

**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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Good Afternoon, my name is Maria Turco. I am a member of Service Employees International Union local 1.0n and I have been working as a Clerical Support at St. Joseph's Hospital for the past 34 years. In this time I have seen many changes, and in my opinion some were for the better and some were not.

I am here today not only to speak to you as a health care worker but as a concerned citizen.

There has been much talk about the government not wanting to privatize health care, if this is the case then why are there private hospitals and P3 hospitals already running in Ontario?

Almost \$200 million will be spent to set up a new LHIN bureaucracy.

This will not add a single family doctor, specialist or direct hands on care provider to Ontario's health care system. (As we know doctors are not even included under the LHINs Legislation). It is almost impossible to find a family doctor, how is LHINs going to address this shortage?

How can spending this much money make health care better and easier to access for any ordinary citizen?

Section 33(1) will allow the government to cease performing any prescribed non clinical service and to integrate the service by transferring it to the prescribed person or entity. This section of Bill 36 gives the government the right to privatize more health services particularly “non-clinical services”

For example – dietary, laundry services, housekeeping services, clerical services can all be contracted out as these services are considered **non clinical services**.

The broad definition of services and the right of the LHIN to move any non-clinical service means only one thing, the devolution of these services to **for profit providers**.

Therefore this Bill will be used to contract out non clinical services which will result in thousands of health care workers losing their jobs. Once jobs are lost workers will not be able to file grievances through their collective agreements.

The Public Sector Labour Relations Transition Act, will not apply where the Ontario Labour Relations Board issues an order declaring that it does not apply. In other words, the government wants to remove the protection of current collective agreements from health care workers.

Displaced non-clinical service workers will have no right to transfer their union contracts to the for profit private provider of non-clinical services.

We have said the Ontario government wants to use Bill 36 to control health care costs through the privatization of health care workers' jobs. These workers, I want to remind this committee, are the least costly component of the health care system. Yet we provide essential services that result in the smooth operation of a hospital. Even something as simple as not providing the proper diet to a patient could result in death or severe medical complications.

Health Care Workers must be assured our jobs are protected, our wages and benefits are protected, and our pensions are protected.

LHINs has already resulted in 42 District Health Councils being closed down, packages being offered to these displaced workers. Many of these workers will probably be hired in the new LHINs offices of which there will be only 14. Are you telling me that all of the displaced workers in 42 District Health Councils will be given jobs in the LHINs office, how will this save any money?

The only way I can see this happening is by the cutting down of services to the public. We are already waiting up to two years to see specialists and obtain much needed services, how is LHINs going to effectively take care of this problem?

I do not think that anyone is adverse to change, when change will improve services, however I do not see anything in the LHINs that will improve services.

We still do not have enough doctors (who by the way are not considered health care providers by the LHINs)

Wait times for tests and procedures are anywhere from 6 months to 2 years.

We now have to pay for Eye Doctor Appointments, visits to the Chiropractor, physio visits that are over and above the ministries cap. How can we say that LHINs will be helping us when the services we had in the past are been cut. Will this new LHINs make health care more accessible and faster? How?

These are some of the problems in our health care system, where in Bill 36 do we see a plan for improving these issues?

Travel for people living in the North is also a problem. How to get to an appointment or a place to stay if undergoing tests is also a problem. We offer a service, but the cost for getting there and day to day living expenses is not the LHINs problem. Some people have to travel anywhere from 2 hrs. to 6 ½ hrs to obtain health care. What are LHINs offering people – publicly

funded health care services or services that will cost them thousands of dollars that they do not have.

Mr. Smitherman said in his speech “that not a single hospital is going to close on my watch. Period.” If this is the case why then in Bill 36 – Integration by the Minister (28) (1) After receiving advice from the local health integration networks involved, the Minister may, if the Minister considers it in the public interest to do so and subject to subsection (2) order a health service provider that receives funding from a local health integration network under subsection 19 (1) and that carries on its operations on a not for profit basis to do any of the following on or before the date set out in the order:

1. To cease operating, to dissolve or to wind up its operations.

If Mr. Smitherman is not thinking about closing any hospitals why have this paragraph in the document (Bill 36).

In closing I do not feel that people react badly to change, people just react **TO BAD CHANGE.**

Respectfully submitted by

Maria Turco