

Tabletalk –

your bargaining resource –

is published four times a year to provide CUPE Local bargaining committees, elected officers and servicing representatives useful information for preparing – and negotiating – bargaining demands. Tabletalk's three-hole-punch style makes it easy to keep in reference binders. Feel free to make copies or use the material to fit your members' needs.

Please email Susan Attenborough at research@cupe.ca with corrections, questions, suggestions, or contributions.

Disponible en français



H1N1 – Shot or Not?

The debate continues to rage as flu season continues. Should I get a shot? Is there enough vaccine? How do I protect myself and my family? What does “adjuvanted”* mean? Should I get a regular flu shot too? Why are people jumping the queue? Is it safe for my child to go to school? What about my workplace: Am I protected?*

Lots of CUPE members are particularly vulnerable because they work with the public every day: workers in hospitals and nursing homes, school board and university workers, airlines staff, social service workers, and library workers.

The Harper government, particularly rookie Minister Aglukkaq, is taking a lot of flak over the Conservative immunization program. Although health care is a provincial jurisdiction, the federal government is paying for most of the cost of the vaccine and the provinces are administering the vaccine to their populations – with varying rates of success.

Employers are legally responsible for protecting their workers from all work-related hazards, including exposure to infectious diseases like H1N1 influenza. Workers and employers should work together to ensure that everyone is well informed and understands their rights, roles and responsibilities during this pandemic.

Here’s an example of rare language on pandemic planning:

CUPE Local 3481 and Rail City Industries, expiry March 31, 2010

19.01 Quarantine for Pandemic

A regular full-time or part-time employee shall be granted a leave of absence without loss of pay or sick leave credits as a result of being quarantined by order of the Medical Officer of Health because of pandemic (when pandemic is declared by the Medical Officer of Health), where such quarantine prevents the employee from attending to his/her duties. The Employer has the right to request the appropriate documentation in such circumstances.

CUPE has developed resources and tools for members concerned about H1N1. Check out the following at cupe.ca: “Pandemic influenza,” August 2007; “H1N1 flu virus and CUPE members,” May 2009; and, “Legal summary of the right to refuse unsafe work in Canada,” May 2009. ■

* “Adjuvanted” means that an immune booster has

been added to the vaccine to stimulate the body’s immune system and the production of antibodies to fight the virus.

** The following website offers information on the immunization program: <http://www.phac-aspc.gc.ca/alert-alerte/h1n1/> or contact your provincial department of health.



Speaking of the flu, how’s your sick leave plan?

Sick leave benefits are under attack at bargaining tables across the country. Accounting rules now require employers to calculate and budget for their

“unfunded liabilities,” such as future payment of sick leave, vacations, pensions, and retiree benefits. These commitments now appear as huge debts on employers’ books.

Employers haven’t always budgeted for these costs because they are in the future, and revenues are not always predictable. When employers have not/cannot finance their obligations, it is the workers who lose. Now the law forces employers to be more financially accountable for their commitments, so employers want to get these debts off their books and are going after the benefits that generate the debt load, one of which is sick leave.

In accumulated sick leave plans, employers want to eliminate or restrict pay-outs of remaining sick days when an employee terminates. By replacing sick leave provisions with short-term disability plans (STD) or weekly indemnity plans (WIP), protection and costs are reduced.

Sick leave provisions in your collective agreement

Collective agreement provisions usually provide for a certain number of paid sick days that workers can take each year. In most cases, workers have the option to bank these days and, if not used, redeem them for vacation leave or payout on termination.

Sick leave is pay for time off from work, paid to the employee by the employer at the employee’s regular wage at the time the leave was taken.

Accumulated sick leave plans can act as an incentive to reduce absenteeism, although, as workers move from job to job, they seem less concerned with benefits that accumulate with service. They can also help workers ease into retirement. During the Toronto strike over sick leave payout, CUPE Communications Rep Pat Daley observed that workers have long counted on the cash out to supplement inadequate retirement plans.

But, plans that pay out accumulated leave can also disadvantage those who are ill, because they get less money when they terminate. New employees or those who move from job to job may also be disadvantaged. Such plans also encourage workers to go to work when they are sick, which may be problematic, especially during a pandemic.

Short-term disability plans (STD) or weekly indemnity plans (WIP)

- Employers negotiate with insurance companies for a premium rate in exchange for the insurer paying benefits for “approved” claims.
 - Ideally the premium is paid by the employer in recognition of the obligation to protect employees; more often the premium is split or paid by the employees. There are tax implications for those who pay the premium.
 - Premiums are based on estimates of projected usage based on age, sex, or the population at large. These are basically insurance plans for employers, cheaper by as much as 30 per cent compared to regular sick leave.
 - Many short-term plans will pay only if the disability is not work related assuming the WCB will cover work related illness/accidents, which can put the worker in a fight for benefits between the WCB and the insurer.
 - Workers risk having claims denied and receiving only a proportion of their income. The trade-off is that as long as you never need it, it’s great. When you do need it, income is reduced at a time when you need it most.
- When provisions allow sick leave to be used for medical appointments and tests, sick leave can prevent long-term absences. Regular medical check-ups may help detect potential problems before they reach serious proportions where longer treatments (and longer leaves of absence) may be required.
 - Sick leave is a safety net for unresolved workplace problems, mismanagement, harassment, and violence. A study of 50,000 Canadian employees nationwide by Health Canada found that “the greater the number of sources of stress reported in the social environment at work, the greater the likelihood of reporting more than 10 days off as a result of ill health.” (Source: Health Canada, “Workplace Health System,” no.3, 1998.)
 - In health care and service settings where most CUPE members work, paid sick days help protect the health of patients and customers. For example, nursing homes that provide their employees with paid sick days tend to have lower rates of respiratory and gastrointestinal illness among patients.
 - Paid sick day policies are also important for children of workers. Research shows that sick children have shorter recovery periods when their parents share in their care. Without paid sick days, the options aren’t pretty for parents: Children miss needed doctors’ appointments; sick children stay home alone where they risk missing or taking too much medication; or children go to school sick, which impacts other children and families, as well as staff.

Why sick leave?

- Sick leave allows workers (and managers!) to take time off work when ill.
- Sick leave helps to ensure that workers seek and receive appropriate medical treatment so that they can recover from illness while maintaining their employment and income security.

Sick leave is an essential part of workplace management. The pressure of the H1N1 pandemic and accounting rules that require employers to account for future benefits is putting extreme pressure on sick leave plans at the bargaining table. ■



Sick leave: Isn't there a law?

There is no legislation in Canada that requires an employer to provide a sick leave plan for employees, and there are no regulated minimums for sick pay.

There are laws in Quebec, Yukon, Newfoundland, New Brunswick, and Saskatchewan as well as federal laws that protect employees from being fired, laid off, or demoted while on sick leave.

Employment Insurance (EI) has a minimal sick leave plan that workers can use if there is no sick leave plan where they work. The employer has no responsibility for the plan, and any problems must be taken up with the EI Commission (EIC).

EI sick leave benefits are low, less than \$350 per week for most claimants (minus federal income tax). To qualify, workers must have 600 insured hours of work in the last 52 weeks or since their last claim, whichever is shorter. Benefits can last a maximum of 15 weeks but there is a two-week waiting period before benefits start. The claim must be approved by EIC and the illness must be documented by a medical doctor.

The EIC offers an incentive to employers to provide sick leave plans by offering a rebate on EI premiums. (See *Tabletalk*, Spring 2009, for information about EI rebates.)

In some jurisdictions, employment or labour standards legislation provides protection for non-union workers, but it's minimal where it does exist.

Check out the table below. Aren't you glad you work in a unionized workplace?

Legislated provisions for sick leave and family illness leave, by province

	Sick Leave (days per year)	Family Illness/ Responsibility Leave (days per year)
Federal	60 days ^{1,5}	8 weeks in 26 (not consecutively)
BC	none	5 days unpaid
AB	none	none
SK	12 days unpaid ⁴	12 days unpaid ⁴
MB	none	3 days unpaid
ON	10 days unpaid (for workplaces with 50+ employees)	8 weeks in 26 (not consecutively)
QC	none	10 days unpaid
NS	3 days unpaid	none
NB	5 days unpaid ¹	3 days unpaid
PEI	3 days unpaid ³	3 days unpaid ³
NL	7 days unpaid ²	none
NT	none	none
NU	none	none
YT	1 day	none

¹ must work for employer more than 90 days to qualify

² must work for employer for 30 days to qualify

³ must work for employer for 6 months to qualify (continuous service)

⁴ must work for employer for 13 weeks

⁵ health, pension seniority continue to accrue

More information on your jurisdiction's labour standards is available on provincial labour department websites or at Employment Standards Legislation in Canada. ■



Sick Leave Bargaining Trends

Employers are seeking concessions at bargaining tables across the country. But workers don't give up hard-won benefits without a fight! We've seen some big strikes over sick leave recently:

- In fall 2008, post office workers represented by PSAC were on strike for over a month over the employers' demand to convert their sick leave plan to a short-term disability plan that provides only 70 per cent income replacement and that eliminated family-related leave. The strike was settled with an STD plan that has a 12-day cap per year on accumulation and that maintains two days of family leave.
- Two large municipal locals in Toronto (CUPE 79 and CUPE 416) were on strike this summer over employer demands to give up the accumulated sick leave plan. The plan allowed city employees to take up to 18 sick days a year, to accumulate unused days, and, after at least 10 years of service, to cash them out at half their value when leaving employment with the city. The maximum payout for those with at least 25 years of service was six months. The strike was settled with protections for existing employees and a short-term disability plan for illness/injury of up to 130 days/year and options for employees to use existing credits. It was a tough strike to defend hard-won benefits resented by those without. ■



Crisis in residential long-term care!

Do you have a relative in long-term care – also known as nursing home, residential care facility, complex care facility, special care home, auxiliary hospital, personal care home, charitable home, home for the aged, or manor?

Unless you have a relative or work in long-term care, not many people cross the threshold of these long-term care facilities. If you did, here's what would you find: steady government underfunding, chronic understaffing, and privatization, which have shaped a two-tiered system for our seniors where costs, access and quality vary depending on your income and where you live.

CUPE's health care researcher, Irene Jansen, has written a report that examines the crisis and offers practical solutions. *Residential Long-Term Care in Canada: Our Vision for Better Seniors'*

Care addresses two of the most urgent problems in the residential long-term care system: barriers to access and poor quality of care. It looks at two of the factors that drive these problems: understaffing and privatization.

CUPE represents over 67,000 workers who work in residential long-term care facilities. They face low wages, few benefits, infrequent pension plans, difficult working conditions, and serious health and safety concerns. But they're there every day caring for over 200,000 residents.

CUPE locals bargain with employers for fair compensation for workers in a chronically underfunded industry. But the job doesn't stop at the bargaining table. Underfunding and privatization are issues we need to talk to governments and policy makers about. So CUPE has planned a tour of communities across the country to raise the issues and promote the report's recommendations:

- Increase federal funding for residential long-term care.
- Phase out funding to for-profit providers, which routinely charge higher fees and operate with dangerously low staffing levels.
- Increase staffing, with legislated quality of care standards.

For more information on this glimpse into the future go to cupe.ca and download the full report or the summary.

Learn more at cupe.ca about CUPE's long-term care tour with planned stops in communities across the country. Is the tour coming to your community? ■



Innovative Language

Here is how one CUPE local dealt with the issue of flu shots:

CUPE Local 905 and the Regional Municipality of York, expiry March 31, 2010

37.9 INFLUENZA VACCINE

The parties agree that influenza vaccinations may be beneficial for employees. Upon a recommendation pertaining to a work location or a specifically

designated area(s) thereof from the Medical Officer of Health or in compliance with applicable provincial legislation, the following rules will apply:

- a) the employee shall be encouraged, subject to the following to be vaccinated for influenza;*
- b) if the full cost of such medication is not covered by some other source, the Employer will pay the full or incremental cost for the vaccine and will endeavour to offer vaccinations during an employee's working hours. In addition, employees will be provided with information, including risks and side effects, regarding the vaccine;*
- c) the Employer recognizes that employees have the right to refuse any required vaccination, subject to a mandatory legislative requirement;*
- d) if the employee refuses to take the vaccine required under this provision, he/she may be placed on an unpaid leave of absence during any influenza outbreak in his/her work location or designated area(s) until such time as the employee is cleared to return to work. If the employee is placed on unpaid leave, he/she can use banked lieu time or vacation credits in order to keep his/her pay whole;*
- e) if the employee refuses to take the vaccine because it is medically contraindicated and where a medical certificate is provided to this effect, he/she will be reassigned during the outbreak period, unless reassignment is not possible, in which case the employee will be on sick leave.*
- f) if the employee gets sick as a result of the vaccination and applies for WSIB, the Employer will not oppose the claim;*
- g) notwithstanding the above, the Employer may offer the vaccine on a voluntary basis to employees free of charge.*



Dear *Tabletalk*,

I'm a secretary in a school board. Why does it take me four years to get the top rate for my job and it only takes Barry, the carpenter, one year?

Here's what our wage grid looks like:

(per hour)	STEP 1	STEP 2	STEP 3	STEP 4
Carpenter	\$19.66			
Secretary	\$17.61	\$17.80	\$18.20	\$18.77

*Signed,
Cathy
CUPE member*

Dear Cathy,

Good question!

Increment steps increase your salary based on how long you've been in the job. Steps or increments are one way employers keep wages low and extend the time it takes for a worker to be paid the full rate for the job.

The highest increment step is/should be the rate the employer and the union agree is the rate paid to an employee who is trained and can do all aspects of the job.

Most jobs take anywhere from three to six months for an employee to learn. However, some positions may take longer, particularly if certain tasks are only performed periodically.

Research shows that female-dominated jobs frequently have more increment steps than traditional male jobs, which is an issue that pay equity or job evaluation can address. For example, a secretary may be doing the full job after a few months yet doesn't get paid the full rate for the job for several years as your wage grid shows!

Employers also factor increments when they are calculating a wage increase. For example, if twenty workers will move up an increment during the life of the agreement, the employer may subtract that amount from the total increase for that contract year. So instead of the workers receiving a 2 per cent increase the employer may only offer the local 1.9 per cent but claim the collective agreement increases are costing the employer 2 per cent.

My advice is to talk to your Local and the National Representative assigned to your CUPE Local about reducing increment steps in your next round of bargaining.

Signed,
Tabletalk

For more information on increment steps and how to reduce them, see "Up with Women's Wages," Bargaining Kit: "Bargaining Strategies" at cupe.ca. ■



Consumer Price Index by province, October 2008 to October 2009

	% change
Canada	0.1
Newfoundland and Labrador	-0.4
Prince Edward Island	-0.8
Nova Scotia	-0.4
New Brunswick	0.5
Quebec	0.5
Ontario	0.2
Manitoba	0.1
Saskatchewan	0.3
Alberta	0.1
British Columbia	-0.6

Source: Statistics Canada, *The Daily*, Wednesday, November 18, 2009

Consumer prices rose in six provinces in the twelve months prior to October. Consumer prices rose at the fastest pace in Quebec and New Brunswick, both at 0.5 per cent.

In Ontario, consumer prices increased 0.2 per cent. Property taxes climbed in lots of municipalities struggling to keep up with downloaded responsibilities. And, electricity jumped a shocking 8.2 per cent! Did you notice your car insurance go up ... again? That accounted for accelerated rates for passenger vehicle insurance premiums by 11.3 per cent.

Prices rose in Alberta by 0.1 per cent in the 12 months since October 2008 – the first positive year-over-year change since March 2009.

In British Columbia, prices were down (-0.6 per cent) for the fifth consecutive month. This decrease was mainly due to the downward movement in the shelter index (-3.2 per cent), which was a much larger drop than the 1.6 per cent decline nationally. Housing in BC is being hit hard, although recent reports seem to indicate this is starting to shift and house prices are starting to rise.

Gasoline prices in October 2009 were 13.1 per cent below the level in October last year, compared with a 23.0 per cent drop between September 2008 and September 2009.

Looking to the future, Toby Sanger, CUPE Economist, predicts increased inflation in BC and Ontario will result from the harmonized sales tax (HST). Legislation due to come into effect in July 2010 shifts the tax burden from business to consumers. The shift will hit hard with unemployment rates at all time highs and no meaningful EI reform in sight from the Harper government, which, by the way, has been pushing provincial governments to harmonize their tax.

BC and Ontario join Newfoundland and Labrador, Nova Scotia, and New Brunswick all now charging HST. Instead of paying a provincial retail sales tax plus GST, consumers will pay the total 13 per cent on more goods and services than the provincial retail sales taxes, resulting in a further increase in the cost of living in Ontario and BC.

For more analysis see “Economic Climate” at cupe.ca. ■



Long-term care is a women's issue!

Residential long-term care has particular significance for women, who make up the majority of residents and caregivers. Nearly two-thirds of all residents and three-quarters of residents age 85 and older are women. Women are also disproportionately represented among caregivers: Between eighty to ninety per cent of workers in LTC facilities are women, and the majority of unpaid caregivers are women. ■

FACTOID

Canada spent \$40 million for the February 12 opening ceremonies, making it the most expensive opening ceremonies in Winter Olympics history.

Source: http://www.facebook.com/note.php?note_id=355309654408&comments&ref=mf



Current and Upcoming “Key” Negotiations – covering 500 or more employees, November 16, 2009

Federal Jurisdiction

Employer	Union	Employees	Status	Expiry Month
Public Sector				
Canada Post Corporation	CPAA	6,460	bargaining	Dec 09
Canada Post Corporation	CUPW	6,000	bargaining	Sep 09
Private Sector				
Air Canada Jazz - Jazz Air Inc.	ALPA	1,150	bargaining	Jun 09

Provincial and Territorial Jurisdictions

Employer	Union	Employees	Status	Expiry Month
Public Sector				
Saskatchewan Association of Health Organizations	CUPE/HSAS/SEIU/SGEU	27,500	bargaining/conciliation	Mar 08/Mar 09
Ontario Hospital Association	CUPE	18,000	tentative agreement	Sep 09
Ontario Hospital Association	SEIU	15,000	conciliation	Oct 09
City of Montréal	Various unions	14,030	bargaining/arbitration/ bargaining after work stoppage	Dec 06/Aug 08
Government of Saskatchewan	CUPE/SGEU	13,690	bargaining	Sep 09
Nova Scotia Association of Health Organizations	CAW Canada/CUPE	5,700	bargaining/conciliation	Mar 09
Manitoba Hydro	CUPE/IBEW	3,000	tentative agreement	Mar 09/May 09
McMaster University (Ont.)	CUPE	2,200	work stoppage	Aug 09
Government of Nova Scotia	CUPE	1,650	bargaining	Oct 09
Ville de Québec	Various unions	1,310	bargaining/arbitration	Dec 06
Halifax Regional Municipality	CUPE/NSUPE	1,130	bargaining	Oct 08
Private Sector				
Vale Inco (Ont.)	USW	3,450	work stoppage	May 09

Upcoming Key Negotiations

Employer	Union	Employees	Expiry Month
Federal Jurisdiction, Private Sector			
Groupe TVA Inc.	CUPE	1,000	Dec 09
Provincial and Territorial Jurisdictions, Public Sector			
Regional Health Authorities of Manitoba	MNU	11,000	Sep 09
Capital District Health Authority	NSGEU	8,350	Oct 09
Government of New Brunswick	NBUPPE	4,640	Dec 09
Nova Scotia Association of Health Organizations	NSNU	4,610	Oct 09
University of Regina and University of Saskatchewan	CUPE	2,400	Dec 09
SaskPower	CEP/IBEW	2,080	Dec 09
Université de Montréal	CUPE	2,000	Dec 09
City of Saskatoon	CUPE	1,490	Dec 09
City of Regina	CUPE	1,200	Dec 09
Société de transport de Longueuil	CUPE	600	Dec 09

Source: Strategic Policy, Analysis, and Workplace Information Directorate Labour Program—HRSDC.