

CUPE 5362
President's Report
August 2019

The votes are over and CUPE has won. In Facility and Community Support, CUPE won in Shared Health, Winnipeg, Southern and the Northern Health Regions. In Prairie Mountain and Eastern-Interlake, CUPE came from only having about 200 members in each Region to coming within 50 – 100 votes to winning in each of those regions.

Over the past several months we've had several events held outside of our buildings. There were BBQs, ice cream, coffee and donuts or other forms of refreshments at our sites' host hospitals of which all union members were encouraged to attend. Thank you for your patience as some of the lines were a little long. From the lists of people who signed in at the BBQs, even our out of scope, non-union employees enjoyed this period of lunches paid by their co-workers union dues. For those who came forward and disclosed who they were, we did thank them for letting us know and we did offer them a hotdog but they did not receive our swag bags/items. Those were kept aside for our own members.

Voting process: Unfortunately there were some errors on the voters list. We had strongly suspected that there were going to be. The majority of these errors were in the Departments of Nursing and Radiation Therapy with the Unit Assistant, Nursing Assistant and Unit Clerk positions. There were a number of these positions that were placed in the wrong classification as there were a number of NAs placed into the Facility Support classification instead of Community. There will be changes coming forward due to these errors that were not corrected, regardless of how often CUPE brought forward these errors. There may be some NAs or Clerk/UAs who will have their classifications changed to Unit Clerk because they had not been given the opportunity to vote in their correct classification.

Where do we go from here? With the forming Shared Health we will be bargaining the same collective agreement with CUPE members from several other employers. Those groups include HSC and Children's Rehab Centre (RCC) who are already apart of Local 204. CUPE 4214, DSM was in the process of transferring to Local 204 when the Commissioner was appointed and union changes had to cease. We already know that the facilities that were MGEU will also be placed into Local 204. So, the two locals bargaining together will be 5362 and 204.

There are two options facing us:

Option # 1 – Remaining a small local and forming a joint bargaining committee with Local 204 and their Shared Health facilities which would also meet to discuss labour relations/policies among our employers. There are several employers in Shared Health (such as CCMB, RCC, Eden Mental Health).

Pro:

- We remain an autonomous CUPE local for just CCMB employees.

Con:

- Consistently organizing joint committees over a long period of time usually doesn't work. Attempting to arrange meetings between two or more bodies which are run by volunteers gets difficult. During actual times of bargaining it might work, but long term between bargaining it could get difficult to get the joint committee together to discuss what language is believe to mean, whether a grievance should go forward according to the joint understanding of the language.
- Local 204 will potentially have up to 14, 000 or more members in it after the transitions from the other unions. Local 5362 will be about 314 members. It will be easy to be overlooked as all of the public healthcare facilities within the regions are amalgamating. We would be the only small local left.

Option # 2 – Joining/Merging with Local 204. Officially, this is called give our jurisdiction to Local 204.

Pro:

- Costs are shared – as arbitrations and legal work becomes more costly, it impacts smaller locals more as there isn't the large income base.
- It is expected that there will be another round of representation votes in a couple of years. Bill 10, which the NDP used their option to set aside at the closing of a legislation session will likely move forward as the Pallister government has won another term. This Bill will see more powers be given to Shared Health and more healthcare facilities be moved over to Shared Health such as the Selkirk Mental Health Centre. There are other organizations that we have been wondering about such as Cadham Provincial Labs, St. Amont Centre and others. It is speculated that they might be placed under the Shared Health umbrella.
- It might be in our best interest to merge into Local 204 now, on our own terms and their current by-laws (one VP for every unit, so every unit has a voice) rather than wait until things need to change.
- Should there be any changes in Shared Health, we will be working elbow to elbow with equal input with other units rather than standing on the sidelines.
- A larger local means: full-time officers; full-time admin staff; full-time treasurer; more people to volunteer for committees.

Con:

- We lose our autonomy to fully direct our activities.

Please come out to our meeting on September 24th to discuss this further.

Outstanding Grievances:

Individual: 10

Policy: 6 – 2 going to arbitration: HIM wages & others doing the work of our bargaining unit

Group: 1

Respectfully Submitted by:

Margaret Schroeder

President, Local 5362