

Standing Committee on Social Policy
Bill 36 Public Hearing
London, Ontario
January 31, 2006
Ann Steadman
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My name is Ann Steadman. I am an Occupational
Therapist and the Unit Chair of

OPSEU Local 145, Bluewater Health, Sarnia. I come
before this body to express

a few of my many concerns about the Local Health
Integration Networks (LHINs), as

proposed under Bill 36. This Bill, supposedly about
the transformation of health care,

will result in ongoing health care chaos and
instability.

First, this Bill has been implemented, in many ways
without due process. Before these

hearings and prior to a 3rd reading in the Legislature,
LHIN CEOs have been hired

and board members appointed. In fact, the LHIN CEO's have been on the job since

August 2005. Thirteen of the fourteen CEOs are reportedly making some \$225,000 a

year; one is getting \$325,000 annually. Other than 'meeting and greeting', renting office

space and hiring some staff, can the Government point to anything else they've done for a

cost of some \$1,624,000? This amount of money would fund Sarnia's much beloved,

but endangered, Palliative Care Unit for a year!

Second, the Government calls these proposed new bodies "Local Health Integration

Networks". I would suggest that this name, LHINs, is a misleading and deliberately

inaccurate description, designed to fool the public into thinking that there is some "local

control". LHINs have nothing 'local' about them. Rather, the Government is putting into

place RHINs, Regional Health Integration Networks,
another layer of bureaucracy

insulating the Government from the public. And what
does integration mean? My

dictionary tells me it means to “ to form, coordinate,
or blend into a functioning or

unified whole” (Merriam-Webster). However, the
Ministry defines ‘integrate’ to include

“transfer, merge, or amalgamate, to start or cease to
provide services, to cease to

operate.” (Compendium re Local Health System
Integration Act, 2005)

Given that the LHIN appointed CEOs and Board
members are accountable to the

Minister, not to their communities, how can any
community be assured that a LHIN CEO

and /or Board will be able to forcefully represent
their community’s position when what

is right for the community is in conflict with a Ministry direction? Where are our 'checks and balances'?

Further, these Regions are very large. Sarnia-Lambton is in the Erie St. Clair LHIN

which stretches from Grand Bend in the north to Pelee Island in the south and consists of

three counties, Lambton, Kent and Essex. The LHIN boundaries do not represent

medical referral networks that are, historically and currently in place. In Sarnia-

Lambton, we relate to London, not Windsor, which is at least a two-hour drive from

Sarnia in good weather!

Third, across the Province, the appointed LHIN board members have a stunning lack

of health care experience. As for our CEO, the same could be said. The Erie St. Clair

LHIN CEO has no health care experience. He is a former telecommunications

industry executive. This point was brought home when he stated in a public forum in

November that he didn't know what Community Care Access Centres, (CCACs) were

until last summer! Will the Board members and especially our CEO, lacking health

care backgrounds, understand the key elements for delivering good patient care?

Finally, the human resources issue has not been adequately addressed. Quality patient

care depends entirely on the quality and the continuity of the staff providing that care.

This legislation opens the door for the 'competitive bidding' of service provision and an

ongoing process of service transfers and amalgamations – a sure recipe for health care

chaos and permanent instability. We have already been down this road in Sarnia-

Lambton with our CCACs. We've been through three rounds of "Requests for Proposals". There have been significant changes in service providers with the resultant

disruption to patient care and dislocation of workers. In one case, a new to the area, low-

bidding service provider got contracts for both nursing and homemaking and ended up

having to default on the nursing contract within one year!

Already, Bluewater Health and the Chatham-Kent Health Alliance are "sharing"

Occupational Health Staff. Essentially, at Bluewater Health what were three full-time

equivalent positions have been cut in half. And this is just the beginning of an erosion of

local services and local jobs. As this process continues, workers will be forced to drive

great distances to keep their jobs or be forced to choose between their communities and

their jobs. This will lead to a recruitment and retention nightmare at a time when there are substantial shortages in many key health care professions.

How can we attract young people into health care professions when the future is so

uncertain? To put patients first, the Government must ensure both the retention and the

recruitment of health care professionals. LHIN bureaucrats will not be providing patient

care. Care means health professionals at the bedside, in the Labs, running MRI and CAT

scanners and providing rehabilitative services!

I urge the McGuinty Government to put the brakes on this LHIN implementation.

Stop the LHINs before they literally crash our health care system!

Postpone this legislation until a comprehensive strategic plan is developed in consultation with all stakeholders.

Thank you