

**Speaking notes
for Leah Casselman
SARS Commission
September 30, 2003**

Check against delivery

Good afternoon. My name is Leah Casselman. I am President of the Ontario Public Service Employees Union. Thank you for this opportunity to speak.

I am here today with Patty Rout, Vice-Chair of the 28,000 member Health Care Divisional Council of OPSEU; with Pat Collyer, President of OPSEU Local 575 representing 250 of our 700 members at the Scarborough Hospital; and with Jack Arnott, an OPSEU member and a respiratory therapist at the Scarborough Hospital.

Patty will speak about the impact of SARS on a wide range of health care professions and health care settings. Pat will talk about the impact of SARS on her members at the Grace and General sites, and tell how the union had to step up and fill the void left by management in a time of crisis. Jack will relate some personal experiences from the SARS crisis.

Our union has asked to participate because we do not ever want to have an experience similar to the SARS crisis that we have just emerged from.

SARS affected OPSEU members not just in the Greater Toronto area but right across the Province. Make no mistake, our members at the Grace and at

the General sites of the Scarborough Hospital simply went through hell.

But first, I'd like to say, on behalf of all the members of our union, that these folks do what they do not just in times of crisis. They do this work and face these hazards every day. And they get very little recognition from society or from our governments for this everyday effort.

Clearly,

- During a health care crisis, a hospital should be a haven of health, not a vector of contagion.
- Health care workers should not be treated as pariahs in their own communities.

- Above all, hospital staff should not have to watch their co-workers get sick, or die, because they were not given the right equipment, or instruction, to do their work safely.

We as a society owe it to our health care workers on the front lines to give them every protection we can.

For the government to run ads and call these workers heroes, is a nice gesture, but it fails to address the real issues; ongoing disrespect and lack of understanding and appreciation for the important work they do.

For the government to make decisions like designating Scarborough Hospital as a SARS hospital, without

consulting the already exhausted and shell-shocked workers, is an outrage.

And who are these heroes? Yes, doctors and nurses are important to the system. We all know that, and respect the work they do.

But OPSEU members also provide important support and professional services inside hospitals and were virtually ignored in the Directives, by the media and by the public.

To ignore the diversity of professional, clerical and service staff that make up the health care team, as was done during this crisis, is counter productive and frankly dangerous for our health care system.

Our members will outline, in this presentation, why this is the case.

Let me state another reality:

- There was no crisis plan in Ontario to deal with killer contagious diseases. Given all the post 9-11 hype around bio-terrorism, it's hard to imagine our hospitals would have been so unprepared for SARS.

But our members know this was the case. And it still is the case.

Furthermore, our public hospitals are underfunded, and seriously under resourced to do the job society expects them to do. Our members have known this for some time. But the public and the government obviously did not.

Let me draw attention to a survey of OPSEU hospital professionals done by Viewpoints Research. Among the findings:

- Two thirds of OPSEU members believe the hospital does not employ enough staff in their job classification.
- Six out of ten professionals regularly work sick, to get the job done.

- More than three-quarters of all professionals say staff shortages are negatively affecting patient care.
- One in four staff have been made sick or suffered depression because of poor working conditions.
- One in five say staff are making too many mistakes because of poor working conditions and staff shortages.

This survey was done in November 2002, was released to the public in January, and is on our web site.

We did try and send out clear warnings: In February of 2003, OPSEU members in hospitals across Ontario declared a Day of Action to protest and bring attention

to staff shortages and horrific working conditions.
Many risked discipline to do this.

Our members were already stretching themselves to the limits of their resources under normal, pre-SARS conditions. We knew the system could not handle any kind of a crisis, because it was already at the breaking point.

The severe shortages in many key professions will continue to worsen, as more and more staff near retirement, or simply burn out.

There is no surge capacity in the health care system. There is poor understanding of the precautions that need to be taken to control contagious or infectious

diseases. There is no recognition when workloads are assigned that staff need time to put everyday precautions in place.

We, as a society, seem to have forgotten that, really sick people, with highly contagious diseases, can and often do end up in our hospitals.

We simply don't have the right procedures in place to deal with these hazardous situations. During SARS 1 and SARS 2, Joint Health and Safety committees did not meet, protective equipment was not available, contaminated protective clothing was not properly disposed of, and fit testing was either not done, or done improperly. Our members were, again and again, needlessly put in harm's way.

It seems strange that we have procedures in place in our correctional system to deal with infectious diseases, but not in our health care system.

Our members lives were at stake, and all they heard about was tourism and the economy. We were disturbed and appalled that, during the SARS crisis, so much focus was put on the economic impacts of SARS rather than on protecting the health and safety of our members.

It was shocking to hear our members being told not to wear masks because quote “it sends out the wrong message” at a time when no-one really knew how this disease was spread, nor how virulent it is.

That's what happens when you take a "business model" approach to a health care crisis.

Hospital and health care administration is not just a business. Running hospitals with the same rules and standards as a manufacturing plant simply does not and will not work. You can't replace all managers who have a health care background, with business school graduates. If people in positions of authority don't understand how the health care system works and the jobs people do, at the most basic level, they will make the wrong decisions.

To compound this, hospitals are still run in a very paternalistic way, based on a 19th century model. Our

health care professionals are knowledge workers in our health care system. They are capable of making sophisticated decisions if they are given the tools to do so. If consulted, they can make a huge difference.

Sadly, they rarely are consulted.

They're not consulted, because they're not respected.

Many of our members, like those of other unions, are also forced to work in two or more facilities, just to make ends meet and feed their families. Possibly the most shocking revelation of the whole SARS episode was that the Health Minister was entirely unaware of the rampant use of a casual work force, and with many staff working at multiple sites. Post-SARS, we still

have workers that are regularly expected to work at multiple sites.

“Just-in-time” inventory practices have translated into “just-in-time” workers. That’s not the way to deliver high quality health care.

This is not just a quality of work issue, but also, in the end, a public health issue.

As well, the rationalization of services means sick patients are still being transferred around from one hospital to another. It makes no sense for patients and workers to be transferred here, there and everywhere, when the whole idea of disease control is that of isolation and containment.

It is the ultimate irony that, during the worst public health crisis in Toronto in recent decades, the place our citizens felt most unsafe was the one place they should have been able to go to get better – the hospital. Indeed, the hospital was the vector of contagion for SARS.

Lastly, the Ministry of Labour also has a key role to play during this kind of crisis, in ensuring worker health and safety is protected. The Minister should remember that, if the health care worker is not protected, the patient certainly is not. The Ministry failed utterly to understand or to perform its proper role during this crisis.

Our members will now go into more detail about how dysfunctional our system is and how it can be improved.

Leah Casselman (conclusion)

Thank you Patty, Pat and Jack. OPSEU will be submitting a detailed written brief with specific recommendations following the public hearings. But I would like to conclude today with some broad recommendations:

- 1) Governments and employers need a workable crisis plan in all our health care facilities for dealing with contagious diseases. Otherwise our members continue to be at risk in the workplace.

- 2) Governments and employers need to re-think the extent to which the “business model” has invaded our health care facilities. We need to ensure there is institutional memory of how to handle various crises and that those at the top can make decisions based on their knowledge of what is practical and effective.
- 3) Hospitals need to create more full-time, permanent jobs for all health care workers, not just doctors and nurses.
- 4) Governments and employers need to act quickly to stem the acute shortages of health care professionals by recruiting and working harder to retain professionals within our public system.
- 5) There needs to be better organization and communication in times of crisis. The union can

help, but our members should not be forced to do management's job.

- 6) Decision makers need to respect and understand the work of all members of the health care team, not just doctors and nurses. We need to include all front line workers in the decision-making process.
- 7) Governments and employers need to stop putting the economy and money before worker health and safety. If we don't take care of health care workers' health and safety on the job, patient care is compromised. If contagion is properly controlled, the economic issues simply go away.
- 8) Finally, the Ministry of Labour has to do its job and get more actively involved in protecting the

health and safety of the health care workers
without whom the whole structure would collapse.

Once again, on behalf of OPSEU, I appreciate the
opportunity to share these experiences with you.