

**BRIEF TO THE STANDING
COMMITTEE ON SOCIAL POLICY**

**LEGISLATIVE ASSEMBLY
OF ONTARIO**

SUBMITTED BY

ROSEANN CLARKE

FEBRUARY 7, 2006

Good Afternoon. My name is Roseann Clarke. I am a clerical health care worker at North York General Hospital and the designated certified worker Co-Chair of the Joint Health and Safety Committee. I am also a union steward for the Service Employees International Union Local 1.on.

With me is Patrick O'Brien the steward for the service unit at the hospital.

As a union steward I represent approximately 1400 unionized health care workers. As the certified designated worker co-chair of the Joint Health and Safety Committee I represent a total of 3000 workers at the same institution.

1. Bill 36 will remove any local control over health care and place that control solely within the power of the Minister of Health and Long Term Care and the Ontario Cabinet, who in turn have placed the power to integrate, amalgamate and privatize health services, in the hands of unelected political appointees, many of whom have no background in health care.

It is they who will decide our futures.

2. My job is important. As a unit secretary, my job is of the utmost importance as it provides the clerical support that allows physicians and nurses to focus their attention on the patient at the bedside. The unit secretaries transcribe the physician's orders and communicate them to the nursing staff, other health care professionals and to every other department in the hospital. We are trained, dedicated health care workers whose jobs are on the chopping block, if this legislation is enacted. The only thing that's saving us right now is the "no contracting out language" in our union's collective agreement.

Because of this language the hospital cannot contract out our work, if the result is a layoff.

Hospitals, including North York General Hospital, have become very creative in their human resources strategies to get around this clause in our collective agreements. The hospital will reassign employees of the department it wants to contract out to other duties in the hospital or offer employees incentive packages to leave.

The hospital will then contract out those functions, particularly dietary and housekeeping services, to foreign controlled, private, for profit enterprises such as Compass Morrison, Sodexo or Aramark.

Employees of these for profit operators earn less than \$10.00 per hour, have no benefits and no pensions.

The Minister of Health, George Smitherman, has been quoted as saying his mission is to reduce the health cost curve.

Sadly he is going to do so, as Bill 36 demonstrates, on the backs of workers like me.

George Smitherman does not consider clerical or service workers to be vital front line components of Ontario's health care system.

The most vulnerable workers in the health care system are being targeted by this government to sacrifice the most, so this government can contain health care spending.

3. I object to my health care dollars going to foreign, private, for-profit companies who will use my public health care dollars to enhance their profits. It is undemocratic to allow nine LHIN board members to decide what community gets what health care service, and which health care worker has a job and who does not.

4. I do not see how this legislation (Bill 36) will provide better health care to Ontarians. The long wait times in the emergency rooms are not caused by health care workers. Patient referral patterns are set by doctors. The previous government integrated and amalgamated local hospitals. When the hospitals were amalgamated the bureaucrats, in their infinite wisdom, closed beds and decreased the availability of care to everyone. The result was increased wait times in the emergency rooms and health care workers had to do more with less.

Health care workers jobs are the most risky of all occupations. Not only are they subjected to infectious diseases but also have a greater amount of back and repetitive strain injuries from lifting patients. The speed up of workplace duties has led to exhaustion, stress and burn out.

5. SARS. I would like to take you back to the spring and summer of 2003 when we had the SARS outbreak. At North York General Hospital, 42 health care workers were struck down by SARS. This virus was non-discriminatory in whom it attacked. Every discipline at the hospital was affected; doctors, nurses, environmental services, central stores, dietary, portering and clerical staff. I was newly appointed by my union to the Joint Health and Safety Committee. The JHSC was given the daunting task of investigating this outbreak. One of the hospital's staff died as a result of having contracted the disease. It became apparent that there was no effective Infection Prevention and Control (IPAC) program in place and that the funding for this kind of program was being severely skimped. There was

only one IPAC practitioner for all three sites of North York General Hospital-Senior's Health Centre, North York General-General Site and North York General-Branson site. Since then, extensive training has taken place to ensure that all staff are knowledgeable and diligent in their IPAC procedures.

What we learned from SARS, that it is imperative to have well trained, dedicated, and adequately compensated workers at all levels, so that the public is confident they are protected from infectious diseases. If our jobs are contracted out to for profit companies whose only mandate is to cut costs and make a profit, then quality standards in our health care institutions will be sacrificed. Do you think that minimum wage workers would risk their lives to come to work every day in a SARS environment as we did?

What SARS taught us is that an enormous amount of planning is required to run an efficient health care system. The type of planning and accountability measures that Bill 36 envisages only relates to the bottom line financial outcomes and not quality of care standards.

6. North York General Hospital is currently in negotiations with Compass Morrison a foreign based, private, for-profit company. This company has been successful in obtaining a 10 year contract with North York General Hospital to manage our inpatient food services and retail food services departments. The workers in the dietary department, many of whom have worked at North York General Hospital all their lives, are to be displaced in order for Compass Morrison to bring in their own non-health care employees. Compass Morrison employees are not health care workers. There is no accountability to ensure Compass Morrison will deliver quality services.

The Guardian newspaper, in a late 2004 survey, found that the Compass group paid employees in Britain (a group of 412,500 employees) an average of 9,416 pounds per year. The vast majority of compass employees earned minimum wages and well below the average salary in Britain of 24,600 pounds per year.

In British Columbia, the Vancouver Island Health Authority let go 1,000 health care workers and contracted out their housekeeping and food service jobs to Compass Group Canada.

This deal is worth about \$25million a year and the Vancouver Island Health Authority says it will save \$10 million over the next five years as a result.

How will it save? By cutting wages in half. Workers having earned \$19.00 per hour are now paid \$9.00 - \$10.00 per hour. They have no benefits and no pensions.

The Compass disease is fast spreading into Ontario. North York General is just one example.

Contracted out cleaning services in the National Health System in Great Britain found companies not paying overtime or sick pay, no pensions and only 12 days of vacation per year.

Food was transported from more than 200 miles and then reheated for hospital patients by contracted dietary service providers. This practice is also creeping into Ontario's hospital sector.

Several hospital cleaning contracts were axed by hospitals for failing to come up to regulated hospital cleaning standards.

In September 2002 porters at the Kingston hospital NHS trust were told they must bring their own cleaning materials to work with, because the firm significantly under priced its bid for support services at the hospital.

In July, 2002 the South Glasgow University Hospitals NHS Trust terminated a cleaning contract Sodexo had with the hospital and brought the cleaning service back in house, after three deaths at the hospital. An investigation confirmed an outbreak of salmonella caused the deaths and the hospital blamed Sodexo, as an inadequate contractor.

Reports of inadequate standards continue to pile up against these for profit hospital service providers.

I ask again, do you really want to transfer our public health care dollars to for profit firms offering inferior services?

At the end of the day, as with public private partnerships, or alternate financing initiatives, as this government prefers to call it, always costs tax payers more in the end. With the contracting out of hospital “non-clinical services” not only will taxpayers be ripped off, but hospital service workers too will pay the price.

We already pay up to \$900 per year in the Liberal Health Tax. Every hour we work, fifty cents goes to this government’s health tax.

Now you expect us to pay even more, by sacrificing our jobs.

What hospital workers do not earn, we can not spend in our communities and as a result local businesses too will suffer.

7. Hospitals are not hotels. Rather than spending the public's money on fancy landscaped grounds, expansive, impossible to heat or cool main lobbies, large executive suites and designer coffee shops, why not put this money back into the delivery of services? Do we really need all of these luxurious trappings? Do the patients benefit as a result?
8. This legislation appears to be moving ahead full steam without any provincial health strategic plan in place. A strategic plan must include a human resources component that will ensure Ontario's health care system is able to recruit and retain the very best skills of all workers to ensure the best health care system for Ontario citizens.
9. I would also like to mention the obscene salaries of CEO's and the over bureaucracy in our health care system. What SARS taught us is that an enormous amount of planning is required to run an efficient health care system. The type of planning and accountability measures that Bill 36 envisages relate only to bottom line outcomes.
10. The new LHIN bureaucracy will add 550 new bureaucrats to Ontario's health care system, but will not add one direct hands on health care provider or one more qualified cleaner to ensure infectious disease does not spread.

Last summer, I and several other SEIU Local 1.0n members met with David Caplan, the Minister for Public Infrastructure Renewal, I was disappointed at his cavalier attitude to the problems of health care workers. "Competitive bidding" as in home care could be introduced to the hospital sector because private firms do a better job any way, or words to that effect, I think he used.

For this government it appears every thing is for sale, including my livelihood and those of my fellow workers.

Does the Ontario government really want to create a class of health care workers toiling for poverty level wages, with no benefits and no pensions?

The proposed legislation offers an exact definition of a “health care provider,” but “non-clinical services” have no exact definition. This can mean only one thing. The government wants the ability to privatize more health care services over time.

The term “services” has a broad definition and includes direct services and programs, support services and functions that support the operations of the person or entity that provides a direct or support service or program, (Section 23).

Competition in the home care sector has eroded the continuity and quality of care. Competition in the rest of the health care sector will do the same.

With the transfer, amalgamation and integration of health services, SEIU Local 1.0 anticipates many PSLRTA (Bill 136 votes). Bill 136 will create labour chaos as the integration and amalgamation of services between health care providers begins.

A transfer of three registered technologists from hospital A to hospital B could trigger a Bill 136 vote, if different bargaining agents represent workers at the different hospitals.

If non-clinical services devolve to private corporations, their labour relations will be subject to the Ontario Labour Relations Act. Workers providing these services to hospitals and other health care institutions would, we assume, have the right to strike.

If the government wants to avoid labour chaos, it must not use the Ontario Labour Relations Act to govern “non-clinical services.”

Health care sector workers’ rights must be protected.

PLSTRA should apply to all health care restructuring, regardless of whether a successor employer operates mainly in or out of the health care sector.

Nothing in this legislation or any other legislation must override collective agreements or trade union representation rights.

Health care workers must be assured their jobs are protected, their wages and benefits are protected, and their pensions are protected.

No integration decision made by the government or a LHIN must alter the terms and conditions of employment of an employee including collective agreements without their union’s consent.

Any restructuring of health services including integration, amalgamation, or devolution of services must not be finalized until all affected employees and their unions are notified and a human resource adjustment plan has been agreed to.

It is the only way Ontario citizens will be assured of quality and continuity of care.

I urge this Committee to reconsider this Bill. Protect health care workers contractual bargaining rights.

