

OUR WORK MATTERS!

Bargaining 2006

Opening Statement on behalf of the Facilities Bargaining Association Judy Darcy, Secretary-Business Manager Hospital Employees' Union January 26, 2006

CHECK AGAINST DELIVERY

Good morning.

It's been just over two years since we last sat down across the table from each other to open bargaining in the facilities sub-sector.

I think we all understand – and I hope that we can all agree – that, this time round, we have to do things differently, very differently!

We have no choice.

We must resolve some serious problems facing health care.

We must resolve some serious problems facing health care workers.

Collective bargaining is about dialogue.

Collective bargaining is about finding solutions to real problems in the workplace – problems that affect the quality of health care we deliver to patients and residents.

Many of these problems have been festering for at least five years, because 2001 was the last time we engaged in a real conversation and real negotiations at the bargaining table.

I'm not going to dwell on the damage that was inflicted by the onslaught of legislation that followed: the torn-up contracts, thousands of layoffs and deep wage cuts.

This round of bargaining is about moving on. It's about finding solutions that provide a more stable and secure foundation for health care through a **negotiated** contract in 2006. A contract that's fair – a contract that takes us forward, not backwards.

It is important to acknowledge, however, that our collective bargaining relationship in the facilities sector is in poor condition.

It will take a lot of hard work to re-build our members' trust and confidence in the collective bargaining process. We are all committed to doing that. I sincerely hope that all of you are too.

Our members have noted the signals coming out of Victoria – the invitation from the finance minister to have a **conversation** – not a confrontation – at the bargaining table.

That sounds good because, as I told delegates to HEU's bargaining conference a couple of weeks ago, we have a lot to talk about.

And we want to take Carole Taylor at her word that she wants to find creative solutions at the bargaining table that improve public services.

And, if you put aside the last five years, history has shown that health employers and health care unions are really pretty good at finding innovative solutions at the bargaining table that address worker health and safety issues, labour adjustment and other issues like staffing and training for care aides and LPN's in patient care.

And I want to acknowledge that it's not just Carole Taylor who has said that she wants to strike a more cooperative tone with public sector workers. The Minister of Labour has said so, the Minister of Health and the Deputy Minister of Health have all said so in meetings with us. And so has the Premier!

On the ground, some health employers have shown a willingness to work together more cooperatively with health care unions. In concrete terms, we've signed off on several memoranda of agreement that have facilitated regional seniority and bumping in some health authorities, for example, and forestalled privatization in others.

And in our discussions over the last few months with HEABC, there has been an expressed desire to do things differently. We have already agreed to establish a policy table to address issues of LPN and Care Aide utilization and staff development – and it's up and running. We're close to signing off on a protocol to deal with long-term care issues. And we would like to extend this approach to dealing with other pressing issues in health care as well.

But I have to be brutally honest and say that I'm not sure that everyone in government or in the employer community is on the same page.

Just a few weeks ago, on the eve of bargaining, we were informed that government has authorized a further round of layoffs – 200 FTEs – under the terms of the May 2, 2004 memorandum. And over the Christmas holidays, and in the weeks since then, individual employers have been issuing lay off notices to our members in the facilities sector.

So I want to reiterate what I've already said to Tony Collins and to the Ministry of Health about this. And I'm not going to mince words. These are provocative actions that harken back to the grim days of 2003 and 2004. They don't contribute to the climate of trust that we need to establish right now in 2006.

And I can tell you the reaction I've heard right across the board when these layoffs started coming down is: "Here we go again. Same old, same old."

And, of course, the elephant in the room in this round of bargaining is Bill 29 which contains huge legislative impediments to free collective bargaining in this sector – a law designed to force us to bargain with one arm tied behind our back.

So we're not going to pretend that we are engaged in free collective bargaining -- because it's not free. We'll have that fight in the Supreme Court of Canada two weeks from now.

But we will work hard at this table to negotiate a collective agreement that helps our members recover lost ground and improves caring conditions on the front lines of health care.

We will work hard to restore basic rights like bumping – that are enjoyed by other public sector unions across this province.

We will work hard to negotiate a contract that we can take to our members so that they can once again vote on the terms and conditions of their work.

How can we do this in the short time we have in front of us?

We need to start with commitments from both sides of this table to the goal of reaching a negotiated settlement.

We need to start with a commitment to full disclosure of information related to the bargaining proposals we'll be discussing.

We've conducted a number of wage surveys and other research which we will be happy to share with you in the course of bargaining. But clearly there is a great deal of information related to recruitment and retention issues, to workload and overtime and other issues that is chiefly in the hands of health employers – and we're asking you to share that with us – in the interests of solving these problems together.

It is also important to establish a climate of trust during the course of negotiations by the signals we send out. We owe it to health care workers. We owe it to the patients and residents we care for.

I am hoping that members of the HEABC will, in good faith, restrain themselves from provocative layoffs and contracting out during the course of these negotiations.

Finally, I urge you to communicate ethically about our members and the work they do. It would be extremely damaging and demoralizing, to say the least, to have government and health employers once again portray our members as "unskilled workers"

- ignoring the more than 270 job classifications in which our members work

- ignoring the skills, education, training, qualifications and professionalism of our diverse membership.
- ignoring the valuable contributions that all our members make as part of the health care team.

Finally, we need to move very quickly to a core list of bargaining issues so that workers, employers, patients and residents, and the public, can benefit from the stability and security of a negotiated settlement as soon as possible.

That will be challenging – I think we all recognize that -- but that is our goal. And I would like now to set out our major bargaining priorities.

Recovering lost ground

Clearly, health care workers are focused on recovering ground lost as a result of the imposed wage cuts and extended work hours in 2004.

More than any other major group in the public sector, health care workers in this sector have borne the brunt of government restraint. And the consequences for individual workers and their families have been devastating.

Wage cuts amounting to hundreds of dollars a month in take-home pay have forced workers to give up their homes, delay their children's higher education and take on more than one job to help make ends meet.

According to a poll we commissioned last month, nearly 40 per cent of our members are actively looking for work outside of health care. As health employers, those statistics should be cause for serious concern.

Our members also report that it is more difficult to attract casual workers to the job – a situation that has compounded high levels of workload and overtime.

We're proposing a significant general wage increase to help our members make up for lost ground and provide stability and security in our health care workplaces. We're proposing a return to the shorter work week that was taken away.

It is also our position that general wage increases in this sector – as well as any early settlement funds – should reflect the fact that, while most of the rest of the public sector experienced wage restraint, our members experienced deep wage cuts.

Recognizing diverse skills and changing roles

Wage levels in health care are frankly going in the opposite direction of wage rates in the rest of the economy -- and that's having an impact on every service we deliver to patients and residents.

But for specific occupations within health care, the situation is especially serious.

Even before Bill 37, wage rates for many jobs had not been adjusted to reflect expanded roles and responsibilities, or increased training and education.

LPNs are a good example. They have had their scope of practice expanded at the same time that their wages were cut.

But there are many other job classifications that fall into this category as well, and we will table a number of specific proposals that identify and address these growing gaps.

For several other job classifications, like trades, wages have fallen way out of sync with comparable work elsewhere in the public and private sectors, driving many of our members out of health care altogether.

This is a serious problem for health care – one that will deprive patients and residents of skilled workers and one that puts the public’s investment in health care infrastructure and medical technology at risk.

It’s also an expensive problem for health employers who are forced to bring in outside contractors at many times the cost of in-house employees. And because these contractors are not familiar with on-site systems and equipment, repairs and maintenance take longer and are not always done properly.

There is a serious recruitment and retention crisis in health care and it can’t be ignored any longer. We have to address it in the contract.

In the last few months, we’ve come up with some creative interim solutions to provide more compensation for some of these groups such as trades workers.

During the next few days and weeks, our bargaining committee will present proposals for job-specific wage adjustments that address these gaps in a more systematic manner. And we’ll demonstrate how lack of action on this issue is costing health employers big dollars.

Stability means stronger public health care

Contracts negotiated in this sector have led the way in terms of employment security, protections against privatization and contracting out, and worker input into changes in service delivery.

Bill 29 eliminated many of these forward-looking contract provisions in the name of flexibility and cost savings.

The result has been the opposite. Massive privatization has led to instability in the workplace, fragmentation of service delivery, unaccountable and inflexible arrangements with private contractors and increased costs to taxpayers.

Among health care workers, there continues to be wide-spread insecurity.

According to our December poll, more than 80 per cent of our members – across all occupational groups -- feel uncertain about their future as a result of cuts, closures and privatization.

Some health authorities have avoided the pitfalls of privatization by working with our members to find better ways to deliver services. These are encouraging signs. These are approaches we must build on.

Bill 29 eliminated progressive labour adjustment practices. It also eliminated forums for meaningful discussion of workplace changes and left workers with few avenues to report unsafe or costly practices and little protection if they do.

Our challenge is to find solutions at the bargaining table that improve job security, expand job opportunities, and restore fair and equitable bumping language. Our challenge is to create forums where health care workers can work with employers to improve service delivery and to protect workers who speak out to improve and protect health care.

Workload overload

Dangerously high levels of workload are putting workers – not to mention patients, residents and clients – at serious risk. And this is the case right across the province, in facilities and care homes large and small.

Excessive workload is resulting in a general deterioration of the quality of services health care workers can deliver to residents and patients.

Taking action on excessive workload will not only address injury rates and improve care, but also reduce health care costs linked to sick time, LTD and WCB as well as expand job opportunities through increased staffing.

Crushing levels of workload affect all members, but the problem is especially serious in long-term care facilities where injury rates among HEU members are highest.

This is an extremely serious problem for our members, and we have to address it in this round of bargaining.

Conclusion

Our major objectives in this round of bargaining are quite clear: recovering lost ground; recognizing the diverse skills of our members and their changing roles in health care; more stability for stronger public health care; and addressing serious workload issues because our working conditions are patients and residents caring conditions.

In addition, there are some other specific areas of improvement we'll be proposing in these negotiations.

We've been very deliberate in not coming up with a long grocery list of bargaining proposals. We haven't combed over every article in the collective agreement to see how we could improve it.

We will be very focused on some very clear priorities.

All of us are aware of the time pressures that have been imposed on this round of bargaining because of the "billion dollar dangle."

But all members of the facilities bargaining association have been clear that there are very serious problems that need to be addressed – and very serious inequities that need to be redressed – in this round of bargaining.

What we are not looking for is "pie-in-the-sky" kinds of solutions; nor special treatment.

But we want to restore some basic rights – like job security and bumping rights – that already exist in other collective agreements in the public sector in BC.

This will be a very challenging round of bargaining for all of us.

Let's resolve here together as we open bargaining in 2006, that this will be an historic round of bargaining – one that rebuilds trust and confidence in the collective bargaining process.

And one that results in a negotiated settlement we can all recommend to our members.