NATIONAL SECTOR COUNCIL CONFERENCE

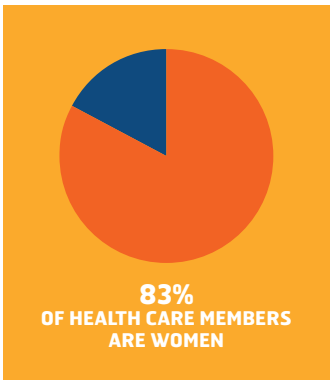
ORGANIZING FOR SUCCESS

HEALTH CARE

This profile is intended to provide CUPE members with basic information about the sector they work in from a national perspective. Find all our sector profiles and more information online at cupe.ca

CUPE represents health care workers in every province, with the largest numbers in Ontario, British Columbia (Hospital Employees' Union members), and Saskatchewan. Our nearly 148,000 health care members work in: hospitals, residential/long-term care (LTC), community health, home care, and at Canadian Blood Services (CBS).

About 83 per cent of our health care members are women, and 44 per cent of our membership in the sector works part-time or casual. Nearly 30 per cent of CUPE health care members are racialized workers including five per cent Aboriginal workers. A large majority of our low-wage health care members are women. More than 20 per cent of care aides, laboratory technicians, and home support workers are new immigrants. Racialized workers are disproportionately represented in housekeeping, home care and related occupations.



Funding

In most provinces, health care funding increases have been at or below inflation for the last three years. Funding has not kept up with inflation, the growing need for services, an aging population, and the need for reinvestment in technology and equipment. Austerity budgets in almost all jurisdictions are leading to understaffing and long waits for care – fostering calls for private, user-pay services.

Some provinces have not applied the full amount of federal health transfers to health care, instead applying the transfers to tax cuts or general revenue. With the expiry of the 2004 federal-provincial Health Accord, 2016-2017 is the last year that federal transfers will increase by six per cent. The Liberal government's continuation of the previous federal funding regime means that increases to federal health transfers over the next seven years will only be half as large as they have been for the previous decade.

CUPE and our allies have been campaigning for a renewed federal funding structure through a new Health Accord. Funding cuts have led to hospitals being closed, amalgamated or downsized. In every province, rural and smaller communities have lost their hospitals.

CUPE Canadian Union of Public Employees

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ISSUES

Privatization

Although health care is mainly a public system in Canada, creeping health care privatization is changing the nature of the sector. Privatization leads to worse care for most and worse working conditions. CUPE fights to stop health care privatization, while organizing workers who have been affected by privatization.

Provincial governments are allowing private, for-profit providers to offer more health care services. Quebec's *Bill 20* legalized long-standing extra billing practiced by private clinics. This year, two private, for-profit MRI clinics opened in Regina, allowing those with the ability to pay for a scan to jump the queue.

In BC, CUPE's health care division, the Hospital Employees' Union (HEU), has successfully reorganized many workers in privatized services. HEU continues to fight 'contract-flipping' by Compass (Marquise), Aramark and Sodexo and negotiate new collective agreements every time contracts are re-tendered. HEU has been able to push back against the Health Employers Association of BC by restricting contracting out of full-time positions over the life of the 2014-2019 collective agreement.

CUPE, the HEU and the BC and Canadian health coalitions are working to keep health care in public hospitals and out of for-profit private clinics. The latest fight is against Dr. Brian Day, a BC doctor and clinic owner who is challenging Medicare by taking the province to court. Day wants people who can pay for private care to have the right to jump the queue for medically-necessary services.

In Quebec, CUPE supports the largest seniors' association – Réseau FADOQ – in their legal action to end extra billing for medically-necessary care. In New Brunswick, CUPE has worked to stop the privatization of hospital services.

CUPE and HEU members at Canadian Blood Services are campaigning against for-profit plasma and blood clinics, pressuring federal and provincial governments to follow Ontario's example and prohibit pay-for-plasma clinics. Union and community activists say there is no place for profit in our national blood system and that the workers deserve secure hours. CUPE members brought that message to the CBS public board meeting in June.

Long-term care

Most provincial governments are funding private, for-profit new long-term care (LTC) beds, rather than expanding public care for elderly and medically fragile Canadians. By organizing workers in these new homes, CUPE can improve care and working conditions.

CUPE campaigns in all provinces are calling for regulations to increase hours of direct patient care in LTC homes and improve staff workloads. Our members are also fighting LTC privatization. In Newfoundland and Labrador, CUPE and others were able to stop four new LTC homes being built as P3s. In the Miramichi region of New Brunswick, CUPE and its allies are fighting against three new P3 LTC homes.

Public home care

Constrained budgets mean more health care is being provided through home care services, instead of in facilities. Depending on their needs and condition, not all patients are best cared for at home, and home care is often insufficient. Families are pressured to add privately-paid care to public services. Decisions around care in the home must be made on a medical basis and not as the result of financial calculations.

Most home care is provided through private, for-profit businesses. Only 25 per cent of home care workers in Canada are unionized. Home care workers are often paid at, or near, minimum wage; face harassment and violence on the job; work irregular part-time hours and are not paid for travel time or personal vehicle use. CUPE is calling on the federal government to invest in a national home care program that is fully integrated with the public health care system, and where workers have stable, well-paying jobs. In December 2015, our National Executive Board committed to support home care workers in the struggle for full-time, well-paying permanent work with health benefits.

In Ontario, CUPE and the Ontario Health Coalition (OHC) won a 2013 freeze on home care competitive bidding, where contracts go to the lowest bidder, usually in the low-wage, for-profit sector. CUPE also has active home care campaigns in Nova Scotia, New Brunswick and Quebec.

Harassment and violence

Well-funded health care services come with good staffing levels and safer spaces for workers, patients and families. Funding cuts lead to overwork and understaffing, which creates dangerous workplaces.

A recent Ontario Council of Hospital Unions (OCHU) poll of staff at the North Bay Regional Health Centre found that a majority of respondents had experienced at least one incident of violence in the past year. Many respondents said that they had experienced nine or more occurrences of workplace violence.

The poll shows that registered practical nurses and personal support workers (PSWs) doing direct patient care are dealing with disproportionately higher rates of workplace violence. Fully 86 per cent of the nurses and PSWs polled experienced incidents of physical violence such as pushing, hitting or having items thrown at them.

Bargaining proper workload language can help prevent violence. OCHU negotiated a workload issue grievance process in the last round. The 2014-2019 HEU facilities agreement limits the number of six-day rotations, and the employer is required to prioritize work tasks when short-staffed.

In Saskatchewan, CUPE successfully fought an employer's requirement that workers' nametags display their first and last name. Members of CUPE 5111 were concerned that including their last name would allow them to be stalked, harassed or subjected to violence outside of the workplace. The arbitrator ruled that showing the full name endangered workers and violated provincial workplace health and safety law.

Staffing

CUPE continues to push for adequate staffing in the public health care system.

CUPE and HEU LTC "Time to Care" campaigns in BC and Ontario call for a minimum of four hours of direct care per resident each day, adjusted for complexity of care. OCHU advocates for a minimum staffing ratio of eight residents per personal support worker based on the high acuity levels in long-term care in Ontario. CUPE Ontario and the OHC are lobbying for better provincial LTC staffing legislation. Health workers, together with the BC Health Coalition pushed for the creation of a Seniors' Advocate to review seniors' care provincially. As a result, the BC government is now undertaking a LTC staffing level review.

PENSIONS

Almost 92 per cent of CUPE members working in health care can participate in a registered pension plan, and for two-thirds it is a defined benefit plan.

CUPE members working in hospitals, public LTC facilities, publicly funded community care, and community health programs are more likely to be covered by a pension plan than those in home care (both public and private providers) and in for-profit LTC centres.

Since part-time employees became eligible to join the Healthcare of Ontario Pension Plan (HOOPP), CUPE has campaigned to bring them into the plan. As a result, as of 2016, 48,000 part-time employees have pension coverage.

CUPE is campaigning with the Canadian Health Coalition for free, universal access to prescription medicines for all residents of Canada.

CAMPAIGNS

National public drug plan

CUPE is campaigning with the Canadian Health Coalition for free, universal access to prescription medicines for all residents of Canada. Canada is the only country with a universal health insurance system that excludes universal coverage of prescription drugs.

Prescription drug coverage was originally envisioned as part of Medicare. Provinces and territories are now cooperating to bulk-buy several drugs, but we need a more ambitious program and adequate federal funding to make prescription drugs affordable and safe.

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