

Notes for Leah Casselman
LHINs Bill 36
standing committee submission
Check against delivery

Good morning, I am Leah Casselman, president of the Ontario Public Service Employees Union.

I represent almost 40,000 health care workers in all areas of care.

We are pleased to finally have the opportunity to formally present our views before this committee. A more detailed written submission will be filed next week.

Sadly, it appears the LHINs are a fait accompli.

It appears the Minister first decided to set up the LHINs, and only now is making a plan for the system.

It seems to me you should plan first, not put the cart before the horse.

My union believes it is not necessary to create chaos across the health care system. We do not

have to fix what is not broken. We need less fragmentation and more coordination. We do not believe that the proposed LHINs structure will accomplish that.

We first heard about the Local Health Integration Networks in July 2004, when many of our members and staff were on holidays.

We heard almost by chance that the Ministry had concocted a plan to restructure health care in Ontario.

We were shocked and offended that plans of this nature were being rolled out in the midst of a summer vacation season while virtually no-one was paying attention, and without any public consultation.

Our union raised the alarm then, and has continued to be active in informing the public about the LHINs.

As time passed, we learned more about what this government had planned for health care workers.

We learned the government was planning to set up 14 unelected, unaccountable entities to control health care.

We learned that these new bureaucracies would be able to open the door to competitive bidding right across the health care system.

We learned they would have the power to move services around within their regions, depending on who could provide the service at lowest cost.

We learned jobs and patient care were at risk.

In November, 2005, a coalition was formed of the four largest health care unions, to step up the fight against these LHINs

We've held meetings this month in 17 cities for members of our four unions. We have listened to the concerns of our members. And there have been lots. You will be hearing some of our members directly over the next few days.

Also this month, 160 of our members in Regional Offices at the Ministry of Health, were among the

300 workers who became the first casualty of the LHINs.

These workers have an excellent knowledge of the health care system in their regions. But they, along with their expertise, have been shoved aside to make room for political appointees.

Our members see this Bill as opening the door to competitive bidding, while moving accountability and transparency out of our health care system.

Our experience tells us this is a mistake.

Let's go back to the summer of 2004.

That is when the Victorian Order of Nurses, beloved in the Niagara Region after 75 years of service, lost its contract to provide home nursing care.

The VON lost this contract because the Community Care Access Centre awarded it to a lower bidder – a company with no previous local experience.

A company with no staff. A company with no office.

The community was up in arms when this news came out. No one could imagine the Niagara region without the little red VON cars, sponsored by local businesses, zipping around and providing home care to patients.

You could not open a newspaper or turn on a radio in the region without hearing about the loss of the VON.

These VON staff – also OPSEU members – were extremely upset at the loss of their livelihood.

One nurse said she would rather sell donuts at a coffee shop than work for a private health care company.

Patients were upset too. Elderly and infirm people do not like change. They do not like it when a new person shows up; instead of the person they know.

They particularly do not like it when **NOBODY** shows up.

That is what happens with competitive bidding.

Concerned members of the community, OPSEU members, patients, the VON, the Niagara Media, all asked Minister George Smitherman for a meeting.

George Smitherman was very polite. He said – basically – my hands are tied. The process was legal. There is nothing I can do. Sorry.

This, or a similar scenario, has played out all across Ontario since competitive bidding came into the CCACs.

The highly respected local chapters of the VON, and other organizations with long-standing records of care and community service have been driven into bankruptcy by the Harris, Eves and McGuinty government's policies.

I want to ask members of this committee if they can imagine the hardship felt by patients who had interruptions in health care service as a result of the competitive bidding process.

Why are we talking about this in context of the LHINs?

The LHINs will open the door to competitive bidding not just in home care, but in hospitals, in long-term care, and in many other aspects of health care.

The Bill may not state that explicitly but the maintenance of a purchaser-provider model makes it inevitable.

The LHIN bill will make it very easy to privatize a service, and very difficult to get it back into the public sector.

I remind you there is nothing innovative about private sector involvement in health care. There is nothing innovative or new about making a profit from people's emergencies, illnesses or injuries.

This is not "health care reform" as some would have it.

True reform of health care is using the revenues of the province on a public, non-profit basis to provide proper health care for everyone with a time-tested model. It is not using taxpayer money to pay profits.

Innovation is finding creative ways of looking after one another, not profiting from people in their time of need.

The system we have in place is not broken. It is underfunded.

Ontario's hospitals are already very efficient. They have the shortest stays in Canada (an average of 6.6 days).

Ontario hospitals treat more patients on an ambulatory basis than any others in Canada. They are the most cost efficient.

But some people say the system is broken.

They say we need a regionalized care model even though some of our hospitals are already spread out over huge geographic distances.

Our belief, and it is shared by our coalition partners, is that the LHINs are a smokescreen for the Minister so he can avoid responsibility for unpopular decisions made in the regions.

Once again, he will be able to say: “My hands are tied. The process was legal. There is nothing I can do. Sorry.”

But now on a far larger scale than just home care.

Another, related concern is that services will be contracted right out of many local communities under the LHINs.

LHINs are not local.

The average LHIN is roughly the population of Saskatchewan or Manitoba.

For that matter, the LHINs are not about integration. Many of the key parts of the health care system are not in the LHINs.

How could you forget the gatekeepers of the system, primary care, family health teams and doctors?

How could you forget drugs -- pharmaceutical costs made up 16.7 per cent of health expenditures in 2004. Drugs costs are the fastest growing expenditure in health care, yet pharmaceuticals are left out of this structure.

Members of the committee, I know that you, too, face competitive bidding for your jobs in 2007. Maybe you don't have any sympathy for the health care workers who have been laid off, or those who are facing uncertainty.

But remember, when health care workers leave their jobs, or are laid off, there may be no-one around with the same training and experience to replace them.

Remember that when the next virulent disease hits our hospitals, those who went through the SARS epidemic and know what to do, may no longer be working there.

Remember that sick and elderly people will suffer.

If you allow the LHINs legislation to proceed as written, this union and other coalition partners will be there to remind users of the health care system and their families why they have to travel an extra 100 kilometres for surgery.

We will be there to remind families that many health care workers have left their communities, along

with their salaries and the services they provide, because of the chaos this bill created.

Our members know the health care system. They care deeply about what happens to their patients. They are the experts. Please, as you travel the province, listen to their voice.

We are calling on the government to withdraw this legislation so it can engage in a proper consultation process on the provincial strategic plan.

If enabling legislation is required for that plan, it must include provisions for proper transparency and accountability; and provisions that uphold the fundamental principles of the spirit of medicare – not just the letter of the law. It must stop the transfer of services out of hospitals which is being done to avoid the coverage of the Canada Health Act.

I am being followed by Patty Rout, Chair of OPSEU's Health Care Divisional Council. We will both be happy to take your questions following her presentation.