

**Brief to the
Standing Committee On
Social Policy**

**Legislative Assembly of
Ontario**

**Submitted by:
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on behalf of Service Employees International
Union Local 1.0n**

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Brief to the Standing Committee on Social Policy

My name is Deborah Menzies and I am a member of Service Employees International Union Local 1.on. I work at Thunder Bay Regional Health Sciences Centre as an SPD Operator. SPD operator involves the processing of instrumentation for surgeries that are performed at the hospital and providing sterile supply procedure trays to the rest of the hospital. I've worked at the hospital for 35 years in that capacity.

In preparing for this presentation I looked at, and pondered a number of issues and all sorts of different things that I could be addressing but I felt that others certainly more eloquent than I would have talked at length about the effect of this legislation on the delivery of healthcare, on the status of current collective agreements and the social and economic effect on communities in Ontario. I felt that maybe it might helpful and more appropriate that I present to you and talk to you about the experiences of myself and my co-workers in the healthcare system over the last many, many years.

Before I actually talk to you and give you a flavour of what it is and has been like working in healthcare system in these last many years, I wanted to comment on the whole process of how one deals with proposed legislation and discussions around that. I've noted that the government, Mr. Smitherman in particular has in his presentations to this committee recently, talked about people that had

different opinions than what he and the government had with regard to the LHINS legislation, that they were making an “**attack**” on the legislation. In my experiences in my work at the hospital and my work as a steward and my benefits work, when we have a disagreement, whether it be a particular clause in a contract, the interpretation of that clause, or in regard to benefit issues where we’re dealing with whether a person is deemed to be totally disabled or not, what we will do is have a discussion and have dialogue with regard to those issues with an open mind, and with respect to the folks that we may not agree with, and at the end of the day come to some type of a resolution.

I am offended that Mr. Smitherman would characterize someone not agreeing with his position or the government with regard to LHINS, as an “**attack**” on this whole piece of legislation. People have a right to make their position known, and with that the government has an obligation to hear that position and take into consideration the positions that are put forth, so that in the end of the day, that legislation crafted is the best legislation possible, legislation that will enhance the quality of health care of the citizens of Ontario.

Now I’d like to address some of the experiences that I and my fellow workers have had over the years in healthcare.

One of the things that seems to be never-ending and repeated over and over again, when they talk about healthcare, we especially in the support service

areas, that being housekeeping, dietary, SPD, laundry, RPN, etc, feel like we're always being blamed for all the problems in the healthcare system because we're being paid too high wages and that all can be solved by contracting out our services and reducing our wages. We, in fact, don't feel that we are the problem in the system, we feel we provide a valued service to the system, whether it be the housekeeping aide that has helped develop a cleaning protocol for C-dif cases that has helped keep an infection rate down in our hospital, or the dedicated dietary help that prepares meals for the patients in the hospital, with care and with love and serves those very meals with care and with love.

The loyalty and dedication of those workers to the institution and to the healthcare system is immeasurable. Reducing our wages and putting the money in the pockets of the contractors is not going to resolve the problems within the healthcare system. Governments have had difficulty addressing the problem in the health care system - problems that have existed for years, whether it be the escalating cost of medication, whether it be the cost of medical equipment and medical devices, or the physician shortage or the lack of accountability of the physicians in the system. Those very difficult issues are not seriously addressed by whatever the government of the day is, and in fact if they do make some type of effort to deal with some of the problems, once there's any type of opposition or roadblock, in particular with regard to any issue related to physicians, that every government of the day in the past many years has backed down and left the doc's for another government to deal with.

Something else that we in healthcare feel we've faced over the years is the issue of change. Change in the system. Mr. Smitherman indicates his concern that people are resistant to change. We are not resistant to change. I can reassure him that we've seen changes occurred in this healthcare system as long as I've been in the system working for my 35 years, and in particular, over the last 10 to 15 years. Yes, change is difficult, but people are open to the changes. What we get concerned about is that you don't change for change sake. What we've seen is constant restructuring where titles change and names change over and over again. The question is, is it any better at the end of the day after these changes? In most cases no, because they're not addressing the real problems that are in the system.

Here's an example of changes at my hospital, Thunder Bay Regional Health Sciences Centre. In 1995 the two sites were merged. McKellar and PA site. At that time there was a whole restructuring of upper and middle management and people were provided severing packages and then at the end of the day, as time passed, what we saw was other people being hired in these positions, or the position title was changed and the same people ended up coming back to the workplace with a different title. We then had to deal with the move to the new hospital where there was the melding of two different cultures into one workplace. That transition has taken place over time. Further, each department has since had to work at settling into a new work environment with the

reconciling of differences of processes which came from each of the former sites. Add to that the constant updating of legislative requirements and various Ministry directives and regulations. It has resulted in a constant state of change in an already stressful environment.

So, we have been through and are constantly experiencing change and there's not a resistance to it. Workers believe there should be a positive outcome, something that would enhance the health care system. We look at the LHINs legislation and what we see is the government taking and making changes that won't address the issues and the problems within the healthcare system. So it's really frustrating for us because we don't see it enhancing our quality of work life or improving the quality of care that the patients receive in the hospital where we work.

In some cases, we see folks that are working in the healthcare field that have gone through their second round of severing packages because of the changes that this and previous government's have made in the health care system, and from our perspective it is wasting money, money that should be spent on hands on patient care. The LHINs legislation is not enhancing health, but instead is creating another layer of bureaucracy.

I'd like to share with you now a story about my work in SPD over the 35 years. I was working at the McKellar site for most of the 35 years until we moved to the new hospital. The department had SPD trays that would go up to the floors. For

example, chest aspiration, bone marrow, thoracentesis, paracentesis and closed chest drainage trays, etc. etc. Those trays were at the front of the department. Over those 35 years that I worked, we had many supervisors and managers. The above noted trays were moved around the department. Each time the manager or supervisor had a reason for them moving. As time went on, they were moved again and again so that by the time we were leaving to move to the new site, the Thunder Bay Regional Health Sciences site, well low and behold if they were right back where they started 35 years ago, right at the front of the department. It struck me at the time when we were leaving, how ironic this was. Every manager/supervisor had their reason or rationale for the change they made. Did it make anything any better? No. Did it enhance the service provided? No, it just moved those trays around. The point I am trying to make and the question we have as front line workers is; what we see is the government with LHINs initiative, changing names, changing titles, but at the end of the day the things that you have proposed will not enhance nor improve the quality of health care in Ontario.

Something else that healthcare workers face and have faced for many years is instability in the system because of all these proposed changes that the government makes, in this particular case with LHINs, in the past it has been restructuring or whatever. It seems as if there has been restructuring for the 35 years that I've worked in healthcare. This is disconcerting to the people working in that system and very much a concern for the quality of the healthcare that's

provided because of the uncertainty that the workers have with regard to their future, whether it be their jobs or what kind of work they're going to be doing, who they're going to be working for, what union's going to be representing them, all sorts of different things. This is disconcerting to the patients because of the effect of these constant changes to the quality of their health care. From my perspective in working as an SPD Operator, the uncertainty that we have, does not help me to do the best job I can do, and being the best I can be, because somewhere in the back of one's mind, one's going to wonder, what's next, what's going to happen. It's not any comfort to know that Mr. Smitherman can say that nothing's going to happen, because we've noted in the past that things have occurred in spite of what a government official may say. A politician or government of the day will say one thing and something else will happen. As an SPD operator I'm trying to pick my instruments and I should be focusing on that alone so that I can be the best I can be, that I can provide the service, that I can make sure that the instrumentation I'm picking is the right instrumentation, that I'm putting everything together properly, that I'm making sure that all the instruments are in the proper order, that they're in the proper working order, that they're clean and that we sterilize them properly. It is important that I be able to focus on that so that the patient when they're having the surgery has the best outcome possible. This particular legislation creates the instability or uncertainty in the system. I've seen Ray days, I've seen health restructuring, but I've never seen anything that worries myself and my fellow workers more than this LHINs

legislation because of the uncertainty and the instability that it has caused and is causing in the healthcare system.

- Is LHINs legislation a value add to the healthcare system?
- What is the true cost of this extra layer of bureaucracy called LHINs?
- Does the Liberal government believe in the public health care system?

You will note I'm asking do they believe in the public health care system, not saying that they believe in the publicly funded healthcare system, but does the Liberal government believe in a public healthcare system.

- Does the Liberal government respect the various collective agreements that have been negotiated by the Union groups over these many decades?

In closing, I leave with you something to ponder. It's from a book called *Somebodies and Nobodies: Overcoming the Abuse of Rank* by Robert W. Fuller

Who are the nobodies? Those with less power. At the moment.

Who are the somebodies? Those with more power. At the moment. Power is significant by rank. Rank in a particular setting. Somebodies hold higher rank than nobodies. In that setting. For that moment.

A somebody in one setting can be a nobody in another, and vice versa. A somebody now might be a nobody a moment later, and vice versa.

Abuse of power inherent in rank is rankism. When somebodies use the power of their position in one setting to exercise power in another, that's rankism. When somebodies use the power of their position to put a permanent hold on their power, that, too, is rankism.

Dignity is innate, non-negotiable and inviolate. No person's dignity is any less worthy of respect, any less sacred than anyone else's. Equal dignity requires equal opportunity. Rankism is an indefensible abridgement of the dignity of nobodies, and a stain on the honour of somebodies.

As once and future nobodies, we're all potential victims of rankism. As would be somebodies we're all potential perpetrators. Securing equal dignity means overcoming rankism.

Who are nobodies? They are Everyman, Everywoman, Everychild. Each of us dreams of becoming someone new, something more. The nobodies are us.

Therein lies our power.

Nobodies of the world, unite! We have nothing to lose but our shame.

Respectfully submitted by

Deborah Menzies