

HPD members rally for health care

Chair's Report

By Patty Rout, Chair HPD Executive

Week of Action Nov. 22-26

All OPSEU hospital professionals must continue to keep a high profile during central bargaining and throughout the fall.

Your central team and the division executive are asking all HPD members, whether participating in central or not, to prepare for a cross-province week of activity to raise the profile of hospital professionals. This will be Nov. 22 - 26, and will culminate in the huge "Keep your promises" rally at Queen's Park Nov. 27 (for details contact your regional office).

Every HPD local in the province will be encouraged to be active on that week. The focus will be on raising the



OPSEU members and allies demonstrate against two-tier health care in Ottawa

profile, to deliver a clear and unified message that shortages are still a problem, layoffs and cuts are coming, and that deficits should not be dealt with on the backs of our members.

It is also to show support for the team in its efforts to achieve your demands at the table.

Premiers' Conferences

Through the summer and into the fall your OPSEU Health Council members rallied at both the Ottawa and Niagara Premiers' Health conferences. We were successful in drawing the media and first ministers' attention to health care and the needs of the people of Canada.

We asked the first ministers to put more money into health

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Central bargaining report

By Yves Shank, Local 659 Central Team Chair

OPSEU and the OHA are now in central negotiations for a new contract. Your central team met with the OHA team the weeks of Aug. 16-20, Sept. 13-15, and Oct. 18-22.

This round, your team tabled 100 demands, while the OHA tabled 16 demands. We are also dealing with 40 housekeeping issues proposed by the OHA meant to correct errors in our

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Benchmarking and core services equals layoffs and privatization

Marisa Forsyth Local 143, Communications

Do the words “benchmark” and “core services” send shivers down your spine? If they don’t they soon will.

Across the province hospitals are cutting programs and laying off staff due to an exercise called “benchmarking.” This is one of the ways they say they are trying to balance their budgets. The other is to cut any program or service that is not considered to be a “core hospital service.” This includes any outpatient service that may be available in your community. It’s all about privatization.

Benchmarking is when your hospital is compared to the top 25 hospitals across the province by department in terms of cost per unit, cost per weighted case or drug budgets or staffing budgets etc. If your hospital is in the top 25 you are probably being used as a comparator for someone else. If your hospital does not meet this benchmark, the managers of those departments are to call the various hospitals to see what type of services they provide, how many sites they serve, how many staff they have, how many patients they serve and so on.

No one takes regional requirements into account. For example, here in Windsor, incidents of respiratory problems, such as asthma, are very high. Yet we

have laid off four full time respiratory therapists including one member who was assigned to the Emergency Room to deal with Asthma cases. This was due to the fact that we had too many respiratory therapists in comparison to some other hospitals. We also lost recreation therapists, social workers, speech language pathologists, occupational therapists and chaplains to cuts.

Layoffs create insecurity

Privatization is not new for us. Hospitals are cutting programs that are “available in the community,” since they say the Ministry does not fund any outpatient programs. Many of our professionals who were previously secure are now facing layoff notices and financial uncertainties.

In our case, we have had a preschool remedial speech program for years. Our hospital had seven full time and three part time pathologists on staff. In November, we will have three full time staff left for the entire corporation, including acute care, complex continuing care and a rehabilitation unit. The employer would not agree to negotiate a human resource agreement for this group. Instead it chose to return the money to the Children’s Ministry, who

then put out a Request for Proposals to private community agencies. Our sisters were not even guaranteed a job with the new agency! Last week their jobs were posted in the local paper as “contract” jobs and the pay is much less than it was at the hospital.

There are many more stories out there. What can we do? Let the public know they will now have to pay for services once provided by the hospital. Patients lucky enough to have a good benefit plan may have coverage. Those that need these services the most will suffer the most. Contact your MPP and the media. Let them know this is not right.

Raise the profile

These cuts are usually made with little notice going to the public. Raise the profile of the folks in your local. Contact Barb Linds at Head office (blinds@opseu.org). She can send you the fantastic posters that were developed for the Hospital Professionals. Give your MPP a set. Hang them in the waiting rooms and bulletin boards. We must continue to fight to stop the quiet stripping away of our jobs, our future and our health care.

Formaldehyde now classified as carcinogenic to humans

Frank Pezzutto, Local 662 Health and Safety Chair

New findings indicate that formaldehyde is carcinogenic to humans.

Twenty-six scientists from 10 countries evaluated the available evidence on the carcinogenicity of formaldehyde a chemical used in several of the hospital professions including embalmers, pathologists and lab technologists

Previous evaluations concluded that formaldehyde was

probably carcinogenic to humans, but new information has increased the weight of the evidence.

The working group found there is now enough evidence that formaldehyde causes nasopharyngeal cancer in humans, a rare cancer in developed countries. It also found limited evidence for cancer of the nasal cavity and paranasal sinuses and “strong but not sufficient evi-

dence” for leukaemia. The finding for leukaemia reflects the epidemiologists’ finding of strong evidence in human studies coupled with an inability to identify a mechanism for induction of leukaemia, based on the data available at this time.

Formaldehyde is used as a disinfectant and preservative

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Attendance support programs need updating

Jan O’Leary, Local 659 Job Security

Although most hospitals have brought in attendance “support programs,” most are not updating their programs as arbitration awards or legal opinions are published. Some hospitals are very aggressive with their programs, and are using them to intimidate and bully staff. Use arbitration awards to defend your members. Ensure your local advises your members to bring a union representative to attendance support meetings.

Some hospitals include a waiver to union representation in the paperwork presented in the meetings. Members should not sign anything without consulting their union representative. The members should understand the serious implications of proceed-

ing through these programs, and the vital role of the union in protecting their jobs.

Here’s a summary of some of the guidelines taken from the awards or opinions:

1. There must be no conflict with the collective agreement,
2. The program must be administrative, not disciplinary in nature,
3. The policy should distinguish between culpable and non-culpable absences (the program should not simply count the number of occurrences of absence without making provision for an assessment of an employee’s individual circumstances, or for the reasons for the absences).
4. The policy should not contain “automatic” responses



HPD Poster campaign: Social Worker

that ignore individual circumstances (such as mandatory statements to an employee that he/she significantly improve attendance at work even if they have provided a clear explanation for a finite period of absence).

5 Although innocent absenteeism may become so frequent or excessive that it undermines the employment relationship, an employer is not permitted to respond with disciplinary sanc-

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Tell them what we need Chair's Report from page 1

care; we asked for funding accountability in the agreement between the provinces and the federal government; we asked for a national pharmacare program; and we asked them to address the human resource shortages.

The ministers announced sustainable funding where federal support will increase when costs go up, more funds for aboriginal services, and a first step to improve homecare were announced with dollars for designated catastrophic drugs.

The ministers ignored the privatization issue, however. Already a stronger private system is emerging in Quebec, as doctors create private for profit emergency clinics. About 60 doctors in Quebec have withdrawn from the Canadian system and are directly paid by the user. If you can't pay you go to emergency. In Ontario doctors cannot do this.

The premiers did not resolve the soaring cost of drugs, which is bankrupting our hospitals. By using generic drugs in 2000 with a savings of 1.6 per cent we would have saved the system one hundred million dollars! Imagine how many more health professionals they could have paid for with this savings.

Tell them what we need

What do we need to tell our premiers and MPPs?

- We need a public, transparent and accountable tracking of the dollars delivered to health in Canada.

- We need a national home care program and a national pharmacare program - a single purchaser for drugs has more clout and can significantly drop costs of drugs in Canada.

- We need a publicly administered and delivered health care system. A single tiered public system is the cornerstone of our Canadian Universal Medicare.



HPD Poster campaign: Audiologist

We as health care workers have some solutions to finding money in the health system.

1. What we need as workers from this government is to **address the shortages**. We have the dollars now to eliminate the waiting lists by creating more full time jobs.

Overtime, old equipment and stress are costing needless

dollars from the health system.

To attract people into our professions we need stability not the needless stress of casual and part-time work, layoffs and safety issues.

We are here to look after patients not to worry about the money!

2. **We need a safer workplace.** Health care workplace injuries have cost our government more money than any other form of workplace injury. We can save money now by injecting dollars into making safer workplaces, which in turn will drop the costs of WSIB and LTD.

Some health care workers such as ambulance staff are already using safety-engineered devices. Why aren't all health care workers treated with the same safety protections?

3. **Spend health dollars on the patients.** There is an endless pit of dollars being spent on grievances, mediations and arbitrations.

By dealing with problems as they occur, there is an opportunity for huge savings.

When your employer asks you and your members to find efficiencies, and we all know this is coming, show them the three opportunities to save money set out above.

Eliminating more staff is the problem, not the solution!

Attendance support from page 3

tions when sick employees are unable to perform their duties. Should an employer fire an innocent absentee employee, they must show the absenteeism is excessive, that the prognosis for improved attendance is poor, and that the employee was given fair warning that his or her job was in jeopardy.

3. The program must be reasonable and reasonably administered. The program cannot be too mechanical or lack flexibility (ie. ignores the nature of the illness, or stricter towards those who fall ill twice than to those ill only once but for a longer period of time.) The Supreme Court's decisions in the *British Columbia Public Service Employee Relations Commission & Meiorin with the British Columbia Government and Service Employees Union*, and *British Columbia (Superintendent of motor vehicles) & British*

Columbia (Counsel Of Human Rights) 1999 3 S.C.R. ; Supreme Court of Canada say employers must be prepared to adjust standards to accommodate employees with disabilities, unless such accommodations would cause the employer undue hardship. Arbitrators have already found employers who are breaching human rights laws by firing people whose disabilities prevent them from maintaining perfect attendance, unless keeping them on staff creates undue hardship for the employer. (A companion case to *Meiorin* is *Grismer v. British Columbia (1999) – British Columbia (Superintendent of Motor Vehicles) v. British Columbia (Council of Human Rights) [1999] 3 S.C.R. 868; (1999) 181 D.L.R. (4th) 385; Supreme Court of Canada*)

4. The program cannot be too invasive of an employee's

medical privacy. Requiring an employee to report to the employer's chosen physician has been held to be unreasonable - *Reference: The use of Medical Evidence at arbitration An Arbitrator's perspective (Dalton Larson)*: “. . . an employee can be examined by a medical practitioner only if he or she consents, although that consent may often be implicit, or (. . .) mandated by statute. . . (It follows that an employer cannot compel employees to submit to a medical examination against their will.”

“Support for an attendance management program will be strengthened if the employer identifies the main workplace causes of innocent absenteeism.”

(Reference: Emond Harnden (LLP) *The accommodation of disabled employees- a guide to the legal landscape.*)

Chatham Kent alliance receives health and safety award

The Chatham-Kent Health Alliance (CKHA) has received an award from Becton, Dickinson and Company (BD): The BD Safety Recognition Award recognizes health care institutions that are committed to providing a safer work environment for their staff and patients through the use of BD safety-engineered devices and programs.

Through the implementation of sharps safety devices and programs, CKHA has taken a step forward in the reduction of sharps injuries, which can lead to the transmission of serious diseases such as hepatitis B, hepatitis C and HIV within the institution.

As part of this reward and recognition program, BD provided CKHA with an educa-

tional grant to further advance the efforts to provide a safer work environment for its health care workers.

CKHA is one of 14 health care institutions in Canada to receive this recognition. To establish the program criteria BD compared all hospitals in Canada to determine the national commitment to health care worker safety.

Health and Safety Report

from page 3

(formalin) in many applications. It is used mainly in the production of resins that are used as adhesives and binders for wood products, pulp, paper, fiberglass and home insulation .

Formaldehyde is also used extensively in the production of plastics and coatings, in textile finishing and in the manufacture of industrial chemicals.

Common sources of exposure include vehicle emissions, particle boards and similar building materials, carpets, paints and varnishes, foods and cooking, tobacco smoke, and the use of formaldehyde as a disinfectant.

Short-term exposures to high levels have been reported for embalmers, pathologists and lab technologists. Lower levels have usually been encountered during the manufacture of man-made vitreous fibres, abrasives and rubber and in formaldehyde production industries. A very wide range of exposure levels has been observed in the production of resins and plastic products.

The development of resins that release less formaldehyde and improved ventilation have resulted in decreased exposure levels in many industrial settings in recent decades.

Central team from page 1

Collective Agreement. Because we are dealing with so many issues, we have separated them into five main groups (which we called buckets):

- Bucket 1: Process and Definitions
- Bucket 2: Health and Safety and Working Conditions
- Bucket 3: Job Security
- Bucket 4: Leave issues, Vacation and Health and Welfare
- Bucket 5: Wages, the Grid and Premiums

Progress is slow but positive, as the teams look at all issues thoroughly. We have added Nov. 3-5 as further dates to attempt to achieve a negotiated settlement.

Locals participating in central should keep their local tables open for any issues the central table might send back for local clarification, as was done last round. As well, I remind locals awaiting the award from last round's local arbitration they

should retable all issues still unresolved this round.

I wish to thank the members of the central negotiating team for the great job that they are doing on your behalf. Special thanks to Keith Olimb and Len Fligg for their dedication and hard work with the central team. Keith was initially elected to the team, but due to significant family and personal matters, was forced to resign. Len was our first alternate, and he too had to resign from the team when he accepted a job outside the hospital. Their participation was valued by the remaining members of the team.

Thank you for your support.

The members of your central bargaining team:

Yves Shank, Chair, Local 659
Sudbury Regional Hospital

Robert Reid, Vice Chair
Local 106, London Health Sciences

Boris Prus, Local 141
Huron Perth Healthcare Alliance

Leslie Sanders, Local 348
Lakeridge Health Corporation

Marion Savory, Local 366
Huntsville District Memorial Hospital

Bryan Mitchell, Local 570
Mt Sinai Hospital

Margaret Rafter, Local 620
Sault Area Hospital



**HPD poster campaign -
Phlebotomist**

Highlights of HPD executive meeting

Here are some highlights from the HPD executive meeting Sept. 23-24:

Sister Barbara Linds from OPSEU Campaigns told the executive that the OHA had asked OPSEU to make a presentation on "Raising the Profile of Hospital Professionals." It seems they finally understand the need for communities across the province to understand who we are and what we do.

The executive congratulated Sister Linds on the fantastic posters that have been developed for the HPD. These posters are excellent for raising our profile, and have pictures of members in different classifications explaining their roles in various disease areas. They have been distributed across the province. If you do not have a set or wish to have more, please e-mail blinds@opseu.org or call head office and Barb will be happy to send you a set or two. Individual photos from these posters can be seen in the pages of this Medline.

Post them in the community

Post them in waiting rooms, cafeterias and wherever you can! Take a set to your MPP and ask them to take a minute to listen to your concerns.

Thanks again to Sister Linds for all her hard work in assisting us to raise our profile!

We discussed mobilizing, not only to support bargaining but also on the Local Health Integration Networks (LHIN). We

agreed Feb. 13 would be a hard act to follow but we are being hit hard and we will need everyone to fight back.

A great collective agreement is of no use if it is not enforced. An enforcement committee was formed, and will be putting together some arbitration issues and news to keep you informed



HPD poster campaign Pharmacists

and to give you the tools to fight with.

Health and Safety

The Terms of Reference for the Joint Central Committee for Health and Safety are completed. Check your e-mail or the OPSEU web site for the health and safety survey from Brother Frank Pezzutto. Please take the time to fill this out and help us to bring your issues forward.

Some hospitals have recently been audited by the Ministry of Labour and have had orders

issued against them under the *Occupational Health and Safety Act* on the use of safety engineered medical devices. All hospitals were to be audited by the end of June. The Ministry of Health said it would work with the Ministry of Labour to help prevent needle stick injuries and enhance the use of the safety devices.

Just a reminder that HPD dues are now late, but are still being accepted. Please send in your dues as soon as possible. The dues are \$2 per member per year to be paid each January.

Major award in Ottawa

Under the Burkett Award, Oct. 14, Local 464 members at The Ottawa Hospital received retroactive wage increases of between seven and 17 per cent over the three years of a deal expiring March 31, 2005.

The award affects more than 2,000 professionals at TOH (including new OPSEU members from the former Ottawa Regional Cancer Care Centre).

"This is a major step forward for our members. It will mean we are covered under a current collective agreement and are the highest paid hospital professionals in our region," said Tami MacDonald, chair of the Local 464 bargaining team.

OPSEU members also made gains in such areas as shift premiums, benefit coverage, and vacation entitlement.

Pension Report - demands for HOOPP members

By Frank Pezzutto, HPD Executive

At the last demand set meeting, two of the demands pertained to pensions:

1. Including all earnings in the calculation of pension benefits; and

2. Instituting a Factor 80. Calculation of Annual Earnings

The members directed that the OPSEU HOOPP trustees negotiate and insure inclusion of all monies earned annually in the HOOPP calculation of annual earnings for calculation of pension benefits. However, to be included in the annual earnings figure, contributions to the pension plan would have to be paid. Currently, paid pensionable earnings **include** the following:

- Basic wage;
- Lump sum payments;
- Severance pay and payments made in lieu of termination notice if paid through salary continuance;
- Retroactive pay (except when you are no longer

employed by an employer that contributes to HOOPP); and

- Vacation pay given before, during or after a vacation.

And paid pensionable earnings **exclude** the following:

- Overtime;
- Shift premium;
- Sick leave;
- Payment in lieu of vacation; and
- Payment in lieu of benefits.

OPSEU staff member Marcia Gillespie is one of two OPSEU appointed HOOPP trustees. She is also on HOOPP's Plan Committee. This committee does the first review of potential benefit changes which then are decided upon by the full HOOPP Board of Trustees. She says that HOOPP is concerned about providing the best pension possible for its members and she would pursue the underlying concern that pensions be as valuable as possible. However, she cautioned

that paying pension premiums on all earnings needs to be studied to be sure that it achieves this goal. For instance, since the pension benefit is calculated based on the highest five years of earnings (which for most people is their final five years of earnings) then it may not be advantageous to make pension contributions on overtime earnings if people work a lot of overtime when they are younger and much less as they near retirement.

Factor 80

Sister Gillespie says that it is a costly benefit to provide. In the current climate of shrinking surpluses and impending deficits, it is unlikely that a new provision like Factor 80 could be introduced.

Authorized by:



Leah Casselman, President

Hospital Professionals Division Executive

Chair	Patty Rout	Local 348	Lakeridge Health Corporation, Oshawa
Vice-Chair	Mary Sue Smith	Local 464	The Ottawa Hospital
Secretary	Christine Luscombe-Mills	Local 466	Perth & Smith Falls District Hospital
Treasurer	Pat McNamara	Local 566	Toronto East General Hospital
Education, Membership	Marisa Forsyth	Local 143	Windsor Regional Hospital
Health & Safety	Frank Pezzutto	Local 662	North Bay General Hospital
Job Security	Jan O'Leary	Local 659	Sudbury Regional Hospital
Public Policy	Bryan Mitchell	Local 570	Mount Sinai Hospital
Chair - Central Team	Yves Shank	Local 659	Sudbury Regional Hospital
First Alternate	Yves Shank	Local 659	Sudbury Regional Hospital

