



Catholic Health Association of Manitoba
Association catholique manitobaine de la santé
МАНІТОБСЬКА КАТОЛИЦЬКА АСОЦІАЦІЯ ЗДОРОВ'Я

To: The Legislative Committee on Bill 6
From: Dan Lussier, Chair of the Catholic Health Association of Manitoba (CHAM)
Date: Monday June 11, 2012

INTRODUCTION:

Good evening and thank you for the opportunity to speak here tonight.

My name is Dan Lussier and I am the CEO of the Catholic Health Corporation of Manitoba and the Chair of an umbrella group – the Catholic Health Association of Manitoba – CHAM for short.

I am here tonight to share CHAM's concern that portions of Bill 6 will make it increasingly more difficult for us to continue to do the good work that our members have been doing in the community for hundreds of years.

It appears to us that the core of Bill 6 was created to better manage regional health authorities, which we have no comment on.

But found deeper in this Bill, the government has added bits of legislation that we feel would change the way we work in partnership with the Manitoba government.

Bill 6 would greatly enhance the control of government, including RHA bureaucrats, over aspects of our operations that are absolutely essential to our autonomy. This includes interference with such

matters as our processes for selecting leaders and for compensating them.

As the Catholic Health Care Association of Manitoba has stated:

“In Catholic health organizations, it is the Chain of Mission that actualizes the Mission of the Corporation. The Chain of Mission links, in an unfettered way, the Members of the Corporation (Sponsors), the Board of Directors and the Corporation’s CEO. It maintains a continuous bond of Mission throughout the staff, volunteers, physicians and communities. It is for this reason that recognition of the board and CEO as independent leaders in carrying out the Mission of the individual members within the system is a fundamental provision of Catholic Health Care.”

Bill 6 also includes control over the operating surpluses we achieve through our own distinctive innovations and efficiencies.

This kinds of intrusion are inconsistent with:

- provisions for autonomy in Service Purchase agreements;
- the faith based agreement;
- the respect previously provided in RHA legislation for such agreements;
- the principle of freedom of religious expression recognized by the Charter, as interpreted by the Supreme Court of Canada in cases such as Amselem;

Our members have been reliable and resourceful organizations delivering health and social services to thousands of Manitobans for hundreds of years.

The changes added to the end of Bill 6 that relate to independent and non-profit agencies will affect the good work we do for the community.

Our distinctive faith-based mission, the community support that rallies behind it, and our leadership are all crucial factors in enabling us, in our own distinct way, to support the delivery of front line care to those who are ill and suffering. We cannot make our own innovative and distinctive contribution to the health care system of this province if our autonomy is constantly eroded and we are subjected to even more pressure to act as just another branch operation of one centralized provincial bureaucracy.

We hope the members of this committee will review those sections, remove them and allow us to address your needs outside of hard and fast legislation.

Allow me to first give you a bit of history of how long we've been working alongside government to provide compassionate care for Manitobans.

The Statistics

As an umbrella group CHAM represents health and social services organizations spread around the Province - that we call Communities of Service.

Our Communities of Service are delivered in five main areas of care:

1. Primary and Community Health Care
2. Acute Care
3. Long-term Care

4. Comprehensive Services to People Living with Developmental Disabilities
5. Housing and Social Services

Under the CHAM umbrella we represent

- **18** - Communities of Service and their foundations
- **9,500** - full time and part time Employees
- **1,750** - Volunteers
- **Over 200** - Volunteer board members that we appoint who then oversee
- **\$460 million** - in combined annual operating budgets

Some of our organizations are large and you will be very familiar with them. They include St. Boniface Hospital, Misericordia, St. Amant Centre, Holy Family Home and Actionmarguerite and Marymound.

Other organizations are Sara Riel, Flavie Laurent and Abri Marguerite – smaller services created more recently because we saw a need in our community. We often work with government and step up to those in need today – like people with mental disorders and the poor in our community.

Short History

Most of these organizations were originally started by religious orders like

- the Grey Nuns,
- the Oblate Sisters,
- the Sisters Servants of Mary Immaculate,

- the Benedictines,
- the Sisters of Misericordia,
- and the Sisters of St. Joseph.

They created, built and sustained everything from our very first hospital on the banks of the Red River just over 140 years ago to services for new immigrants landing in Winnipeg today.

They did this because they saw a **need** in our community and it was their mission to provide people with love, care and compassion.

If I can just pause this history lesson – I would suggest that if all of us in this room were looking for a vision for health care today – we need only look at their example - love, care and compassion.

And in fact it's why we have so many committed volunteers today that support the health care budget with their volunteer hours – because they also believe our institutions can be places of love, care and compassion. And they provide that every day, bolstering the health care budget.

Years ago the Sisters knew that their number were dwindling, but they still had a responsibility to ensure their good works would continue to provide compassionate care.

In the case of the Grey Nuns for example, they created a new organization and transferred the responsibility to govern their good works to lay people. And the Catholic Health Corporation - or CHCM - was born to do exactly that.

Today CHCM is responsible for appointing the boards of directors to several non-profit, independent agencies in Manitoba. We, as our partner faith-based health facilities, seek out the best members of

our community who also believe creating compassionate health care contributes to efficient and cost affective health care.

Simply put, we know when we treat people with respect they have a more positive experience in our health care system.

These community board members take their jobs of continuing the tradition of compassion and care, very seriously. These volunteer men and women serve the Manitoba taxpayers who provide government with funding that our members steward very carefully.

At CHCM, as within the other members of CHAM, we also provide those organizations with an accountability and transparency framework.

We tell them that in keeping with over 600 years of collective service tradition we expect them to

- continue to respond to **unmet needs** of the health system and community,
- strive for **excellence** by developing quality indicators that can help measure where we are and how to get better,
- be **sustainable** and make sure we can be as efficient as possible to get the work done while using resources wisely, including being accountable and transparent not only with government, but with our staff, the people we serve and their families.
- be **ethical** in all that we do.

With all this, we feel that all these organizations presenting today have been very valuable partners in the delivery of care here in Manitoba.

We know that the traditions of our organizations have made us innovative and creative. Every day we find unique solutions to problems because we have a deeply rooted responsibility to serve our community. Increased legislation brings a real risk of losing that innovative drive.

It is the difference between a relationship with a government that manages and operates or a government that seeks accountability and monitoring. We prefer the latter.

Effects of Bill 6:

In conclusion our members were disappointed to see portions of Bill 6 that could change the work our dedicated community volunteers do every day in things like hiring senior management and how resources are spent.

As stated before in the other presentations, there are already many ways and means that government and our facilities can come together, in a cooperative spirit, to address issues. The Service Purchase Agreements, are one forum to find common ground in the service of the public.

We urge “Don’t treat a special cause like a common cause.” There may have been issues at one or two institutions. But were they not resolved through the existing legislative framework and the cooperation of the health care corporation involved? And if not, surely the best approach is one that is finely focused on whatever change is needed to address a particular problem, not to create sweeping new powers for the bureaucracy at the expense of fundamental principles and longstanding agreements.

We respectfully request that those provisions related to health agencies like ours be removed from Bill 6 so that we can continue to work with government and build a vision of compassionate health care together.

We would like to have an opportunity to have further discussion with government about how it wants to hold third parties like us accountable because we want to continue to want to be a valued partner.

Thank you.