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Local 229**

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**It's Here and it's Good.
The Romanow Report, A Local Summary.**

On November 28th, 2002, Roy Romanow ended 18 months of study with an exhaustive Report from his one-person Commission on the Future of Health Care in Canada on how to fix our ailing health-care system. The Report, entitled "Building on Values: The Future of Health Care in Canada" contains 47 recommendations covering 10 critical areas.

His report dismisses any notion of parallel tier, for-profit health care; rejects user fees, medical saving accounts, de-listing of services, public-private partnerships (P3's), or other forms of greater privatization of the funding or delivery of health. He firmly endorses the vital founding principles of Universal Public Medicare. They are: universality, comprehensiveness, accessibility, portability and public administration. To ensure these are met, the commission recommends:

FEDERAL FUNDING

- Stable, predictable and multi-year funding to replace the existing Canada Health and Social Transfer (CHTS) for Medicare
- That the CHT provide long-term stability and predictability with an escalator tied to a rolling five-year historic average of GDP and a multiplier of 1.25
- Immediate targeted one-time bridge funding of five key areas: diagnostic services; catastrophic drug coverage; priority areas of home care; primary health; and access in rural and remote areas.
- Federal funding increases for insured services under the now expanded Canada Health Act (CHA), returning to the levels of 25 years ago.

MODERNIZING THE CANADA HEALTH ACT

- Update the comprehensiveness principle to include access to publicly insured diagnostic services and priority home care
- Limit the principle of portability to services within Canada only
- Add the principle of accountability
- Include an effective dispute resolution process

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IMPROVING ACCESS AND ENSURING QUALITY

- A Diagnostic Services Fund to invest in new diagnostic equipment such as an MRI and CT scans, and to shorten waiting lists.
- Clarifying coverage under the CHA to include all medically necessary diagnostic services as insured health services, and strongly supports direct health care services being delivered in public and non-public facilities.

RESISTING FOR-PROFIT HEALTH

- Firmly against incorporating a second tier of commercial, for-profit health care subsidized by the public purse, including public private partnerships (P3's).

GLOBALIZATION & HEALTH CARE

- Taking clear and immediate steps to protect Canada's health care system from possible challenges under international law and trade agreements and, more importantly, to build alliances internationally to protect public health from private investor rights.
- Future international trade agreements. Agreements on intellectual, property, and labour standards make explicit allowance for maintaining and expanding publicly insured, financed, and delivered health care.
- A leadership role for Canada in international efforts to improve health and strengthen health care delivery in developing countries through foreign aid programs for training health care providers and promoting public health initiatives.
- Reducing reliance on recruitment of health care professional from developing countries by emphasizing the need to solve our human resources shortage domestically rather than luring physicians from developing countries where their services are desperately needed.

INVESTING IN PRIMARY CARE REFORM

- Implementing primary health care based on targeted Primary Care Transfer as a fiscal incentive and relying on "best practices" approaches.
- A common national platform built on continuity, early detection, better information, and incentives for providers.

- Directions for reforms and ways in which the federal government can aid provinces in undertaking reform; key elements include multi-disciplinary teams providing care, and measures to address the shortage of health care providers.

EXPANDING THE PUBLIC HEALTH SYSTEM

- Bringing provincial workers' compensation plans under the national public health insurance plan.

INVESTING IN A NATIONAL PHARMACARE PROGRAM

- A Catastrophic Drug Transfer Plan as part of a long-term strategy to ensure eventual comprehensive prescription drug coverage.
- A National Drug Agency to serve as a comprehensive streamlined process of drug approval, price setting, and evaluation, as well as ensure quality, safe, and cost-effective prescription drugs; and a national formulary of prescription drugs to provide cross-country consistency, ensure objective assessment, and contain costs.
- Improving access to generic alternatives, containing costs of patented drugs, and developing a medication management program for chronic and life-threatening illness as an integral part of primary health.
- A review of pharmaceutical industry practices related to patent protection, and specifically practices of "evergreening" and notice of compliance regulations.

EXTENDING MEDICARE TO INCLUDE HOME CARE

- A Home Care Transfer Fund to build a national platform for home care services and inclusion of home care in priority areas under the CHA; priority areas are identified as mental health (case management & rehab), post-acute (medication management and rehab) and palliative (last six months of life) home care.
- Providing special benefits under the Employment Insurance scheme for informal caregivers absenting themselves from work to care for their sick, elderly or disabled relatives.

ENHANCING ACCOUNTABILITY AND TRANSPARENCY

- Setting up a new intra-governmental body to foster collaboration and co-operation among levels of government.
- A Canadian Health Covenant as a vision statement for Canadian values and outline for the responsibilities and entitlements of individuals, providers, and government.

HEALTH HUMAN RESOURCES

- Changing the scope and patterns of practice of health providers while developing strategies to address the supply, distribution, education, training, and changing skill and pattern of practice for Canada's health workforce.
- Reviewing current education and training programs to focus on integrated approaches for preparing health care teams, ensuring rural and remote communities have an appropriate mix of skilled health care providers, and substantially improved information on our health workforce.

RURAL AND REMOTE COMMUNITIES

- A Rural and Remote Access Fund to improve access, quality, and service, including addressing recruitment and retention of health workers and expanding tele-health.

OTHER RECOMMENDATIONS

1. Establish personal electronic health record for all Canadians.
2. Protect personal health information privacy through an amendment to the Criminal Code.
3. Provide better health information through a comprehensive source of information.
4. Expand scope, effectiveness, and co-ordination of health technology assessment.
5. Create new research centres for health innovation
6. Build stronger linkages among researchers within Canada and globally.
7. Develop programs and services that recognize the different health care needs of men and women, visible minorities; people with disabilities; including new Canadians

8. Identify and respond to the needs of official language minority communities.

CONCLUSION

In conclusion Romanow decisively rejects the claims of neo-liberals and marketers that private markets or for-profit corporations in either insurance or service delivery were the necessary antidotes to an unsustainable public health care system. He also states "Medicare is a worthy national achievement, a defining aspect of our citizenship and an expression of social cohesion. Let's unite to keep it so."

As Canadians we need to remind our elected political representatives that their status is conditional on their support for strengthening and extending Medicare. The future of the Report, and of Medicare itself is now in our hands. Our commitment and determination as Canadians to Medicare will now decide its future.

For a more complete summary visit our website with links to the national or call the office and ask for a copy. An online petition to support the Romanow Report at www.petitiononline.com/romanow is available. It only takes a moment to register your support.

OTHER NEWS

CAW REACHES TENTATIVE DEAL AT CITY HOMES

Late night bargaining December 12th with the City of Thunder Bay has resulted in a tentative deal for the three City Homes for the Aged. The bargaining committee led by President Andy Savela, and included Nancy Taylor, Heather Scarcello, Susan Wragg, Vaughn Magill, Kevin Nelson and National Rep. Tom Murphy, worked diligently to get a fair deal to recommend to the membership. Ratification meetings were held December 15th and received 86% membership approval.

EDUCATION COMMITTEE

The education committee has planned the following workshops for January and February of 2003

January 25 Collective Bargaining

February 22 Advanced Stewards Training

WHAT YOU NEED TO KNOW ABOUT THE FLU SHOT

In November of this year the CAW Legal Department released an Inter-Office Communication for Health Care Service Representatives on the flu shot.

In Ontario, the Health Promotion and Protection Act (s.22) provides that a medical officer of health, may, by written order, require a person to take or to refrain from taking any action the order specifies in respect of a communicable disease. The order may be made where the officer, on reasonable and probable grounds, is of the opinion that a communicable disease exists or may exist or there is an immediate risk of an outbreak of a communicable disease in the health unit served by the officer; that the communicable disease presents a risk to the health of persons in the health unit and that the requirements specified in the order are necessary in order to decrease or eliminate the risk to health. Influenza is of course considered a communicable disease, and it is with this authority that the medical officer of health can dictate who can and cannot care for clients during an outbreak in the order.

In spite of this legislation, the legal department advises that grievances should be filed against mandatory flu shot policies. CUPE has recently won what may be the first arbitration decision striking down a hospital's mandatory flu shot policy. In this case the Board ruled that mandatory medical treatment goes far beyond lie detector tests, fingerprinting or even medical examinations. The Board also noted though, that in this case the hospital did not apply to the medical officer of health for an order, patients and visitors did not require vaccination, and the issue was never raised or bargained during collective agreements.

Prior to this victory there had been several unsuccessful challenges, and in one case the Board considered the mandatory flu shot rule a "relatively modest intrusion into the employees' bodily integrity" in the facility which provided continuing care for the elderly. In another case a dismissal of a registered practical nurse was upheld for refusal to obtain a flu vaccination after

uncontradicted evidence was provided from a medical officer of health regarding the importance of immunization where the residents of nursing homes are at high risk for contracting influenza.

Many employers are developing policies that put employee's who refuse influenza vaccinations under suspension without pay during an outbreak. In some cases exceptions have been made for refusal based on medical or religious grounds. Past arbitration awards have upheld this employer right, with the only exception to date, occurring when the employer did not ask the medical officer of health for an order. No one is sure just what would happen if the majority of workers refused vaccination and didn't leave enough vaccinated employee's on the job to run the workplace. The union committee should ensure employer policies contain, where possible, a reassignment option.

In October of 2002 the Ontario Government changed the Ambulance Act, dropping the mandatory flu vaccination for paramedics. Based on this change CUPE withdrew their constitutional challenge to the Act. Paramedics were the first and only group of health care workers legislated to receive a flu vaccine and across the province they made headlines as they stood up to this unjust and unreasonable law. It is likely that because of their public challenge, legislation will not spread to other health care workers. CAW fully supports the right of members to choose and is opposed to mandatory vaccination. If you have concerns in your workplace about the flu shot, talk to your worker representatives and become informed. Additional information on the flu vaccine can be found in the CAW Health and Safety Manual for Health Care Workers.

WELCOME NEW MEMBERS TO LOCAL 229

January 1, 2003 paramedics at 14 district ambulance bases will officially become one bargaining unit with the CAW, after the City of Thunder Bay took over administration and applied to the Labour Board to have one union. Bargaining will begin early in the new year.

