patty Rout, Chair of OPSEU's Health Care Divisional Council and the HPD. "The members of our three unions were considered heroes by many because they put their own lives on the line to protect Ontarians from SARS. Now, our members are asking the government to protect them."

"The government must show it is serious about protecting the health of Ontario's nurses by making the use of safety-engineered devices mandatory," said ONA President Linda Haslam-Stroud, RN. "While one-time hospital funding is a beginning, a law is the only way to ensure hospitals and other employers provide the safest equipment available to prevent workers from being exposed to serious diseases, like hepatitis and HIV, through needlestick injuries."

"We can protect lives and save the health-care system money," said Cathy Carroll, Secretary-Treasurer of SEIU Local 1.0n. "Other governments in Canada recognize that using safety engineered needles is a win-win situation. Manitoba and Saskatchewan have laws taking effect in 2006 to protect their workers through safety technology. Ontario workers need that same protection."

Research cited by the unions shows:

- The annual cost of testing and treating needlestick injuries in Ontario, in health care alone, is \$66-million;
 - In facilities where safety needles are in use, up to 90 per cent of sharps injuries are prevented;
 - About \$8 million would be saved every year in Ontario by eliminating unsafe medical sharps.
- The advertising campaign will run across the province from Nov. 14 until Dec. 12.

Visit the web at: www.saferneedles.ca

Woodstock and North Bay vote to keep hospitals 100 per cent public

The Ontario Health Coalition (OHC) has held plebiscites in communities across Ontario to force the government to revert to cheaper public financing of hospitals, and to maintain all hospital services as non-profit.

Woodstock and North Bay joined St. Catharines this week as communities adamantly in favour of a 100 per cent non-profit, publicly owned, operated and funded hospital—both voting 97 per cent in favour.

Results of a Nov. 26 2005 community-wide vote on potential plans to introduce a P3 hospital in Woodstock were as follows:

Ballot question: I support a new Woodstock hospital that is 100% non-profit, publicly owned, operated and funded:

Yes votes	7,177
No votes	219
Total votes	7,396

The Woodstock plebiscite is the third of a series of cross-province plebiscites organized by the OHC and local health coalitions to stop the P3 privatization of our hospitals.

In June, the coalition held a plebiscite in St. Catharines that garnered

Continued page 8

Report from the Outgoing HPD Central Negotiation Team

By Yves Shank, Chair

It is difficult to believe we are once again preparing for the next round of HPD Central Bargaining. Once again we were dealing with a challenging negotiating round where your outgoing team was faced with many obstacles: starting with an employer group that felt we had sufficiently gained from the Bendel round, dealing with the external threat of the provincial government imposing wage controls, and culminating with another trip before a board of arbitration.

Well, we did not do badly....we were able to negotiate some gains to strengthen our collective agreement, and we were awarded some major improvements by Arbitrator Stanley Beck June 28 2005. The team was proud of our decision to forge ahead with our timelines, and go to arbitration on our own merits.

When we look at the language that both parties were able to negotiate, we see that we did well on the "fairness issues." Our discrimination and Harassment language now fully reflects the prohibited grounds found in the Human Rights Code. As well, in accordance with the Human Rights Code, there now is recognition of the joint duty to accommodate employees. We have strengthened our language around Article 7: Joint Health and Safety Committee, and have new language about the influenza vaccine and the use of safety engineered sharps.

Our greatest win this round was the awarding by Arbitrator Beck of four-hour call back, which brought us level to the industry standard. For our members, this corrected an injustice of having to be called in side by side with fellow hospital workers who received the four-hour call back, while we got only half the compensation for an equal intrusion into our personal lives.

This round saw a modest improvement to our benefits package, and sees us leading the way with our hearing aid coverage. Benefits are always a challenging issue to negotiate as bargaining teams always walk a fine line between the needs of the membership and the realities of costs to cover the gains achieved.

The message coming out of the demand set meeting was to make wages a priority, and to deal with the sentiment that many of our members feel that their professions are underpaid relative to their duties, education and responsibilities.

The result was a fair wage increase relative to other

settlements and awards. We also have a gain that we classify as a "fairness" issue: OPSEU's proposal for the continuation of the percentage in lieu of benefits for part-time employees while they are on pregnancy and/or parental leave was awarded by Arbitrator Beck

The issue of reclassifications left the team with mixed emotions. While we were pleased to see Arbitrator Beck award the reclassification of three professions, we were disappointed that the other proposals for reclassification of other professions were not awarded.

The inappropriate remuneration and recognition of those professions represented by OPSEU is becoming a primary concern in the HPD. We have made a variety of proposals to the hospitals with the goal of dealing with the dissatisfaction with the existing grid system.

The hospitals' team's inability to recognize the problems or their lack of desire to deal with the problem leaves us with very few options in order to get a resolve to our dissatisfaction.

We, of course, did not get everything we wanted. We were disappointed that Arbitrator Beck did not award our proposal on voluntary exit opportunity or superior provisions, and were disappointed that he



Yves Shank

Continued page 6

Bargaining Team report (from page 5)



did not deal with benefits for early retirees or Contracting Out.

The outgoing team has made specific recommendations to the executive and the next team for the upcoming round:

We need to strengthen the central process and we need language that protects superior provisions to eliminate the barrier to joining central.

As chair of the HPD Central Negotiating Team, I wish to thank my fellow team members for the time they devoted, on your behalf in negotiating improvements to better our working environment.

This team included seven elected members, our negotiator who masterfully presented our issues and positions, and our researcher who again wrote and presented a brilliant brief to Arbitrator Beck.

Your team worked hard, your team debated hard, and we fought hard. We were proud to represent the central participating hospitals and the members of the Hospital Professional Division, and we thank you for your support throughout the 2004-2006 round.

Your 2004-2006 Bargaining Team

Yves Shank, Chair
Bob Reid, Vice-Chair
Leslie Sanders
Margaret Rafter
Marion Savory
Bryan Mitchell
Boris Prus

Staff:

Moya Beall, Negotiator
Michele Dawson-Haber, Researcher

Gearing up for the next round of province-wide bargaining

The Pre-Bargaining Conference Dec. 2 was a successful kick-off to the next round of bargaining. The HPD Executive recommendations were reviewed and discussed and are being taken to the bargaining unit Demand Set meetings.

Plan on attending your bargaining unit Demand Set meeting. This is where you set the foundation for this next round. Demands on central issues that are passed at the bargaining unit meetings will be voted on at the province-wide Demand Set meeting as the demands for central negotiations. Bargaining units that don't participate in central are encouraged to table these demands in their local negotiations.

The province-wide Demand Set meeting is scheduled for Feb. 16 and 17, 2006, at the Delta Chelsea Hotel in Toronto.

Why is the new lab system in Eastern Ontario such a secret ?

The Eastern Ontario Regional Lab Association (EORLA) has been in the works since 1997, yet very little is known about it.

There is no EORLA website. Newsletters appear on an irregular basis, with no indication of who produces them. EORLA involves 19 labs in 16 hospitals throughout eastern Ontario, with most of the work slated for a new \$32 million laboratory facility now being built at The Ottawa Hospital.

What is OPSEU doing?

- Lobbied Health Minister George Smitherman.
- Asked for a follow-up meeting with Assistant

Deputy Minister Dawn Ogram.

- Initiated a freedom of information request to get the details on EORLA.
- Continuing to pressure both the Ministry and EORLA for answers.

Wear A Sticker

Let your employer know you are upset by the lack of disclosure. Wear a “?” sticker. For more on EORLA and the campaign, contact Rick Janson at OPSEU head office.

OPSEU to Minister of Labour: enact ergonomic regulation now!

Dear Mr. Peters:

I am writing on behalf of over 100,000 workers in Ontario in a variety of jobs and sectors who are exposed to ergonomic hazards every day in the workplace. Members of OPSEU suffer strains, sprains and many types of repetitive strain injury while lifting patients in health care facilities, in the patients homes, in developmental services and long term care facilities ... or the many other services we provide to Ontario's citizens.

The time is overdue for the government of Ontario to enact an ergonomic regulation to help prevent the debilitating injuries suffered by thousands of workers in our province every year. (This) would give Ministry of Labour inspectors specific authority to address this issue. Currently, because employers are not compelled by law ... to assess ergonomic hazards and to control them, it is left to workers themselves to “suggest” improvements through their joint health and safety committees or their health and safety representatives, usually after they have already been injured. Between employers who often reject these suggestions and other prevention initiatives due to cost, and the Ministry of Labour's unwillingness to write specific ergonomic orders because there is no regulation, workers are left high and dry to obtain measures to protect themselves from these hazards.

Injuries from strains and sprains represent more than 40 per cent of all compensable lost time injuries in Ontario, a rate that has remained constant for the last eight years. The toll that ergonomic injuries take on workers extends far beyond the pain they experience at work (...).

British Columbia, Saskatchewan and a number of European countries already have ergonomic regulations in effect. The federal government is now preparing to pass ergonomic regulations to protect workers in the federal sector. It is unacceptable that the government of Ontario has lagged behind the federal government and other provinces to pass a regulation that will protect workers from the single-most common cause of work-related injury in our province. The government must recognize that in most cases, employers will not voluntarily take measures to change tools and work stations or to redesign workplaces to meet the ergonomic needs of workers. After British Columbia enacted ergonomic regulations in 1998, approximately 1,230 orders were written over two years, and repetitive strain injuries dropped dramatically by 2002. We believe that an ergonomic regulation in Ontario would produce the same results.

Ontario workers deserve the same protection as workers elsewhere in Canada. OPSEU calls upon this government to show its commitment to preventing these injuries by announcing an ergonomic regulation by International RSI Awareness Day on Feb. 28, 2006.

Leah Casselman President, OPSEU

cc: Jim Wilson, PC Labour Critic
Peter Kormos, NDP Labour Critic
Wayne Samuelson, President, OFL



Plebiscite on P3s (from page 7)

Results make it clear Ontarians want fully-public health care

over 13,000 votes. On Nov. 19 a plebiscite in North Bay garnered 8,820 votes, also 97 per cent in favour of the proposition of fully-public health care. With the completion of Woodstock’s plebiscite, the coalition has now received over 29,000 votes from residents in three communities. Over 97 per cent of voters oppose the P3 privatization of our local hospitals.

High turnouts in votes

“In total, health coalitions have garnered over 29,000 votes to stop P3 privatization,” said Natalie Mehra, director of the Ontario Health Coalition. “It is time for Dalton McGuinty to begin to listen to Ontarians who hold deep concerns about his privatization plans for our health system and its institutions. The provincial government has never had a mandate to move ahead with these P3 hospitals. The huge turnouts for these votes show that community members feel strongly enough to come out in the tens of thousands even in poor weather to join a grassroots campaign to keep our hospital infrastructure public.”

Background

Ontario’s provincial government has now announced 22 P3 hospital projects – despite running against



Stair Risers at Queen’s Park Subway: Safety needles save lives

these privatization schemes in the last provincial election. This is the largest attempt to privatize hospital assets and services in Canada’s history.

Woodstock: putting the vote in context

- In the last municipal election approx. 8,400 people voted, in the federal election approx. 13,000 people voted in Woodstock and area polls.
- Woodstock’s current city and county councillors were elected by 1,800 - 3,500 votes.
- The population of Woodstock is 33, 000, including children.

Hospital Professionals Division Executive 2005-07

Patricia Rout	Local 348	Chair	Lakeridge Health Corp. Oshawa
Yves Shank	Local 659	Vice-Chair	Sudbury Regional Hospital
Bryan Mitchell	Local 570	Secretary	Mount Sinai Hospital, Toronto
Pat McNamara	Local 566	Treasurer	Toronto East General
Boris Prus,	Local 141	Education & Membership	Huron Perth Healthcare Alliance
Brendan Kilcline	Local 444	Health & Safety	Kingston General Hospital
Marisa Forsyth	Local 143	Job Security	Windsor Regional Hospital
Chris Luscombe-Mills	Local 466	Public Policy	Perth & Smiths Falls District Hospital
Yves Shank	Local 659	Chair - Central Team	Sudbury Regional Hospital
Susan Head	Local 464	1st Alternate	Ottawa Hospital

Authorized by:

**Leah Casselman
President**