Brief To

Standing Committee

On Social Policy

Legislative Assembly of Ontario

Submitted by: Julian Mazur

SEIU Local 1.on

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My name is Julian Mazur. I am a SEIU Local 1.on member. I have worked as a janitor at Toronto East General Hospital for 27 years. I have come here today before this Committee to give voice to my deep concerns regarding what impact the Local Health Integration Networks will have for Ontario's health care system. LHINs will be bad for patients and health care workers alike.

I am the sole bread winner for my family. I have an eight year old son to support and mortgage to pay. I am worried that if my job is outsourced to a for profit organization my wages will be so low I will not be able to support my son. I have seen hospital workers in British Columbia lose their jobs and many their homes, when Premier Gordon Campbell gutted their collective agreements and outsourced their jobs. Health care workers in that province now earn $11 per hour working for companies such as Sodexho, Aramark and Compass Morrison. All lost their pensions and benefits.

I earn $33,500 a year. Minister Smitherman in his opening remarks to this Committee said that 80 per cent of the health care budget is related to human resources. This is exactly what the government wants to cut, in order to achieve its balanced budget for the 2007 election. This government is going to balance its budget on the backs of those in the health care system who can least afford it.

Many health care workers are immigrants and single parent women trying to support families.

Does this government really want to create a low wage ghetto of health care workers? Is the Walmartization of "non-clinical service" jobs going to really make a difference in balancing the provincial budget when top health care administrators in hospitals earn $600,000 + per year?

The real cost drivers of the health care system are doctors' fees. Last year the Ontario government agreed to give general practitioners a 30 per cent increase over four years. The escalating cost of drugs is also a factor.

The LHINs bureaucracy will add 550 more highly paid bureaucrats to our health care system at a cost of $52 million on an annual basis. (About $95,000 per bureaucrat).Their only function will be to eliminate jobs like mine or to sell them off to a for profit company.

It will cost $200 million to get the LHINs operational.

It will cost $ 20,000,000 to dismantle District Health Councils.

D.H.C. members served for free while all LHINs positions are paid.

$21 billion of the $ 33 billion health budget will be downloaded to LHINs.

For a hospital janitor that's a lot of money to place in the hands of unelected Liberal appointees.

I object to seeing my public health care dollars being transferred over to the private sector. Put our health care dollars to work to build a better health care system.

The new LHIN bureaucracy will not add a single new caregiver to the health care system.

Does this government really want to balance the budget on the backs of the lowest paid workers in the health care system?

I have seen what the competitive bidding process has done to my fellow union members in the home care sector. It is a travesty that these workers are subjected to poverty level wages and do not have the same rights to their jobs when their home care agencies are flipped, as any other Ontario worker whose company may be sold to another. They have successor rights to their jobs. Home care workers do not.

Fix this system. Do not try to foist it on to any other health care workers.

In the Greater Toronto Area, 16 hospitals have joined together to form the Hospital Business Services Corporation. All material handling at each of the 16 hospitals will be turned over to this new entity on April 1st. Supervisors will no longer be hospital employees, but will be HBS employees. I believe this is just the beginning stages of the privatization of "non-clinical services" in hospitals. HBS is the model, I think, all LHINs will use to move functions not related to direct patient care over to for profit enterprises.

In Toronto there are five LHINs. Each is to develop an integrated health service plan for its specific geographical area. How then can the HBS operate as a super structure across the GTA LHINs, if the LHINS according to Bill 36 have exclusive jurisdiction in determining what services and how services are to be delivered in their area?

Section 26 and 28 of Bill 36 gives the LHINs wide ranging powers to privatize.

The Bill allows for the transfer of services, from public to not-for profit entities.

Sec. 33 allows the Minister of Health and the government to transfer services or to have a health care provider cease performing any prescribed service.

This Bill, which allows a health care program or service to be moved from one location to another, means health care employers will apply for Bill 136 votes (Public Sector Labour Relations Transition Act) frequently.

It will create labour relations chaos.

The government must amend the legislation to ensure workers jobs will not be sold off to the highest for profit bidder. Health care workers must not be stripped of their union collective agreements.

As a hospital worker I do not want to see the end of central provincial collective bargaining. Central bargaining has given a stability to labour relations in the hospital sector. With the creation of the LHINs will each LHIN become responsible for labour relations? Since a LHIN's main purpose is to cut costs the first thing a LHIN, as the Minister already has, is to find ways to reduce human resources component of the budget.

With the introduction of the LHINs is there any more need for the Ontario Hospital Association to act as a lobbyist or the lead negotiator in labour relations?

I repeat health care workers must have a right to a fair and impartial system of resolving collective bargaining disputes.

The Minister of Health says this legislation will not close hospitals, but he can not guarantee that services will not be transferred or that some hospitals may just become walk in clinics or converted into long term care facilities.

The Minister said in his opening remarks to this Committee that this legislation is not going to extend the competitive bidding model to the entire public health care system. He said the words "competitive bidding" are not in the Bill. This is exactly why health care service workers are very nervous.

The weasel word here is "entire". "Non clinical" services will be contracted out if this legislation passes. If the government side of this committee takes the Minister at his word, then I say put it into the legislation that health care

service workers' jobs will not be put on the auction block to the lowest bidder.

Why should any Hospital try to save money in their budgets or create a budget surplus if the Hospital has to hand back any surpluses to LHINs?

Numerous times in front of a hospital audience at open forums, the president of the Toronto East General Hospital, Rob Devitt, said how pleased he is that our hospital has a surplus in the budget or that the budget is balanced. He is concerned that the LHIN chief executive officer will take any surplus in the Toronto East General Hospital budget away for the LHIN's own use. He wonders what the point is of cutting hospital costs and carefully manage the hospital budget. Where would the incentive be to cut coats and save?

How can the 14 LHINS cooperate and coordinate with each other should a plague like SARS or pandemic bird flu strike Ontario since Public Health is not included in the LHIN model?

I wish to thank the Committee for your time. Thank you.

Respectfully Submitted,

Julian Mazur