



SEIU Healthcare
Bill 106 Submission To
Standing Committee on Finance and Economic Affairs

APRIL 6, 2022:

Members of this committee, my name is Sharleen Stewart.

Thank you for hearing from me today.

I'm joined today by Michael Spitale in his role as Advisor to the President and Government Relations Director, as well as Adrienne Telford, legal counsel for SEIU Healthcare and an expert in the areas of pay equity and the Charter.

The Service Employees International Union – SEIU – represents 2-million members across the United States, Puerto Rico, and Canada.

I proudly serve as International Vice-President of our union, as well as President of SEIU Healthcare, which represents over 60,000 frontline healthcare workers in the province of Ontario.

SEIU Healthcare is the largest union in Ontario's long-term care and home care sectors, and we fight everyday for the safety and security of all health care workers.

We're proud to advocate shoulder to shoulder with other health care unions like ONA and CUPE who are in front of this committee today.

To our knowledge, no union was consulted in the details of this legislation.

It's concerning that unions whose job it is to represent the interests of workers were not consulted, and yet, judging from the legislation text, employers like hospital executives or nursing home chains clearly were – I'll come back to this later.

Bill 106 is both flawed and absent any real clarity as to who receives the undisclosed enhancement.

As Members of Provincial Parliament, you don't even know who might receive an enhancement and who won't.

All you know is that a Minister and a future cabinet have the regulatory authority to provide one.

MPPs are as much in the dark on Bill 106 as PSWs; yet you're being asked to vote on its passage.

When the temporary wage enhancement of \$2-\$3 for some PSWs was announced it wasn't perfect, but in the middle of a crisis it was understood to be an emergency measure to bring urgent relief.

Nearly two years later, we know now the effort is simply not working to recruit and retain the PSWs we need.

Furthermore, Bill 106 does absolutely nothing to address the critical shortage of so many other essential members of the health care team.

Staff throughout the health care system, and throughout the care economy more broadly, need a plan that works, as do the people of Ontario who rely on their essential services.

As a province we devalue so-called "women's work" ... we see that in the wages and working conditions of women in the care economy. We saw that in Bill 124. And we see that in the flaws of Bill 106.

This omnibus bill could and should include mandatory WSIB protections for DSWs who are at serious risk of injury, but Bill 106 fails to deliver the enhanced safety and security DSWs deserve.

Last month our union wrote to all party leaders and called on them to work together to make sure that the final bill that passes include, as a minimum, the following five provisions.

First, the legislation must include all PSWs, not just some. Several employers in the hospital sector are already suggesting that some PSWs who previously qualified for the temporary enhancement will not be included in the Bill's regulations.

What do they know that you do not? Who is giving hospitals instructions to put a sand box around the pool of eligible PSWs? And who lobbied the government to have Bill 106 interfere with pay equity obligations?

Second, our union has repeatedly called on all parties to adopt measures to immediately raise the minimum wage of PSWs to at least \$25 per hour and for it to be universally applied across all sectors of the health system, because a PSW is a PSW is a PSW whether they work in a hospital, a nursing home, or in the home and community care sector. And regarding expenses, PSWs should be fully compensated for the true cost of gas necessary to travel from one homecare client to another. MPPs don't pay for work-related travel, neither should PSWs.

Third, to successfully confront the health human resource crisis in Ontario, this legislation should include all workers, including registered practical nurses (RPNs) whose wages are far too low. SEIU Healthcare continues to demand the province to raise the minimum wage of RPNs to at least \$35 per hour to stop the hemorrhaging of these frontline health professionals.

Fourth, it's time Ontario adopt sectoral bargaining in healthcare to address the system as a whole. We're seeing workers jump from one job or sector to another in the hopes of a more secure, better paying, job. Sectoral bargaining would create the wage fairness and full-time jobs required to deliver continuity of care for our seniors and vulnerable patients. This legislation is a chance to bring stability to healthcare services and healthcare jobs.

Finally, we asked that this legislation include the repeal of Bill 124 and help reverse the exodus of workers from the healthcare system.

Regrettably, Bill 106 fails on all five recommendations.

Yesterday, the President of the Treasury Board, ironically the same office that brought in Bill 124, is now saying that Bill 106 is meant to stabilize the workforce to make sure we have enough nurses and PSWs.

The health human resource crisis will continue under Bill 106.

PSWs will remain underpaid and receive unequal pay for equal work because of Bill 106.

And pay equity protections will be weakened because of Bill 106.

Like we said, a flawed piece of legislation.

Thank you.

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In addition to the five recommendations mentioned above, below are **ADDITIONAL RECOMMENDED AMENDMENTS**:

- In light of the constitutional infirmities of the Bill, it is recommended that this Committee and the Legislature request a legal analysis of the constitutionality of Schedule 7 from the Constitutional Law Branch of the Ministry of the Attorney General, prior to passing it.

- It is further recommended that at a minimum:

- Sections 5, 6 and 8 be removed from Schedule 7
- Section 7 be amended to repeal Bill 124 in its entirety; and
- The following non-derogation clause be added:

Non derogation

For greater certainty, nothing in this Act shall be construed as abrogating or derogating from the rights and requirements under the Human Rights Code, Pay Equity Act, Labour Relations Act, 1995, Hospital Labour Disputes Arbitration Act, Crown Employees Collective Bargaining Act, 1993, and the Canadian Charter of Rights and Freedoms.