



From the **PRESIDENT** Linda Haslam-Stroud, RN

## LHINs pose major challenges

**As winter settles in, we must turn our attention to a major reform of the Ontario health care system likely to have considerable impact on ONA members and patients.**

**I refer to the Liberal government's Local Health Integration Networks (LHIN) model.**

At ONA, and among our allies in the Ontario Public Service Employees Union (OPSEU), the Service Employees International Union (SEIU) and the Canadian Union of Public Employees (CUPE), this legislation provokes numerous concerns.

Let me point out, first of all, that ONA has no problem with the notion that health care delivery can be better when it is coordinated locally or regionally. No one knows the needs of the residents of Sudbury, Windsor, Hamilton and Cornwall like the people who live there. A system that really establishes local control and planning over hospitals, long-term care, community care and public health can be an excellent one. In our view, however, it is clear that local control isn't really being enhanced with LHINs. Board members for the 14 regional bodies are appointed, after all, by Queen's Park; we should keep in mind that LHIN boards are vastly different than school boards, elected by the citizens of a community.

When it comes to patient care, ONA is very concerned that through this new model the competitive bidding system, so disastrous for Community Care Access Centres (CCACs), will eventually be implanted in other institutions. CCACs are being aligned with the new local networks. Will certain services be consolidated in regional centres, for budgetary reasons, forcing rural or smaller town Ontarians to travel farther than they do now? Will hospitals lose ser-

vices to clinics that obtain contracts from their local LHIN because their bid is a lower one, causing RNs to lose their jobs?

In home care, as you know, the profit motive has meant poorer patient care as well as less work for non-profit agencies like VON that pay a union wage. Case managers tell me that patients who need home care but aren't "serious enough" cases, often go without. The level of qualified staff, including RNs, is eroded, as for-profit agencies

reduce services and reap earnings on the backs of our patients and ONA members. We mustn't extend such practices to other areas of this province's system.

Meanwhile, we are determined to ensure that our hospital members, if and when their jobs move into the community through this process, are not stripped of their rights. Union contracts must follow nurses into the community. Nor do we want to expend useless energy fighting with other unions over representation rights in a realigned sector. Our wish is to retain current ONA members and collaborate with our allies in the labour movement. We will be vigilant and active in defence of our patients and members.



## ONA makes a splash at first OFL convention

**ONA's first-ever delegation to a convention of the Ontario Federation of Labour, November 21 to 25 in Toronto, heard OFL President Wayne Samuelson praise the nurses' union for already "making its mark"... and then take Queen's Park to task for not fulfilling its promises in health care and in other areas of public policy.**

Referring to the Mike Harris days as the "nastiest" epoch in Ontario's past, Samuelson suggested that current Premier Dalton McGuinty should have wanted to "make his individual mark" on Ontario. On the contrary, he argued, the government is largely remaining true to the Tory legacy. Touching on a range of themes, Samuelson

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**ON THE COVER:** ONA President Linda Haslam-Stroud, RN, addresses participants in a rally against P3s at Queen's Park, organized during the November convention of the Ontario Federation of Labour (OFL). In this issue: OFL coverage, [PG. 2](#); November PCM report, [PG. 3](#); Rallies to say, Not Enough Nurses! [PGS. 4-5](#); Needlestick campaign, [PG. 6](#); ONA organizing at York Central Hospital, [PG. 7](#).

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# ONA makes a splash at first OFL convention



OFL President Wayne Samuelson.

emphasized Queen's Park's performance on labour legislation, pointing out that 1950s Conservative Premier Leslie Frost acknowledged that a card-based process for certifying unions in workplaces was a democratic one – subsequently respected by all three parties that have governed Canada's most populous province in the post-war period. But when a new sort of Tory party came to power in the 1990s, the Labour Relations Act “was turned into a weapon to be used against workers.” To get a union, it became necessary for employees to “vote” once by signing a card and then again by secret ballot; the five days separating a union's submission of its signed cards to the Labour Relations Board and this second election is a “window [of opportunity] for intimidation” which employers, Samuelson said, take advantage of.

The Liberals restored card certification for construction workers. But what about cookie bakers, nurses, journalists and janitors? The present government, Samuelson said, has refused to restore the balance and preferred to maintain legislation skewed in favour of employers.

The OFL President also spoke strongly to problems plaguing the health care sector, citing the federation's *Understaffed, Under Pressure* campaign.

Where are the 8,000 nurses Queen's Park promised to hire, he asked? Are patients really getting better care? “It's not better, it's getting worse.”

The convention also saw lively discussion and strong resolutions dealing with violence against women and workplace injury. “Work shouldn't kill or cause injury to anyone...but it does,” said the



ONA members at the convention.

OFL President. “We will not accept even one death in our workplaces.”

ONA President Linda Haslam-Stroud addressed the convention on this subject in the wake of the tragic death of registered nurse Lori Dupont. “Nurses whose colleague was killed by a co-worker,” she noted, “tried to revive that same physician after he was brought dying to hospital.” This trag-

edy in part occurred, Haslam-Stroud said, because an employer did not provide a safe and healthy workplace. The message was clear: Nurses are utterly dedicated to giving care, regardless of the circumstances, but they must be protected.

A presentation on alternative financing for hospitals and other public services (P3s) highlighted the extent to which private business wants to get its hands on education and health care – sectors still largely in the public sphere but with plenty of profit-generating possibilities – and how far this process has advanced in Britain. Speaking in favour of the federation's Action Plan on P3s, Haslam-Stroud emphasized how creeping privatization will mean poorer care for Ontarians.

## OFL: Standing up for health care

Health was at the top of the agenda at the OFL, as delegates discussed and approved a policy document entitled *Rebuilding Health Care*. Highlights of the federation's statement include the following:

*As a labour movement we must stand with other like-minded Ontarians and say that in our health care system we want:*

*Fair treatment for... workers; no privatization; improvements to the capacity and resources of our public system in order to deal with such issues as low staff levels, workloads and wait times; improve[ment] of our capacity to evolve the public system to address issues not currently part of the system such as home care, pharmacare, chiropractic, physiotherapy, dental and vision care programs...*

*The Liberal government has had little apparent difficulty in supporting and accepting Tory policies implemented during their period in office (1995-2003), policies which the Liberals had spoken against while in opposition. The most obvious example of*

*this is the public-private-partnerships (P3) form of privatization... Rather than abandon the P3 model, the Liberals embraced the idea and gave it a new name...*

*The “reforms” undertaken by the British government under Prime Minister Tony Blair have an appeal for Ontario's Liberal government with their talk of “transformative change” or “government which steers but does not row.” [But] in Britain's P3 hospitals, 26 per cent of hospital beds have been cut... and the staff has been reduced an average of 30 per cent.*

The OFL Action Plan for health care includes: continuing to lobby MPPS to build support for the federation's understaffing campaign, while pressing the government to act now to staff the system adequately; continuing outreach to community agencies and organizations beyond the labour movement, including the Ontario Health Coalition and seniors' organizations; and ensuring privatization of health care is an issue in the federal election campaign.

**Calling all members! Don't forget to look at this issue's insert on the latest promotional offer from Bell!**

# Provincial Coordinators Meeting addresses full slate of issues

Local leaders and Board members gathered at the Royal York Hotel in Toronto from November 9-10 for ONA's most recent Provincial Coordinators Meeting – a gathering coloured by the orange and blue tones of the Not Enough Nurses Campaign.

Key aspects of President Linda Haslam-Stroud's report included an update on the provincial government's plan to re-organize health care delivery in Ontario via 14 Local Health Integration Networks (LHINs). Haslam-Stroud noted that the local bodies expect to have a full complement of directors by early 2006.

LHINs, Haslam-Stroud told the crowd, was one of several topics touched on during her October 11 meeting with Minister of Health and Long Term Care George Smitherman. The union President expressed serious concerns to the Minister about a health delivery reorganization that will boost privatization and reduce qualified staff needed to care for our patients. Haslam-Stroud also emphasized the importance of unionized registered nurses being able to "carry" their jobs, with all their hard-won rights and benefits, from hospitals to the community to the extent that the government's regionalization strategy reduces employment in institutionalized settings.

On another note, PCM delegates were informed about Minister Smitherman's assurance that the recent hospital award, which some hospital managements had indicated could provoke budgetary problems, would not lead to additional nursing layoffs. "We will be watching very carefully to ensure this is the case," said Haslam-Stroud.

Delegates also heard that ONA's \$2 million "Not Enough Nurses Campaign" is gathering momentum and attracting media attention around the province – a sample of which, in the form of a booklet of selected press clippings, was made available. Apart from informing a supportive public about the crisis wracking Ontario's health care institutions, the campaign has caught the attention of a government that would like to convince citizens it



Outgoing First VP Susan Prettejohn (right).

is fulfilling its campaign promise to hire 8,000 nurses. "George Smitherman must hear our message," noted the President.

Other PCM highlights included guest speakers Linda O'Brien-Pallas, professor of nursing at the University of Toronto and renowned CBC journalist Michael Enright. O'Brien-Pallas, whose original research was invaluable to ONA in its preparation of the union's nursing shortage background publication *Patients Matter: The Roots of a Health Care Problem and How to Alleviate it*, made a detailed presentation on how patient care workload, compounded by the increasing acuity of an aging population, is rapidly outstripping nursing capacity.

Keynote speaker Enright acknowledged that the media does not do a good job of advancing the cause of nurses – and then proceeded to make the case that newspapers, radio and television are increasingly trivialized and more devoted to the sale of entertainment than the delivery and interpretation of relevant news.

As for the nursing shortage, he told ONA to "hold the government's feet to the fire...There would be an uproar from coast to coast if we didn't have enough police or firefighters, so why not for nurses? You need to keep punching to get your message across."

Members at the PCM.



A reminder to members and staff that the Timmins office is now located at the **Canadian Mental Health Association Building**, Suite 203, 330 Second Ave. Timmins, ON P4N 8A4.

# Rallies across the province for Not

ONA members in Ottawa, Sarnia, Toronto and elsewhere have taken their message to the street, distributing leaflets to members of the public, handing out buttons and bumper stickers, and explaining the roots of the nursing shortage plaguing the province. In Toronto, RNs even promoted ONA's case to delegates attending the convention of the Ontario Hospital Association (OHA) in November. Below are a series of photos from these actions, as well as samples of our twelve solutions to the health care crisis.

**Solution one:** Add RNs and other health professionals so that hospitals, centres for long-term care and home care serve patients better.

**Solution three:** Invest as necessary to make the health system work. Patients are worth the expense.

**Solution five:** Aim for no fewer than 12,000 new, permanently funded nursing positions by 2008.

**Solution seven:** Offer full-time jobs to all working and graduating nurses who desire them. Turn overtime into new jobs.

**Solution ten:** In the case of home care, put an end to the system of competitive bidding and for-profit services. Neither patients nor workers have been well-served.

To read all our solutions, visit [www.stillnotenoughnurses.ca](http://www.stillnotenoughnurses.ca)



# Enough Nurses



## Grey Bruce public health nurses settle

**Members of Local 4 reached an October settlement with the Grey Bruce Health Unit's Board of Health two days before the 53 public health nurses were set to strike, ratifying by an overwhelming margin a three-year contract that will expire in December 2007. The nurses made economic gains of three, three and four per cent.**

"We met our employer in the middle on a majority of the issues," said Bargaining Unit President Jane Dobisz, RN. One of the objectives still to be achieved in future negotiations is wage parity with other Ontario public health nurses as well as with those working in the hospital sector.

Members were disappointed that they were unable to obtain a maternity leave subsidy to put them on par with other health professionals in the region. But according to Dobisz, "Although we still

have some [bargaining] work to do, the employer offered us an agreement that allows us to continue to provide care for the clients and the community we serve."

"While we are pleased that there has been a settlement in this dispute," added ONA President Linda Haslam-Stroud, "we believe it is extremely short-sighted of an employer not to even consider maternity leave top-ups and job security language, useful to attracting and retaining nurses."

## ONA, SEIU and OPSEU launch needlestick campaign

**"Daily our lives are threatened. Nurses endure 58 per cent of needlestick injuries in the province. Many are terrified they'll infect their spouse or family members" with any one of 33 blood-borne diseases. With these words, ONA President Linda Haslam-Stroud kicked off a joint campaign with the Ontario Public Service Employees Union (OPSEU) and the Service Employees International Union (SEIU) to press the government to make safety engineered needlestick devices the law in Ontario.**

The unions have contributed over \$100,000 to fund an advertising campaign aimed at winning public support for their cause. Among other places, the ads were conspicuous on stairs leading up to the street at the Queen's Park subway station in the provincial capital.

Haslam-Stroud noted that nurses are especially nervous about contracting HIV and enduring the two years of blood tests that can follow a needle prick. While demonstrating for Queen's Park media how much safer an automatically retractable device is than a standard instrument (the cap of which slid stubbornly across the desk at which Haslam-Stroud and her union colleagues were seated), the ONA President argued that public money distributed so far by Queen's Park for improved needles has been "patchwork."

She said that in one institution alone there have occurred 31 needlestick injuries over the last six months, trauma that might have been averted if Ontario were to follow the lead of Manitoba and

Saskatchewan and bring in legislation. Noting that the difference in cost between a standard device and a safety-engineered one is presently about 15 cents, Haslam-Stroud wondered aloud if "nurses' lives are worth that much."

There is "no sign that Minister of Health George Smitherman even understands this issue," remarked OPSEU President Leah Casselman. "Prevention is much cheaper than treatment" for those health care workers who become ill as a result of a needle-sharp injury. "We need the law now, not later," added the OPSEU leader.

NDP Health Critic Shelley Martel, who introduced a private member's bill to make the devices mandatory, said that the cost of applying a law to acute care hospitals alone would cost about \$22 million a year. But advocates suggest that as economies of scale kick in, prices for safety needles will go down.

Members should fill in the online petition at [www.saferneedles.ca](http://www.saferneedles.ca) or write to their MPP.

## take NOTE

■ The professional association for registered nurses in this province, the Registered Nurses Association of Ontario (RNAO), has urged RNs to take a role in the upcoming federal election by pressing candidates and parties to protect Medicare, improve services for seniors and expand nurses' roles in the system. Like ONA, the RNAO recognizes that while provincial legislation largely governs nurses' working lives, federal government decisions are essential to the survival of a universal, one-tier system. "More nurses see themselves as part of the solution to current and future health care challenges," RNAO executive director Doris Grinspun told Canadian Press.

■ On December 1, ONA Local 13 Bargaining Unit President Ann Kennealy took the government to task for deciding to privately finance Sudbury Regional Hospital's capital construction project. "Alternative financing and procurement is just another expression for privatization," she said, arguing that resources should really be directed toward hiring full-time nurses and improving patient care. "The lack of front-line nursing staff has led to long overtime hours and adverse working conditions for nurses at Sudbury hospital," added Kennealy. "We're burning out, suffering illness and injury, and we are frustrated that we can't provide the quality patient care we're trained for."

■ Health Minister George Smitherman announced \$10 million to provide anatomically correct, computer-run mannequins for the training of nursing students across the province. The devices, said the Minister, "will make nurses more effective when they begin their clinical work." ONA reacted by warmly welcoming this innovation, but commented that nursing students require more hands-on training and mentoring by experienced nurses.

## ONA reissues censure of Bluewater; layoffs continue to loom

**November 3 saw ONA renew its censure of Bluewater Health in Sarnia, first issued in June 2002, as President Linda Haslam-Stroud, Bargaining Unit President Pam Gallie and several other nurses from the facility held a press conference on the sidewalk outside Sarnia General Hospital.**

Haslam-Stroud told reporters from the local press that management at the hospital network, which includes facilities in Sarnia as well as Petrolia, has not improved its employee relations practice. Specifically she cited an unfortunate refusal on the part of management to engage with Gallie on issues of excessive workload for Bluewater nurses. "It's time for [CEO] Dave Vigar to step up to the plate" when it comes to transparency and communication. The ONA President also cited, as a cause for complaint, an unnamed manager's temporary refusal — because of the censure — to attend meetings called to address staff grievances.

The censure is only the most recent event to bring Bluewater into the news in southwestern Ontario. Members of the Ontario Public Service Employees Union (OPSEU), the Service Employees International Union (SEIU) and ONA — along with a substantial number of concerned citizens from Lambton County — assembled in August to reject announced cuts. Management's original plan to eliminate a \$14 million deficit included laying off 53 registered nurses. At press time, final staff cuts were still being determined.

Health care workers and local residents were also angered by management's decision to close the palliative care unit at the Norman Street facility in Sarnia, a decision the government has since attempted to soften through a temporary hospice service in the community.

At the summer rally, ONA Region 5 Vice-President Jeanne Soden took aim at Queen's Park, noting that while the government makes a lot of spending announcements, hospitals aren't funded sufficiently "to provide the quality care that our patients deserve." She noted that Lambton County would lose almost 60,000 hours of nursing care if the announced cuts went into effect.

Soden also took Bluewater's board to task for its lack of transparency, saying that ONA Bargaining Unit President Pam

Gallie was unable to obtain a copy of a peer review report submitted by the agency to Queen's Park that, most probably, formed the basis of the hospital's deficit-cutting strategy. Months later, after NDP Health Critic Shelley Martel questioned Minister of Health George Smitherman in the legislature about the availability of the report (described initially by Bluewater management as unwritten), a version was made available.



Pam Gallie speaks to the media.

### Organizing: Picking up the pace at York Central

**Since ONA ended its moratorium in June 2004 on organizing, 18 new bargaining units and 264 RNs have joined the union's ranks. But by late 2005 the association's chief recruitment drive was focused on York Central Hospital in Richmond Hill where, according to recruitment and retention specialist Raymonde Boileau, a core group of 15 nurses working in the facility have been instrumental in communicating ONA's message to colleagues.**

Since a first meeting was held with registered nurses in June, ONA has produced seven bulletins and a pair of leaflets for distribution to these prospective members, as well as hosting a series of information sessions throughout October and November to inform interested RNs from York Central about the benefits of belonging to a union. In October, ONA professional practice specialist Rozanna Haynes spoke to York Central employees. November saw Erna Bujna address matters relating to occupational health and safety and the Workers Safety and Insurance Board (WSIB), while Hospital Labour Disputes Arbitration Act and long-term care specialist Shalom Schachter answered questions about collective bargaining.

York Central nurses have also been informed about the benefits of the Ontario Nurses' Legal Expense Assistance Plan (LEAP), indispensable for professionals brought before the College of Nurses of Ontario (CNO). Another key message delivered by Boileau and organizing colleague Stacey Papernick has focused on the union's ability to curb arbitrary acts on the part of employers. Finally, ONA

has underlined its role in fighting for measures to better protect nurses' health and safety, an issue keenly felt during the SARS crisis and threatening to arise again, if and when a flu pandemic recurs.

"We've tried to communicate the notion that a unionized environment means that there is a grievance procedure in place, that managers can't simply do whatever they like," says Boileau. "We have also pointed out that the presence of ONA ensures nurse representation on decision-making committees in the hospital. As well, a key message has been that when you have a collective agreement, layoffs, though difficult and unfortunate, don't mean that the employer can let go whomever they please. And we are finding many York Central nurses receptive to that message."

In November the hospital announced precisely that — layoffs. A response to balance-the-budget demands from Queen's Park? Possibly, nurses at York Central will conclude that what they need more than anything right now is a means of collective self-defence.

Visit our York Central hospital page at [www.ona.org](http://www.ona.org) for more on the campaign.

## Goodbye Lori: ONA mourns a member, friend and mother

ONA members were shocked and saddened by the stabbing death of member Lori Dupont as she worked at Hotel-Dieu Grace hospital in Windsor on the morning of November 12. According to an autopsy report, Dupont died almost instantly from a series of wounds to the chest and back. Police later charged 50 year-old anesthesiologist Marc Daniel with first-degree murder; the victim's colleague and reported ex-partner proceeded to take an overdose of drugs shortly after the attack. Found by police in a comatose state, Daniel subsequently died in hospital.

At Dupont's funeral, 24 nurses formed a two row honour guard behind an ONA banner. Some 600 mourners attended the service.

President Linda Haslam-Stroud noted that this tragic death raised questions about both workplace safety and violence perpetrated against women in our society. "We must demand that workers in hospitals and other workplaces always feel safe in performing their functions. Lori was terrified to walk from the exit of the hospital where she worked to her car. She needed more protection from her employer. She was also waiting for a restraining order against this man that took far too long to come through. So this terrible incident was also symptomatic of a larger problem. We need to educate citizens – men in particular – that violence is unacceptable, that turning relationships-gone-bad into murder is something no decent society will tolerate."



A series of anti-violence actions took place in the wake of Dupont's death. On November 28 members of the ONA Board joined the Ontario Association of Interval and Transition Houses and the Ontario Federation of Labour's new Secretary Treasurer Irene Harris outside the legislature at Queen's Park to rally against violence. On December 6, National Day of Remembrance and Action on Violence against Women, First Vice-President Susan Prettejohn attended a candlelight vigil for the slain nurse at the King's Navy Yard Waterfront Park in Windsor, while other Board members were at a similar event in Toronto. Members across the province joined in mourning activities.

In the legislature, MPP Marilyn Churley (Toronto Danforth) announced she was reintroducing a bill to amend the Occupational Health and Safety Act to require employers to protect workers from workplace harassment. Said Churley, this legislation "would give workers the right to refuse work in certain circumstances after harassment has

occurred, to require an investigation of allegations of workplace-related harassment and to require employers to take steps to prevent further occurrences..."

ONA is also demanding an inquest into Dupont's death, a fatality investigation by the Ministry of Labour and a strengthening of provincial laws to specifically protect women from dangerous stalkers.

The message was clear: Mourning is not enough.

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