SECTOR PROFILE

Health Care

NATIONAL SECTOR COUNCIL CONFERENCE

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 158,000 health care members work in hospitals, residential/ long-term care (LTC), community health, home care and at Canadian Blood Services (CBS).

FUNDING

In most provinces, health care funding is not keeping up with the growing need for services, an aging population, and for investments in new technologies, equipment and infrastructure improvements. Austerity budgets are making worse the problems of understaffing and long wait lists for services, resulting in increased staff workloads and violence against health care workers. Inadequate funding levels also means many Canadians can't access the care they need when they need it, prompting calls for private, for-profit and user-pay services.

When Medicare was implemented across Canada in 1968, the federal and provincial governments each covered 50 per cent of the cost. In 2017, the federal contribution dropped to 23 per cent and it's expected to slide to 18 per cent by 2024.

From 2004 to 2014, Canada had a Health Accord that set national health care standards and provided a six per cent annual increase in health care funding for all provinces and territories. In 2017, instead of negotiating a new Health Accord, the Liberal government negotiated separate, 10-year bilateral deals with the provinces and territories. The Liberals cut the guaranteed increase in health care funding to three per cent and failed to establish new, national health care standards. This amounts to a $31 billion reduction in federal funding for health care over the next decade. It's far below the financial commitment the federal government originally made to support our public system.

The reduction in funding will lead to further cuts to our already over-stretched health care services and won't let us expand services or create new ones. Funding and service cuts also bolster the demand for privatization, which creates two-tiered services that aren't based on medical need but an ability to pay. Without national standards in place, there's no assurance that the provinces and territories will deliver comparable services and quality of care. Where you live will have significant consequences for your overall health.

Issues

PRIVATIZATION

Privatization is eroding the public and universal nature of health care in Canada. Privatization leads to worse health outcomes and poorer working conditions. Private, for-profit long-term care homes tend to have lower staffing levels, less well-trained staff and worse resident health outcomes. CUPE fights to stop health care privatization to ensure that access to care is based on medical need – not an ability to pay.

The *Canada Health Act* says health care must be publicly-delivered without user fees or extra billing. But our governments have allowed private, for-profit surgical and MRI clinics to remain open, creating a two-tier system of care. They've also permitted

private, for-profit plasma collection clinics to operate in Saskatchewan and New Brunswick.

Publicly-delivered health care is safer, higher quality and costs less. A study on knee surgery for injured workers found that surgery in a for-profit clinic cost $3,200 compared to $960 in a public hospital and it took workers more time to return to their jobs after surgery.

Provincial governments need to find ways to reduce wait times for health care services. But privatization isn't the answer. It makes things worse by pulling staff out of the public system to work in the private sector. This decreases the hours of service available in the public system and makes wait times even longer.

CUPE is supporting the legal fight against Dr. Brian Day, the British Columbia doctor and owner of private surgical clinics who is pursuing a Charter challenge against Medicare. Day is fighting for the right to operate private health care services that would allow people to jump the queue for medically-necessary services by paying for them out-of-pocket.

CUPE continues to campaign against the establishment of private, for-profit plasma clinics. Health Canada allowed Canadian Plasma Resources to open private pay-for-plasma clinics in direct contravention of the Krever principles upon which our public blood system is based. We supported campaigns in British Columbia, Alberta and Ontario where paying people for their blood and plasma is now banned. We're now lobbying with our ally BloodWatch to support the federal *Voluntary Blood Donations Act* that was introduced in the Senate in the spring of 2018.

HARASSMENT AND VIOLENCE

The Ontario Council of Hospital Unions (OCHU) partnered with academic researchers to conduct a study on workplace violence. Members who participated in the study work in hospitals, long-term care and forensic and detoxification centres across Ontario as Registered Practical Nurses, Personal Support Workers, cleaners and housekeepers, personal care assistants, physiotherapy assistants, and administrative, dietary and maintenance staff.

The study's central finding is that violence is a pervasive and ongoing problem throughout the health care system. In some quarters, it is now considered to be a normal, everyday "part of the job." Clinical, environmental, organizational and social risk factors were found to contribute to violence and harassment against health care workers.

Violence can impact workers physically and psychologically. Some workers have been unable to return to work following an assault. For others, the violence-related stress they experience in the workplace impacts their personal and family lives. The costs of violence for workers across health care settings are very high.

Members of OCHU/CUPE who participated in the study made recommendations on how to address the issue of workplace violence. They include increasing staffing levels; replacing workers who call in sick; redesigning work environments; enhancing violence prevention training; providing adequate supports for workers who have been injured or experienced violence-related trauma; and ensuring staff always report hazards and violent incidents.

Following the release of the study, OCHU conducted a province-wide tour and campaign against workplace violence. The issue of violence and harassment was one of OCHU's priorities in its most recent round of bargaining. It successfully negotiated improvements to violence protection when members ratified their new collective agreement in April 2018. The gains made at the bargaining table aren't enough to stop the violence, but they are a step forward to addressing this pervasive problem.

THE OPIOID CRISIS

In 2016, 2,800 people across Canada died of an opioid overdose. In 2017, the number of deaths rose to 4,000, and in 2018 it's expected to climb to 6,000. In 2017, 72 per cent of overdose deaths involved fentanyl or fentanyl analogues like carfentanil. What's particularly tragic is that the majority – 92 per cent in 2017 – of overdose deaths are accidental and preventable.

CUPE members are at the forefront of the opioid crisis. Paramedics and hospital workers are responding to growing numbers of overdoses. Staff at Insite in British Columbia and the South Riverdale Community Health Centre in Ontario provide harm reduction services including safe consumption sites. Because our members work with the broader public in public spaces, even members who don't work on the front lines of the crisis may encounter opioid-related issues in their workplace, for example discarded needles, drug use, overdoses and fatalities.

Much work still needs to be done to reduce the stigma associated with drug use and addiction, and to strengthen our governments' responses to the crisis. Through organizing and collective bargaining, we must ensure that workers at the forefront of the overdose crisis are provided with the supports they need to deal with the pressures, stress and trauma they face on the job. This is particularly important for frontline workers who are employed on a contract, part-time or casual basis and lack the benefits coverage required to bring needed supports within their reach.

Pensions

Almost 92 per cent of CUPE members working in health care can participate in a registered pension plan. For two-thirds of those, it's a defined benefit plan.

In 2017, the organization that administers Manitoba's Healthcare Employees' Pension Plan (HEPP) eliminated all supplementary and bridge benefits for new members beginning January 2018. CUPE Manitoba spoke out against the changes because they've created a two-tiered plan with reduced benefits for new employees that disproportionately affects young health care workers and creates an unnecessary division between existing and future plan members.

Campaigns

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. One-third of workers don't have any drug coverage at all.

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. CUPE participated in the federal government's roundtable consultation on the implementation of a national drug plan. The government recognizes we need to improve our current patchwork system of drug coverage. Questions remain, including what the plan should look like and how we should pay for it. CUPE and allies are urging the government to implement a universal, single-payer plan that provides comprehensive drug coverage to everyone.

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