



Report from the Chair - June 2000

Patty Rout - Chair - OPSEU Local 348

Over the past few years we have seen rapid changes to our jobs. We have experienced first hand the cutbacks in health care. It's important to us that we are treated with dignity, respect and receive recognition for what we do. Negotiating a better contract that includes better working conditions, benefits and salaries will do this!

To start this process members at the local level will be educated in negotiating by their staff representatives. We will be surveying our locals regarding job classifications and their descriptions to give our negotiating team better information. We will establish a database to include collective agreements and grievance information.

All this can be accomplished through better communication within OPSEU. Our first communication goal is to update our contact lists and phone trees. MEDLINE will now be published and sent to local executives quarterly, starting in June. Members can stay informed by attending meetings, getting involved in local executives, reading newsletters and bulletin boards and joining local labour councils. If you have any questions or comments you can contact us through our web page at www.opseu.org.

OPSEU has created a Health Care Divisional Council to deal with common health issues affecting hospital, support, community, long term care and ambulance issues. Bev Schuler is chair, I am vice-chair and Dan Tyo is the secretary.

The OPSEU officers have approved a pilot project to send a representative to college meetings to keep on top of pressing college issues. Initially we will be attending meetings of the respiratory, medical laboratory and radiology colleges.

We must continue to build our pride and confidence in OPSEU. Through better contracts, better education and better communication we will accomplish this!

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National day of warning - June 14

OPSEU members are urged to help sound the alarm about the privatization of health care by joining other unionized workers across the country in a National Day of Warning. At noon on June 14, health care workers across the country will gather outside their workplaces to sound sirens and alarms, blow whistles, sing, chant and shout.

Local organizing committees need to be put in place. For more information, check out the OPSEU website. If you have questions or want a campaign kit, contact Barb Linds, Campaigns Officer, Extension 203 at 416-443-8888 or 1-800-268-7376.

Respiratory Therapists launch legal challenge against College

*Jan Hibi –
Head of Job Security Committee -
OPSEU Local 659*

A group of therapists has launched a legal challenge against the College of Respiratory Therapists of Ontario. The group is fighting a new college policy that requires certified practicing therapists to undertake a recertification exam in June. The Respiratory Therapy Society of Ontario says this policy will place patient care in serious jeopardy because the College has ordered significant numbers of Respiratory Therapists to take time off from their practice to undergo the exam.

The therapists have applied to the Ontario Superior Court of Justice- Divisional Court for an interim motion to prevent the College from administering the exam until the main application can be heard by the court.

The Executive of the Hospital Health Care Professionals Division believes the outcome of this fight

will have a profound effect on all regulated professionals; other Colleges will consider the results of the legal challenge before implementing similar measures. We unanimously voted to donate \$5,000 to help with the legal expenses. The OPSEU Executive Board donated \$20,000 to the cause after hearing a presentation by Bob Reid and my own local also believes this is extremely important and donated \$2,000.

Please consider supporting this fight, it may prevent you from being forced to require your full syllabus to maintain your licence, or from being subjected to other unreasonable demands from your college.

If your local would like more information about the legal challenge, visit the web site at www.rtsso.org and click the hyperlink on the bottom left hand side of the page called RTsPC. This brings you to another page where you click on the hyperlink called LEGAL CHALLENGE.

May is Speech and Hearing month

Speech-Language Pathologists (sometimes called Speech Therapists) and Audiologists are professionals who assess and treat hearing, speech, language, cognition and swallowing problems. Their services are available through hospitals, schools, rehabilitation treatment centres, government funded community agencies and private practices. Today, a Master's degree or equivalent is the required level of education for these professionals. Qualified Speech-Language Pathologists and Audiologists in Ontario must be registered with the College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO).

New Professional designation for Respiratory Therapists in Ontario

The council of the College of Respiratory Therapists of Ontario has issued a directive to its members with regard to the use of new professional designations. Effective November 1, 1999 respiratory therapists in this province must use the professional designations "RRCP" (Registered Respiratory Care Practitioner), or "PRCP" (Practical Respiratory Care Practitioner) depending on the category of their registration.

Labour Adjustment Plans

*Pat Collyer –
Head of Public Policy Committee -
OPSEU Local 575*

How well are they working? OPSEU's experience to this point has been that where Labour Adjustment Plans are in place, they are working well to minimize the impact of

Restructuring for the membership. In those areas of the province where they have yet to be negotiated, members are still experiencing problems.

Regulated Health Professions Act (RHPA)

*Pat Collyer –
Head of Public Policy Committee -
OPSEU Local 575*

The Hospital Health Care Professionals Division has appointed three members to attend Council meetings on a regular basis for the following colleges: Respiratory Therapists (CRTO), Medical Radiation Technologists (CMTRO) and Medical Laboratory Technologists (CMLTO). The OPSEU Executive Board has provided \$6,000 to cover the attending members' costs on a trial basis for a year. These members will be responsible for reporting back to the Chair of the Hospital Health Care Professionals

Division, Pat Rout.

HPRAC (Health Professions Regulatory Advisory Council) was given the mandate to review the effectiveness and impact of the RHPA. In June 1999 they requested submissions by December 31, 1999. OPSEU members of colleges, OPSEU and the OPSEU Divisional Health Council made submissions. In their submissions, OPSEU endorsed the submissions by the legal firm Cavalluzzo Hayes Shilton McIntyre & Cornish who have extensive experience in representing members before their respective colleges. If you wish to read the submissions, the web site address is www.hprac.org.

Work place ergonomics for the pregnant worker

*Frank Pezzutto –
Head of Health & Safety Committee
OPSEU Local 662*

In many workplaces, changing economic conditions and social perceptions have resulted in more pregnant women staying in the work force, often to full term. The failure to recognize the special ergonomic needs of the pregnant worker results in less than efficient work performance and possibly, a health threat to the baby. Adverse pregnancy outcomes include premature birth, low birth weight, and spontaneous abortions.

Historical responses to the pregnant worker have ranged from laying her off to trying to accommodate her by transfer after the pregnancy becomes advanced. The more cost-efficient response to the pregnant worker is to develop workstations and tasks beforehand that consider the physiological and anatomical changes that occur during pregnancy, and as the worker's pregnancy advances, move her into these modified workstations and job assignments as necessary.

There is growing agreement that various ergonomic risk factors present in the occupational environment can have significant and often undesirable effects on the pregnant worker.

Division dues

Pat McNamara – Treasurer - OPSEU Local 566

Hospital Health Care Professionals Division Dues are now due for 2000. These dues are remitted to the division annually at a rate of \$2.00 per member of your local (not just signed members). Each member Local and Unit should forward a cheque (made out to the Hospital Health Care Professionals Division) to:

Pat McNamara (Treasurer HHPD)
c/o Agneta Pereira, Head Office
100 Lesmill Road, Toronto, Ontario
M3B 3P8

Please be sure that your Local number is on the cheque.

Exposure to solvents and links to birth malformations

*Frank Pezzutto –
Head of Health & Safety
Committee – OPSEU Local 662*

Pregnant women exposed to organic solvents on the job are 13 times more likely to deliver a baby with major birth defects. So warned Dr. Sohail Khattak at the Hospital for Sick Children in a study published last spring.

The researchers also found an increased risk of miscarriages, low birth weight, fetal distress and prematurity. Featured in the *Journal of the American Medical Association* (Vol.281, March 24/31, 1999), this new study has received much attention. Physicians and scientists from the “Motherisk” program at Toronto’s Hospital conducted the study for Sick Children.

The study is significant because it’s the first “prospective” solvent study. Dr. Khattak explains a prospective study results in clearer findings because the information is obtained while it is occurring, as opposed to a retrospective study, which happens after the fact. Previous studies were “retrospective,” looking at the medical records of women after they gave birth.

The study examined 125 preg-

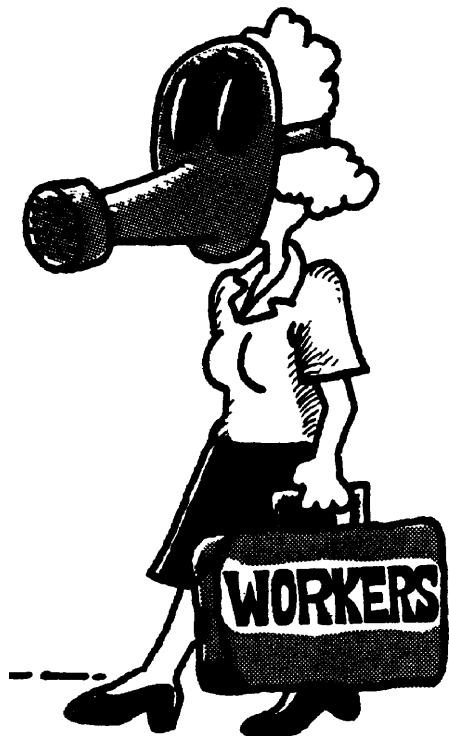
nant patients of the Motherisk Clinic, who were exposed to organic solvents in the workplace for at least the first trimester of pregnancy. These women were compared to a non-exposed control group of the same size. The controls were matched for age, number of previous pregnancies, smoking and drinking status. The women were followed by the Clinic through their pregnancy and after the birth of the baby.

Included in the group of women studied were factory workers, laboratory technicians, professional artists and graphic designers, print industry workers, chemists, painters, and office workers working in the presence of chemicals who reported symptoms of exposure. They were exposed to aliphatic and aromatic hydrocarbons, phenols, trichloroethylene, xylene, vinyl chloride, acetone and related compounds.

Concern for the reproductive effects of organic solvents has emerged because of the various health risks identified in the literature, for adult workers exposed to solvents. Solvents can cause contact dermatitis and upper and lower respiratory airway irritation. Large exposures to some solvents can cause pulmonary edema, acute

tubular necrosis, and renal failure.

Chemical hepatitis has been reported in chronically exposed adults. Studies have shown that chlorinated solvents such as trichloroethylene cause a variety of cancers. These include cancer of the pancreas, liver, and bones, lymphatic tissues, and uterine cervix. Solvents have also been reported to cause leukemia, kidney and breast cancer.



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Solvents

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These toxic substances may be inhaled or absorbed through the skin. Inhalation risks increase with physical activity and during pregnancy when more blood flows to the lungs. Once solvents are absorbed, they are widely distributed throughout the body and concentrate in lipid-rich tissues. Most solvents can cross the placenta barrier and pose a prenatal threat to the baby, as well as after birth, through breast milk.

Researchers involved in the Sick Kids Hospital study, found the occurrence of 13 major malformations among the fetuses of the exposed group and one in the control group. Some of the defects were congenital deafness, a tethered umbilical cord, congenital kidney disorder, heart defects, and club-foot requiring surgery. Also, most of the fetal malformations occurred among women who had symptoms associated with their

exposure to organic solvents -- irritation of the eyes or respiratory system, breathing difficulties and headaches. There were no malformations among the women exposed to organic solvents who did not have symptoms.

More of the exposed women also had previous miscarriages while working with the solvents than the control group.

The authors of the study concluded, "Although more prospective studies are needed to confirm the present results, it is prudent to minimize women's exposure to organic solvents during pregnancy. Moreover, symptomatic exposure appears to confer an unacceptable level of fetal exposure and should be avoided by appropriate protection and ventilation."

As research into hazards associated with solvents continues, emerging science is considering more than the link to obvious phys-

ical malformations. Scientists are exploring a connection between solvents and subtler, but equally serious negative reproductive outcomes such as neurodevelopmental deficits that may lead to delayed learning, learning disabilities and impaired neuromuscular activity in the baby.

Number of Health Professionals per capita drops

According to a new report released by the Canadian Institute for Health Information (CIHI), there are fewer health professionals per capita in 1997 than in 1988. While the number of health professionals grew over the 10-year period, it did not keep pace with population growth. Ontario saw a 7.6% decrease in the number of health professionals per 10,000 population.

Across Canada, the greatest decreases were seen in medical laboratory technologists (20%) and licensed practical nurses (17.1%). Some occupational groups experienced increases over the same period: rehabilitation services (52.6%) and psychological and social services (22%). More details are available at the CIHI website (www.cihi.ca).

Bill 136 Cases Continue

Some Division units continue to be involved in Bill 136 applications and representation votes. They include:

- Hamilton Health Science Corporation
- Niagara Health System (includes former Greater Niagara General Hospital and Welland County General Hospital units)

In addition, the transfer of governance of provincial psychiatric hospitals is anticipated to begin soon. This is expected to trigger Bill 136 applications. Division members at the following hospitals may be affected if that happens:

- St. Joseph's Hospital (Hamilton)
- St. Mary's of the Lake Hospital (Kingston)
- Royal Ottawa Hospital

New locals in the Hospital Health Care Professionals Division

*Chris Luscombe-Mills
- Secretary -
OPSEU Local 466*

There are a number of new Locals in this Division. Some are due to hospital restructuring and some are due to the AAHP:O/OPSEU merger in November 1999. Nineteen of the new OPSEU locals were former AAHP:O bargaining units.

Converting the AAHP:O bargaining units to OPSEU Locals has been challenging for the individual executives. There are many differences in how the Locals are to be structured and run, including new financial responsibilities, different paper work and more of it, and a larger executive. OPSEU is such a large organization and learning where to go for what and how things get done, is all new and can be daunting.

OPSEU has resources and benefits that have not been available to the former AAHP:O members before the merger. For one, OPSEU has the large membership to be a strong political presence and be the Voice for Health Care in Ontario. There are many opportunities for labour related education and training. The organization has an extensive library of

every type of labour related information. It takes a while to know how and where to locate all the different services. Catherine Bowman is the Co-ordinator for Health Care based at OPSEU head office, and she is very willing to answer questions and help us know where to locate services or information.

For those of you feeling swamped by all the changes- hang in there. Everyone is encouraged to get to know all the new stuff. Your Locals and Executive need the support and participation of all the members - get involved in any way you can.

A transition team was formed related to the AAHP:O/OPSEU merger. I am the representative for the former AAHP:O Hospital based members. We have met by telephone conference twice to review the progress and everything seems to be going quite smoothly.

Most people who knew Maureen Fraser from the Kingston office will have no doubt heard that she has moved on to new challenges. She is missed and we wish her well.

Central Provisions Document Ready

The central provisions document is being signed on June 7 by representatives from the Ontario Hospital Association (OHA) and OPSEU. It will then be posted on the website and distributed to Local Presidents and/or the next highest ranking officer in bargaining units. Central salary scales have already been signed off and distributed and they will be available on the website too. The printing of the collective agreements will be done once the outcome of local provisions bargaining is known.



Shrinking OHIP-funded physiotherapy services

*Karen Parsons – 1st Alternate -
OPSEU Local 483*

Fully OHIP-funded outpatient physiotherapy services are rapidly shrinking across the province. There is a definite shift towards private-based physiotherapy. OHIP-funded outpatient physiotherapy is disappearing as departments are closed or amalgamated. In some communities, waiting lists are growing exponentially and staff are struggling to make fair decisions about who will receive service and how to equitably distribute a scarce resource. There is no clear action provincially to increase funding to allow for increased staffing.

A 1999 survey of hospitals by the Ontario Physiotherapy Association revealed that 32 hospitals have decreased out-patient physiotherapy staffing since 1995. "At least 12 public hospitals have restricted access to their rehab clinics to that hospital's own post-surgical patients. Other hospitals restrict access to patients of doctors on the hospital's staff. As such, these hospitals have ceased to provide rehabilitation care to the community." (source: OPA – fact sheet for MPP breakfast)

Some centres are unable to offer service to people with long-standing conditions, or are only able to offer limited service (i.e. you may wait for 8 months to see a Physio for 4 visits, regardless of the

length of time required to optimally treat your condition).

If you are a service provider or service user (or know someone who uses physiotherapy services), I would urge you to become involved locally and politically. Let your elected representatives know that you value and demand equal access to fully OHIP-funded outpatient physiotherapy services. Write to your local MPP, Premier Mike Harris and the Honourable Elizabeth Witmer (Minister of Health and Long Term Care). Talk to others in your community. We have to make the public and politi-

cians aware of this issue. If we stay silent, these services may gradually disappear.

I would be interested in hearing from other members with reports of what has happened to out-patient physiotherapy services in their communities. Please write to me at:

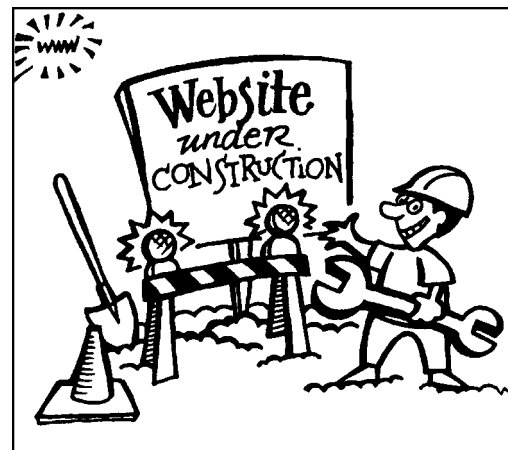
**Karen Parsons
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Check out the new Division Website

The Hospital Health Care Professionals Division is now part of the OPSEU website. To view it, click on the BPS button on the home page and scroll down to the list of Divisions under the Health Care Divisional Council. You can also find information about the other 4 health care Divisions and the new Health Care Divisional Council.

This is a work-in-progress. Plans are underway already to add more information about the various classifications in the Division and about the central bargaining process. We will also use the website to

post Newsletters and other relevant information for members. If you have any ideas about how the site might be improved to better meet your needs, send in a suggestion on the "Contact Us" page.



DIVISION EXECUTIVE COMMITTEE

NAME	POSITION	LOCAL	EMPLOYER
Patty Rout *	Chair	348	Lakeridge Health Corp.
Mary Sue Smith	Vice-Chair	464	The Ottawa Hospital
Chris Luscombe-Mills	Secretary	466	Perth & Smiths Falls District Hospital
Pat McNamara	Treasurer	550	Toronto East General & Princess Margaret Hospitals
Jim O'Leary *	Head of Education & Membership Comm.	106	London Health Sciences Centre
Frank Pezzutto	Head of Health & Safety Comm.	662	North Bay General Hospital
Janice Hibi	Head of Job Security Comm.	659	St. Joseph's Health Centre (Sudbury)
Pat Collyer *	Head of Public Policy Comm.	575	The Scarborough Hospital
Aimee Axler	Chair of Central Negotiating Team	444	Kingston General Hospital
Karen Parsons	1st Alternate	483	St. Mary's of the Lake Hospital (Kingston)

* MEDLINE editorial team

Questions or comments can be directed to the Division Executive through the OPSEU website (click on BPS, then Health Care Divisional Council, then the Hospital Health Care Professionals Division, then "Contact Us").

Authorized for distribution:



Leah Casselman, President