



Presentation to Health Science Professionals' Telephone Town Hall

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Thanks to all of you for joining this meeting.

Tonight I want to share with you the work your union has been doing at the bargaining table, what has brought us to an impasse in bargaining, and why your bargaining committee is coming to you looking for a very strong strike vote to get to a contract that treats you with fairness and respect.

Your bargaining committee has a clear mandate: restore competitive wages, protect benefits, and protect working conditions -- including dealing with workload and call issues.

We have spent nine months trying to kick start negotiations and make inroads in those areas.

But HEABC has a very clear strategy: no deal without concessions. And until they get concessions, they won't proceed with real bargaining.

They tried it with us, in April. They wanted us to take a small wage increase in exchange for 100 per cent employee-paid long term disability benefits.

And we said: Absolutely not.

They tried it with the Community Bargaining Association, which represents community health workers. They said no.

They tried it with the Facilities Bargaining Association – HEU. They wanted a small wage increase in exchange for members paying hundreds of dollars every year out of their pockets for benefits. And they said no -- to the tune of a 96 per cent strike vote.

But they finally got concessions with the Nurses' Bargaining Association -- zero and 3 per cent wage increases over the next two years in exchange for concessions on benefits: sick bank payout taken away from new hires, and a return to Pharmacare tie-in.

And with the nurses' agreement in their back pocket, they are pointing to that to say in health care, the government's mandate is different: that "cooperative gains" means an actual change in the collective agreement -- that it has to be a "hard give."

We challenged that interpretation then, and we continue to challenge it.

The evidence from the public sector agreements that have been rolling in from other sectors this fall is that the "cooperative gains" mandate does not require a "hard give."

Here is what the government said in a press release from Nov 2 2012, last Friday, announcing a settlement with the Professional Employees' Association (PEA):

"The Cooperative Gains Mandate provides public sector employers with the ability to negotiate modest wage increases funded from savings within existing budgets, not adding costs to taxpayers and ratepayers, and not sacrificing services."

Minister of Finance Michael de Jong doesn't deny that "cooperative gains" is supposed to be cooperative -- not a hammer for the employer.

"The tentative agreements announced in the past month show significant progress is being made under the Cooperative Gains Mandate, despite the tough fiscal environment. This mandate provides the opportunity for employers and unions to find creative solutions."

The BCGEU broke the notion of a "hard give." That contract was negotiated with 2 and 2 increases and no concessions. The "cooperative gains" come out of a vague LEAN initiative and a commitment to wellness.

Colleges around the province have been settling for 2 and 2. No concessions. No "hard give." And in some cases, some pretty significant improvements

And that's why we are at an impasse.

That's why the Community Health workers are engaging in rotating strike action.

That's why the Facilities Bargaining Association – HEU – has a 96 per cent strike vote.

Significantly, in all the public sector agreements -- colleges, direct government service, crown corporations -- the deals didn't get done until the unions had a strike mandate from their members.

It's as though government doesn't believe that bargaining committees are speaking for our members when we say you want to be treated fairly and with respect.

It's as though government wants to see evidence that you are prepared to stand up for a fair deal.

So we are asking you for that evidence.

We need you to stand up and say loud and clear that you want to be treated fairly.

Now, there are some who say a 2 and 2 increase is not fair treatment.

And they are right. In the national context, it's not enough. We have members who could go to Alberta and earn 11 dollars an hour more than they earn here.

But that is all that is available. That's close to the best we are going to be able to do for a general wage increase. All the more reason not to give up any of the other benefits we have fought to achieve over 40 years.

In the interest of bringing you up to speed on what we've been doing at the bargaining table for nine months, I just want to quickly review our positions at the table.

We prepared proposals to address all the priorities set by the bargaining proposals conference for health science professionals:

1. Wages - Restore competitive edge

Priorities:

- Wage increase
- Remedy imposed A/B split
- Increase Shift Differential

2. Classifications Priorities:

- Give the bargaining committee the discretion to introduce classification proposals, if and when appropriate, giving due consideration to the ongoing policy grievance.
- Continue efforts to revitalize and modernize the classifications system and note that it's closely tied to wages.
- Recognize cytopathology as a section in the collective agreement.

3. Insufficient Off-duty hours/Callback

- Move start time later and longer time off

- Address issue of travel time for call backs
- Process/practices in place to ensure call backs are appropriate
- Implement penalty for insufficient time off
- Address overtime for callbacks
- Increase stand-by rate

4. Benefits - general

- Education Leave – improve access and increase funding
- Protect Vacation Leave provisions -- Maintain, Regain Day, Cancellation, Carryover
- Seamless plan from sick leave to long term disability, Short Term Illness / Injury Plan (STIIP), Enhanced Disability Management Plan (EDMP)
- Parental Leave – improve equity for fathers, same sex second parents and adoptive parents (top up first 17 weeks)
- Improve Severance

5. Health and Dental benefits

Preserve, protect and maintain current benefits (core) – give Bargaining Committee flexibility to look at minor changes to core

- Flexible Benefits – Consider an employer proposal which would enhance the core benefits but not at the expense of the core benefits
- New benefits – give latitude to bargaining committee to consider “new benefits wish list” and consider build out if necessary

6. Workload and Job Security

- Require employers to implement procedures and processes to ensure workloads are reasonable
- Strong comprehensive language re: backfill for vacation and sick leave, minimum staffing levels, caseload, worker and patient safety and benchmarks.
- Create language about respect in the workplace
- Require employers to have written procedures about how additional shifts are assigned – apply similar principle to the assignment of over time (equitable or by seniority). First attempt to wrestle assignment of overtime to the ground.
- Casuals on maternity leave to maintain their relative seniority position (similar to application of WCB)
- Where seniority lists are available electronically, make available to all employees

You told us NO change to the 36 Hour Work Week – no concession on hours of work. The employer wanted to increase hours of work to 37.5 last round of bargaining with no increase in wages.

7. Our last priority was housekeeping!!!!

And because we always give credit where credit is due: HEABC is all over housekeeping. Want a comma moved in a clause? HEABC is right there. But that is about as far as it goes.

And what does HEABC want from you?

They've run a scheme where our members would pay 100% of long term disability (LTD) premiums. We told them to forget it. That was in April. They turned their attention to the Community Bargaining Association and tried it there.

They want the Pharmacare tie-in (and that was confirmed with us by the COO of the Ministry of Health). In a nutshell, the Pharmacare tie-in is a step backwards. Today, coverage provides for low cost alternative, or reference-based pricing. Cost of medication is covered up to the amount of the generic alternative, and members can choose to pay the difference themselves for name brand drug.

Under Pharmacare tie-in: should a member want to remain with a name brand medication, there would be no coverage at all under the plan. The member would be 100% responsible for the cost.

In addition to the benefit concessions, they want to tie a modest wage increase for some of our members to a new classification structure that would give the employers the tools to flatten reporting structures and limit access to supervisory and clinical practice leadership opportunities.

They say our initiatives to improve working conditions and quality of worklife through access to an Enhanced Disability Management Program (EDMP) and other wellness initiatives isn't one of the creative solutions Minister de Jong is referring to.

And they say that we don't even get the same deal as the rest of the public sector. We know 2 and 2 isn't good enough. This mandate limits us to 2 and 2. HEABC and the Ministry of Health won't even give us 2 and 2.

Here is what we did:

We told them we wouldn't be treated inequitably. We wanted the same interpretation as the direct public sector.

We insisted on a meeting with the Ministry of Health to explain where we could find cooperative gains without concessions.

We tabled a framework: 2 and 2, side-table classifications (want more money there), discussions on non-monetary items to be expedited.

We demanded they respond the next day. Their response, after being at this for nine months: "Sorry, we haven't got costings or approvals." No direction to move off strict interpretation of the mandate.

It is unfair, disrespectful and unacceptable. We need to deliver a strong strike mandate, and the time is right now.

The rest of health poised to strike. And there are signs the mandate may become more restrictive in December. The Community Bargaining Association (CBA), Facilities Bargaining Association (FBA) and the Health Science Professionals' Bargaining Association (HSPBA) need to stand shoulder to shoulder.

There's no question we've been trying to bargain for nine months. But time is up. Unless government and HEABC get serious about negotiating an agreement that doesn't punish you for being a health care worker, we have nothing left to talk about.

And the only way they are going to get serious is if you speak up and tell them with a strong strike vote.