

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

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CUPE represents 166,805 health care workers from coast to coast, who work in hospitals, long-term care, community and public health, home care, and at Canadian Blood Services and Héma-Québec. CUPE represents health care workers in every province, with the largest numbers in Ontario (Ontario Council of Hospital Unions members), British Columbia (Hospital Employees' Union members), Quebec (through the Conseil provincial des affaires sociales) and Saskatchewan.

Now more than ever, the COVID-19 pandemic is illustrating how critical our health care system and health care workers are to promoting and protecting public health and safety, and the broader public interest. Health care workers across the country are on the front lines of the current health crisis. They work to protect every one of us, while their own health and safety faces significant risks.

Issues

LONG-TERM CARE

No issue has come to the forefront in Canada throughout the pandemic more than long-term care. With 80 per cent of COVID-19-related deaths occurring among residents of long-term care homes, our governments have done a very poor job of protecting the lives of the most vulnerable among us against COVID-19.

COVID-19 did not create the problems we are witnessing within the long-term care system. Instead, it is shining a spotlight on those issues, and making them worse, especially when it comes to the chronic shortage of staff.

HEALTH AND SAFETY

Health and Safety is an ongoing concern for health care workers. CUPE health care workers have campaigned to raise awareness about violence in the workplace. In Ontario, OCHU/CUPE negotiated new language aimed at identifying and addressing workplace violence, and committing employers to training in de-escalation and organizational wide risk assessments aimed at reducing incidents of workplace violence against hospital workers.

Throughout the COVID-19 pandemic, health care workers across Canada have been hailed as heroes, but they have faced serious challenges, including:

- Lack of access to adequate and appropriate PPE
- High COVID-19 infection rates
- Fear of transmitting COVID-19 to family members and loved ones
- Inability to access appropriate child and elder care services
- Overwork, exhaustion, stress, burnout, and negative impacts on mental health

The work, dedication, and sacrifices of health care workers deserve our utmost respect, not just throughout the pandemic, but always. If employers do not provide a safe, healthy, and supportive work environment for health care workers, they will not be able to take care of us when we need them most.

PHARMACARE

Canada is the only country in the world with a universal health care system that does not include a universal drug plan. Quebec does have a system, quite imperfect however, where people are covered by a

public system if they do not have access to private insurance. Anyone with a health card should have access to the medications they need. That is why CUPE is campaigning for a universal prescription drug plan that covers everyone in Canada, regardless of their income, age, or where they work or live.

Even before the COVID-19 pandemic, 1 in 5 Canadians struggled to pay for their medications, skipped dosages, or did not fill their prescriptions at all because of cost. Now, 1.8 million people have suffered job loss or reduced work hours as a result of the pandemic. This means that many people have lost their job linked extended benefits and face more challenges covering the cost of their prescriptions. This loss of drug coverage will have significant impacts on peoples' health.

Pensions

Almost 90 per cent of CUPE members working in health care participate in a registered pension plan. For 60 per cent of those, it is a defined benefit plan.

Most CUPE members working in health care belong to large multi-employer pension plans, some aimed solely at health care workers or related industries, some plans are aimed at municipal workers and others are general public service plans. Most of these multi-employer plans are defined benefit plans. In British Columbia, health care workers belong to the Municipal Pension Plan (MPP), in Alberta it is the Local Authorities Pension Plan (LAPP) or the Nursing Homes and Related Industries Pension Plan (NHRIPP), in Saskatchewan the Saskatchewan Healthcare Employees' Pension Plan (SHEPP), and in Manitoba, the Healthcare Employees' Pension Plan (HEPP). In Ontario health care workers could belong to either the Healthcare of Ontario Pension Plan (HOOPP), the Ontario Municipal Employees Retirement System (OMERS) or NHRIPP. New Brunswick has the NB Hospitals & NB Nursing Homes Plan, Newfoundland has the Public Service Pension Plan (PSPP) and

Nova Scotia has the Nova Scotia Health Employees' Pension Plan. In Quebec, health care members belong to the Régime de retraite des employés du gouvernement et des organismes publics (RREGOP).

Bargaining

The vast majority of health care workers in Canada do not have the right to strike, however the bargaining landscape in the health care sector varies greatly by province. In British Columbia, Saskatchewan, Quebec and Nova Scotia, CUPE members in the health care sector participate in central bargaining as part of a broader bargaining coalition with other unions. Health care locals in Alberta negotiate their own stand-alone contracts. All CUPE members in PEI hospitals, long-term care facilities and housing are represented by CUPE 805.

In New Brunswick, the New Brunswick Council of Hospital Unions (NBCHU) negotiates a central agreement on behalf of 31 CUPE locals across the province, and the New Brunswick Council of Nursing Home Unions (NBCNHU) negotiates a central agreement on behalf of CUPE's 51 nursing home locals in the province. CUPE's health care members in Newfoundland and Labrador bargain with the province alongside other CUPE NL public service members in School Boards, NL Housing, Government House, NL Public Libraries, and transition/group homes.

In Ontario, most CUPE health care locals bargain centrally as part of CUPE's Ontario Council of Hospital Unions (OCHU), while some health care locals and those in the long-term care sector negotiate their own stand-alone agreements. In 2018 OCHU/ CUPE formed an alliance with other health care unions during central bargaining under the banner "Together for Respect." Together this bargaining alliance negotiated a contract with no concessions and new language aimed at eliminating workplace

violence.

In Manitoba, the 2017 *Health Sector Bargaining Review Act* reduced the number of bargaining units in the province's health sector to 18. After a series of local mergers and representation votes in 2018, CUPE emerged as the largest health care union in the province representing nine bargaining units and adding 9,000 new members.

Campaigns

FIX LONG-TERM CARE

CUPE has launched a national campaign, *Fix long-term care*, to put pressure on elected officials to address the problems facing the sector. Our recommendations include:

- Bringing long-term care into the public health care system and regulating it under the *Canada Health Act*
- Providing dedicated and adequate funding for long-term care through the Canada Health Transfer payment
- Implementing and enforcing national care standards, including staffing levels, and tying the standards to funding
- Eliminating the for-profit ownership of homes and the contracting out of facility services
- Increasing and standardizing workers' wages and benefits
- Eliminating precarity across the sector through the creation of full-time jobs for workers who want them
- Using public funds to build more publicly owned and operated homes

NATIONAL PUBLIC DRUG COVERAGE

CUPE is campaigning with the Canadian Health Coalition for a national public drug plan. Access to medication is impacted by employment status. Workplace benefit plans often involve deductibles, copayments, and annual maximums that make it difficult for workers to afford the medication they need. To contain the high costs of drug plans, employers are limiting the drugs that are eligible for coverage and workers are being asked to pay a greater portion of the costs. Before the COVID-19 pandemic, one in five Canadians had either no drug coverage at all or had inadequate coverage. That number has increased significantly during the pandemic, with millions of people losing their jobs and their employer-sponsored drug plans.

A national public drug plan would lower the per capita costs of prescription drugs and ensure that everyone has equitable access to the medication they need when they need it. In August of 2020 CUPE, the Canadian Health Coalition and eleven other national and regional organizations sent a joint letter to the Prime Minister, the Minister of Health and the Minister of Finance calling for the federal government to take immediate action to implement universal, public pharmacare. The time for the federal government to implement the recommendations of the Advisory Council on the Implementation of National Pharmacare is now. The Throne Speech on September 23, 2020, included a continued commitment to a universal pharmacare plan. We must keep applying political pressure until the next budget to ensure it includes the funding that's needed to get a plan off the ground.