Unifor’s health care conference brought together the largest group of health care workers ever, as more than 203 participants from 19 local unions in Ontario and Nova Scotia gathered at the union’s education centre in Port Elgin from June 9-11.

This yearly national conference explored the need to advocate for strengthening universal public health care, a national pharmacare program, ending cuts to hospitals and long-term care, as well as minimum hours of care.

Conference delegates also had the opportunity to root these issues in their own experience during workshops on mental health, workplace stress and bullying; a new vision for long-term care and violence in the workplace. The conference also heard from Assistant to the President Katha Fortier, Atlantic Regional Director Lana Payne and Health Care Director Andy Savela, in addition to a number of thought-provoking guest speakers, including from coalition partners.

“We're the only country in the world, with universal health care without a universal drug plan,” said Silnicki, adding that a national drug plan would save $11-14 billion a year, for government, business and residents.

With the departure of long-time health care National Executive Board member Nancy McMurphy, President of Unifor Local 302, the conference also nominated health care activist Shauna Wilcox, Financial Secretary of Unifor Local 4600 in Cape Breton, on behalf of the Health Care Council.

The event also featured presentations by the Canadian Health Coalition’s National Co-ordinator Adrienne Silnicki and Blood Watch’s Co-Founder and Chair Michael McCarthy, who emphasized the need for a universal, publicly-funded pharmacare program and why we must ensure that blood collection services stay public.

“I am sure that losing medicare would be devastating for working people,” said Sean Meagher, Executive Director of Canadian Doctors for Medicare. Meagher spoke extensively about the threat to public health care, posed by encroaching privatization and government failure to uphold the Canada Health Act.
Nursing home staff burning out

Health-care professionals at Vision Nursing Home in Sarnia took to the street with an information picket to push for better working conditions.

Nursing home workers Shelly Yates and Nick Smith were among about a group demonstrating this past May outside the Sarnia long-term care home. The information picket was calling attention for better staffing levels.

“The staffing levels are so low that we’re working too long and getting burnt out,” said Shelly Yates, chairperson of the Vision unit with Unifor Local 302. Shelly had just finished working 10 days straight. “For residents to get the care they deserve, we need more time for them”, said Yates, noting workers are experiencing unprecedented levels of fatigue and this problem is widespread across the province.

Splitting PSW’s amongst the units at the home, absences that result sometimes in just two workers caring for a unit of 32 residents, or workers pulling double shifts to cover the gaps are just a few of the issues raised. “We’re putting the resident at risk for safety and the staff at risk for getting injured.” She also noted that new recruits need proper training, rather than getting placed into the job to fill empty spots before their training is complete.

Vision recently hired new staff and in the last six months, the home also has started slotting extra hours for patient baths, she said. There’s no mandatory minimum for nursing home funding, she said, explaining homes are funded according to patients’ needs through a formula called case mix index.

Speaking out for much-needed Pharmacare program

With all the turmoil south of the border about health care, it’s easy to think that Canada has it all figured out. But Canada remains the only country with a publicly-funded health care system that does not include a prescription drug plan.

“Pharmacare has been talked about since 1964 following the introduction of our Medicare system, but no government in all that time has taken the step to provide prescription drug coverage for Canadians,” said Katha Fortier, Assistant to the President. “It’s time that we demanded Pharmacare as a necessary part of affordable, accessible health care for everyone.”

In the more than 50 years since it was first discussed, there have been multiple reports, studies, commissions, and campaigns all showing how beneficial a national Pharmacare program would be for Canada and for Canadians.

There have been incremental adjustments to provincial health insurance programs over the years, with several provinces protecting residents from “catastrophic” drug costs only, but a true universal system continues to be just out of reach.

“We have excellent allies in this campaign and there is a feeling right now that if we are loud enough about the benefits of Pharmacare, that we might just succeed,” said Andy Savela, Unifor Health Care Director. “The key for us will be to be consistent and to mobilize as many members as we can – this is an issue that affects everyone, not just health care workers.”

Unifor has supported national petitions written by the Council of Canadians and by the Canadian Health Coalition and will be embarking on a national campaign of its own in the coming months.

“You can’t have a universal system where the coverage for care stops at diagnosis for so many people,” said Fortier. “It’s well-known the best outcomes for patients happen when they can follow their recommended treatments, and currently one in ten Canadians can’t afford the medications they are prescribed.”

Look for more information about the Pharmacare campaign in upcoming issues of The Pulse, and on Unifor’s Facebook and Twitter pages in the coming months.

Hold the date

Unifor Health Care Council will be meeting at 3pm Thursday, August 17th prior to Canadian Council in Winnipeg to hold elections for Health Care Council. Delegates will also endorse a candidate to sit on the National Executive Board.

We will be holding an RPN meeting in Ottawa on Wednesday, September 27th at 2pm (call letter to follow) the day prior to the start of the RPNAO conference to discuss issues facing RPN’s including the recent actions of the RNAO. Dianne Martin CEO of the RPNAO will be speaking and taking questions. This year’s RPNAO conference will feature keynote speakers Margaret Trudeau and Jann Arden.

We are in the process of coordinating a Long Term Care Lobby following the Ontario Regional Council meetings in December. Plans are to have a lobby training session at the conclusion of the ORC on Sunday December 3rd and lobbying at Queen’s Park Monday December 4th.
Unifor responds to Ontario’s announcement on enhanced emergency medical services

On June 5, the Ontario government announced three substantial changes to the way emergency medical services will be delivered in the province. These changes include:

1. Updating the program 911 Dispatchers use to more accurately assess, or triage, patients in their time of need.
2. Expanding and enhancing the use of Community Paramedic Programs, or CPPs, so patients may be able to avoid a hospital altogether.
3. A proposed pilot project where local fire departments could hire paramedics to work on a fire truck, and provide “first response” care, while waiting for an ambulance to provide transportation to hospital.

Unifor believes the first two changes to emergency medical services in Ontario will prove very beneficial.

Dispatch

For quite some time, Unifor has called on the provincial government to update the current dispatch system. Under the current system, virtually all 911 calls end up labeled a “high priority”, or “lights and sirens response.”

Statistically, less than five per cent of ambulance calls turn out to be life-threatening. This mismatch between real and perceived emergencies ties up ambulance resources, leading some to conclude that Ontario has an “EMS problem.” In reality, the problem lies with faulty dispatch software. Upgrading to new software will give 911 dispatchers the tools they need to properly triage patients, and will result in patients getting the right care, at the right time.

Community Paramedic Programs (CPP)

CP Programs leverage the high skill-set of a paramedic to add efficiency to the health care system. Paramedics can perform early hospital-discharge care, and run clinics and check-ups in house, which results in fewer non-essential visits to emergency room departments by patients. In turn, the patients discharged early create room in the hospital for patients waiting to be admitted from ER. This makes space for the paramedics to then drop off any new emergency patients, instead of waiting in a hallway on “off-load delay.”

Unifor is concerned and disappointed with the third change proposed to emergency medical services delivery. Unifor paramedics believe there is no additional role for local fire departments to play in the delivery of emergency medical services. Local fire departments and police officers are already equipped with defibrillators to treat patients in cardiac arrest. Science has shown that these patients are the most likely to benefit from a rapid response. Allowing fire department vehicles to speed to any additional calls creates a significant public safety hazard, while causing further strain on already tight municipal budgets through increased fuel, training and maintenance costs when compared to ambulances, and offers no measureable benefit to patient care.

Fire departments also cannot transport patients, meaning regardless of their arrival on an emergency scene, they will be tied up waiting for underfunded ambulance units to arrive; this does not improve patient care, and actually compromises the fire department’s ability to perform fire suppression and rescue duties in the community.

Staffing and running one ambulance costs approximately 1/4 as much as staffing and maintaining a fire truck. Cities have limited resources to spend on EMS. Any dollar spent on a duplication of services, cannot be spent on increasing real capacity to the existing ambulance services, which are facing call volume increases of six per cent annually.

Unifor believes the government must work quickly to implement the first two steps of their enhanced emergency medical services plan. The union also believes the third step will be expensive, inefficient and ineffective, and is calling on the government to remove this portion of their plan.

Unifor responds to Ontario’s announcement on enhanced emergency medical services
After nearly a year of fighting provincial budget cuts to long-term health care, members in Nova Scotia shared stories of their activism at June’s Atlantic Regional Council. Because of their grassroots efforts, supported by a coordinated campaign from the national union, the issue of the province’s cuts to long-term care homes became a heated election topic.

“We saw on election day that people across Nova Scotia no longer trusted Premier McNeil and wanted to send him a strong message,” said Lana Payne, Atlantic Regional Director. “Voters knew about how these budget cuts impacted residents thanks to our committed members and long-term care workers who spoke from their hearts about the disappearing food and medical supply budgets.”

Payne presented a Recommendation to Council on political activism to build on the work done by long-term care workers and to continue building Unifor as an active, effective and universal workers’ movement.

“McNeil held onto his majority by a razor-thin two seats, and that was partly due to our union getting the word out on his harmful cuts to health care and long-term care,” said Payne. “There are many ways that a union protects workers and their families, and having our members involved and active in politics is essential.”

McNeil’s Liberals only pledged to restore a small amount of the budget that has been cut over the previous two provincial budgets, so there remains work to be done to protect long-term care.

“They clearly felt the pressure during the election when they realized that we weren’t going to sit quietly while they took money from our residents,” said Jessica Dauphinee, Political Action Coordinator and long-term care worker in Nova Scotia. “We have the oldest population in the country and need to have the resources there to provide every resident with dignity and each long-term care worker with the respect they deserve.”

Atlantic Regional Council draws attention to long-term care activism

Durham Council has approved the redevelopment of the Rockwood Terrace Long Term Care facility by a vote of 10 to 8. The redevelopment will include a major investment to the home increasing capacity from the current 100 beds to 166 beds, all of which will ensure that the residents of the community will not only retain their home in their community, but benefit from the upgrade for years to come. It will also preserve the good paying jobs of our Unifor Local 302 members.

This is a significant victory spurred on by an amazing effort from the lobbyists. They were tenacious, tireless and committed, never once backing down. Council certainly had their feet held to the fire as the public outcry grew at the very real proposition that the home may well close. They stood strong in defending their community and the residents of the home. Thanks to the Rockwood committee led by Renee Bourque and Jeff Wells for their incredible work along with the unwavering support of Local 302 Financial Secretary Rusty Sproul.

Rockwood Terrace – solidarity saved the day!