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Government/ SAHO should focus on bargaining:

Second attempt at essential services plans “utter failure,” CUPE says

Regina: The CUPE Health Care Council, which bargains on behalf of 12,600 health care providers in Regina Qu’Appelle and four other health regions, says the employers’ second attempt at developing essential services plans are “an utter failure.”

The CUPE Health Care Council, which received the revised plans from the Saskatchewan Association of Health Organizations (SAHO) on February 25, says the employers new essential services lists are inaccurate, incomplete and do not comply with the Public Service Essential Services Act.

“We don’t know if the employers can’t comply with the act or won’t comply with it,” says CUPE staff representative Mike Keith. “But we do know this legislative process is taking a tremendous amount of time away from bargaining and appears unworkable.”

Although the employers were told to be reasonable following the release of their first essential services plans – which deemed virtually everyone as essential – the revised plans also fail the “reasonable” test, according to CUPE Health Care Council President Gordon Campbell. For example:

- Some health regions have deemed so many people essential that there will be more CUPE health care providers working during a strike than during a regular work day. William Booth Special Care Home in Regina, for example, has designated 135 CUPE members as essential; there are currently 118 CUPE members working at the facility.
- In many facilities, CUPE health care providers routinely work short-staffed. Health regions have refused to address the problem – until now. Under some of the essential services plans, employers not only have more people working – but they’ve added additional shifts. In Cut Knife, for example, housekeeping staff work six days a week; the essential services plan will have them working seven days a week.

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- In 1999, the former Regina Health District negotiated an essential services agreement with CUPE. Of the 1,200 CUPE members on staff, the employer agreed that only 4% (50 CUPE members) were required to provide essential services. In 2009, the Regina Qu'Appelle Health Region has determined that 65% of our members are essential (excluding the affiliate facilities).
- In the Regina Qu'Appelle Health Region, the revised plan considers many classifications as essential including: porters, painters and decorators; floor layers; office admin assistants, seamstresses, carpenters.
- The Regina Qu'Appelle Health Region's revised essential services list includes more than 100 CUPE members who are on disability, maternity leaves or waiting for an accommodation from the employer because they can no longer perform the duties of their position.
- In the Prairie North Health Region which encompasses North Battleford and Lloydminster, 94% of CUPE members (1,569 of the 1,670 health care providers on the job in the region) have been deemed "essential" during a strike. That leaves only 101 members to participate in job action across the entire region.

In addition to these problems, four of the five essential services plans failed to identify the services they deemed essential – a requirement of the act. They've also changed the hours of work of some CUPE health care providers and deemed others as "on call" with no hours of work and no right to strike.

The CUPE Health Council has written to the five health regions identifying areas where their plans are in violation of the act.

Keith says the government's essential services legislation continues to negatively impact contract negotiations which began in September. "There's no pressure on the employer to bargain," Keith says, adding the legislation is "a license for bad behavior at the bargaining table."

Campbell says the government and SAHO should shelve the legislation and focus on concluding fair contracts with CUPE and the other health care provider unions.

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