



## Understaffing issues to the forefront across all health care sectors: OFL

### More health care workers needed to address understaffing crisis

OPSEU and the Ontario Federation of Labour want the McGuinty government to hire more health care workers to address the understaffing crisis in the system.

OPSEU and the OFL presented more than 15,000 postcards to NDP health critic Shelley Martel at a Jan. 19 press conference at Queen’s Park. The postcards call on the government to:

- provide more front-line staffing in every part of the health care system;
- keep health care delivery in public hands;
- provide democratic control of the Local Health Integration Networks.



OPSEU and the OFL call on the McGuinty government to hire more health care workers across the province. L – R: Cathy Carroll (SEIU Local 1.0n), Patty Rout (Chair of HPD), Terry Downey (OFL), Nancy Pridham (OPSEU), Shelley Martel (NDP Caucus), Lawrence Walter (ONA), and Fred Hahn (CUPE).

## OPSEU faces challenges ahead with McGuinty’s health care agenda

OPSEU has a full agenda of health care concerns this coming year, including:

- Using Justice Campbell’s final SARS report to lobby for needed changes in the way Ontario responds to health care emergencies — especially workers’ health and safety;
- Pushing for member interests as the McGuinty government moves on a 10-year strategic plan for health care;
- Meeting with LHINs regarding labour issues and to reduce the impact of impending integrations;
- Opposing the province’s plan for more than 30 privatized hospitals;
- Working with the Ontario Health Coalition to retain health services at small rural hospitals;
- Protecting members amid lab amalgamations.

# You can now work after age 65 – if you wish

*By Patty Rout*

Bill 211 is an amendment to the Human Rights Code and became law Dec. 12, 2006.

For unionized workers with a collective agreement, the rules apply as well. All collective agreements must comply with the law.

Things you should consider when planning to work past 65:

- Members can continue working and contributing to their HOOPP plan until they are 69. There is no cap to the number of years you can accumulate but in your 70<sup>th</sup> year you must start collecting your pension plan. It does not mean you cannot work, but the maximum you can accrue credits for is age 69, the same as CPP. Some people terminate, start their pension, then return to work. The legislation does not allow a member to collect a pension and then contribute and build credit in the same pension plan at the same time. If the collective agreement required participation in the pension plan, the employer would deduct the HOOPP contributions as per the collective agreement and then HOOPP would refund the amount at the end of the year.
- WSIB entitlements have not changed. Workers who are injured after their 63<sup>rd</sup> birthday will be entitled to receive up to two years of Loss of Earnings Benefits. Employers are also not obligated to bring back injured workers age 65 or older after they recover from a workplace injury.
- CPP, Old Age Security, and Guaranteed Income Supplement are federal programs and unaffected by the age change.
- Employment Insurance is not affected. You continue to pay premiums if you work past 65 and are eligible to collect unemployment, sickness, parental or compassionate leave benefits.
- Individuals 65 and over could be eligible for government benefits such as Ontario Drug Benefit Plan. Not all drugs are covered by this plan. If you are a senior single making more than \$16,018 a

year or if you are a senior couple with a combined income of more than \$24,175 a year you will pay your first \$100 deductible in prescription costs yearly. After that you pay a \$6.11 ODB dispensing fee for each prescription filled within the year.

- The province covers the full cost of annual eye exams for those over 65. You would be able to apply other eligible eye costs to your workplace plan.
- Seniors now receive physiotherapy at no cost through hospitals, long-term care, home care and CCACs. Workers covered by the central language can still pay a physiotherapist of their choice and their benefit plan will pay up to \$300 dollars per year.
- Hearing aids are partially covered by the Assistive Devices Program (ADP) and the balance (for workers covered by the central language) can be

**An employer can no longer force you to retire at 65, except for bona fide occupational reasons.**

submitted to the workplace benefit plan.

- Long-term disability coverage ends at age 65. Life insurance ends at age 65 unless you have negotiated something different. Members should have the ability to transfer from the group plan to an individual plan before age 65.
- The OPSEU Central HPD agreement negotiated benefits to age 69 this last round. With our workloads it is not likely many of us will choose to work past 65, but now it will be our decision!

For more information visit

[www.ontario.ca/mandatoryretirement](http://www.ontario.ca/mandatoryretirement)  
[www.nupge.ca](http://www.nupge.ca)

# SARS final report: Hospitals dangerous as mines or factories

OPSEU President Leah Casselman welcomed Justice Archie Campbell's final report on Severe Acute Respiratory Syndrome (SARS) which recognized that hospitals and other health care workplaces are as dangerous as mines or factories.

Casselman said the SARS report accurately reflected the concerns of OPSEU members who were among the more than 600 health care workers interviewed by Campbell.

"Justice Campbell listened. The report reflects our concerns. We welcome the recommendations and request the McGuinty government immediately take action," Casselman said.

Specifically, OPSEU praised the report's recommendations that:

The precautionary principle (the principle that health workers should err on the side of caution, in the absence of scientific evidence) should be enshrined in the *Occupational Health and Safety Act* and other relevant legislation.

Building a safety culture is critical to making hospitals safer places. More funding, training and a change of approach are needed.

Optimal staffing levels for teams of occupational health and safety experts are needed.

Communications failures between government and hospitals; and hospitals and workers, must be addressed.

"Workers have to stay healthy to do their jobs and protect the public. Worker health and safety is just as important in a health care workplace as in any other workplace, and this report recognizes this," Casselman said.

"Only the dedication of our health care workers protected Ontarians from a much more terrible SARS epidemic," Casselman said. "This report validates the need for health care workers to be protected on the job so they can do the job of protecting the public. OPSEU pledges to help implement the report and challenges the government to do likewise."

OPSEU, CUPE, ONA and SEIU sent a joint letter to Premier McGuinty Jan. 22 asking the Premier to implement the SARS report recommendations immediately. See [www.opseu.org](http://www.opseu.org) for the full text.

For the report, see: [www.sarscommission.ca/report/index.html](http://www.sarscommission.ca/report/index.html)

## Hospital privatization: scope narrowed but P3s still a threat

By Patty Rout

Ontario Deputy Minister of Health Ron Sapsford has told hospitals the Ministry has adopted a new policy for public private partnerships.

Aside from financing new buildings, the P3 hospitals will now be limited to "hard facility management and life cycle maintenance."

This includes the management of the physical plant, information technology backbone, co-ordination of medical equipment procurement and non-patient food services.

Private-public partnerships are not to include housekeeping, patient food services, portering, laundry, linen, material management, medical equipment maintenance, diagnostic services, hospital

management, pharmacies and clinical care.

This will apply to projects already at market in places like North Bay, Sault Ste. Marie and Niagara.

It is apparent from the announcement that some P3 services will still be privatized. But the scope of privatization has been narrowed. So let's keep the heat on P3's!



## The shortage crisis in lab is now!

There is a plan for more nurses and doctors, but little plan for other healthcare workers.

A chronic shortage of workers and a cascade of retirements mean huge numbers of vacant positions. One hospital said it took more than a year to fill a vacant position; there is no one out there!

The focus on good jobs, full time jobs, and decent working conditions has helped recruit nurses and doctors. But our hospitals are now canceling shifts for weeks on end because there are no lab technologists to hire.

### Double shifts

Hospitals are asking lab techs to cover double shifts for days in a row to maintain service. In order for medical laboratories to respond to the emerging health diseases we need to address the shortages of lab techs now. It is past time to look at the shortages of other health care workers. Today, we focus on the largest shortage in healthcare, the medical laboratory technologist.

- To solve this problem, we need to improve the work environment and job satisfaction by investing in full-time jobs and stopping the heavy reliance on part-time and casual workers.
- During the SARS crisis, workers were employed at multiple work sites. Many reports have recommended against this, but because of shortages it is now being encouraged more than ever. Amalgamated hospitals are forcing workers to travel 30 - 40 km to three or four worksites to do their job. Travel costs are not reimbursed. This is unacceptable!
- We need safer workplaces to encourage workers to come into our professions. We need

### Chair's Report



Patty Rout, HPD Chair

safety-engineered sharps legislation. Ergonomic issues also need to be addressed.

- We need to enable healthcare workers to fully use the scope of practice they are educated for, and improve career opportunities in our professions. We need to increase course enrollments, reduce tuition

**“Politically, long wait times are seen as the disease, when they are just the symptom.”**

costs and train aggressively wherever the shortages exist. A government-sponsored Health Council Summit in 2005 identified Ontario as needing four new professions: physician assistant, nurse endoscopist, surgical first assistant and clinical specialist radiation therapist. In Ontario we also had new recommendations from HPRAC: a pharmacy technician college under pharmacists, a new college for naturopaths and homeopaths, a college for kinesiologists and a college for psychotherapists. The National Health Council has connected shortages of medical laboratory technologists with longer wait times.

### Technologists: third-largest profession in health care

There are more than 20,000 med lab techs in Canada. It is the third largest health care profession.

- More than 36 per cent of technologists are in Ontario. About 80 per cent are female and the average age is 42.
- There are 57 lab techs per 100,000 in Ontario as compared with 99 per 100,000 in Saskatchewan.

A shortage of workers is the number one issue for our members and it must be addressed by our governments now.

# HPD Year in Review

In January 2006, representatives from our OPSEU health sectors made history as we came together with representatives from SEIU, CUPE and ONA to begin development of a plan to work together around organizing, pension, negotiations and communication. This was the first time the four main health care unions had worked together. We are still working together around LHINs and other issues.

In February we set bargaining priorities, consisting of Yves Shank- chair, Leslie Sanders- vice chair, Bryan Mitchell, Sandy Blancher, Connie Ferrara, Boris Prus, Stephen Wallis, Moya Beall – negotiator and Michelle Haber and Gwen Jenkins in research.

With our red scarves wrapped warmly around us, on a cold February day, we then rallied around Health Minister George Smitherman's office to tell him how we felt about the lack of input and the need for a LHIN human resource plan.

Well, Smitherman decided to ignore us when the legislation appeared in April. No one was happy. The lobby began again.

In June, HPD members rallied at Queen's Park with workers from across the province. Our members told the McGuinty government "hands off our health system. We want a publicly funded and publicly delivered system. Stop the privatization!"

Our central bargaining team then shocked us all by negotiating a contract! The contract was ratified by 95 per cent of the membership. We hope it brought some stability to the sector and time to see how the new language actually works. Local bargaining continues with arbitration in late March 2007.

In June, the OHA and five health care unions agreed to request a meeting with Ron Sapsford, the deputy minister of health, around a human resource plan. We have had two meetings with Sapsford.

Through this plan we hope to define the way workers move from one health sector to another, much like the agreements in the late 90s did on amalgamations. The language will be built around

the PRSLTA, Bill 36, announced earlier in the year.

## Survey

In the summer, we surveyed members about what they would like to see at the BPS conference in June 2007. Contract enforcement issues were by far the top issue for members.

With help from OPSEU Executive Board Members, HPD leadership courses were held on accommodation issues. Regions 2, 6 and 7 will have courses in 2007. In Sept. 2006, the OHA/OPSEU central Joint Health and Safety meetings brought about some planned recommendations for ultrasound techs. Your OPSEU team members were Brendan Kilcline, Joan Murray and OPSEU health and safety officer Lisa McCaskell. The new



HPD rally at George Smitherman's office in Feb. 2006

public health and protections act was also introduced.

In October, we met with Josh Tepperman, assistant to Rob Sapsford, to discuss shortages of allied health professionals.

Many of us attended the Health Coalition conference in Toronto. Members asked questions of NDP Health Critic Shelley Martel and George Smitherman about their plans for the health system.

Also in October, pay equity meetings began (see story, page 7). We plan to have this completed before the end of 2008, before the next round of bargaining begins. Our next meeting is Feb. 9 in Toronto.

In November, NDP MPP Shelley Martel brought the safe sharps legislation to second reading (see story, page 6).

Many members attended an excellent course on fiscal advisory committees put on by the OFL with support from the OPSEU board. This valuable course was planned in part by Pat McNamara, Pat Collyer and Rick Janson. New bills have been introduced on successor rights, long term care, pandemic planning and more.

## Is the sick-note sick?

By Brendan Kilcline, health and safety chair

Increasingly OPSEU locals must deal with more aggressive “attendance management policies” and programs imposed by employers designed to reduce the use of sick leave provisions of the collective agreement. They do not do this by improving working conditions, reducing workload and stress or preventing injury and illness, but by intimidating workers into coming into work sick.

Often the employer demands sickness certification from the employee for all further incidents. Apart from inconveniencing the employee and encouraging them to come to work sick, this serves no legitimate function for the employer, employee, or society at large.

Most physicians would agree a sick-note for a short-term, minor, self-limiting illness or injury

serves no medically useful purpose. Physicians are often asked to offer a retrospective opinion on the employee’s medical capacity to perform job duties, the demands of which the physician is not in a



position to fully assess.

If the employee is forthright as to the purpose of the visit and the lack of medical urgency, the appointment is often a considerable time from the illness that required the visit. (Why displace a patient with more pressing needs?) Furthermore if a physician can do little for you but fill in paperwork, they would prefer that you don't give their more seriously ill patients your cold in their waiting room!

Demanding that employees produce the dubious document has many negative consequences. It encourages the sick worker to come into work and share their illness with their colleagues. The employee often has to take time off work to obtain the certificate, thus increasing the burden on their co-workers who work short to cover the absence.

The unnecessary office visits reduces the availability of physician services to patients that actually need them!

Elsewhere the true cost of this abuse is being recognized. In the U.K. employers are forbidden

from demanding physician notes for illnesses of less than seven days. Employees self-certify for such events.

Canadian employers increasingly and inappropriately use the healthcare infrastructure as a component of attendance management policies. Reducing absenteeism due to illness can be better achieved by other more legitimate and supportive means.

Hospitals complain that their emergency rooms are filled with patients that could be better treated elsewhere. They should be a little more aware of the burden generated by such unreasonable requirements.

## Sharps bill passes second reading

NDP MPP Shelley Martel’s Bill on safer sharps passed second reading in the Legislature Nov. 16, 2006. OPSEU, along with unions SEIU



Patty Rout (OPSEU-HPD) with Linda Haslam-Stroud of ONA and Shelley Martel, MPP with 50 workers at the Legislature move the sharps legislation forward.

and ONA, are pressing for Bill 30, Martel’s Private Member’s Bill that calls for the mandatory use of safety-engineered sharps, to be passed into law in 2007. About 50 health care workers attended second reading.

We are lobbying MPPs to make sure this Bill gets a committee hearing and that Minister of Labour Steve Peters brings the Bill to final reading before the next election in October. To assist with the campaign, visit [www.saferneedles.ca](http://www.saferneedles.ca).

## Negotiations finally moving forward on pay equity

The long process of pay equity negotiations is in the early stages. Your team is Patty Rout, chair of the division, Susan Head from the executive and Yves Shank and Moya Beall, negotiator for the HPD. So far, we have had two meetings with our counterparts at the OHA, and we have begun the discussions on the Terms of Reference, which will map the tools and processes used by the Joint Pay Equity Committee. This will be a long-term project, which we are hoping is finalized before the next round of negotiations. We will update you as much as possible throughout the process.

### Pay Equity - Yves Shank



## HPD Scholarships: a reminder

The Hospital Professionals Division offers seven scholarships (one per OPSEU region) annually to students entering professions in the HPD. The fund offers OPSEU members or their dependents an opportunity to win a \$750 scholarship toward post-secondary education at a publicly funded recognized Canadian university or college. The student must be enrolled in a Hospital Professional program. The deadline for applications will be June 1 of each year. For more information go to [www.opseu.org](http://www.opseu.org) and click on the “scholarships” button.

## OPSEU technologists lend a hand in El Salvador

*Yves Shank, President, Local 659*

Alan and Kelly Marcon are members of local 659 Sudbury Regional Hospital. Alan is a Cytology Technologist and Kelly is a Blood Bank Technologist in the laboratory. For the past few years, both have been dedicating time to help the people of El Salvador.

They became involved in El Salvador in 2001, when they were invited to participate in house building after two earthquakes hit the country. While they were there, it became obvious to them that besides housing, the medical care offered was also inadequate. Two from this group who had medical connections were asked to raise funds for a medical clinic and return with a medical team to kick-start this clinic. After successful fundraising in Canada, Kelly and Alan returned with a medical team to El Salvador in 2003, and built the “Amigos Para Siempre” medical clinic. The clinic ran full tilt till 2005, and has been running at limited capacity due to lack of funds.

Kelly and Alan returned in Feb. 2006, and were ecstatic to find a group of professionals



from the University of El Salvador who had a keen interest in getting the clinic fully operational and overseeing the project on a long term basis.

The clinic, located in the north of El Salvador, will provide full service (doctor and nurse) to 15,000 people (about 3,000 families) who do not have access to medical care. More than 50 per cent are children.

Kelly and Alan have made a commitment to the people to do everything in their power to see that this community has adequate health care. Their exuberance has caught on within the laboratory and the hospital, and many have donated towards this special cause. Medications have been bought and donated by Sudbury Regional Hospital doctors. As Kelly and Alan prepare to bring their first shipment of goods to the people of Northern El Salvador, I can only express to you how proud we are to work with such generous people.

For further information on this project, contact me at [yshank@hrsrh.on.ca](mailto:yshank@hrsrh.on.ca).

# OPSEU members need to make their voices heard on electoral reform: Make your vote count



*By Leah Casselman, OPSEU President*

Does your vote count? Because our first-past-the-post voting system is sharply skewed against the wishes of the majority, the governments we elect are

usually less progressive than we are.

For instance, even though the majority of people in Canada want action on health care, child poverty, child care and climate change, the Liberals got away with doing pretty much nothing on these issues from 1993 to 2004. They did this despite three “majority” governments in a row after they won with only 41, 38, and 41 per cent of votes cast.

It doesn’t need to be like that.

Minority governments get more credit for progressive acts like the end to extra-billing by Ontario doctors. Medicare was brought in by a minority Liberal government with the backing of the NDP.

These minority governments succeeded because the NDP moved from being an advocate for the people to being a “bargaining agent” for the people. Would Stephen Harper be making any progressive noises about the environment right now if he had a

majority government? Not on your life.

Here in Ontario, we’ve got a once-in-a-lifetime chance to change to a proportional representation system that will ensure that every vote counts. We need a simple way to vote that guarantees that the percentage of seats a party wins matches the percentage of votes it earns.

A citizens’ assembly is now meeting to decide we need a new electoral system. They have until May 15 to craft a proposal. There could be a referendum on it next October. For more information, see Fair Vote Canada at [www.fairvotecanada.org](http://www.fairvotecanada.org)

The true winners from electoral reform in Canada will be the voters who have been shut out of power for too long.

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**Authorized by:**

**Leah Casselman  
President**

## 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



[www.hospitalprofessionals.org](http://www.hospitalprofessionals.org)