

**Submission on Bill 8  
Commitment to the Future of Medicare Act**

Presented to the  
Standing Committee on Justice and Social Policy

Submitted by  
**Ontario Public Service Employees Union (OPSEU) Local 659**

Presenters: Yves Shank and Jan O'Leary

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We thank you for this opportunity to speak to you today about some of our concerns with Bill 8 in the format introduced by the newly elected Liberal Government last November. We appreciate the ability to discuss this matter in a public forum in the hopes of contributing ideas that will help redefine this Bill into a Commitment for the future of Medicare we can all support and believe.

We represent approximately 314 hospital professionals in the Sudbury Regional Hospital system. We also represent OPSEU Hospital Professionals working in our hospitals in our capacity as executive members of the Hospitals Professionals Division. We are both laboratory technologists. I have proudly worked in the hospital system for over 29 years, and Yves has done the same for 13 years. We have been active proponents supporting public health care for the length of our careers. I have vigorously fought against the privatization of labs, supported by strong evidence that private laboratories cost more.

Today we would like to address two sections of the proposed Bill. We have narrowed our discussion to these items because they could potentially dramatically affect our professions, our workplace, our livelihood, and most importantly, our patients. I would like to point out that most hospital professionals do not refer to the patients as clients or customers: this commercial terminology should be restricted to stores and salesman.

**Part I**

The Ontario Health Quality Council implies a group of people who would oversee the health system in Ontario to ensure quality health service to the people of Ontario. However, Bill 8 enshrines a committee with limited abilities to report on health care in this province. It cannot judge the extent to which the health care system conforms to the principles of the Canada Health Act. It does not have the ability to report on two-tiered health care, or extra billing or user fees. It, by all appearances, will be a funnel for Ministry of Health directives, a statistical reporting group with stats provided by the Minister.

What happened to democracy? How will the appointments to the Council be open and transparent? Will people who could gain financially from the privatization of health systems be excluded? The terms and conditions stated in Bill 8 are vague and without substance. They offer no solace to the reader: if the government is serious about forming a Council that would benefit the people of Ontario and their health care system, they must allow this Council to be representative of the patients, the patient advocates, front-line workers, and professionals, and they must allow this council to do more than just spew statistics. This Council should be empowered to make recommendations that will benefit the patients and the taxpayers. The members of this council must not be able to benefit financially from their participation on this council.

### **Part III**

Part III of the Bill was a difficult section to read due to its shocking content. Our initial impression of this section could not be limited to one word: the terms vague, non-specific, equivocal, dubious, ill-defined and obscure all came to mind.

The most glaring issue is the lack of triggers that would determine when the Minister should direct a person, an agency or an entity into any of these “accountability agreements”. Only the list of “matters to be considered” provides a hint of the governing principles. If we look at Section 20, we see statements like “value for money”, and “reliance on evidence”. Do we assume that the evidence showing value for money will be provided solely by the Ministry of Health?

Section 24 virtually states that all such agreements are at the whim and whimsy of the Minister. One person with all this power: how does this benefit our health care system? What controls would be in place to assure a fair delivery of such a broad reaching power? The agreements could change from day to day, adding to the already chaotic health care system.

Section 27 flies in the face of “trust” as listed in “matters to be considered”: front-line workers in our hospitals or the people of Ontario will not trust a government that considers eroding hard earned benefits and imposes this insult by stating it is mutually agreed upon. This section of Bill 8 implies a direct threat to collective bargaining and democracy. Is this government intent on creating labour unrest and instability in our health care system?

Most hospitals in this province are still reeling from the horrible effects of the Tory agenda. In Sudbury, we dismantled a three hospital system in forced compliance to the Tory directive. We aligned our services to meet the one-site model, and here we sit, five years later, no closer to the final goal of the glorified one site super hospital. Although many of the programs have merged on to individual sites, each site must maintain a full complement of the professional groups to answer the needs of each of the programs. This means we still require for example, the services of the laboratory, diagnostic imaging,

respiratory, pharmacy and dietitians at each site to support the individual programs. Many of the professional groups must run between sites in any given day and work in substandard conditions: for instance, at one site, we work in a lab set up in patient rooms without adequate ventilation, lighting, proper ergonomics, storage or space. We are facing a dangerous Canada wide shortage of laboratory technologists: we are so short of staff in Sudbury that as of this week, we have again downsized the lab at one site to cope. We cover the night shift by sending technologists when needed by cab from site to site to perform work. Our staff is wearing down, and our sick time hours are a testament to our weariness.

In 1993, Canadian Medical Laboratory Technologist training programs, excluding Quebec, enrolled 752 students in 21 programs. By 1998, the number of programs in Canada, excluding Quebec, was reduced to 8, with a total enrolment of 164. The program closures were made in response to the impact of technical advances, health care reform initiatives, budget cutbacks and laboratory consolidations, which resulted in significant reduction of employment opportunities for graduates. A few programs have reopened, however, the anticipated rate of retirement in the baby boom technologist workforce is creating a significant shortage. The number of graduates is currently insufficient to replenish the workforce. The Health care system is bracing for a mass exodus of seasoned employees in 2005, when the offer of the Transitional benefit available to members of the Hospitals of Ontario Pension Plan (HOOPP) expires. This substantial monetary incentive will motivate hospital workers to access the early retirement options available.

In order to keep these seasoned employees within the hospital system, and to attract students into our training programs, our local opted into a central negotiating process to achieve a contract that would meet this goal. The process was a difficult two-year, unprecedented struggle. The arbitrated outcome, although not optimal, will potentially help to slow the exodus, and produce graduates. Bill 8 has the potential to negate all advances made. A reduction in compensation or an erosion of any of our benefits will force the seasoned to leave, and the students to choose programs that allow fair compensation for the dangerous work we perform. Without adequate staffing, programs will be cut. Patients will be affected by reduced access to our diagnostic and therapeutic services. Our health care system will be negatively impacted.

The workers in the Sudbury hospital system have had to adapt to decision changes imposed by administrators and ministry appointees. It is the front-line workers who continued to provide quality care to the best of their ability in spite of dramatic day to day modifications and reductions. We have maintained a professional caring attitude while government promises have fallen short of the community's expectations. Bill 8 implies that front line workers are somehow responsible for the crisis, and must pay up.

We are considered the invisible workers in the hospital system: we are the diagnostic, therapeutic, and rehabilitation workers. Our members took an unprecedented stand last year when the OHA attempted to arbitrarily change the rules of bargaining. We believe our members will view Bill 8 as an intrusive, undemocratic attack. Our ability to achieve

substantial improvements in compensation and working conditions is greatly inhibited by the legislation governing hospitals. The realities of our working conditions came to fruition during the SARS crisis, where we were asked to protect the health of our patients in extreme conditions risking our own health. If this government truly believes that we are the heroes they professed in the media, then we ask that the government treat hospital workers with the respect we deserve.

Our members want stability in the health care system. Our members want fair funding, public funds used in public institutions. Our members want safe workplaces. Our members want fair compensation for fair workload. Part III of Bill 8 must be removed in its entirety if we are to succeed in retaining and recruiting health care professionals of the caliber we have come to expect in Ontario.

The public wants universal portable health care. There is a collection of our senior's memoirs of life before public health insurance called "Life Before Medicare – Canadian Experiences". It depicts the hardships faced by Canadians before the advent of Medicare. This book is a reality check for all those who wish to erode Medicare. We ask that this government carefully consider all actions that could negatively impact the provision of health care benefits in Ontario. We ask that this government uphold its promise to stop the privatization of our health care system. We ask that this government carefully consider the full implications of this Bill.

Thank you for the opportunity to address your committee.