Health Care Conference highlighted need for continued activism

Unifor health care members gathered in Halifax September 28-30 to learn more about the issues facing health workers in Ontario and Nova Scotia.

“More than ever, our health care system needs defending and our health care workers need respect and support,” said Katha Fortier, Assistant to the National President. “We come together at this conference to build our power, to educate each other, and to use this collective power to advocate for every health care worker in the country.”

Representatives from the Canadian Health Coalition, Ontario Health Coalition and the Nova Scotia Health Coalition shared the focus of their activism and how Unifor members can plug into these campaigns.

Keynote speaker Dr. Monika Dutt, Medical Officer of Health and CEO at Timiskaming Health Unit and past chair on the board of Canadian Doctors for Medicare, shared her hope for Unifor members to rally around the campaign for pharmacare and push local candidates ahead of the next federal election to make it a key platform issue.

Two Nova Scotia MLAs from the Nova Scotia NDP spoke about their initiatives for health care workers and patients, in a province that still has 100,000 people without a family doctor. Tammy Martin, MLA for Cape Breton Centre, was recently thrown out of the legislature for asking the Liberal government about emergency room closures and the plans to shut down an entire hospital. And Dave Wilson, MLA for Sackville-Cobequid, spoke of his support for all health workers - not just first responders - to receive presumptive coverage for PTSD.

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“We have the power to make real differences in the lives of health care workers, and that in turn, will benefit every single hospital patient, resident of a nursing home or long-term care facility and every member of our communities,” said Unifor Health Care Director Andy Savela. “We saw the power of our union recently at the Port Arthur Health Centre - we can continue to build this capacity and make all our lives healthier and safer.”

In June 2018, the federal government established an Advisory Council on the Implementation of National Pharmacare to get Canadians’ feedback on what a national drug program should look like. This consultation, which closed on September 28, included an online discussion forum and a questionnaire.

The Unifor Health Care Council focused on encouraging all Unifor members and their families to take the online questionnaire and support the idea of a universal pharmacare program. Members were asked to share their feedback on what national pharmacare can and should look like and Unifor continued to promote a national pharmacare program on social media and through our networks and coalitions.

Unifor industry councils also heard about the consultation at this year’s Canadian Council and members could easily take action through the Unifor mobile app. Early in September, members from coast to coast to coast received a letter from the National President’s office, calling on them to add their voice in support of universal prescription drug coverage. In addition to this, subscribers of our weekly e-newsletter, Unilink, also received reminders to join in the online discussion.

This consultation was a significant milestone in lobbying for a national drug plan. We know that Canadians need pharmacare to provide comprehensive coverage and fair access to prescription medication for everyone. In particular, we have made it clear that what we need is universal prescription, and not a patchwork system that may subject Canadians to demeaning means-testing to determine eligibility.

Now that the consultation is wrapped up, a report-back is expected, which will be posted at www.canada.ca/pharmacare. Updates will be shared by Unifor on Facebook and Twitter, through our weekly online newsletter, Unilink and in future editions of The Pulse.

Local 2458 member wins Excellence in Care award

Sarah Heuston of Local 2458 won the Excellence in Care of Older Ontarians award, presented by the Registered Practical Nurses’ Association of Ontario.

“This award goes to demonstrate that as nurses, we go the extra mile in patient care, even in the face of budget cuts and ever-increasing workload for health care workers,” said Heuston. “In Ontario, we need to redouble our efforts to address the threat of privatization, if we are to continue to provide patients with the high quality care they deserve.”

The Excellence in Care of Older Ontarians award is dedicated to Martha Thumlert, an older adult who died unnecessarily from a hospital-acquired infection. This award celebrates the dedication of an RPN who provides exceptional care to our beloved older adults in a manner that is respectful, compassionate, professional and exemplifies nursing excellence. In particular, the award acknowledges a nurse who is focused on the improvement of safety and well-being of older Ontarians by demonstrating knowledge, innovation and leadership.

“Local 2458 extends its heartfelt congratulations to Sarah for the recognition of her dedicated work,” said Tullio DiPonti, President of Local 2458. “We must continue to advocate for adequate funding in health care, in order to protect health care workers’ right to a workplace that facilitates the provision of such award-winning care.”
NSHA Bargaining Update – collective agreement awarded for administrative professional bargaining unit

On September 18, 2018, mediator/arbitrator William Kaplan issued an award that establishes a collective agreement for more than 3,000 employees in the Health Administrative Professional Bargaining Unit at the Nova Scotia Health Authority (NSHA) and the IWK Children’s Hospital.

The award came after one day of mediation-arbitration that took place September 18, 2018 and concludes a process that began in October 2016.

The Council of Health Care Unions is made up of CUPE, NSGEU, NSNU and Unifor. The Council was legislated to negotiate 16 collective agreements down to one each for the IWK and NSHA.

This award established a six-year term of agreement. Approximately two years remain in the term.

All monetary improvements in this new collective agreement will become effective today except for those where the agreement specifies a different date. For example, some wage increases are retroactive to 2016 and some will not take place until some point in the future.

All other provisions including all language changes will not take effect until November 17, 2018, unless otherwise specified in the award. This is necessary to allow both sides to prepare for the changes required. During this time the transitional collective agreements that members have operated under since 2011 will remain in effect.

Shift and weekend premiums will have the same adjustment amounts applied as in the healthcare bargaining unit.

This concludes bargaining for the Administrative Professional Bargaining Unit. The Support Services and Nursing Bargaining Units will now begin their bargaining.

Join the rally to protect public health care

We are facing a health care crisis in Ontario – our underfunded, overcrowded system is at risk of further cutbacks that threaten patient care. Ontario’s health care system cannot afford any more cuts. Instead, our government needs to reinvest and rebuild this system, keeping it in public hands.

Join us as we rally against health care privatization and cuts on October 23, 12 pm - 2 pm at Queen’s Park, Toronto. In partnership with the Ontario Health Coalition, this rally will see thousands of Unifor members fight back to protect public health care – we hope you will be one of them.

Mike Moffatt, economist at Western University has tallied the cuts to health care that Doug Ford has proposed. The total is a whopping $22 billion in cuts from provincial revenues over three years. Despite these cuts, Mr. Ford also promised to end hallway medicine.

Mr. Ford has no mandate to cut and privatize health care, but pro-private anti-public health care lobbyists will likely try to manufacture a fiscal crisis, and use it to justify devastating cuts and privatization. In response to these threats to our public health care model, mobilization is vital. We must publicly demand a health care system that works for patients, not one that favours private corporations.

The overwhelming majority of Ontarians oppose health care privatization and cuts; our voices matter and we can help set the agenda. But to do this, we need activists like you to push for improvements to public health care.

Please join this rally – a show of strength is vitally important now.

Buses are being organized across Ontario. To sign up and for more information, email politicalaction@unifor.org.

RALLY
Tuesday October 23
Stand up to protect our public health care
12 p.m. Queen’s Park

Buses are being organized across Ontario. To sign up, or for more information, contact politicalaction@unifor.org.

Join us. It matters. We can protect public health care if we take a stand.

Sponsored by the Ontario Health Coalition
www.ontariohealthcoalition.ca

Ontario Health Coalition
Layoffs, shift reductions at nursing home sparks protests

Chatham’s Copper Terrace Nursing Home, a for-profit operator, issued layoff notices and shift reductions for nurses and personal support workers (PSWs) in June. Local 2458 learned that three full-time Registered Practical Nurses (RPNs) would be eliminated, effective September 22, as well as 28 hours of care removed from the service unit. The reduction in shifts for the service unit took effect on October 1.

The employer significantly reduced hours for workers who provide direct care and know the residents best but then immediately turned to Plan A for replacement workers. Plan A is a for-profit operation that strictly provides relief PSWs, RPNs and Registered Nurses (RNs) in nursing homes, and are expanding rapidly across the province.

“For some reason, employers are willing to use the services of Plan A, instead of the front-line caregivers whom the residents know and trust,” said Tullio DiPonti, President, Unifor Local 2458. “Long-term care employers have always stressed continuity of care, so hiring relief staff from an agency, especially when they have laid off their regular staff makes no sense.”

Plan A attracts nurses and PSWs by offering significantly higher hourly wages than are paid by the industry, as well as preferred scheduling options. The nursing homes also pay a significant premium to the agency.

“What is really astounding is that nursing homes are prepared to pay agency workers better than they will pay their own employees,” said Mike Kisch, First Vice-President, Unifor Local 2458. “In June, when we were notified of the layoffs, they committed not to use outside workers because this is a clear violation of the collective agreements. Yet they have proceeded to do just the opposite, as we can clearly see these workers being oriented in the workplace.”

This controversial move comes at a time when long-term care in Ontario is facing a crisis due to underfunding. In response, health care workers, Local 2458 members and members of the public came together on October 3, to rally against cuts to front-line care for seniors in long-term care.

“Shortages of PSWs have reached crises levels across the province and long-term care employers clearly have no plan to provide real solutions,” said Katha Fortier, Assistant to the National President, Unifor. “Instead of introducing another for-profit agency, they should be concentrating on the conditions of care, including adequate staffing levels.”