



Canadian Union of Public Employees

**Submission to the Manitoba Legislative
Standing Committee on Bill 29**

The Health Sector Bargaining Unit Review Act

May 8, 2017

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The Canadian Union of Public Employees (CUPE) is Canada's largest union, with over 643,000 members across Canada, and 26,000 members in Manitoba from across the broader public sector. Amongst our membership are 12,000 health care workers from across Manitoba - from Flin Flon in the north, to Emerson in the south.

While most CUPE health care members in Manitoba work in facility support – holding positions like health care aides, maintenance workers, dietary aides, clerical workers, and others – CUPE represents Manitoba health care workers across the entire health care spectrum including dietitians, social workers, lab techs, and other professional/technical workers, as well as nurses, midwives, and doctors.

CUPE members play a vital role in our province, delivering the high-quality health care that all Manitobans depend upon.

While we believe that the existing system of bargaining has served Manitobans and health care workers well – whereby major issues of compensation and benefits are negotiated at a multi-employer, multi-union table, while leaving site specific issues to local bargaining tables – we have from the very beginning been open and willing to discuss with government potential bargaining restructuring.

We remain committed to doing so.

We have also been consistent in our message to government, that any reforms should be guided by the following principals:

1. Protecting and improving patient care;
2. Supporting and respecting health care workers who perform challenging work and make significant personal sacrifices to provide excellent health care to Manitobans;
3. Respecting the democratic decisions already made by health care workers about their current union representation.

We do not believe that Bill 29 (*The Health Sector Bargaining Union Review Act*) respects these principles. Further, we believe that collaboration between health care unions and this government could produce a superior collective bargaining model that works better for government and health care workers alike.

As an alternative to Bill 29, CUPE along with the Manitoba Federation of Labour and other health care unions, have presented to government a simple and practical alternative vision for health care bargaining. This alternative vision includes the creation of *Union Bargaining Councils* which would serve as the bargaining partner to the *Employer Bargaining Councils* which are proposed in Bill 29.

Under such a scenario multiple employers and multiple unions could still exist in each health region and for each sector of workers, but the Employer Council and the Union Council would have exclusive responsibility for bargaining, ultimately settling on one contract to apply across the whole health authority for each sector of health care workers.

Unions certified to represent employees would continue to perform all other functions normally reserved for bargaining agents, except for collective bargaining which would be the purview of the *Union Bargaining Council*. In this way, health care workers would continue to receive the same support and servicing from their existing, familiar, and previously certified union representatives.

Bargaining councils are not a new concept. In fact, bargaining councils have been the standard form of health care collective bargaining in British Columbia for many years. In BC health care bargaining takes place on a province-wide basis. Multiple unions are represented by the Facilities Bargaining Association, the Nurses Bargaining Association, the Health Science Professional Bargaining Association, and the Community Health Bargaining Association. Through this model, the provincial government has obtained a collective agreement to apply to all workers in each sector, while unions have maintained their historical relationship with their members.

Indeed, very recently the government of Nova Scotia and health care unions in that province agreed to adopt a bargaining council model. In Saskatchewan health care unions are proposing the adoption of a bargaining council model in response to the province's decision to move to a single health authority. There are models out there that we can use to help guide us – while of course adopting to suit our needs here in Manitoba.

We believe that the bargaining council model we have proposed is a superior model to Bill 29, and has significant benefits to both health care workers and government. The bargaining council model has the following key benefits:

1. It would achieve the government's objective in reducing the number of collective agreements in health care;
2. It would achieve the government's objective of uniformity in collective agreements, and create a process that would allow for movement of health care workers between facilities;
3. It would avoid the disruption, distraction, and uncertainty of new union representation votes – votes which undermine the democratic decisions that health care workers have already made in choosing their union representation;

4. Bargaining councils could be implemented more quickly than Bill 29;
5. The bargaining council model could be adapted to meet the needs of workers and government in the case that this government, or any future government, should choose to:
 - i. decrease or increase the number of health authorities;
 - ii. change the boundaries of existing health authorities;
 - iii. bargain a province wide agreement that applies to all health authorities.

When Bill 29 was introduced we were told, along with the rest of health care unions, that this legislation was just one possible outcome – that the government was interested in collaborating with health care unions to reach an outcome which could avoid the necessity of this legislation.

We are here today to tell you that we embraced that offer and have brought forward a vision today that we believe is not only practicable, but preferable, to the one laid out in this legislation. If government was truly honest in wanting to work cooperatively with health care unions to find a solution, we firmly believe that government should take the time to sit down with us and enter meaningful discussions with a view to achieving real solutions.

We urge this government to scrap Bill 29 and instead work with us to make a better system for both workers and patients. No one benefits from the disruption, costs and uncertainty of forced representation votes – not patients, not workers, and not the health care system.

For the good of all Manitobans, we ask you not to adopt Bill 29.