



Gains achieved on central issues: This time - a deal at the table

The HPD central bargaining team announced May 2 that a tentative settlement has been reached on the HPD Central Language. After twelve days of bargaining and three days of intensive mediation, our team arrived at a deal that they could unanimously recommend for ratification.

It is the first time since February 2000 that central issues have been resolved at the table without going to arbitration.

HPD central negotiators report a huge attitude change on the part of the hospitals and an increased

respect for both our work and the positions we take at the table, over the past two rounds.

There are many important improvements on our issues and we were successful in forcing the hospitals to withdraw concessions they were seeking in the areas of notice of layoff, benefits, percentage in lieu of benefits for part-time employees, and call-back and stand-by premiums.

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June 3 rally against private (P3) hospitals in Toronto

The Ontario Federation of Labour is organizing a giant rally at Queen's Park to draw attention to the McGuinty government's P3 agenda.

Infrastructure minister David Caplan is correct when he says that Ontario's infrastructure deficit could be as much as \$100 billion. However, his prescription for addressing that deficit could put billions in the hands of private corporations and create a legacy of unnecessary debt for the next generation.



And when money gets tight, the first place to cut costs is usually through layoffs and job cuts. That's why health care workers are so fearful of Caplan's plans.

Last fall Caplan announced 28 hospital projects using what he calls "alternate financing and procurement," or "AFPs." Most of us know this arrangement by another name: a "public-private partnership, or a "P3."

P3s not just for hospitals

P3s have been creeping into Ontario for some time, often below the public radar. And they aren't just for hospitals and highways, like the 407. Recently announced

Continued over

OFL organizes P3 Rally in June

P3s include new court houses in Waterloo and Oshawa, a \$700 million light rail project in Ottawa, a new arts center for Orleans. These projects are being initiated by all levels of government as the private sector lobby grows.

This represents a remarkable turnaround by the McGuinty Liberal government, who campaigned against using P3 financing, recognizing three years ago that these projects cost more and deliver less.

In 2003, McGuinty not only attacked the Tories for developing two new hospitals this way, but vowed he would bring these hospitals back into the public sector. “We believe in public ownership and public financing,” he said at the time.

Private hospital deal expected to cost \$300 million more

Only a year after these remarks, McGuinty signed the two private deals the Tories set up for the William Osler and Royal Ottawa Hospitals. The government has been fighting in the courts since to keep these deals out of the sight of the public.

Dalton McGuinty has a good reason to – government is not contesting the \$300 million estimate in added costs advocates say the public will be paying for the Osler deal. That’s \$300 million more than it would cost to use public financing of the building.

With 28 hospital projects announced in the fall, and the new Woodstock General Hospital announced recently, the extra costs of these projects could be crippling to future government finances.

Layoffs, job cuts and scandals

The truth is coming out. In Nova Scotia, a pro-privatization Tory government had to cancel a P3 school construction program amid cost overruns,

scandals and lack of public control. In Hamilton the city had to take back its water service after poor performance by several P3 consortiums.

In Britain, an average of 30 per cent of staff at P3 hospitals was cut to balance the budgets.

And we all know about how much control the government had over the skyrocketing costs of P3 Highway 407 – none. It’s no wonder David Caplan prefers to call these projects AFPs, and not by their real name.

We can fight back!



The course of events is beginning to change. The P3 Union Station deal in Toronto recently collapsed after the private consortium was unable to meet the terms set out by City Hall. Many communities are taking back their water services after poor performance by large international water companies. We cannot stop now.

The Ontario Federation of Labour is organizing a 1 pm rally on June 3rd at Queen’s Park to draw attention to the McGuinty government’s P3 agenda. Together we can make a difference!

OPSEU is organizing buses to bring members from nearby regions to the rally. Watch for details soon on the OPSEU web site.

Central issues

(continued from page 1)

Your central HPD team made improvements on wages, benefits, job security, premium payments, and a number of other key issues that will positively affect HPD members.

Key details of the tentative agreement include:

- Improved labour stability from a proposed three year term (running from April 1, 2006 to March 31, 2009)
- Improvements to job security language and other non-monetary issues

Both parties have agreed to ratification no later than May 25, 2006.

"We have accomplished many important improvements. We hope that this settlement will set a foundation for an improved working relationship as we face the challenges ahead," said Yves Shank, chair of the OPSEU central negotiating team.

This proposed settlement covers 43 participating hospitals covering approximately 6,500 employees.

Wage increases

Effective April 1, 2006 - 3%

Effective April 1, 2007 - 3%

Effective April 1, 2008 - 3.25%

Benefits

Benefits improvements were achieved in the areas of vision care, dental, and coverage for part-time workers and workers over the age of 65.

Participating members will vote on ratification of the deal in May. Details of the improvements to our contract if the settlement is ratified are

Collective bargaining



available on the web site at:
www.hospitalprofessionals.org .

Please see our collective bargaining web page and view issue 3, of our bulletin, *Hospital Professionals at the Table*.

Note from the Central Team Chair

As we all study the Settlement and prepare to cast our votes at our various ratification meetings, I wish to thank the members of

your Central Bargaining Team for the work done on your behalf. The division had set some very hefty goals. We were given a series of tight timelines and compressed negotiation dates, which meant that this team would have to jell quickly.

We were faced with an OHA team that was as determined as we were, and wanted resolutions for their issues, which led to a few unexpected impasses to be overcome. We were faced with three days of mediation which went late into the night, and faced decisions that were not as easy as some in the past two rounds.

This team worked hard. We listened, argued and discussed the issues while respecting every opinion. The debates were often heated and interesting, but that is what we call negotiations. We bring you this Settlement and believe it to be a good settlement for our members. We hope you agree, but only time will tell.

I take this opportunity to thank the team members for their support of me as chair. I have realized over these past three rounds that the reason the HPD is strong is from the quality of its leaders at the local level.

We thank you for your support and cooperation.

Yves Shank, Chair

Planning for a pandemic

By Brendan Kilcline

Planning for disaster and adversity is important. It is particularly important when the event causing the disaster is both predictable and inevitable. Hurricane Katrina was an example of what can happen when there is no proper disaster plan. Katrina was no surprise. It was a predictable and inevitable event. There were even a few days warning that “*this* storm” was going to be “*the* storm.” Still the richest and most powerful country in the world stood in a state of paralysis as it unfolded.

The H5N1 strain of Avian Influenza (Bird Flu) that is getting all the headlines of late has many of the characteristics of a virus that *could* (but not necessarily will) become the next Pandemic Influenza. It is a prime suspect and is being watched very carefully.

It has highlighted two important issues. The first is that a Pandemic Influenza is an inevitable event. The second is that the world is under-prepared for this inevitable event. It has also caught the attention of the public policymakers who wisely do not wish to be caught unprepared, as happened with Katrina. The importance of planning has grown with the complexity of our society. Just-in-time delivery of just about everything is now the norm from auto manufacturers to grocery stores. Even hospitals carry as little inventory as possible. What happens if 30 per cent of the truck drivers get sick?

Planning is under way

Fortunately, planning for a pandemic is underway at national, provincial and local levels, and that is a good thing. But despite the fact that, during a pandemic, health care workers will be on the front line, the focus of much of the planning to date has not focused adequately on protecting the front line. In health care, planning is largely focusing on how to keep the system functioning given the possibility that 30 per cent of health care workers may be ill themselves – committees are addressing issues such as supplies, availability of beds and equipment, laboratory testing, stockpiling of vaccines and antivirals, labour supplies, but ironically, planners at the Ministry of Health and

Long Term Care have resisted inserting occupational health and safety content into the planning process. OPSEU, working closely with ONA, is at many of these planning committees trying to make sure that the frontline healthcare workers are given proper consideration particularly when it comes to the health and safety of workers. We are not yet satisfied that our concerns have been addressed appropriately.

One of our more serious concerns is the presumption that surgical masks, not respirators, will be sufficient protection *even for high risk procedures that generate aerosols such as intubation*. There appear to be two distinct camps when it comes to respiratory protection.

The traditional infection control camp generally takes an approach that they call “evidence based.” When it is proven conclusively that there is significant transmission of an agent by the airborne route, then respirators such as N95s should be considered for those at risk of exposure. Traditional infection control practitioners are firm believers in the three-foot (1m) rule which says that the big nasty infectious influenza droplets cannot remain airborne farther than three feet after being expelled by a cough or sneeze and the little droplets that can remain airborne don’t matter. Therefore, there is no need to supply workers with anything more protective than surgical masks to protect them from these large droplets. There is a substantial body of evidence to dispute the ‘3-foot rule’ but many infection control practitioners appear to be willing to dismiss it.

Precautionary approach is best

The other camp out there is that of the Industrial Hygienists. These practitioners believe that it is more than possible that influenza can be transmitted through the air, and consequently those at risk of exposure should be provided with respirators to protect them. This philosophy, unlike an ‘evidence-based approach,’ does not require healthcare workers to prove harm with their bodies. This approach is consistent with the “Precautionary



See Health and Safety: over

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Principle” which requires precautionary measures to be taken when there is a threat to human health, even if some cause-and-effect relationships are not fully established scientifically.

Manufacturers of masks and respirators (N95) are quite clear on their products’ capabilities. Masks protect the patient from you. Only properly fit-tested respirators can protect you from aerosols. A mask is not a respirator.



OPSEU wants the Ontario Health Pandemic Influenza Plan (OHPPI) to include a Respiratory Protection Appendix that is based on the “Precautionary Principle” and clearly reference the appropriate

requirements of the Occupational Health and Safety Act throughout.

Bill 56: Emergency Measures or Draconian Powers?

By Brendan Kilcline

“Emergency orders will not work if they leave workers deep concern for their personal health and safety. The deepest concern of workers in an infectious outbreak is not their own safety but the safety of their families and those they may infect if not properly protected. Emergency orders that do not meet these concerns cannot be enforced.”- Justice Archie Campbell (SARS Commission)

While we were busy with LHINS, needlesticks, bargaining, workplace violence etc, the McGuinty government introduced *Bill 56- Emergency Management Statute Law Amendment Act, 2006*. It has already had second reading. This Bill gives the government extraordinary powers during a declared provincial emergency, powers that have huge implications for Hospital Professionals. It defines our work as “Necessary Services” and gives the Premier power of: *“The procurement of necessary goods, services and resources, the distribution, availability and use of necessary goods, services and resources and the establishment of centres for their distribution.”*

The Bill gives powers to: *“The authorization of any person, or any person of a class of persons, to render services of a type that that person, or a person of that class, is reasonably qualified to provide”* It overrides collective agreements which have provisions for worker participation in handling emergencies (Article 30).

And it has nasty teeth to intimidate workers: *Failing to comply with an emergency order or interfering with a person acting under an emergency order are*

offences which carry a fine of up to \$10,000,000 for corporations, \$500,000 for corporate directors and officers and \$100,000 for other persons.”

And this is per day! Imprisonment is also possible. This may severely limit our ability to act to protect and advocate for our rights in an emergency.

Fortunately the Bill does not override the Occupational Health and Safety Act. It does provide a basic “Good Samaritan” clause offering some protection for people conscripted or volunteered into service. It extends WSIB protection for people volunteered into service that are not normally covered (e.g. students).

Extraordinary powers afforded

Some employment protection is offered for people seconded from normal duties, but not enough to offset the power to compel workers in a manner usually reserved for those who voluntarily sign up for military service.

The government says they don’t intend to conscript workers against their will, they don’t mean to strip away collective agreement rights, and they don’t intend to bully unions and their members with threats of fines and imprisonment if they stick up for their basic human rights. If this is so, then why not state so clearly in the Bill?

Workers will be there when needed

One has to ask why the government would need powers to compel workers in emergencies? In all

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LHINs debate moves to the drafting of regulations

The Local Health Integration Networks became law in March, creating a framework that will require the drafting of regulations to make it workable.

The leaders of the four unions campaigning against the LHINs – OPSEU, ONA, CUPE and SEIU -- have met with health minister George Smitherman on several occasions with the goal of achieving a table to discuss human resource issues.

We also must work to protect workers against the widening of the competitive bidding process to LHINs-funded health care providers. The competitive bidding system has made a shambles of home care, with runaway costs and inconsistent services offered from one region to another. Staff shortages brought about by an unstable workplace are leaving some home care agencies no choice but to turn away referrals.

This is the model that health care providers, including hospitals, could easily face under the LHINs.

Some achievements of our campaign so far include:

- formerly, only health service providers could appeal a LHINs integration decision. Now the public has 30 days to respond in writing,
- aboriginal and francophone communities now have their own advisory panel,
- improved language restricting when LHINs meetings could go in-camera,
- public access to service agreements between the LHINs and the health service providers,
- a definition of community, which includes health care workers (but does not specify their agents),
- health service providers are expected to develop human resources adjustment plans,
- the principles of the Canada Health Act have been recognized in the preamble,
- public access to any reports from the CCACs to the government.

Members are encouraged to attend LHIN community consultations in their area so input from front-line workers is included in the action plans that each of the 14 LHINs must submit to the Ministry in the fall.

Draconian powers (continued)

true emergencies, workers have a proud history of rising to the occasion without being compelled by law. Governments in exercising such powers have a less than encouraging history. Workers have reason to be concerned when governments say “Trust us”

We recommend members call their MPPs and tell them these powers are both unnecessary and dangerous. Governments should trust *us*. Workers have reliably demonstrated that trust. We were always there for our communities in the past. We will be there for them in the future.

Deal in Ottawa ratified

The members of Local 464 ratified a new two-year contract at The Ottawa Hospital. More than 2,100 HPD members, who make up OPSEU’s largest bargaining unit, will receive wage increases of 3 per cent retroactive to April 1, 2005, and an additional 3 per cent retroactive to April 1, 2006. Achievements in this round also included improvements to benefits, more flexible working arrangements, and better working conditions for part-time employees. The collective agreement expires March 31, 2007. Details of the deal are at www.opseu464.org

Contract enforcement

Benefit coverage for students under age 25

By *Patty Rout*

Recently we have had a number of members who said their employer has denied them coverage for a dependant who is under 25 and attending school.

Locals in several hospitals such as Thunder Bay and North Bay have had to submit grievances over this issue. Both have been successful.

The centrally negotiated benefit plan says a dependent child means a natural or adopted or step child who is not married or in any other formal union recognized, who is entirely dependent on you for maintenance and support and who is:

1. under 21 years of age
2. under 25 years and attending a college or university full-time and physically or mentally handicapped incapable of self support

Normally the employer will ask for proof they are attending school, but it should not be a problem. Hospitals known to have used this benefit with no problems are Lakeridge Health Corporation and Kingston General.

If your employer is denying you this benefit raise it with the human resource benefit officer, if denied then grieve under Article 20 - Health and welfare benefits.

For more information contact your staff representative or mbeall@opseu.org

Lunch breaks an issue in locals

By *Boris Prus*

The issue of Lunch Breaks appears to be an issue at many locals, particularly as to when does overtime apply. The contract says an employee is entitled to an uninterrupted lunch break but another issue is whether or not an employee can leave the building during their lunch break time. In many instances supervisors have instructed employees they cannot leave the building or area/department and must be available for an emergency or stat event.

In these circumstances the lunch break is not the employee's own unpaid time but additional work time required by the employer. In these situations the employee should put in an overtime claim for one-half hour at time and one-half which results in an extra forty five (45) minutes of paid time.

A Sudbury local has dealt with this issue and their employer has agreed to automatically pay thirty (30) minutes to any employee who cannot leave the building, area or department, or who must carry a beeper.

My local has put the employer on notice that we will be asking for overtime for all members in these situations. It is time to stop working for free.

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
Susan Head	Local 464	Job Security	Ottawa Hospital
Chris Luscombe-Mills	Local 466	Public Policy	Perth & Smiths Falls District Hospital
Yves Shank	Local 659	Chair - Central Team	Sudbury Regional Hospital
Peggy Burke	Local 662	First Alternate	North Bay General Hospital

Authorized by:



**Leah Casselman
President**

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P3s GOOD NEWS

29 new hospital projects have been announced, 11 to proceed this year.

BAD NEWS

Nearly one in three of you may lose your jobs to pay for them.

Ontario hospital workers should be wary of new P3 projects. Nearly one in three hospital workers lost their jobs in the wake of an ambitious British P3 hospital program. P3s — public private partnerships — involve private financing and control of public infrastructure, such as highways, hospitals, transit, and schools. In Britain, workers overlooked the details behind these

deals, anticipating shiny new workplaces. They failed to take notice of the severe cuts in staffing needed to produce profits for these overpriced facilities. In 2002, when most European countries were lowering their tax rates, Britain was forced to raise theirs amid escalating costs resulting from this P3 fiasco.

In opposition, the Ontario Liberals spoke against two Tory-initiated P3

hospitals — the William Osler Hospital in Brampton, and the Royal Ottawa Hospital. Dalton McGuinty said he would bring them back into public hands. Instead he signed private deals on both Tory projects, and announced — to date — 29 MORE hospital P3 projects.



**Record of P3
hospitals in Britain:**

**26% beds cut
30% of staff reduced
38% fewer support staff
14% fewer doctors
11% fewer nurses**

Source: British Medical Journal

For more info, go to www.opseu.org

**It's not too late to act!
ONTARIO FEDERATION OF LABOUR**

RALLY

1 PM

JUNE 3

QUEEN'S PARK

Need a ride to
Toronto for the
rally? OPSEU will be
providing buses
from various
Ontario locations.

