

### LONG-TERM CARE BARGAINING NEWS

Issue #1 December 2006

## All the news you need about coordinated bargaining

Welcome to the first issue of CUPE Homes Bargaining News!

This will be an occasional newsletter to keep CUPE leadership and members working in long-term care — all 26,000 of you — up to date on coordinated bargaining.

Coordinated bargaining is a way for local unions in a sector to establish bargaining priorities, share information, and develop strategies to support collective bargaining.

The long-term sector is a little different from other sectors in CUPE because of way that homes are structured in Ontario. We're coordinating sector-wide with an special focus on facilities that have the same employer.

How do we make sure coordination is taking place? CUPE has a system in place to make sure locals, their national reps, the sector coordinator and national researcher work as a team. The key is communication that has to take place every step of the way once notice to bargain is filed

The result is success with members making gains right across the province.

# Compass employees win huge wage increase

With a trend-setting award issued in November, dietary, housekeeping and laundry aides at Montfort Long-term Care Centre could see their wages go up by more than 100%.

Arbitrator Mary Ellen Cummings agreed with CUPE that the comparisons for these workers should be other health care workers in the nursing home sector when she agreed that Extendicare wages were the appropriate comparator. The members of CUPE 4429.01 are employed by Compass Group (Beaver) Ltd., contracted by Central Park Lodge(CPL)/Capital Care Corporation (CCC), which manages the Montfort Hospital's long-term care facility.



The decision means dietary aides, for example, will see their wages increase from the current \$8.25 to \$10 an hour up to \$16.63. As well, the arbitrator awarded the workers sick leave, 10% in lieu of benefits plus holiday pay for part-timers, a 25¢ shift premium, overtime pay, scheduling by seniority and vacation pay improvements.

"This is a clear example of how hospital victories raise the standard for the whole health care sector," said national researcher Anne Healy, who argued CUPE's case. "The arbitrator relied on previous CUPE awards in the hospital sector."

The award is a tremendous victory for Ontario's working poor and sends a strong message to private multinationals that they should not expect to profit on the backs of workers, she said.

"With this award, there's no reason for us to be settling for any less with any contractor in our sector," said assistant health care coordinator Jim Flynn.

### Coordination is catching

When locals start to see the good results that come from coordinated bargaining, the idea catches like wildfire. However, the way long-term care is structured in Ontario, sometimes it takes a while for the spark to leap from one "silo" to the next

"I firmly believe in coordinated bargaining in the chains," says Valerie Trudeau of CUPE 1182, representing workers at an Extendicare home in Sudbury. But then she's been doing it for 20 years.

Coordination has grown from five homes to include all Extendicare homes.

CUPE 132 President Jan Tutton told the HCWCC conference that she has found value in coordinating between the charitable and private homes. CUPE has three regional homes — the highest paid in Ontario — and private in Durham region.

"We took wording from the regional homes and worked that into the private home — and it works," she said. "A simple wording change can mean the difference between layoff and no layoff."

Tutton can't say enough good things about coordinated bargaining.

"There's strength in numbers," she says. "Don't think employers don't have all your collective agreements. When it comes time for bargaining, we need to start by getting the same dates so we're all together.

"When you let the employer know you're meeting with other locals they start getting worried."

The fire is spreading. HCWCC delegates from Area 4 said they would begin meeting this fall to compare collective agreements. That's how it all starts!

#### Success breeds success

Associate health care coordinator Jim Flynn reports that CUPE locals are making gains at the bargaining table and in arbitration. These successful proposals are the ones where we will continue to coordinate in the coming year:

- Pensions, with more and more homes joining the Nursing Homes and Related Industries Pension Plan (NHRIPP), especially by converting RRSPs or money-purchase plans
- No reduction of percent-in-lieu when part-timers participate in pension plans
- Maternity leave top-ups
- Shift and weekend premiums (no one should have to rotate through shifts to be entitled)
- Responsibility allowance for RPNs
- Per cent in lieu of benefits
- Protecting sick leave
- Payment for mandatory courses
- Job security
- Flu vaccines (the CUPE version only)
- Uniform allowance (same for part-time and full-time)
- Vision care

Contract language is available from the coordinator for many of these issues.

#### What about wages?

The wage target for all locals should be parity with Extendicare, unless your wage rates are already higher. In that case, to help set your targets, note that the average increase in the long-term care sector in 2005-06 has been 2.75%. The provincial average overall for the public sector is 3%.

In addition to general increases, we are winning RPN wage adjustments in the range of 75¢ to \$1.50 per hour.

## New long-term care act fails seniors

The Ontario Liberal government's new long-term care legislation fails to address staffing shortages and underfunding in the long-term care sector, while continuing to encourage for-profit opera-

tors. The government introduced the legislation on October 3.

Key holes in the legislation, identified by CUPE, include:

- the absence of minimum staffing requirements to ensure adequate levels of care
- no allocation of resources to adequately support care standards
- no adequate accountability measures to ensure that for-profit operators put increased funding into direct care
- nothing to improve wages in a sector where workloads and stress have discouraged health care workers from working in long-term care as the population ages
- nothing to discourage for-profit companies from dominating this sector, despite calls from seniors' groups and labour for measures to support public and not-for-profit long-term care.

## Parry Sound long-term care workers vote to join CUPE

More than 100 workers at Belvedere Heights Home for the Aged voted overwhelmingly October 12 to join CUPE. The workers chose Canada's largest union over the Canadian Health Care Workers Union, which had represented them in the past.