



## HEU and union partners lay out five-point framework for *Bill 29* talks

*But it's business-as-usual for government on contracting out despite court ruling and growing care crisis*

HEU and its union partners in the Facilities Bargaining Association laid out a series of principles for the implementation of last June's court ruling on *Bill 29* during week one of talks with the B.C. government.

But government representatives offered little in return in terms of alternatives to contracting out – despite the Supreme Court decision and despite mounting evidence that the practice is producing negative results in hospitals and care facilities.

“The Supreme Court ruling – not to mention the recent revelation around Beacon Hill Villa – should be a wake-up call to government about the negative impact of contracting out on health care delivery.

“Government still maintains that health employers should be able to layoff health care staff and contract out their work,” says Darcy. “That’s a shocking and disappointing response to a problem that should be addressed in our *Bill 29* talks.”

“Health care workers have the right to expect that government and health employers won’t continue to run roughshod over their rights with further layoffs and contracting out.”

Early in the week, the unions outlined five principles to guide what could be a lengthy series of meetings with the provincial government and the Health Employers Association of B.C. on how to implement the court judgement.

Those principles are:

- improving the delivery of health care;
- recognizing the impact of *Bill 29* on workers and on health care;
- fairness for all health care workers;
- restoring stability to labour relations in the sector; and
- respecting Charter rights to collective bargaining.

“The principles we’ve put forward will build better health care while making sure that health care workers’ rights are respected and that past damages are recognized,” says Darcy.

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## **Improving the delivery of health care**

Health unions have a long history of negotiating provisions that benefit both workers and the health care system as a whole.

The \$5 million Education Fund negotiated in 2006 has provided training to more than 300 health care workers in its first year. The Occupational Health and Safety Agency for Healthcare, funding for ceiling lifts, additional resources for more care aides and LPNs, are all outcomes of past rounds of bargaining.

“The court decision on *Bill 29* provides us with an historic opportunity to consider new approaches to managing health care that result in real improvements for British Columbians,” says Darcy.

## **Recognizing the impact of *Bill 29* on workers and on health care**

Between 9,000 and 10,000 health care workers lost their jobs as a result of *Bill 29*. Many lost their homes, had their credit ratings destroyed or were laid off just weeks before qualifying for full or partial pensions.

“Families fell apart, kids’ education was put on hold and many suffered mental and physical breakdowns,” says Darcy.

“The impact on workers and their families was devastating. Redress for impacted workers is fundamental and central to reaching a negotiated solution on the matter of the *Bill 29* ruling.”

*Bill 29’s* has resulted in a massive privatization of support services leading to the breakdown of the health care team and declining service quality.

“In long-term care, the main impact of *Bill 29* has been the erosion of continuity of care for seniors -- and an overall decrease in the level of care that is provided,” says Darcy.

She says the unions are committed to addressing the problems of *Bill 29*-related privatization in the course of this fall’s discussions.

## **Fairness for all health care workers**

“There are many workers that have been impacted by *Bill 29* – some directly and some indirectly,” says Darcy.

“Our unions believe that a negotiated settlement must not only recognize those directly impacted by *Bill 29*. It must also recognize and respect those who are currently working in the health care system for both public employers and private contractors.”

Darcy says that it is through a coherent health human resources strategy – one that addresses serious staffing shortages we currently face in health care – that fairness for workers can also be secured.

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continued from pg. 2

## **Restoring stability to labour relations in the health care sector**

*Bill 29* has done terrible damage to the labour relations and the collective bargaining process in the health care sector, says Darcy.

“Those whose work has been deemed ‘non-clinical’ remain under constant threat of termination. The health care team has been destabilized. Workers are instructed not to communicate with each other. Coordination has become more difficult.”

In long-term care, *Bill 29* has produced a crop of “*Bill 29* sub-contractors” that move from facility to facility as long-term care operators flip contracts to thwart unionization or negotiated wage increases.

“This is union busting pure and simple – and it’s seniors along with their caregivers who have been paying the price,” says Darcy.

The unions say that overcoming the dysfunctional labour relations regime created by *Bill 29* is key to dealing with other challenges in health care.

## **Respecting our Charter rights to collective bargaining**

“In 2001, health unions – and HEABC – negotiated and ratified a collective agreement that was subsequently gutted through *Bill 29*,” says Darcy.

“Our position is that our shared objective – the improvement of health care delivery – could have been accomplished under the negotiated provisions of the 2001-2004 collective agreement.”

Ironically, the contracting out language eliminated through *Bill 29* was first negotiated with the WAC Bennett government 25 years ago – in the 1982 collective agreement.

“The contracting out language served our parties well for more than two decades,” says Darcy. “Its elimination has undermined health care delivery on several counts.”

The health unions are asking for the disclosure of a number of documents related to contracting out so that the parties can adequately examine how the practice has impacted health care services.

The information sought by the unions includes commercial contracts, payments to contractors, procurement costs, business cases for privatization, costs of overseeing contracts, infection control reports and other relevant data.

“The government has an obligation to share information and propose alternatives to contracting out,” says Darcy.

The court struck down as unconstitutional sections of the 2002 legislation that were subsequently used by health employers to lay off between 9,000 and 10,000 workers. The court suspended its declaration for a period of one year so that government could deal with the repercussions of the decision.

Talks between government and the unions continue next week.

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