

**Second Session – Forty-First Legislature**  
**of the**  
**Legislative Assembly of Manitoba**  
**Standing Committee**  
**on**  
**Legislative Affairs**

*Chairperson*  
*Mrs. Sarah Guillemard*  
*Constituency of Fort Richmond*

**Vol. LXX No. 5 - 6 p.m., Monday, May 8, 2017**

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**MANITOBA LEGISLATIVE ASSEMBLY**  
**Forty-First Legislature**

<b>Member</b>	<b>Constituency</b>	<b>Political Affiliation</b>
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**LEGISLATIVE ASSEMBLY OF MANITOBA**  
**THE STANDING COMMITTEE ON LEGISLATIVE AFFAIRS**

**Monday, May 8, 2017**

**TIME – 6 p.m.**

**LOCATION – Winnipeg, Manitoba**

**CHAIRPERSON – Mrs. Sarah Guillemard (Fort Richmond)**

**VICE-CHAIRPERSON – Mr. Kelly Bindle (Thompson)**

**ATTENDANCE – 11 QUORUM – 6**

*Members of the Committee present:*

*Hon. Messrs. Gerrard, Goertzen, Schuler, Hon. Ms. Squires*

*Mr. Bindle, Mrs. Guillemard, Mr. Lagimodiere, Ms. Marcelino, Messrs. Marcelino, Michaleski, Wiebe*

**APPEARING:**

*Ms. Cindy Lamoureux, MLA for Burrows*

**PUBLIC PRESENTERS:**

*Ms. Sandi Mowat, Manitoba Nurses Union*

*Mr. Kevin Rebeck, Manitoba Federation of Labour*

*Ms. Beatrice Bruske, United Food and Commercial Workers, Local 832*

*Ms. Michelle Gawronsky, Manitoba Government and General Employees Union*

*Mr. Lee McLeod, Canadian Union of Public Employees Manitoba*

*Mr. Phil Kraychuk, private citizen*

*Mr. Paul Moist, private citizen*

*Ms. Marianne Hladun, Public Service Alliance of Canada*

*Ms. Michelle McHale, private citizen*

*Ms. Sonia Taylor, private citizen*

*Ms. Loreto Gutierrez, private citizen*

*Mr. Bob Moroz, Manitoba Association of Health Care Professionals*

*Mr. Bill Sumerlus, Operating Engineers, Local 987*

*Mr. Frederick Jackson, private citizen*

*Mr. Trevor Yuriy, private citizen*

*Mr. Ross Owens, private citizen*

*Mr. Michael Alberg, private citizen*

*Ms. Sharon Grehan, private citizen*

*Ms. Nellie Minville, private citizen*

*Mr. Paul Carr, private citizen*

*Mr. Mike Kerr, private citizen*

*Mr. Sudhir Sandhu, Manitoba Building Trades and Allied Hydro Council*

*Mr. Jim Want, private citizen*

*Ms. Carmela Abraham, private citizen*

*Mr. Geoff Bergen, private citizen*

*Mr. Brian Hodgert, Health Care Equipment and Facilities Technologists of Manitoba*

*Mr. Rock Spencer, private citizen*

*Mr. Bruce Ulrich, private citizen*

**WRITTEN SUBMISSIONS:**

*Paul McKie, Unifor*

*Curtis Huzarewich, private citizen*

*Carlos Wiebe, private citizen*

*George Heinrichs, private citizen*

*Cory Martens, private citizen*

**MATTERS UNDER CONSIDERATION:**

*Bill 29–The Health Sector Bargaining Unit Review Act*

\* \* \*

**Madam Chairperson:** Good evening. Will the Standing Committee on Legislative Affairs please come to order.

Our first item of business is the election of a chair–Vice-Chairperson.

Are there any nominations?

**Mr. Alan Lagimodiere (Selkirk):** I'd like to nominate the MLA for Thompson, Mr. Kelly Bindle.

**Madam Chairperson:** Mr. Bindle has been nominated. Are there any other nominations?

Hearing no other nominations, Mr. Bindle is elected Vice-Chairperson.

This meeting has been called to consider Bill 29, The Health Sector Bargaining Unit Review Act.

I would like to remind that, if necessary, the Standing Committee on Legislative Affairs will meet again tomorrow, May the 9th, 2017, 6 o'clock p.m., to continue consideration of Bill 29.

We have a number of presenters registered to speak tonight, as noted on the list of presenters before you.

I would like to inform all in attendance of the provisions in our rules regarding the hour of adjournment. A standing committee meeting to consider a bill must not sit past midnight to hear public presentations or to consider clause by clause of a bill except by unanimous consent of the committee.

On the topic of determining the order of public presentations, I will note that we have out-of-town presenters in attendance marked with an asterisk on the list, and we have presenters registered to speak on both Bill 29 and Bill 28—currently considered by the Standing Committee on Social and Economic Development. It has been recommended by the House leaders that, for organizational purposes and in an attempt to co-ordinate between the two standing committees meeting concurrently this evening, we will hear from individuals registered to speak in front of—I'll just take this opportunity to remind visitors as well as members to turn off the sound on your phone. Thank you.

So it has been—oh, we will hear from individuals registered to speak in front of both committees first, followed by out-of-town presenters and the remaining registered individuals. Is that agreed? *[Agreed]*

We will therefore start with individuals registered to speak on both Bill 29 and Bill 28. Once you are done presenting in front of this committee, please go to room 255 where the Standing Committee on Social and Economic Development will later hear from you on Bill 28.

Written submissions from the following persons have been received and distributed to committee members: Paul McKie, Unifor; Curtis Huzarewich, Carlos Wiebe, George Heinrichs, Cory Martens.

Does the committee agree to receive these documents and have them appear in the Hansard transcript of this meeting? *[Agreed]*

Before we proceed with presentations, we do have a number of other items and points of information to consider.

First of all, if there is anyone else in the audience who would like to make a presentation this evening, please register with staff at the entrance of the room.

Also, for the information of all presenters, while written versions of presentations are not required, if you are going to accompany your presentation with written materials, we ask that you provide 20 copies. If you need help with photocopying, please speak with our staff.

As well, in accordance with our rules, a time limit of 10 minutes has been allotted for presentations, with another five minutes allotted for questions from committee members.

If a presenter is not in attendance when their name is called, they will be dropped to the bottom of the list. If the presenter is not in attendance when their name is called a second time, they will be removed from the presenters' list.

Prior to proceeding with public presentations, I would like to advise members of the public regarding the process for speaking in committee. The proceedings of our meetings are recorded in order to provide a verbatim transcript. Each time someone wishes to speak, whether it be an MLA or a presenter, I first have to say the person's name. This is the signal for the Hansard recorder to turn the mics on and off.

Thank you for your patience. We will now proceed with the public presentations.

### **Bill 29—The Health Sector Bargaining Unit Review Act**

**Madam Chairperson:** So we will call the first presenter that is going to present on both bills, and that is Ms. Sandi Mowat, with Manitoba Nurses Union.

And do you have any written materials to submit?

**Ms. Sandi Mowat (Manitoba Nurses Union):** I do not, no.

**Madam Chairperson:** Please proceed with your presentation.

**Ms. Mowat:** Thank you.

Good evening, Chairperson and honourable members. My name is Sandi Mowat, and I'm the president of the Manitoba Nurses Union. MNU represents more than 12,000 nurses across Manitoba. Our members work in a variety of health-care settings, ranging from acute care and community health to home care and long-term care. I'm here today to voice our opposition to Bill 29, the health sector bargaining review act.

\* (18:10)

This bill has the potential to cause significant disruption in our health-care system. The steps proposed in the bill to reduce the number of bargaining units is unnecessary. The current bargaining system works well. We bargain centrally. The resulting agreement covers the vast majority of our members. Most of the language across our agreements is the same. During every round of bargaining, we strive to harmonize our agreements across the regions. Differences between agreements are often a result of unique features in different facilities. Through collective bargaining, we are able to work toward consistency, but also address the unique challenges in each facility.

If the government is determined to reduce the number of collective agreements in the health sector, we can certainly help you with that. We know the system; we've put forth ideas with other health-care unions that we believe would work. Union bargaining councils could be established for the purposes of bargaining. Individuals' unions would continue to represent and service their respective members as usual. This process would address the government's stated goals.

Unfortunately, Bill 29 forces representation votes on all health-care workers, including nurses. These votes would be disruptive, time-consuming and costly. At a time when our health-care system is facing cuts and restructuring, we simply don't need an additional distraction. Nurses are already stretched thin. Many are already seeing serious disruption at work. We met with government and offered reasonable and thoughtful alternatives. Regrettably, there was no response on our proposal. We've been effectively ignored and given no reason for that.

We're still committed to working with government. We're prepared to discuss alternatives, but we are opposed to this bill in its current form, and we request the government withdraw it immediately.

Should the government insist on moving ahead with Bill 29, I hope this committee would at least consider the following amendment. MNU currently represents 97 per cent of the unionized nursing workforce. Nurses have already chosen MNU to represent their interests in the vast majority of instances. Forcing nurses into representation votes is simply unnecessary and counterproductive. As such, we would like to see the legislation reflect

the long-standing Labour Board rule of 80-20 for determining the necessity of a runoff vote. Where a union represents more than 80 per cent of the workers in a given bargaining unit, the legislation should stipulate that the commissioner would forgo representation votes and award that union representation rights.

I would like to add a final point to my presentation. I am concerned that some discussion related to reducing the number of bargaining units in health care has implied that collective agreements are a barrier to quality patient care. This statement is completely false, and I must say I am both offended and disappointed to hear government question nurses' commitment to save patient care.

As nurses, our first priority is always our patients. Every time we go to the bargaining table, we push for improvements that would make things better for our patients. The first line in the preamble of all our collective agreements clearly states: It is the desire of both parties to this agreement to recognize a mutual obligation to provide the best possible quality of health care through successful operation of health-care organization.

Misleading statements like these are unhelpful and, quite frankly, diminishes all the hard work and improvements that MNU and the employers have been able to achieve by working together.

The Manitoba Nurses Union has always been committed to working with government. Our priorities have not changed. We want what's best for our patients. We want a strong, sustainable public health-care system. Bill 29 will only place added burden on our health-care system and the professionals who provide care. Please rescind this bill.

**Madam Chairperson:** Thank you for your presentation.

Do members of the committee have questions for the presenter?

**Hon. Jon Gerrard (River Heights):** Thank you for what all—you and all the nurses do for health care in this province, because it's a big contribution.

Now, you mentioned that there would be a way to reduce the number of bargaining units. You said—say, using union bargaining councils. Perhaps you could tell us a little bit more about how that would work. *[interjection]*

**Madam Chairperson:** Ms. Mowat.

**Ms. Mowat:** Oh, sorry. I forgot, I apologize. The plan would—what we proposed was that the bargaining units—the current unions that represent members of a sector—would form a part of a bargaining council, and that bargaining council would go to the bargaining table together.

So we would have proposals together and we would move forward as that together. And that they—actually, Nova Scotia is doing that as we speak, that method.

**Mr. Ted Marcelino (Tyndall Park):** Do you feel that this bill will provoke a union versus union conflict within the bargaining unit?

**Ms. Mowat:** I think it—certainly think it will be disruptive and unnecessary. We've agreed, as unions, to come together and offer a solution. We are willing to work together and we believe that that will be the best thing for health care.

**Mr. Marcelino:** Yes, have you seen this happen before, the amalgamation of bargaining units?

**Ms. Mowat:** As recently as when they amalgamated down to five health-care regions, we did have situations across the province where there were run-off votes. Manitoba Nurses Union wasn't involved in those run-off votes, but certainly there were run-off votes at that time.

**Hon. Kelvin Goertzen (Minister of Health, Seniors and Active Living):** Thank you, Ms. Mowat, for coming tonight and making your presentation, appreciate that, and for all the work that you do throughout the province and for your members. Thank you very much.

**Mr. Marcelino:** So, you have seen this before, during the amalgamation of the RHAs, and did it cost any money on the part of the unions?

**Ms. Mowat:** I probably shouldn't speak directly to that. I can surmise that it would have cost a lot of money to make sure that—because what it causes you to do is campaign. It's—and certainly it can be very costly, absolutely.

**Mr. Matt Wiebe (Concordia):** So I know our time is short for any more questions, so I just—maybe I'll just take this opportunity to thank you for coming this evening to present to this committee and for the work that nurses do, day in and day out.

And what struck me most about your presentation was, you know, your union probably is one of the bigger players, so to speak, in this, and yet

you're still willing to come to fight for all workers with—that are in the bargaining units and to work together for a positive solution that will cause the least disruption. So, very much appreciate your take on that and your stance. Thank you.

**Madam Chairperson:** So, thank you for your presentation.

I will now call upon Kevin Rebeck, Manitoba Federation of Labour.

Mr. Rebeck, do you have any written materials for distribution to the committee?

**Mr. Kevin Rebeck (Manitoba Federation of Labour):** Yes, I do.

**Madam Chairperson:** Please proceed with your presentation.

**Mr. Rebeck:** Great. I'm Kevin Rebeck, president for the Manitoba Federation of Labour.

The MFL is Manitoba's central labour body, chartered by the Canadian Labour Congress to represent the interests of more than 100,000 unionized workers in our province, from all regions and all sectors, including Manitoba's health-care sector. The MFL works to promote high-quality public services, good jobs, fair wages and benefits, safe working conditions, as well as greater equality and social and environmental justice.

The following submission outlines our reasons for opposing Bill 29, the health sector bargaining review act, and the reasons why we're calling on government to put this bill aside and instead come to the table and work with the public sector unions that represent Manitoba's exceptionally hardworking and caring health-care professionals on a model that will work for everyone.

We believe that providing the best possible patient care and supporting those who provide that care should be the overriding focus of health-care reform in Manitoba, including with respect to bargaining. And nobody cares more and invests more blood, sweat, and tears into providing the best possible patient care than the 40,000-plus hardworking women and men who are the backbone of Manitoba's health-care system: the nurses, orderlies, building maintenance staff, health-care aides, physicians, nurse practitioners, paramedics, dietary staff, lab techs, clerical and finance staff, trades workers and many others.

Working together, health-care unions have put forward an alternative to Bill 29, which we have presented to government, and are still awaiting feedback. Our alternative would have the following key benefits:

(1) It could be implemented more quickly than Bill 29;

(2) It would avoid the uncertainty, disruption and distraction of new union representation votes, which would also undermine the democratic decisions already made by health-care workers about their current union representation; and

\* (18:20)

(3) It would still achieve the government's objective of reducing the number of collective agreements.

We urge the government to hit the stop button or, at a minimum, the pause button, on Bill 29, and allow us some time to work with Manitoba Health on a better way forward.

When Premier Pallister first started expressing concern last fall about the number of collective agreements in health care, suggesting that they were somehow cumbersome to the system, the unions that represent health-care workers were surprised and a bit puzzled.

While it's true that there are many different collective agreements covering the large number of different occupations and workplaces that exist in our \$6-billion public health-care system, major bargaining issues like wages and benefits are collectively bargained at a single, streamlined central bargaining table.

And, when we were contacted by government and asked to co-ordinate a group of health-care union leaders to start meeting with government staff to talk about potentially restructuring of health-care bargaining, we made it clear that we believe the current model works well, but we were prepared—and we remain prepared—to work constructively with government on bargaining reform in light of their—on bargaining reform in light of their insistence on reducing the number of collective agreements.

We've maintained throughout the three principles that should guide any bargaining reform efforts: first, protecting and improving patient care; second, supporting and respecting health-care professionals in their demanding and challenging work; and, third, respecting the democratic decisions

already made by health-care workers about their current union representation.

With these principles in mind, we've put forward a simple and practical alternative to Bill 29 which we believe will work better for all parties involved while still achieving the government's objective of reducing the number of collective agreements. Our alternative proposal would leave existing bargaining agents in place, thereby avoiding the time, cost and disturbance of representation votes. Instead, we propose the establishment of union bargaining councils, which would correspond to, and bargain with, the employer bargaining councils proposed in Bill 29.

Under our alternative, employer councils and union councils would take over responsibility for bargaining. That would follow the same model that Bill 29 sets out for the establishment of employer bargaining councils. We've proposed a union bargaining council be established for each region, by sector, of the unions representing workers in those sectors. Unions certified to represent employees would continue to perform all the usual functions of a certified bargaining agent, except for collective bargaining. In this way, health-care workers would continue to receive the same support and servicing from their existing, familiar union representatives.

The motive behind Bill 29 was described to us as enabling legislation, a hammer, if you will, in the event that a workable solution could not be reached co-operatively with health-care unions. However, we haven't yet had a good opportunity to sit down with government and work out an alternative. Currently, government staff are unclear as to whether they have any mandate or authority to work with us on an alternative to Bill 29.

Bill 29 is far more prescriptive than expected, including with respect to sector definitions, which we believe should recognize maintenance and trades as a distinct sector.

We're here tonight representing Manitoba's health-care workers to affirm that an alternative to Bill 29 is not only doable, it's preferable. Health-care unions are willing and ready to work co-operatively together and to work with government to make this happen. If employer bargaining councils are going to be established, it only makes sense that union bargaining councils be established as their counterpart. No one benefits from the disruption, cost and uncertainty that comes from forced

representation votes—not patients, not workers and not the system.

We urge government to halt Bill 29.

**Madam Chairperson:** Thank you for your presentation.

Do members of the committee have questions for the presenter?

**Mr. Wiebe:** I want to thank you for *[inaudible]* this evening, and I think presenting very concisely your position and some of the items that you've put on the table.

You mentioned in your presentation the—that this—that you believe that this would be a fairly quick process to establish and to implement these bargaining units. I'm wondering if you could just talk us through that. If the go-ahead was given, how efficiently could those be established—could be worked out? And could we hit the ground running and start finding more efficiencies in the system?

**Mr. Rebeck:** Yes. We believe that this could move forward rapidly. Unions could get together and work out the parameters of how a union bargaining council would work. We have some templates and models from other jurisdictions that we've been looking at.

We can do that much more quickly than appointing a commissioner, going through all the steps of having those votes and causing the disruption and uncertainty that those votes could cause.

We have some strong language to work from, we believe, and there's a strong will from every union in the health-care sector that this is a preferred model, a way that we could move forward. The commitment is there. There's some precedent and examples there that we can draw on and we could move through that in a very efficient and quick model. So we think that's the best way to move forward to preserve patient care.

**Mr. Gerrard:** One of the things that you mentioned in your presentation was that you thought it would be smart to recognize maintenance and trades as a distinct sector. Now, from your position, can you elaborate a little bit more on why that makes sense?

**Mr. Rebeck:** Yes, maintenance and trades jobs are very distinct and different from the health-care aides that they're being currently kind of lumped in with under the Bill 29 proposal. We think that those jobs,

the type of work they do, are not interchangeable in any way, shape or form with their counterparts that are being put together in the community or in the health-services sector that's prescribed under the bill, so it makes sense to have them as a separate and distinct sector. There are different market conditions, different competition for their work. Tradespeople are in demand in a variety of areas and having them in a separate and distinct bargaining unit or separate and distinct sector makes a lot of sense.

**Mr. Goertzen:** Thank you, Mr. Rebeck. You've brought forward in an articulate way, as you always do, your concerns and your suggestions and thank you for that.

**Madam Chairperson:** I will now call on Beatrice Bruske, United Food and Commercial Workers, Local 832.

Ms. Bruske, do you have any written materials for distribution to the committee?

**Ms. Beatrice Bruske (United Food and Commercial Workers, Local 832):** I do not.

**Madam Chairperson:** Okay. Please proceed with your presentation.

**Ms. Bruske:** Good evening. I'm Beatrice Bruske, and I'm speaking on behalf of UFCW, Local 832, representing health-care workers in Winnipeg and in the northern regional health authority. For UFCW, that includes Thompson, Gillam, Leaf Rapids and Lynn Lake.

We represent support workers, health-care aides, housekeeping, laundry, porters, clerks of all types, numerous other classifications as well as professional-technical health-care workers, such as social workers, physiotherapists, occupational therapists and pharmacists in the city of Winnipeg.

We are strongly opposed to this bill.

It is our contention that while government wishes to streamline the collective bargaining process, we believe that streamlining can be accomplished without this onerous legislation. It is our understanding that the primary issue government is trying to address is the fact that there are too many CBAs, collective agreements, in the health-care sector in this province. The intent is to reduce the collective agreements to one bargaining unit sector in each regional health authority.

While UFCW represents 2,000 health-care workers, we currently negotiate and enforce seven



collective agreements. Of those seven, three govern the professional-technical group that we deal with at the Grace Hospital. They are virtually identical in nature, other than the wage grid in the back of the collective agreement. The St. Boniface Hospital support collective agreement is identical to the St. Boniface Hospital Diagnostic Services Manitoba collective agreement with the only exception being the wage grid in the back of that collective agreement. That leaves the northern regional health authority collective agreement and a Winnipeg Regional Health Authority laundry collective agreement that's separate.

I would like to note that the employers chose to carve out the Diagnostic Services Manitoba and the pharmacy–Winnipeg Regional Health Authority pharmacy program as separate collective agreements a number of years ago. Those were contained within the existing collective agreements before that.

I want to also point out that the majority of our members, the collective agreements that govern their workplaces are already 90 per cent identical to similar employee groups represented within that same region.

The parties have been working very hard over the last number of rounds of bargaining at standardizing language so that it's similar, if not identical, throughout the different areas. The remaining differences account primarily for regional or historic differences within that particular health-care facility or within that region. The financial portions of the collective agreements are substantially the same and the parties negotiating are always aware of the fact that we are not reinventing the wheel when it comes to our own set of bargaining. There's an established pattern that happens and the parties fall into line with that established pattern.

At all times in the past—or, at some times in the past, unions in the support sector specifically have bargained jointly together the economics at one joint table with multiple unions sitting at that table. That has happened, and we already have a system that works and we believe that it achieves the goals that you're trying to implement through this bill.

\*(18:30)

What concerns us the most is that this bill appears to simply be a way to pit unions against one another. That means that time is going to have to be spent and additional resources are going to have

to be focused—and energies on dealing with this particular process. Hospitals are a very stressful place for our members to work. This bill and the resulting amalgamation votes will be a distraction for our members, quite frankly, that are providing excellent health-care services to Manitobans.

While the process will take this time away, our health-care members will continue to work without a collective agreement in the support sector. Their collective agreement expired on March 31st of this particular year. Now other important issues that need to be dealt with at the bargaining table, that need to be addressed in terms of issues that are happening within the facilities, and ways to streamline processes and deal with workplace-related issues that assist our members and the public, are not going to get addressed until such time as bargaining can begin once this lengthy process is likely to be finished.

What we wonder is: Why does this bill provide a provision to establish employer councils? You heard the last two speakers speak to potentially union councils being established. That is something that UFCW is also in favour of and is willing to participate.

It is my understanding that all unions representing health-care workers have endorsed this particular plan and are willing to work together to ensure that these processes can happen as a council and can happen quickly. We see this no different than different HR departments within the various different RHAs managing health care from the employee perspective on the management side. We see health-care councils working the same way for employees on the union side.

We know that there are other issues that we are concerned about is the issues of the amount of power that are—that is going to be potentially granted to a commissioner that is yet to be named. The concern that we have is: Why is the Manitoba Labour Board not overseeing this particular process, as the Labour Board has in the past?

We're concerned that the commissioner will have wide-ranging powers that will trump the Manitoba labour relations act. That is a concern for us. He or she will be able to unilaterally amend Labour Board certificates and make changes. He or she will also have the right to redefine the employee seniority rights under collective agreements. That is a concern. Those are things that have been bargained over long periods of time. And the commissioner is,

quite frankly, only accountable to government, not to the actual employees working in that particular location. We feel that that is not democratic.

Finally, over the many years in the past, members have decided which union they wanted to join. They've organized; they've amalgamated various different unions. We think that it's wrong to force employees yet to choose, again, which union is going to represent them. Union members have a comfort with the union that they are with. They know what the process is within that union in terms of dealing with issues that come up and, as well, as what the bargaining process is for that particular labour organization.

We are disappointed and frustrated that, when given the opportunity to work together to achieve better results, that government is looking to set a mandate and set this legislation. We're asking you to reconsider this particular piece of legislation.

**Madam Chairperson:** Thank you for your presentation.

Do members of the committee have questions for the presenter?

**Mr. Wiebe:** Yes, I wanted to thank you, Ms. Bruske, for coming down. This was a very informative presentation, particularly when you talked about the steps that you've taken to streamline the process going forward and, sort of, make sure that it all jives and that everybody's on the same page.

I'm just wondering, given that you've shown this willingness to work towards this and to be accommodating and work with the employer—I'm wondering, have you—has your local, I guess, or yourself, had any formal conversation with government? Have you been asked about ways that you think you could help further streamline the process or be constructive in working with government to make sure that there's as little disruption as possible?

**Ms. Bruske:** Yes, thank you for that question. And, yes, we have been part of a consulting group dealing with this particular issue. We have been giving our recommendations and our advice, and the unions have jointly provided a proposal in terms of how we see union bargaining councils work.

**Hon. Ron Schuler (Minister of Crown Services):** I wanted to take this opportunity to thank you to come to committee, and everybody else who's here tonight. I have sat in on a lot of these, and I know there's

probably things you probably would like to do—maybe go home and spend some time with family—yet you feel it's very important to be here, and we appreciate that. And we, as a government, are listening and appreciate that everybody's coming out and giving their time, and appreciate your presentation.

Thank you for doing this.

**Mr. Gerrard:** Thank you for your presentation.

Just to give us a little bit more understanding of how the union bargaining councils would work, tell us a little bit about how it would work with the bargaining that you're involved with from your union's perspective. *[interjection]*

**Madam Chairperson:** Ms. Bruske.

**Ms. Bruske:** Sorry. In the past, in a more unofficial capacity, the various different support unions have gotten together to kind of identify what the priorities are that our members have been raising for us, and we've bargained that jointly at the same table.

We see that process in the future working no differently if we were to form a bargaining council where each union would be sending a representative to sit on that committee. That particular grouping would then go and bargain with the employer and have the right to make determinations to accept proposals or to make changes to amend proposals and bring that back to the various different bodies and then ratify that collective agreement.

**Mr. Gerrard:** Would that be any different from what you're doing now or it would just—it would be a little bit simpler?

**Ms. Bruske:** It would be a bit of a—more of an official process than what it is currently.

**Madam Chairperson:** Thank you very much.

I will now call on Michelle Gawronsky, MGEU.

Do you have any written materials for distribution to the committee?

**Ms. Michelle Gawronsky (Manitoba Government and General Employees Union):** I do.

**Madam Chairperson:** Okay. Please proceed with your presentation.

**Ms. Gawronsky:** Good evening, Chairperson, honourable members and Minister Goertzen.

As said, my name is Michelle Gawronsky and I'm president of the Government and

General Employees Union, the MGEU. Of the over 40,000 members across Manitoba, the MGEU represents over 16,000 members working in health care, including people who work in personal-care homes, hospitals, home care, paramedics and others who work in labs and perform diagnostic tests.

Just over one year ago, Manitobans elected a new government on a promise to protect public services and the people who provide them. In the past few months, the government has backed away from this commitment, and we feel this legislation takes the government another step backward away from the election promise.

Our members take great pride in providing quality public services; however, resources are stretched thin, and people are already being asked to do more with less. Rather than investing in these important public services, Bill 29 forces all of us to squander scarce resources on a reshuffling process rather than focusing on improvement to patient care.

We have seen the cancelling of personal-care homes and other health capital projects, plans to privatize air ambulance services and close ERs. Meanwhile, the demand for services increases, putting further stress on an already overburdened health-care system. We would prefer to see investments to alleviate the stress rather than focus on reorganizing the bargaining process.

The reality is that health-care bargaining is already streamlined and has been for many years. There are already central and multi-union bargaining tables. Big issues like wages and benefits are often dealt with at a single table with other unions, while local issues, specific to a particular workplace, are worked out by the workers and the employer actually from that workplace. We believe this model has many benefits and has worked well for many years. We are prepared to discuss ways to streamline the process.

I have personally been at this central table and multi-union bargaining tables, and I know first-hand how well they work. I've been doing it for well over 30 years. However, it's pretty clear that the government isn't interested in the status quo. Unions representing health-care workers have collaboratively proposed union bargaining councils that would negotiate with the employer bargaining councils to be established by this very legislation and feel this arrangement would be more constructive and far less disruptive.

I have been through three rounds of representation votes, and I know first-hand just how disruptive they are. To claim they are necessary to improve patient care ignores this reality. Under this model, patient care would be protected. Our members would feel respected, and workers could maintain the representation by the unions they currently belong to. Such an approach has worked in BC for more than 20 years and in Nova Scotia as well now. We recommend that this committee amend the legislation to reflect this model.

Bill 29 is heavy-handed. Going forward, we would prefer to sit down and actually have some dialogue around the issues government may have with the current arrangement and work towards a collaborative solution that represents patient care and those who very proudly deliver those services. Thank you.

\*(18:40)

**Madam Chairperson:** Thank you for your presentation.

Do members of the committee have questions for the presenter?

**Mr. Schuler:** Thank you very much, Ms. Gawronsky, for your presentation for being here tonight and representing your members as well as you do. And the committee is struck; it's a very unique process in Manitoba where individuals get to come and have a say at the committee and we appreciate that you came and made your presentation, and certainly, if you notice, we're all listening intently.

So, thank you for being here.

**Mr. Wiebe:** I wanted to thank you for being here this evening. It's great to see you here to represent your employees and to stand up to express their concerns and, you know, I've heard the word now over and over again about being stressed or, you know, disruption and I think that's coming through loud and clear in terms of some of the issues that we're hearing.

What I wanted to ask you about though when you mentioned about amendments to this particular legislation. Is it your belief that this legislation can be amended in a way that would be suitable to your members, or do you think that legislation is needed at all, or could it—could the ends that we're sort of all in agreement about—could they be achieved without legislation?

**Ms. Gawronsky:** Thank you for the question. I appreciate it.

I believe that should the government wish to go forward with legislation it definitely should be about-around bargaining councils. We know from other provinces that it works. It works very, very well, and it is a way to be able to streamline and make sure that collective agreements are recognized with, you know, for the members that they represent, as well as fit the needs of the employer.

So, if your legislation is going to come forward in any way, then, please, let it be through the bargaining councils.

**Mr. Gerrard:** Thank you for coming and presenting.

Just help me understand a little bit more when you're talking about using the bargaining councils to streamline things compared with what is happening now, tell me what the difference will be.

**Ms. Gawronsky:** Thank you for this opportunity as well.

As I've said, I've been at the bargaining table for many, many years with health-care support service workers within MGEU. We have streamlined already through-when we achieved wage standardization in 1986, we actually developed within our own to be able to make sure that we maintain standard wages throughout the province. And all five unions right now that actually represent all health-care support workers in the province sit down at one table, and we bargain for benefits and for wages, and for any very major proposals that come forward.

So that has ensured that we maintain standardization through the province, make sure that all unions that represent all the workers and all members that work-that represent-that work under these unions are all being treated fairly and with respect, and they all have the standard wages.

So we know first-hand; been doing it for many, many years, done it for many rounds of bargaining, and we know that the bargaining council process will work. It respects both entities, and it also ensures that members are at work, they're doing their work, they're looking after their patients, which is the work that they want to do. They're very proud to do it. And it doesn't cause them to have any stress or anxiety in the workplace about who's going to be representing them and how long it's going to take to get to the bargaining table. They have full confidence that the bargaining stream that we've got already works.

Thank you.

**Madam Chairperson:** Thank you very much.

I will now call on Lee McLeod, CUPE Manitoba. Mr. McLeod, do you-okay, so, Lee McLeod is presenting on behalf of Kelly Moist. And do you have any written materials for distribution to the committee?

**Mr. Lee McLeod (Canadian Union of Public Employees Manitoba):** I do.

**Madam Chairperson:** Please proceed with your presentation.

**Mr. McLeod:** Good evening, my name is Lee McLeod. I'm the regional director for the Canadian Union of Public Employees here in Manitoba, and what follows is CUPE's presentation to the Manitoba Legislative Standing Committee on Bill 29, the health sector bargaining review act.

The Canadian Union of Public Employees, CUPE, is Canada's largest union with over 643,000 members across Canada and 26,000 members in Manitoba from across the broader public sector.

Amongst our membership are 12,000 health-care workers from across Manitoba, from Flin Flon in the north to Emerson in the south.

While most CUPE health-care members in Manitoba work in facility support, holding positions like health-care aides, maintenance workers, dietary aides, clerical workers and others, CUPE represents Manitoba health-care workers across the entire health-care spectrum, including dietitians, social workers, lab techs and other professional technical workers, as well as nurses, midwives and doctors. CUPE members play a vital role in our province, delivering high-quality health care that all Manitobans depend upon.

While we believe that the existing system of bargaining has served Manitobans and health-care workers well, whereby major issues of compensation and benefits are negotiated at a multi-employer, multi-union table, while leaving site-specific issues to local bargaining tables, we have been, from the very beginning, open and willing to discuss with this government potential bargaining restructuring. We remain committed to doing so.

We've been consistent in our message to government, that any reforms should be followed by-guided by the following principles: protecting

and improving patient care; supporting and respecting health-care workers who perform challenging work and make significant personal sacrifices to provide excellent health care to Manitobans; respecting the democratic decisions already made by health-care workers about their current union representation.

We do not believe that Bill 29, the health sector bargaining union review act, respects these principles. Further, we believe that collaboration between health-care unions and this government could produce a far superior collective bargaining model that works better for government and health-care workers alike.

As an alternative to Bill 29, CUPE, along with the Manitoba Federation of Labour and other health-care unions, have presented to government a simple and practical alternative vision for health-care bargaining. The alternative vision includes the creation of union bargaining councils which would serve as a bargaining partner to the employer bargaining councils which are proposed in Bill 29.

Under such a scenario, multiple employers and multiple unions could still exist in each health region and for each sector of workers, but the employers council and the union council would have exclusive responsibility for bargaining, ultimately settling on one contract to apply across the whole health authority for each sector of health-care workers.

Unions certified to represent employees would continue to perform all the other functions normally reserved for bargaining agents, except for collective bargaining, which would be the purview of the union bargaining council. In this way, health-care workers would continue to receive the same support and servicing from their existing, familiar and previously certified union representatives.

Bargaining councils are not a new concept. In fact, bargaining councils have been the standard form of health-care collective bargaining in British Columbia for many years. In BC, health-care bargaining takes place on a province-wide basis. Multiple unions are represented by the Facilities Bargaining Association, the Nurses' Bargaining Association, the Health Science Professionals Bargaining Association and the Community Health Bargaining Association. Through this model, the provincial government has obtained collective agreements to apply to all workers in each sector, while unions have maintained their historical relationship with their members.

Indeed, very recently, the government of Nova Scotia and health-care unions in that province agreed to adopt a bargaining council model. In Saskatchewan, health-care unions are proposing the adoption of a bargaining council model in response to the province's decision to move to a single health authority. There are models out there that we can use to help guide us, while of course adopting to suit our needs here in Manitoba.

We believe that the bargaining council we've proposed is a superior model to Bill 29, has significant benefits to both health-care workers and government. And the bargaining council has the following key elements: it would achieve the government's objective in reducing the number of collective agreements in health care; it would achieve the government's objective of uniformity in collective agreements and create a process that would allow for the movement of health-care workers between facilities; it would avoid the disruption, distraction and uncertainty of new union representation votes, votes which undermine the democratic decisions that health-care workers have already made in choosing their union representation; bargaining councils could be implemented more quickly than Bill 29; the bargaining council model could be adapted to meet the needs of workers and government in the case that this government, or any future government, should choose to decrease or increase the number of health authorities, change the boundaries of existing health authorities, bargain a province-wide agreement that applies to all health authorities.

\* (18:50)

When Bill 29 was introduced, we were told, along with the rest of health-care unions, that this legislation was just one possible outcome, that the government was interested in collaborating with health-care unions to reach an outcome which could avoid the necessity of this legislation.

We are here today to tell you that we embraced that offer. We brought forward a vision, and we believe it's a vision that's not only practicable but preferable to the one laid out in this legislation.

If government was truly honest in wanting to work co-operatively with health-care unions to find a solution, we firmly believe that the government should take the time to sit down with us and enter into meaningful discussions with a view to achieving real solutions.

We urge this government to scrap Bill 29 and instead work with us to make a better system for workers and patients. No one benefits from disruption, costs, and the uncertainty of forced representation votes—not patients, not workers, and not the health-care system.

So, for the good of all Manitobans, we're asking you to reject Bill 29.

**Madam Chairperson:** Thank you for your presentation.

Do members of the committee have questions for the presenter?

**Mr. Gerrard:** You talk, as others have, of the union bargaining councils.

When was the first time that you proposed this option to the government, and what was their response?

**Mr. McLeod:** It already exists in terms of the multi-sector union bargaining council that already exists, that common table, but it was certainly part of discussions that were had with the—the few meetings where we were able to share information with government.

**Mr. Wiebe:** So I thank you, Mr. McLeod. The presentation was very well laid out and, I think, is very understandable for members of the committee. So it's appreciated, and it sounds like you're working with others towards a common goal here. So that's important for us to understand, that it sounds like everybody is in lockstep and trying to work towards a more—a proposal that works for everybody, let's just say.

My question, though, is you mentioned sort of the scope and the breadth of CUPE in particular and the number of members that you represent, and you talk in your presentation about site-specific issues that may come up and how individual unions could be helpful in those situations.

Can you just unpack that a little bit for us? What sorts of ways could that help ease the disruption in the health-care system by remaining, you know, having one union represent the workers that are or have already chosen that union?

**Mr. McLeod:** So there are substantive issues, issues of compensation and benefits that get decided at a joint table for the mutual benefit of all the workers in the system, and then local issues may exist in a particular area where there are challenges such as

distance that need to be taken into account to make sure that patients' needs are first and foremost.

So there are issues that are distinct to particular areas or geographic regions that would be dealt with locally and have been in the past historically and have been dealt with locally to deal with the issues in that particular area. And then the broader issues that need to be addressed can be addressed jointly by the unions, and the unions have done that quite successfully with government over the years.

**Mr. Goertzen:** Thank you very much for coming to presentation tonight.

I have a question for you: So it seems in the presentations so far there is an understanding or at least an acceptance about the possible reduction of bargaining units, and I think you've been, certainly as labour, part of it much longer than I have been. How is it that we became such an outlier in Manitoba where we have over 180 bargaining units? And, as previously mentioned by presenters, there are in the teens in Saskatchewan and less than 10 in BC. How did we become such an outlier in Manitoba?

**Mr. McLeod:** It's my general understanding it's the historical way in which it grew up—grew up in Manitoba, how those different organizations came to be. So they might have been represented by a church group in one case or a particular group and then they were formed in and became part of larger groups.

So I'm not an expert on that particular point, but certainly there is some—just the historical development of those groups over time in Manitoba and then they're being represented, there's a number of collective agreements. I know in CUPE we manage a great number of collective agreements from a fairly small number of staff here in Manitoba, so we know that's also possible. But, at the same time, we're certainly willing to work with government to respect its desire to have fewer collective agreements, and we believe we can do that collaboratively through a collaborative process with government.

**Madam Chairperson:** Thank you.

I will now call upon Phil Kraychuk, private citizen.

Mr. Kraychuk, do you have written materials for distribution to the committee?

**Mr. Phil Kraychuk (Private Citizen):** No, I don't.

**Madam Chairperson:** Okay. Please proceed with your presentation.

**Mr. Kraychuk:** Hi. Thanks for having me today. My name is Phil Kraychuk, and I came today to speak as a private citizen strongly opposing of Bill 29.

I'm not going to hide behind the fact that I make my living as a union representative and assist many members in our health-care area on a daily basis with matters ranging from workers compensation to health and safety to different aspects of negotiations.

Health care is vital part of the prosperity of our province. The services that these talented and hard-working people provide Manitobans every day are services we cannot live without.

This current government made an election promise to protect front-line workers and act in Manitobans' best interest. While many of my friends are in another room speaking on Bill 28, I'm here speaking on Bill 29. And let's not kid ourselves, both are attacks on working Manitobans and unionized workers.

Bill 29 is simply a distraction. It is an unneeded distraction to workers whom already work in a very fast-paced, difficult occupation. Removing a worker's right to choose their union representative while closing ERs across the province is adding too much stress to workers whom already work in a difficult occupation.

Bill 29 is not going to help fix problems within our health-care system. It is an attack on union workers. There is no doubt this will cause more problems, and I fail to see how this will fix anything when it comes to better patient care.

Workers in the health-care system are not only being legislated to take zeros but are also having their rights to choose their unions removed from them. Again, this does nothing for patient care.

I felt it was very important to come down here today to speak on these destructive bills that our biased government has tabled. I am not sure where Mr. Pallister is today, but one would think if you're planning on taking away workers' rights, you'd be here to listen to the workers.

The attack on hard-working Manitobans is unacceptable and not needed. This goes against the very provinces-promises made during the 2016 campaign. The promise to protect front-line workers seems to have been lost or forgotten. Our

current system is working. There is no reason to trigger amalgamation votes. Leave workers' rights alone, and if you truly want to fix some of the problems in Manitoba, you need to start with the broken legislation that we are talking about today.

**Madam Chairperson:** Thank you for your presentation.

Do members of the committee have questions for the presenter?

**Mr. Wiebe:** Thank you very much, Mr. Kraychuk, for coming in and presenting this evening. We can certainly hear your passion in your presentation, and it certainly is reflected in your words today. So I think that's helpful to give us some context.

To further develop that context, I'm wondering if you can talk about—you mentioned a few times pressures on workers, stresses. I'm wondering if you have any personal experience that you can talk about. Maybe somebody you've heard about or yourself, that's concerned about this, that this maybe is actually impacting their work right now. They're, you know, maybe feeling stressed already because of the uncertainty going forward, and how that might impact—or can you imagine that, at the very least, how that might impact somebody who's trying to provide patient—good patient care in our health-care system?

**Mr. Kraychuk:** Thank you for the question.

So that—I don't have much to say to that other than the fact that any time you create an uncertainty with somebody with their occupation, something they have no control over, it creates problems. The ability to go to work every day, focus on the job you're doing and make sure you're doing the best possible job is deeply affected when somebody else takes your own fate and puts it in their control. I know first-hand talking to a lot of the workers we represent in the health-care sector that it's already a very fast-paced environment; it's at times could be an understaffed environment. And, more often than not, workers aren't getting breaks; they're not getting proper time to refuel their bodies, to get the proper time they need to rest. You take that and now you remove their right to choose their union. You take that and you give them uncertainty with potential wage increases that could have impacts on their family, different home life. So all that put on top of a job that's already difficult and already very demanding is something that's not going to lead to the best service for Manitobans, which is better

patient care. I thought that was the goal for all of this.

\* (19:00)

**Mr. Gerrard:** Thanks so much for coming in and taking the time to present.

Now, we've heard from a number of other presenters about the potential for union bargaining councils to decrease the number of collective agreements, and I wondered if you would comment on that from your perspective.

**Mr. Kraychuk:** Thank you for the question.

I think the previous speakers did a fantastic job of outlining some of labour's positions as to what we could do collectively, collaboratively going forward, rather than having these amalgamation votes. I'm not going to reinvent the wheel, and I'm not going to comment on something that, you know, the previous speakers know a lot more about than myself.

I'm a day-to-day grinder with the union. I'm not much involved with the heavy politics up top and not involved with a lot of these discussions that happen. But what I do know is there's some very valiant options out there, and I don't think they've been explored. So the previous speakers did a fantastic job of outlining that, and I'm going to stand behind them.

**Mr. Goertzen:** Thank you for coming tonight.

You started your presentation by offering—or not offering apology for coming and being representative of, and working under, a union. And you shouldn't apologize. This process is made specifically for people like you to come in and provide your input for—as an individual Manitoban. And I'm glad that you did, and I thank you for coming.

**Madam Chairperson:** Thank you very much.

I will now call on Mr. Paul Moist, private citizen.

Mr. Moist, do you have written materials for distribution to the committee?

**Mr. Paul Moist (Private Citizen):** I do.

**Madam Chairperson:** Please proceed with your presentation.

**Mr. Moist:** I speak tonight as a private citizen in opposition to Bill 29, which is about health care, but it's also about labour relations. And I note at the outset, over the last year, the Premier's (Mr. Pallister) been very public in commenting on labour relations,

and I would say—I would call them shots across the bow.

So I begin tonight with some words from our Premier. In April of 2016: I do not believe in a province that's run by CUPE. In December—this past December: Union bosses have to understand this is positive for their members, in commenting about this bill—which wasn't before us in December, but we were told it was coming. Next: The union movement is not its leaders—that's a year-end interview on December 28th, as quoted on CBC. Public sector leaders have had it fairly good for quite a while and have, basically, run the government; and, really, the bargaining table wasn't necessary. It was treated as a buffet table for a long time—March of this year. And then April 19th, in a speech to the Manitoba Chamber of Commerce: It's not efficient to run a health-care system with a hundred-plus bargaining units nor is it efficient to have a system in which a worker faces a grievance for doing someone else's job by picking up a candy wrapper on the floor.

I worked almost 40 years in the public sector in Manitoba, including 32 years as a full-time union official, and I'm retired now, and I'm well experienced with the cut and thrust of partisan politics. I speak tonight as a private citizen and submit that the comments above, and, in fact, the entire content of Bill 29, are the result of ideological partisanship. There is no business case for the proposed forced changes to health-care collective bargaining structures.

Health-care bargaining in Manitoba, as you've heard tonight already, is highly centralized when it comes to cost drivers such as wages, benefits and pensions. The system bears no resemblance to that which existed when I started working just over 40 years ago. The number of bargaining units or the number of collective agreements are, in my view, non-issues, especially when you consider how centralized bargaining already is for wages, benefits, pensions. It was a former-Conservative government who decentralized health care in the 1990s. Now, the notion is that because there are a certain number of collective agreements within health care, this is somehow a huge inefficiency. In my view, this is simply not true or grounded in fact in any way.

If government does not like the number of different bereavement provisions in various health-care collective agreements, then that issue should be brought to the bargaining table.



The combination of this bill and Bill 28, The Public Services Sustainability Act, will hurt labour relations in the province, which up until now have been both productive and largely harmonious.

The comments the Premier (Mr. Pallister) continually tosses out about trade unions in general, and trade-union leaders, are offensive. The Premier's ability to negotiate, as evidenced by his clumsy efforts on key federal-provincial files such as the Canada Pension Plan, climate change and health-care transfers, are evidence of an approach that has been spectacularly unproductive on behalf of the citizens of Manitoba. Perhaps the First Minister should stop the name calling and the insults directed at Manitoba's public sector and focus his attention on preparing himself for federal-provincial negotiations.

Similarly, the option to this bill would be for the government to engage in collective bargaining with public sector workers in a more traditional, less confrontational fashion.

**Madam Chairperson:** Thank you for your presentation.

Do members of the committee have questions for the presenter?

**Mr. Wiebe:** Yes, I wanted to thank you, Mr. Moist, for coming to the committee tonight and adding your perspective as somebody who, as you mention, has been in the thick of it over the years and now can come to this committee as a private citizen and offer—maybe I could say—an even more distinct view and give your personal views, which is very much appreciated.

I think you've laid out very clearly the—some of the inflammatory language that's been used and some of the inflammatory positions that have been taken by this government, and what—I guess what I'm wondering is is your perspective on exactly why this is being undertaken. You know, it's my thinking that, you know, we've heard over and over again from individuals saying that this will be disruptive, coming in the spirit of co-operation, looking for an alternative, offering, I think, constructive solutions, and yet this is the response that they've seen so far from government.

Can you just give us a perspective—your—as an individual private citizen, what is your perspective? Why is this being undertaken by this government? What is the end goal and what is the purpose of being so combative when labour seems to be trying to find a solution?

**Mr. Moist:** I'm not sure it's the entire government, but I—these aren't my words. I used the words of the First Minister.

And I think there's two reasons. It's just my opinion. One, I think he thinks we're low-hanging fruit. It's popular around the world by some right wingers to attack trade unions and organized labour, and people do it all the time. I think that's point No. 1. And secondly, I think it's harder to actually come to a bargaining table and negotiate.

The first round in the 1990s led by Minister Praznik—he was at one time Labour Minister, also Health Minister—it was very disruptive, and we were quite worried about it. We met with him constantly, and we had our disagreements, but there was a heck of a lot of discussion about how things would proceed.

I continually read in the daily newspapers about how people want to talk with labour, but they talk at them through the media. And I often take issue with our leading daily newspaper, the Free Press. I don't agree with them editorially all the time, but they said on Saturday, enough already with this shtick about I'm an old union guy. This is anti-union rhetoric of the highest order, and I think it behooves all of us and all of you as legislators to look for a better way. There hasn't been a single trade union leader has come forward here and used language like that with you, and it's not the way to govern Manitoba, in my view.

**Mr. Goertzen:** Thank you, Mr. Moist. We will have some agreement in that we don't always agree with the Free Press. I don't either, and so we've come to that common—no offence to those who might be reporting for the Free Press here tonight.

But—and we won't agree with everything in terms of the presentation, but I do respect your presentation and I respect the four decades that you've worked in labour and that you continue to come forward and bring forward your perspective now as a private citizen. That is significant and it is appreciated, so thank you.

\* (19:10)

**Mr. Gerrard:** Yes, thank you very much. You certainly have had a tremendous amount of experience in negotiating contracts over many, many years. And I would just ask you for your perspective on the proposal to move to union bargaining councils as a way of streamlining this process as has been proposed by a number of presenters here.

**Mr. Moist:** Yes, as previous speakers have said to you—I will be careful here; I don't hold any elected office, and I have great confidence in the leaders who have come and spoken to you tonight.

I will say, when I presided over CUPE as a national organization for 12 years, this model works. It's always driven by reorganization. The only true thing I can say about public service these days is it'll continue to be reorganized, whether it's school boards, municipalities, health care, and there's people involved in that at the end of the day. And there is a way to go at this where—I watched, in Manitoba, when we equalized hydro rates. Why should rural Manitobans pay more for home hydro than Winnipeggers? And we did that as a society.

In health care—and I first raised this with mister—the former minister, Mr. Praznik. Why should a health-care aide giving bedside service in The Pas or Flin Flon or Thompson or Brandon make less money than a health-care aide in Winnipeg? And in the last, well, 35 years, we've equalized those rates. How did we do it? We moved to a centralized structure.

So, when the Premier (Mr. Pallister) talks about there being 33 dozen or four dozen different bereavement provisions, probably correct in 168 collective agreements, there's little tweaks here and there. If we, collectively, as a society, wanted to have one bereavement clause for the public sector in Manitoba, that's an achievable thing. One doesn't need a sledgehammer to do that. People can come to a bargaining table and talk about bereavement leave and come to a common understanding.

So, health-care bargaining, when I first started working, was hospital by hospital, facility by facility. Largely led by Conservatives in the 1990s, it became more centralized. And it was done at bargaining tables, and there has been votes. It's not needed here right now. We can sit down, and we do it in other provinces, and the other leaders who are—they occupy the positions of authority now; they've spoken quite eloquently to that, and I agree with their comments.

**Madam Chairperson:** Thank you.

I will now call on Marianne Hladun, Public Service Alliance of Canada.

Do you have any written materials for distribution to the committee?

**Ms. Marianne Hladun (Public Service Alliance of Canada):** Yes, I do.

**Madam Chairperson:** Okay. Please proceed with your presentation.

**Ms. Hladun:** My name is Marianne Hladun and I'm the regional executive vice-president for the Public Service Alliance of Canada. We represent more than 180,000 workers in every province and territory in Canada, including nearly 8,000 workers in Manitoba and 500 workers at Deer Lodge Centre, the largest rehabilitation and long-term care facility in Manitoba, focused on providing care to Canada's veterans. The PSAC opposes Bill 29, the health hector bargaining union review act.

It should go without saying that the priority of this government should be to ensure that our veterans receive the best possible care from employees who are focused on their needs and not on unnecessary bargaining union restructure.

Our members work day in and day out to ensure that residents at Deer Lodge Centre receive quality health care. They know the residents. They know the residents' families, and they know the needs of both. I spoke with members from Deer Lodge Centre and asked them, because they are referenced as residents, not as patients. We have residents at Deer Lodge Centre who have been there upwards of 15 years.

Our members know them; they know their families. This is not in for a week and surgery and out again. They build relationships. We have a two-year waiting list at Deer Lodge Centre because families of veterans from World War I are now putting themselves on the list because their grandparent was their and they received quality care, and they want to do the same.

So we have participated with the other health-care unions to present an alternative to Bill 29 and has—have, as of yet, received no feedback or response. We are still unclear if the government representatives even have a mandate to work with labour on solutions.

We are committed to ensuring that the focus remains on the residents and believe that our alternative could be implemented quicker and with less disruption. It is clear in Bill 29 that the government's objection—objective is to reduce the number of collective agreements. We believe our proposal achieves the government's objectives while still ensuring that our members have the right to continue to be represented by the union they have chosen.

This year, PSAC—oh, wait a minute—last year, PSAC celebrated 50 years. Our members were part of the Civil Service Association prior to 1966, and as part of Veterans Affairs, when the Public Service Alliance of Canada was created in 1966, they became members. Even after devolution to the Province, Deer Lodge Centre employees stayed with PSAC.

I have seen in other jurisdictions where representation votes are time-consuming, costly and divisive. There is no need for this process to be conducted in Manitoba. While we do not agree that bargaining unit restructure is necessary to ensure quality patient care, we have and will continue to participate with other health-care unions in Manitoba to come to the table prepared to work with government.

We wholeheartedly agree with the Manitoba Federation of Labour that the three principles should guide any bargaining reform: protecting and improving patient care; supporting and respecting health-care professionals in their demanding and challenging work; and respecting the democratic decisions already made by health-care workers about their current union representation.

Bill 29 sets out the establishment of an employer bargaining council. We believe that unions representing health-care workers in Manitoba should have the same rights. This would allow unions to continue to perform all the functions they currently do, except for the collective bargaining process.

We are committed to focusing on the care of residents at Deer Lodge Centre and are just as committed to working with other unions to find solutions and not be distracted by any attempt to divide us. If the intention of government is really to reduce the number of collective agreements, our proposal meets that goal. As we await to hear feedback from Manitoba Health, we urge the government to halt Bill 29, give a mandate to the representatives to continue the discussion and let us work out the details.

Our members are so very proud of the work that they do every day. They not only provide health care to our veterans, they do so with respect. Any attempt to distract from that purpose does not honour the sacrifices of the residents of Deer Lodge Centre.

**Madam Chairperson:** Thank you for your presentation.

Do the members of the committee have questions for the presenter?

**Mr. Wiebe:** I wanted to thank you for the presentation. Once again, I think it's clear that you're working with others to ensure that a reasonable solution has been put forward and I think some reasonable options that seem common sense. And, hopefully, the message is getting through.

What I wanted to ask about, though, in particular, and again, this is—it's great when we have kind of the more personal relationship kind of examples that are given. And to me, that really speaks to the heart of this, and that is the health-care professionals who are on the front lines every day providing that service.

Can you talk about the pressures that they're feeling or the uncertainty that they're potentially experiencing because of this change and others? Are they—are you hearing from members saying that this is, you know, the uncertainty is affecting their ability to deliver the service that they want to deliver?

**Ms. Hladun:** Thank you for the question.

You know, I'm a transplant from Saskatchewan into Manitoba as an elected union officer. And one of the first things I did when I came here was go through the work site with members at Deer Lodge Centre. And what struck me was—and the feeling that they have that these are their family. Our members know every single person on that floor. They know the names. They know the families. This is not just a job to them. They are there because of the fact that they know that they are, you know, they're helping veterans through some of the toughest days that they can. They're helping them with rehab. These are the homes. This is where veterans will go and they will not leave. So our members hold their hands. They hold the hands of the family, and, you know, at the end of the day, that's what their concern is.

\*(19:20)

We're very small when—in health-care unions; we have 500 members. This is not about us as a union; this is about why would you take away from the services that they're providing and to distract them? There's absolutely no purpose to it. We are so proud of the work that they do. They are so proud. They have tears in their eyes when they tell me stories. When, at one point, through whatever process, they were out of money, and they were not given soap, if you can believe it, and I had a member come to me and say, we have to do something; they

only have soap when they go to have a bath once a week. That's not how someone should live. Now, it was corrected, but that's their immediate priority and their concern.

So thank you.

**Mr. Gerrard:** Thank you very much for coming tonight, and thank you and all those who work as part of your union at Deer Lodge for the great work that they do, because I know there's many really good workers there.

Perhaps you can just give us, from your perspective, the change that it would mean going to the union bargaining councils. How many collective agreements now are you involved in, and would that change after the bargaining councils were used? What sort of changes and—would that be in terms of streamlining the process?

**Ms. Hladun:** So, currently, we have one collective agreement. So we are one out of the bigger picture.

There are a lot of things that would need to be considered. Currently, we participate in the multi-union bargaining committee for support employees, and we've worked well with the other unions. There's five unions involved in that, and we've worked well. We've always done that. When it comes down to the absolute specific details, the reality is we will figure that out, just like the employer bargaining council on the other side is going to have to go in a backroom and figure out how they operate. We are committed to doing the same, and I can tell you right now that all of the unions that currently have collective agreements in Manitoba are committed to focusing on getting collective agreements and not dividing ourselves.

So, when it comes down to the fine details, what we need at this point is a mandate to actually go and start those discussions. So we're waiting for that. In my mind, as we've heard other presenters say, Bill 29 is pre-emptive. We have not had that discussion. We're committed to doing that. So I would urge the government at this point to halt it; let us do what we have to do. If we can't come to an agreement, you have, you know, you have a legislative tool available to you. But at this point we have not been given a mandate or the opportunity to do the work that we believe can be done.

**Mr. Schuler:** Thank you very much, Marianne. It's always great having someone from Saskatchewan here cheering for the Blue Bombers. And also appreciate the fact that you came forward and

brought your perspective to the table. I know the committee very much appreciates it, and that's what one of the beauties of this Legislative Assembly is that we have this process, and appreciate that you took advantage of it. Thanks for being here.

**Madam Chairperson:** Thank you very much.

Okay, our next presenter was Claudia Colocho, but she has indicated that she is not going to be presenting to this bill tonight, so we will then move on to Michelle McHale, private citizen.

And, Ms. McHale, do you have any materials for distribution to the committee?

**Ms. Michelle McHale (Private Citizen):** I do not.

**Madam Chairperson:** Okay, please proceed with your presentation.

**Ms. McHale:** Thank you.

My name is Michelle McHale. I am an advocate for environments that are inclusive of all people and families. I'm the Solidarity & Pride vice-president for the Manitoba Federation of Labour, and I advocate for leaders of every kind to act equitably and in accordance with human rights legislation.

Although I now work for the United Food and Commercial Workers union, I spent the last 12 years working in health care: three years as front-line staff and nine years as a supervisor to front-line staff.

I, along with many others, have watched this government operate for a year now. Time and time again I have seen a blatant lack of understanding for the importance of equity and equitable representation when making decisions. The rights of working Manitobans repeatedly seem secondary in importance compared to the wishes of the government.

This government has taken a paternalistic approach from the beginning. There is an apparent lack of understanding regarding how these decisions affect people differently, depending on their life circumstances. There is a consistent disregard for people who do not hold the same financial and/or life circumstances of those in this government's party.

Today, I will speak to you about Bill 29 from a human rights perspective. Removing employees' right to choose the union that works for them is an affront to women, people of colour, women of colour, gender and sexually diverse workers, people with mental health issues, people who are not able-bodied, those who are visually and/or

hearing-impaired and to people who challenge employers when they do not provide safe workplaces. Although the following quote speaks to gender and sexually diverse people, we know that the same applies to the people I've just mentioned, as well. Gerald Hunt, author of *Laboring for Rights*, stated: Organized labour remains one of the most powerful social and political movements. As such, it has the potential to force equity issues onto the agendas of public and private corporations that might otherwise be unreceptive to such concerns.

He goes on to state: Being devalued and discriminated against at work can lead to serious psychological problems, as well as to economic discrepancies. Employment-related issues such as hiring, firing, promotions, benefits, perks, leaves of absence, pensions, allowances, harassment, violence and education initiatives all can be shaped to discriminate against sexual minorities in a way that can be economically and psychologically harmful. As I said, we know this can apply to all the people I mentioned.

Unions have been at the forefront of advocating for safer workplaces, ensuring that workers are treated with respect and equity regardless of their identity, orientation, colour of skin, socio-economic status, religious beliefs and political affiliations when employers don't do this on their own. Although many of the things I mentioned are protected characteristics in the Manitoba human rights code, workplace discrimination based on every one of these still occurs. Oftentimes, employers do not have a solid understanding of human rights legislation, nor do they adequately intervene. The Human Rights Code provides a means of recourse that is often long and drawn out, leaving employees in toxic workplaces—or even without work—for that period of time before a resolution is reached.

It was, and continues to be, unions that ensure the presence of language in collective agreements that protect workers from discrimination in the workplace. Unions provide support to workers who have independently filed human rights complaints, and unions are the ones who assist workers to battle in courts when legislation enacted by the government is discriminatory.

Given the complexity of all of these issues, and the varied specialties of individual unions, people need to maintain the right to choose the people and the union that they believe will provide the best service and meet their needs. The presence of

language that includes anti-discrimination articles in collective agreements allows these issues to be dealt with more expeditiously. The ability to deal with these matters through the grievance process allows workers to read a—reach a resolution sooner, which can prevent the psychological and economic discrepancies we know workplace discrimination can cause.

Overriding and/or ignoring the legislated right for workers to choose the union they believe to be the best for them for any reason is disrespectful at best, and discriminatory at worst. What does it say about a government that needs to paternalistically remove workers' rights to gain more control in bargaining? Especially when you've heard repeatedly this evening that all the unions are willing to work with you in order to minimize the impact on health care for Manitobans.

Government, including Manitoba's government, operates as a system that has historically worked hard to control those people who were not white, affluent men. And, despite the fact that this system has demonstrated itself to be elitist, sexist and racist, this government is proposing legislation that disadvantages those who are not elite or who are on the receiving end of sexism and racism or other kinds of discrimination.

\* (19:30)

Instead of using your positions of incredible privilege to make life better for all Manitobans, this bill gets presented that disregards the voices of those who need you to advocate for them the most. Working Manitobans should be able to depend on their government to protect citizen rights and, subsequently, should respect citizens' decisions they've made within our laws.

**Madam Chairperson:** Thank you for your presentation.

Do members of the committee have questions for the presenter?

**Mr. Schuler:** Thank you very much, Michelle, for coming out this evening and giving your presentation. What's important for committee and for legislators is to hear from the public and hear a lot of differing views and we appreciate that you came forward, and if you notice the committee pays attention to every speaker and certainly appreciate that you came out and made that presentation. Thank you for being here.

**Mr. Wiebe:** Yes, thank you, Ms. McHale, for coming out and presenting here this evening, and the question I wanted to ask you is in line with a question I've asked now a couple of times, but I think your particular experience, both as a front-line worker and then as a—I think you said a supervisor of front-line workers, and I guess now your work as a labour representative, I think would probably give you some examples. And I can appreciate, obviously, the confidentiality involved in some of the cases that you've seen, but if you could maybe just illustrate your point by talking about maybe one of the examples that you've seen where labour or a person's union was able to help them perform better when they're facing issues like you said, mental health issues or other kinds of discrimination or other issues, ways that the union has been able to help them, you know, really provide that really good quality patient care that they want to provide.

Wondering if you can give any examples without, again, betraying any confidences that I'm sure you wouldn't want to do.

**Ms. McHale:** Thank you. That's a good question, and yes, my background is in mental health, and so given the current stigma that we have around mental health issues, they're often misunderstood by employers and employers often don't know the right questions to ask or they don't know how to interpret certain symptoms or behaviours. When one is not educated appropriately, it can look like somebody is being obstinate or it might look like somebody is being irresponsible if they're having a relapse with their respective illness.

There are things that an employer can do to intervene to support the worker, get them back on track and have them able to do the work that they love or is important to them. Is that—trying to not be too specific, is that helpful?

**An Honourable Member:** That's very helpful. Yes, thank you.

**Mr. Gerrard:** Thank you, Michelle, for coming. You speak very eloquently about the need to stand up for those who may be being discriminated against for whatever reason. And one of the things that you can help us understand is—we've had a lot of discussion about an alternative to this bill, which would be the union bargaining councils.

Do you think they would be effective in addressing and helping to deal with these issues of discrimination? *[interjection]*

**Madam Chairperson:** Ms. McHale.

**Ms. McHale:** Oh, sorry. Thank you.

As I'm here as a private citizen this evening, I would defer to my other colleagues in labour to make those decisions. They're much more researched on those pieces and I think they would probably be able to provide you with better, more concrete information on that. Sorry.

**Madam Chairperson:** Thank you very much.

I will now call on Ms. Sonia Taylor, private citizen.

Ms. Taylor, do you have any written materials for distribution to the committee?

**Ms. Sonia Taylor (Private Citizen):** No, I do not.

**Madam Chairperson:** Please proceed with your presentation.

**Ms. Taylor:** Good evening. I'm Sonia Taylor and I would like to thank you for giving me the opportunity to speak on Bill 29.

I believe that patient care and supporting the people who provide the care should be the most important than bargaining unit reviews. The focus on patient care must be priority on government's agenda, not bargaining unit reviews.

My understanding is that the health-care units—unions, pardon me, have presented the government with an alternative that would have the results the government is seeking. Bill 29 includes employer bargaining councils, so why does it not include union bargaining councils as well? Why isn't the government trying this alternative?

As it is, in our everyday lives, we can accomplish more working together than apart. I believe if the unions and government work together, it would be beneficial and more productive. If the same results can be achieved, why not try?

It takes special people to work in health care and these people should be supported and commended for their dedication and hard work. These people make patient care their priority and the focus should be altered—and should not be altered due to the government's agenda.

Why does this bill protect—how does this bill protect and improve patient care? It doesn't. How does this bill support and respect health-care professionals in their job? It doesn't. How does this bill respect the democratic decisions already made by

health-care workers regarding the current unions? It doesn't.

For these reasons, I urge government to work with the alternative that the unions have put forward. Thank you.

**Madam Chairperson:** Thank you for your presentation.

Do members of the committee have questions for the presenter?

**Mr. Wiebe:** Yes, I just wanted to thank you for your presentation and, again, this sounds like it was passionate and straight from the heart, which, again, while we appreciate all presentations, sometimes those are the ones that make the most impact and speak the most to us as legislators.

Can you maybe just, you know, from your perspective, and I don't expect you to have all the answers or to understand exactly the reasoning behind it, but what do you think the reasoning would be for the government to be so heavy-handed in this—in their approach, when, as you mentioned, there's been some reasonable suggestions here tonight? And it sounds like labour is working together to put patient care first. What do you think would be the motivation for the government to be so heavy-handed in their approach to this process?

**Ms. Taylor:** I don't know. I just think if it's not broke, don't fix it. And, it's—is working, the unions are working together. If it has to be fixed or tweaked in any way, let's work together and get a solution to it, which the unions have done and are bringing forward. So, I really don't know.

**Mr. Gerrard:** Thank you very much for coming and talking to us this evening and presenting.

I appreciate your comments and I appreciate your emphasis on making sure that whatever we do, we're looking at how we improve patient care. Thank you.

**Mr. Goertzen:** I also want to thank you for your presentation tonight. There is some good discussion happening tonight.

I know this is something that actually began back in 2001-2002 when it existed in legislation; just—it was never acted upon 15 years ago. But—so it's not new and it's not quick, after being contemplated for 15 years, but it is certainly good to have the discussion tonight and I appreciate you being a part of that discussion.

**Madam Chairperson:** Thank you.

I will now call upon Mr. Paul Roche, private citizen? *[interjection]* Oh, Rock? Is it Rock? *[interjection]* No. 19?

Okay, Mr. Roche will be put at the bottom of our list for tonight. The next on our list is Loreto Dutierrez *[phonetic]*.

Ms. Dutierrez *[phonetic]*, do you have any written submissions to distribute to the—to committee?

**Ms. Loreto Gutierrez (Private Citizen):** No, I do not.

**Madam Chairperson:** Okay. Please proceed with your presentation.

**Ms. Gutierrez:** Chair, members of the committee, my name is Loreto Gutierrez and I am a unionized health-care worker, a proud one at that.

\* (19:40)

From a young age, I was spoken to by labour activists, refugees from Chile, my parents. I have heard the stories of torture and fear. They came to Canada with hope for a bright future for their children. My father finally became a unionized worker at Health Sciences Centre the year I was born. He was not persecuted. He was not tortured, as he was back home. He was a proud union man.

My father, now in a personal care home, would be upset if I shared the news of these bills that are being passed. He would tell me that—he would tell me of how life was before the dictatorship, and he would tell me that these are the first steps of losing a democracy.

This government has been very critical of the previous administration's of lack of referendums. The amalgamation of unions is a method of distraction for health-care professionals and comes during a very disheartening time with the restructuring of health care.

I am happy with my union membership under the United Food and Commercial Workers of the Local 832, and would not want to hold an election with the possibilities of them not being my representation. I, in fact, chose to work at St. Boniface Hospital so that I could be represented by UFCW.

The government is taking away our jobs and now is taking away our power as workers.

Have you asked once of how we felt, and have you held a referendum regarding all these bills that are being passed?

Short and sweet—but thank you.

**Madam Chairperson:** Thank you for your presentation.

Do members of the committee have questions for the presenter?

**Mr. Wiebe:** I wanted to thank you, Ms. Dutierrez [*phonetic*], for coming in. This is, again, a very passionate presentation. I know it takes a lot of courage to get up and make a presentation in front of a committee like this, but your words are, I think, helpful to colour the conversation with your own perspective, your family's perspective, and, again, the passion that you bring for the work that you do. And I think that's what's really coming through this evening, is the people who want to provide good quality care in our health-care system. And I appreciate that you're out there doing that work every single day for us, so thank you.

**Mr. Marcelino:** First of all, I wanted to make sure that we are pronouncing and spelling your name correctly. Is it with a G, or a D? Gutierrez, or Dutierrez?

**Ms. Gutierrez:** It's G-u-t-i-e-r-r-e-z.

**Mr. Marcelino:** Thank you, because I have not met any Dutierrez. But I have met lots of Gutierrez—good Gutierrezes. Anyway, thank you very much for making that presentation, and it's amazing how a front-line worker herself would feel hurt by the—by this bill, which is supposed to help you out.

And I was just wondering if I told you that, in accordance with the bargaining framework that was told, or, that was listed, there will be only nurses and physicians and medical residents and physician assistants and clinical assistants and professional and technical and paramedical, et cetera, and then facilities support and community support as bargaining units.

Where will you fall under?

**Ms. Gutierrez:** I'm a unit clerk at St. Boniface Hospital.

**Mr. Marcelino:** So that would be facilities support? Okay, and—

**Ms. Gutierrez:** Yes.

**Mr. Marcelino:** —thank you. So, when—right now, you are a health-care professional or—what do you really—where do you really belong? UFCW, isn't it?

**Ms. Gutierrez:** I'm a unionized worker. I'm a unit clerk who—which would fall under clerical.

**Mr. Goertzen:** Thank you very much. It takes a lot of courage to present before a committee. You did tremendously well in terms of presenting with passion your views, and also, you and your family's desire to fight for democracy, which is important. And this is the democratic seat of Manitoba where we've been here in the past to defend the secret ballot, for example, which is a critical part of democracy. And we appreciate very much that you've come here and spoken tonight.

**Mr. Marcelino:** Yes, thank you very much. I think that says it all.

**Madam Chairperson:** Thank you very much.

I will now call on Mr. Bob Moroz, Manitoba Association of Health Care Professionals.

Mr. Moroz, do you have any written materials for distribution to committee?

**Mr. Bob Moroz (Manitoba Association of Health Care Professionals):** I do not.

**Madam Chairperson:** Please proceed with your presentation.

**Mr. Moroz:** Good evening. My name is Bob Moroz. For the recorder, I would like to point out that my name is spelled incorrectly. It is M-o-r-o-z. So, thank you for that.

**An Honourable Member:** M-o-r-o-z.

**Mr. Moroz:** Correct.

I'm here representing the 4,000 Manitoba Association of Health Care Professionals members who make up the majority of the professional, technical and paramedical sector here in Winnipeg and in the northern regional health authority.

The introduction of Bill 29, The Health Sector Bargaining Unit Review Act, on March 20th came as a great disappointment to MAHCP. It was not a surprise; however, it was a disappointment.

In January of this year, public sector unions were invited to meet with the Minister of Finance (Mr. Friesen) and others to discuss their, quote, dire fiscal situation facing Manitoba. This resulted in the creation of two different working groups. The key



group for this discussion here this evening is, of course, the health bargaining unit restructuring group. Our understanding was that the initial aim of this group was to examine ways to reduce the number of collective agreements within the system, or perhaps it was to reduce the number of bargaining units. There—these are two somewhat different concepts.

In my own view, each and every health-care-related union came to that table with the intention of working with government to collaboratively seek solutions to the stated problem. As a group, MAHCP and its sister unions have repeatedly demonstrated a willingness to find a so-called made-in-Manitoba solution. You've heard much this evening about the bargaining councils. MAHCP wholeheartedly supports the concept and will gladly work with our colleagues in labour and government to pursue that alternative solution to a legislated mandate that we feel is unnecessary.

In our own case, in terms of MAHCP, the majority of our membership fall under 16 different collective agreements, mostly throughout the Winnipeg Regional Health Authority, DSM, CancerCare Manitoba and the northern regional health authority. We have had numerous discussions with government and employee-employer representatives in terms of trying to reduce that number of agreements into what would ideally be one agreement for MAHCP members. We've been willing to do that for at least two rounds of bargaining. It's a very difficult thing to do, but that, ladies and gentlemen, is what a bargaining table is for. We would come willing to do that. We could take 15 collective agreements off the table at one fell swoop just by doing that at the bargaining table.

You know that we've offered to develop solutions similar to other jurisdictions as Canada who are faced with similar directives from similar governments in different parts of the country. We've offered those solutions. To date, the only response we've heard back is that those systems have their problems.

We, as a group of unions, have asked a number of questions of the employer representatives in the room, and to the best of my knowledge, the questions were taken back to government. But, once again, we have heard nothing back in terms of feedback for our proposals.

\* (19:50)

When governments plan to enact significant changes to any aspect of the lives of its citizens, they have an obligation to work with those affected to determine solutions that are, at the very least, mutually acceptable. By holding meetings with us as organized labour, my sense has been that it has been an effort in appearance. If none of our questions are answered, our suggestions are dismissed out of hand. And hearing nothing but silence since Budget Day, I cannot understand how this can be considered collaboration. We've been left with the impression that government wishes that unions will create a plan to address their crisis, as it is so often stated.

I will repeat: unions have been presented with a problem from the government's perspective. As unions, we pride ourselves on our willingness and ability work collaboratively with employers to find solutions.

Ladies and gentlemen, we can build a great barbecue, if that's what you want us to build with you, but once we build a barbecue, we found out you wanted a wheelbarrow instead. We've wasted a whole lot of time and resources. We need to know what we're dealing with. We need to work with the committee. We need to know that they have a mandate to actually do what has been said that this committee is to do, and that is to work with us to allow our members to continue to do the work that they trained and they're dedicated to, not worry about what union that is going to happen—are we going to have representation votes? How much is this going to cost? Never mind the campaigning and the disruption to workplaces across the province.

Finally, the appointment of a commissioner to oversee any process related to this legislation—this commissioner would have broad power normally held by the Manitoba Labour Board in situations such as these. The Labour Relations Act will not necessarily apply. To suspend a law in order to accomplish a goal of government is something that all Manitobans should be extremely concerned with.

The Premier (Mr. Pallister) himself has been quoted, in the media, that Manitobans do not react well to being threatened. I feel that this government must apply this same thought process to this bill, and therefore I urge the government to put a halt to Bill 29.

**Madam Chairperson:** Thank you for your presentation.

Do members of the committee have questions for the presenter?

**Mr. Wiebe:** Thank you, Mr. Moroz, for your presentation. I think everyone in the committee can hear the frustration in your voice and your disappointment—I guess, I could say, in the lack of communication and receptiveness to some pretty reasonable ideas, I think, that you're putting forward.

I'm wondering if you could—you talked about the complexity of the workers that you represent, and I'm—and over the various regions that they work. I'm just wondering if you could, and maybe this is too ambitious to ask tonight, but I'm wondering if you could talk about if this bill went through—forward as it's been presented today, what would the implementation look like, of that? What would that look like to your members? And maybe could you contrast that if the alternative—if the proposed amendments were put through, what would be the difference in the impact on your members.

And, again, I don't want to be too technical, but if you could just give us a sense of the complexity involved.

**Mr. Moroz:** Thank you for the question. Yes, as an organization, we are very diverse in our membership. We have 160-some-odd different professions represented within MAHCP. Now, the impact of this bill is, as of yet, unknown, because we don't know what a sector will look like.

So we don't know if all of the social workers, for example, will be considered professional, technical, paramedical in this new regime—or this new sector system, or will they be moved to a support sector depending on where they work? So, again, it's a very difficult question to understand.

As is, within the city of Winnipeg, MAHCP represents the vast majority of technical professionals in the system. So, you know, we have different agreements, and they've grown out of different bargaining histories as well. So the risk is that something that has been obtained for members in a certain corner of Winnipeg, let's say, may be lost, through absolutely no fault of the members of that area, should they be placed, essentially, in a different sector and/or bargaining unit without ever having the chance to bargain that benefit away, if you will.

So those are the impacts that we're looking at in terms of our members.

**Mr. Goertzen:** Thank you for your presentation tonight.

Am I understanding correctly that—and it may not be the case, but that your concern is more about the process of implementation but, like other presenters, you don't—you understand perhaps the need to come more into line with other provinces in a lower number of bargaining units. Where we have, in Manitoba, over 180, in BC, they would have less than 10, I believe.

Do you feel that there is a good rationale in terms of looking at a lesser number of bargaining units?

**Mr. Moroz:** I understand the idea of why government is looking to reduce those numbers; I don't necessarily agree with the background.

A set of collective agreements, in my view, is no different than a set of laws in a province. You know, there's—there are many, many different laws that I had to obey just coming to this meeting here this evening.

You know, I believe a collective agreement is a collective agreement, and if an employer is able to implement a collective agreement, it's a bit disingenuous to say that simply reducing the number of collective agreements will produce the results that I think this government is looking for. I don't necessarily agree that that's true. However, that is the solution—or, that is the problem that has been presented to us. Here's the route that we think that government wishes to go, we've offered solutions to make it as easy as possible on our memberships as we view it, again, to keep the disruption to the patient care that our members so desperately want to deliver to an absolute minimum.

**Madam Chairperson:** Thank you.

This concludes our list of presenters who are presenting on both Bill 28 and 29. We will now be calling upon those who are coming from out of town.

I would like to call upon Mr. Bill Sumerlus, Operating Engineers, Local 987.

Mr. Sumerlus, do you have materials for distribution to the committee?

**Mr. Bill Sumerlus (Operating Engineers, Local 987):** Yes, I do.

**Madam Chairperson:** Please proceed with your presentation.

**Mr. Sumerlus:** Thank you, members of the committee, for allowing us to make this presentation, which we feel is a very important one this evening.

I'm here, as noted, on behalf of the International Union of Operating Engineers, Local 987. We're hoping that this committee will make a recommendation that the government recognize the unique position of the maintenance and trades unit in health-care in the province and continue it as a separate bargaining unit in the province.

The Premier (Mr. Pallister) of the province has recognized the importance of skilled trades for a healthy economy in Manitoba. Becoming a tradesperson has been noted to be a viable alternative to getting a university education for a person's future in our province.

In Bill 29, the maintenance and trades unit is to be included with the support unit in health care, generally. Including the maintenance and trades unit in the support unit in urban health care diminishes the uniqueness and undermines the significance of this group, as recognized by the Premier. This is not a knock, obviously, on the importance of the support sector in health care. However, the two groups are really distinct and including the maintenance and trades unit in the support unit combines, in our opinion, two groups of employees with distinct interests and terms and conditions of employment.

The uniqueness of the maintenance and trades sector has always been recognized in urban health care in Manitoba. It's been so for years and years and years. It's always been separated from the other bargaining units in health care. The labour board, in its last revision of health care in the province, maintained the maintenance and trades unit as a separate bargaining unit in the province.

The numbers of members of the maintenance and trades unit in the urban region justify maintaining them as a separate bargaining unit.

\* (20:00)

This separation does not make sense in the rural areas where, in fact, in the last revision in health care, the rural health care units now include the maintenance and trades unit, but only because there's only a very few number in the small—each individual facility in the province. That separation doesn't make that same sense in the city because as a group, this bargaining unit has—is recognized to the point where

in the rural areas, there's a me-too clause in every single collective agreement in the province, where what's bargained in the city automatically applies in the countries, in the rural areas, with respect to the maintenance and trades unit. So, the uniqueness of this bargaining unit is recognized throughout the province in that regard.

The employers in the rural communities recognize it as well.

Generally, the way bargaining units are structured are based on a community of interest. And it's our submission that the bargaining unit of the maintenance and trades unit does not share a community of interest with other health-care support workers, which is where they would be placed if Bill 29 isn't amended in that regard.

This group of workers is primarily involved in work on systems and equipment as opposed to involvement with patient care. Their involvement in direct patient care is negligible, not like the rest of the support unit which generally does work directly with patients.

The accreditation of the skilled trades is governed by provincial legislation, which requires certification, annual renewal of licences, which doesn't apply to a typical support worker in the support unit in health care, a different community of interests.

The maintenance and trades unit also—members have different qualifications, training and skills from other workers and the two groups have different wages, hours of work, working conditions. They don't share a commonality of supervision and there is little, if any integration in the work functions of other members of the support unit who work directly with the patients. There are virtually no transfers of one from the maintenance and trades unit into the support unit. The—and vice versa. The frequency of contact between the two units is actually quite limited within the facilities. And, as in the urban region, in Manitoba, this distinction has historically been recognized and is, in fact, recognized throughout the entire continent in the United States. There are only two main providers in training for maintenance and—for the trades, skilled trades in this province and publicly funded community colleges and union-funded training centres.

Unions partner with contractors in the private sector and make significant investments in leading-edge training that meets industry's demand. It's that

same—we are saying partnership that can work in health care and the workplace is a tradesperson's classroom. Unions and their partner contractors in the private sector in the community help train the workforce that safely and efficiently builds Manitoba every day. Without this training, Manitoba would not have the skilled workforce required to build essential infrastructure in the future. It's our submission that including trades in the urban—in a support unit in urban health care ignores this important distinction and essentially waters down the significance of the trades for our province.

Employee satisfaction is another consideration we think should be worthwhile and maintaining a separate trades unit in urban health care also satisfied the wishes of the members of the trades who you're going to hear from tonight, I think, and you have heard—you will hear from in terms of their uniqueness and significance for the Manitoba economy, as noted by our Premier (Mr. Pallister).

It's—also satisfies the wishes of the unions who have, as a group, have agreed, there should be a separate trades unit in urban health care.

And, finally, it's our submission that the maintenance—that maintaining a separate maintenance and trades unit in health care makes labour relations sense. In the event of labour unrest or a work stoppage by the huge support unit, keeping the maintenance and trades unit separate continues them working while the other group is out and continues the facility and the equipment that they support going. The uniqueness of the trades is even recognized on the Winnipeg regional health services website. If you go on to look for a career in the Winnipeg Regional Health Authority right now, on that site, positions available in a maintenance and trades classification are maintained in a separate category from all the other classifications.

We submit, therefore, this makes sense from a labour—from an employment perspective and that of collective bargaining as well.

Thank you very much.

**Madam Chairperson:** Thank you for your presentation.

Do members of the committee have questions for the presenter?

**Mr. Wiebe:** Yes, I just wanted to thank you for adding your perspective to this discussion and adding another wrinkle to the discussion that we

need to understand, I think, a little bit more fully, to appreciate the complexity in implementing a bill like this.

I'm just wondering if you could speak a little bit to how your position as a unique union within the health-care system in terms of what you—the services that you provide, how that would jive with the proposed amendments put forward by the MFL and others with regards to their proposals for amendments.

**Mr. Sumerlus:** It's our submission that the extension of the number of bargaining units by one more bargaining unit, as recognized by the MFL, would not unduly restrict collective bargaining or expand collecting bargaining, and, in fact, I think, as exemplified in the province, the reality is that the maintenance and trades unit works very closely with the private sector and is—there's a great deal of—quite frankly, our concern is loss to the private sector now, as a result of, you know, what's happening with wages and things like that.

So it's our position that, quite frankly, this is in the best interest of the maintenance of the—of workers' rights in terms of their ability to associate with a union that recognizes their uniqueness and their—really, their separate situation within health care.

**Mr. Goertzen:** Thank you for the presentation. It was—it did add some different context from what we've heard tonight, and that's helpful for further consideration. Thank you.

**Madam Chairperson:** Thank you very much.

I will now call on Mr. Frederick Jackson, private citizen.

Mr. Jackson, do you have any written materials for distribution to the committee?

**Mr. Frederick Jackson (Private Citizen):** No, I don't.

**Madam Chairperson:** No? Please proceed with your presentation.

**Mr. Jackson:** Thank you, Madam Chair, and thank you for the committee for letting me speak.

Hi. My name is Frederick Paul [*phonetic*] Jackson, and I'm currently employed as a plumber steamfitter at Deer Lodge Centre and I've been there for 12 years.

Prior to working for the WRHA, I had worked for 15 years in the construction industry. Through the Manitoba apprenticeship program, I obtained my journeyman plumbing certification. After more work experience, I was able to study and challenge the steamfitters' exam. In my work experience and wide variety of major construction and maintenance shutdowns and equipment replacements, I have worked in Alberta, Saskatchewan, Manitoba and Ontario.

After working out of town and being away for extended periods, it made sense to find work of a more stable and close-to-home nature. This was at a time when my wife and I had decided to start a family. My search for work brought me to apply for my current job at Deer Lodge. Manitoba is our home and always will be. It is where we were raised and chose to raise our family. I know it would be difficult for my wife to raise our kids if I was away working in another province. I'm very proud to say that being home every night to see my children grow up is most important to me. I enjoy being there to watch their hockey games, coach their soccer and make sure their homework is finished properly.

While I've been a member of Operating Engineers, Local 987, I have taken advantage of the training, which a union supports and pays for. I have, with union's help, received my backflow prevention tester's licence as well as my plumbing contractor's licence. I use these extra licences regularly at Deer Lodge.

\* (20:10)

We're often called upon to use our skill and experience to problem solve conditions as they arise. Regular duties are what preventative maintenance is all about, and, from time to time, catastrophic breakdowns do occur; this calls for a fast reaction with an emergency repair.

Patients and residents rely on medical equipment to work properly, the heat to be on in the winter, and cool in the summer. This is only a short list of the many things that we all take for granted. They all must work together and be meticulously maintained.

It is of great concern to me that Bill 29 would affect my maintenance and trades co-workers. For over 40 years, we have been represented by a proud union that puts its members first. We are a small group of skilled and dedicated workers; I believe around 365 members.

This plan to have us put together with the support staff would make our voice unheard. If our collective agreement was set aside, how could our working conditions be maintained? It is in my hope that you can see that we are unique and distinct from the support sector.

In closing, if it is this committee's intent to pass Bill 29, I am opposed to it in its current form. I am kindly asking you to make amendments to allow the maintenance and trade sector to remain separate, as it has for the past 40 years. And thank you.

**Madam Chairperson:** Thank you, Mr. Jackson, on your presentation.

Do members of the committee have questions for the presenter?

**Mr. Schuler:** Thank you very much for staying for the last couple of hours to have your opportunity to have your say. We, as a committee, very much appreciate your input and, certainly, the desire to be around when you're children grow up. That is very important, and we appreciate that, and your comments are very much appreciated and respected.

Thank you for coming out.

**Mr. Wiebe:** Yes, I wanted to thank you, Mr. Jackson, as well. Your presentation was, again, I think, illustrative of the complexity in trying to understand all the different aspects of the health-care system and, certainly, would appreciate that the work that you do, while not directly with patient care, impacts, obviously, those people who are trying to provide that care and the patients that appreciate that work. So, I think, it's helpful to understand your particular perspective and understand how you are a distinct unit within the health-care system that has its own concerns.

I'm just wondering, you mentioned a little bit about the training that you've received, and I just wanted to clarify. You had said that, through your union, you were able to access some of this training. Is that what I understood you to say?

**Mr. Jackson:** Yes, not directly but indirectly—trained through Red River for the backflow prevention licence, but supported by the union. And, as well, to challenge my—or probably—pardon me, to write my contractor's licence as well, yes.

**Mr. Wiebe:** Well, and just in terms of follow-up. I wanted to clarify that, because, I think, it's important to understand what the union, your particular local, has been able to do for you and the support that

they've given you, that has allowed you, then, to do your job even that much better. So I think it's important to understand that relationship. And, again, just to thank you so much for coming out and lending your perspective here this evening.

**Madam Chairperson:** Thank you very much.

I will now call on Trevor Yuridy—oh, sorry, Yuriy.

**Mr. Trevor Yuriy (Private Citizen):** Yuriy.

**Madam Chairperson:** Yuriy.

**Mr. Yuriy:** Yuriy.

**Madam Chairperson:** Oh, Huriy. *[interjection]* Would you please be able to spell your name in and, once more, phonetically?

**Mr. Yuriy:** Y-u-r-i-y.

**Madam Chairperson:** And it's Huriy.

**Mr. Yuriy:** Yuriy.

**Madam Chairperson:** It is Yuriy.

**Mr. Yuriy:** Yes.

**Madam Chairperson:** Okay. Do you have any written materials for distribution to the committee?

**Mr. Yuriy:** I do. It's just a summary of what I'm—

**Madam Chairperson:** Please proceed with your presentation.

**Mr. Yuriy:** Good evening, everyone, and thank you for allowing me the opportunity to speak this evening as a private citizen. Although I am currently employed by my union, the Operating Engineers of Manitoba, Local 987.

My name is Trevor Yuriy, and I'm the son of a journeyman electrician and have been working in the technical trade industry for almost 30 years. And I'm opposed to Bill 29, in its current form, as I do not believe the maintenance and trades sector ought to be combined with the support sector.

Both sectors play important roles within the health-care system; however, they share no common interests or working conditions. To assist you in understanding my rationale, I've provided the following: I attended Red River Community College in 1990, completing a telecommunications course and then began working in the alarm security industry. In 1994, I attended Red River Community College again and obtained my fire alarm technician certificate. In accordance with the Department of

Labour at the time, I obtained two class M limited electrical licences: one for the fire alarm and one for security.

Working in the fire alarm industry, for what is now Siemens Building Technologies, I experienced the pleasure of working alongside the experienced and knowledgeable electricians and electronics technicians at Health Sciences Centre and Seven Oaks General Hospital. In 1999, a position opened at SOGH, or Seven Oaks, for an electronic technician, and I was the successful applicant, where I remained employed until August of 2014.

In 2001, I attended Red River again and completed an electrical trade improvement course. In 2005, I received my Canadian Fire Alarm Association fire alarm training—fire alarm technician certificate, and, in 2006, I attended Red River again and completed my limited electrical licence, class K, which afforded me the ability to work on electrical maintenance and repairs in equipment of 750 volts and below.

Prior to my employment at Seven Oaks, I paid for the upgrades to my skill set. After becoming a union employee, my union, the Operating Engineers of Manitoba, assisted me with obtaining the additional trade-specific training; they funded it.

If the maintenance and trades are combined with the support sector, who will pay for these necessarily skill-set upgrades in the future?

At Seven Oaks, I began testing and maintaining life-safety systems, such as the fire alarm detection and voice-overhead paging systems, nurse-call systems and emergency lighting. I installed and maintained patient-wander system security and panic systems, video surveillance systems, card access, short-range pagers and paging systems used for medical and vital equipment functions.

During my employment, I began taking on additional duties and 'became' a lead hand in 2006, through assistance from my union, the Operating Engineers of Manitoba, Local 987.

I co-ordinated and organized outside contractors in other Seven Oaks trades, such as carpenters, electricians, power engineers and painters, during hospital-wide upgrades to nurse-call systems, patient-wandering systems, fire alarm systems and security and video surveillance systems.

My favourite moments during my employment involved assisting in the design and commissioning

of these renovations and expansions to Seven Oaks, like the dialysis, oncology, the intensive care unit, level 5—psychiatry, the operating rooms, the new pharmacy, the new emergency, the new daycare, and locker rooms, and the new front entrance. Every one of these upgrades and renovations involved co-ordinating with managers of varying departments, such as nursing, security, pharmacy, switchboard, emergency and the operating room, as planned shutdowns and sometimes even department relocations were necessary to complete the installations.

I've assisted journeyman electricians and third-class power engineers in routinely testing the main electrical distribution switchgear breakers, for shorts to ground in current-overload tripping, which involved co-ordinating with the various departments to ensure they maintained running their critical systems, in their critical areas, by having emergency generators operate.

Working alongside the biomedical and clinical engineering department, I've assisted them again on multiple 'occasions' with co-ordinating with the medical-care providers for the medical installation such as patient bedside monitoring equipment, which are centrally monitored by ICU and emergency, medical pump upgrade, and automatic medication dispensing machines.

These are just a small sample of the essential duties the maintenance and trades employees at the various WRHA facilities perform daily. They all involve a great deal of skill, co-ordination, experience, technical training to be able to consistently, efficiently and expertly perform these functions without interrupting patient care, and none of them involved any direct communication or instructions to support staff.

Although the maintenance and trades generally operate behind the scenes, the physicians, nurses, directors and managers know the important role we play in ensuring patient care is a priority and one that remains functional during equipment, power and system failures.

\*(20:20)

The maintenance and trades sector routinely responds to emergency call backs to work to attend to items listed above; something the support sector does not do. They perform rotating 12-hour shifts to keep the facilities functioning 24 hours a

day. They report to different directors, have different operating budgets and different hours of work than support staff. There are almost no casual or part-time employees in this sector. However, precarious employment is something that is common in the support sector.

Maintenance and trades employees are required to follow acts, codes and standards, such as the power engineering's act and regulation, the electricians' act and regulations, medical device testing regulations, and fire and building codes, et cetera, that are governed—are regulated and governed by the government to ensure public safety or the risk of being fined and having their licence revoked. The support sector staff are not subject to this sense of responsibility.

Recruitment and retention has been an issue. During my 13-year tenure at Seven Oaks, I watched six electricians leave, at which only one is employed full time at Seven Oaks, so every time one leaves, you spend two years training a new one. Six electronic technicians and technologists left, of which only three are employed full time. So you see that, again, there's a training curve. Five power engineers, of which only seven are employed full time. Four carpenters, of which only one is employed full time.

The filling of these positions has often taken extended periods of time, usually involving multiple advertising campaigns and interviews. The training associated to getting the new employees comfortable and able to competently perform their duties and understand the consequences of not following safe operating procedures is immense and burdens the affected trade and others during that time frame, as well as costing the facilities financially.

Employees with extended years of service—seniority, as unions like to call it, often will remain as they have attained some beneficial working conditions through their collective agreements. To further complicate this issue, the wage disparity for trades is approximately 20 to 25 per cent higher in the private sector than it is in health care. This, coupled with lower seniority provisions and competing industry health and pension plans, are the key reasons new employees tend to move on or fail to apply for work within the WRHA.

Should the maintenance and trades employees be forced to join the support employees to form a combined sector of the WRHA, their collective voice

will be diminished or extinguished, as they represent only a small portion of the group, approximately 8 per cent of the total employees.

Articles that are currently in the maintenance and trades collective agreement have been fought for and won because they appear in other industries and in the private sector. If the maintenance and trades' collective voice and working conditions are subject to change as a result of this combined sector, recruitment and retention issues will surely rise as the private sector demand, wages and working conditions will become increasingly attractive.

Should this committee be in favour of passing Bill 29, I respectfully urge you to consider the fundamental differences in employment between the maintenance and trades sector and the support sectors. In doing so, I'm kindly asking you to amend this legislation to allow the maintenance and trades sector to remain independent of the support sector just as the nurses are separate from the physicians and health care aides.

Thank you.

**Madam Chairperson:** Thank you, Mr. Yuriy, for your presentation.

Do members of the committee have questions for the presenter?

**Mr. Wiebe:** I want to thank you, Mr. Yuriy, for your thorough presentation. I can't pretend to understand all of the work that you've done, but it was very illustrative, I think, for us to understand just how complex and how professional your group is in implementing some of what I can imagine are very complex systems and ever-increasing complexity, I would imagine, in terms of the systems that are out there. So I simply just wanted to take this opportunity to thank you again to build the case of the operating engineers and to highlight not only the work that you do, but how it's unique from others in the health-care field. I think that's been very helpful for the committee, so, thank you.

**Ms. Flor Marcelino (Leader of the Official Opposition):** Thank you, Mr. Yuriy. I believe you're the fourth or the fifth presenter who has provided this committee with logical, substantive and compelling reason—reasons to either revoke this bill or amend it to—based on the perspectives that we have heard. So, thank you for being here, and we hope the government will have listened to all these presenters and have really considered this—the depth and the passion and the knowledge that you have shared with

us and take it—take seriously those that we have heard. Thank you.

**Mr. Goertzen:** Thank you for your presentation. I suspect my friend maybe misspoke a little bit. There's been 15, I think, presenters so far, and I think there's been more than four or five that have been logical. I think they have all been very good presentations and helpful in terms of the discussion here tonight.

So we thank you for your presentation. It was well put together, and it'll be helpful in discussions going forward.

**Madam Chairperson:** Thank you very much. *[interjection]*

Oh, Mr. Yuriy.

**Mr. Yuriy:** Sorry. Just in closing, I did want to mention that, like, the systems that the maintenance and trades look after, like, if power's out, if the steam plant's down, you're evacuating these facilities. They're done. Like, it doesn't matter how many nurses, health-care aides, physicians you have in that building. If you have no heat, no power, no electricity, no fire protection systems, that's it. Hospital's being evacuated.

**Madam Chairperson:** Thank you very much for your presentation.

I will now call on Mr. Ross Owens, private citizen.

Mr. Owens, do you have written material for distribution to the committee?

**Mr. Ross Owens (Private Citizen):** I do not.

**Madam Chairperson:** Please proceed with your presentation.

**Mr. Owens:** I just hope I don't bore you, because I'm very—going to be very repetitive with mine, as I am also a WRHA maintenance.

It was—first and foremost, I would like to acknowledge the opportunity to have this voice, a voice that I will hope will bring a resonating understanding that, ultimately, is the voice you are taking away. My words, chosen out of fear of being silenced, hopefully, are understood that I, as a tradesperson, need to be kept in a position of importance and value.

With the introduction of Bill 29 pushing the political boundaries, I feel that my position as a maintenance plumber in the WRHA system will



become redacted and lose the reliability within the operations of the WRHA. I feel any representation other than that of health-care maintenance will greatly undermine what it takes to provide, maintain and, ultimately, avert medical financial uncertainty.

One's opinion, as specified by a co-worker's eight-year-old daughter, states that all we do is fix leaky taps and unplug toilets. As funny as this is, and we laugh at it greatly, it couldn't be further from the truth. There are many facets to maintenance positions. Building maintenance is a critical sector of the WRHA. It's what I would call health services, not health care. But, ideally, these sectors go hand in hand.

As a plumber, building maintenance includes supplying, heating, cooling, distribution of various water systems and the incredible uphill battle of maintaining and repairing piping that can be decades old and, in reality, in dire need of replacing. Also included are medical, air, oxygen systems that supply patients in their beds, on the surgery tables, along with the many tools that are required to operate devices during the surgery procedures. Follow this with the likes of compressed air, medical vacuums, nitrous systems. These are not just magically introduced throughout the hospital rooms; they involve equipment that are worth hundreds of thousands of dollars, supplied by intricate piping and delivered by intricate equipment, some of which is aging and becoming more and more challenging. This is a critical part of a maintenance plumber's position.

When there is a situation with any of these systems, it must be dealt with in an immediate time frame and with absolute no room for errors. All of this results in the best patient care that Manitoba health care strives to provide. In addition, we're required to maintain multiple tickets to be qualified to perform the variable tasks that are required of us, of maintenance.

We look upon to supply medical labs with high-quality water for patients and tests. This high-quality water is also the backbone to testing and treating of cancer patients and those million-dollar rats that could one day save our lives and the lives of our loved ones.

The responsibilities of the trade teams are of great importance, in that providing working, sustainable buildings. We are not health-care support. Our position is one where we can be thrown into a flood situation one minute, to having to work

in a VRE biological hazard room the next. It's just that we are front-line services.

\* (20:30)

When things hit the fan, it is us, as Red Seal tradespeople that are relied upon. To be lumped with health-care support staff is an incredible disservice to the Red Seal tradespeople. Similar to nursing, we are required to complete an educational program to learn our craft. We achieve the ability to do what most cannot, and that is to keep hospital health care where it is expected to be. With Bill 29, you're burying a voice that needs to be heard. WHRA tradespeople have far greater challenges than other sectors and, if this sector is silenced, it is my fear that our work environment will be damaged.

My position as a plumber has been subject to constant restraint in the contract negotiating aspect. Red Seal tradespeople, as a whole, are viewed now as just maintenance. Lesser positions are rising while those with recognized trades are held back. With this, attracting qualified tradespeople as per WRHA standards are not being met. With Bill 29 imposed, our say in trying to achieve a solid collective of tradespeople will be stifled and buried in a vast group of support workers and maintenance will disappear.

I urge you to look at what I, as a plumber, and we, as Red Seal tradespeople, bring to the health system for the province of Manitoba. I invite questions from the committee to better understand that tradespeople serve a crucial role in our health system. And, ultimately, I urge you to see that proper representation is crucial to maintaining the solid field of tradespeople.

Thank you.

**Madam Chairperson:** Thank you, Mr. Owens, for your presentation.

Do members of the committee have questions for the presenter?

**Mr. Schuler:** Ross, first of all, I'd like thank you for coming out and having your say. It's very important that you do so, and good for the committee to hear your presentation.

I was just wondering if that young man sitting next to you, if that might be a relative of yours.

**Floor Comment:** Yes.

**Mr. Schuler:** He is? He looks like he might just be your son. I was going to suggest, evidently, you

brought your son and daughter with you. And, by the way, I'm very impressed with that, that—you know, you bring your son out, and what goes on here is very important. And what we do here—and, if he's a relative of a friend, I made him your son. He may not be that. But it's very important for even young people to understand what goes on here is very important and it's important for you and others to come out and have your say, as well.

And I appreciate that very much, and I hope the two young individuals who are out here, that, you know, they also appreciate how important all of this is. Not just to you, personally, but to Manitobans. And thank you very much for being here, and for the two young people for being here, as well.

**Mr. Marcelino:** Thank you, Ross, for being here. And, from what I heard from you, it's an echo of at least four others regarding the uniqueness of your trade, which means that, as a bargaining unit represented by a specific union or association—employee association, it's very important to have the same type of work and almost the same type of certification.

I think it's very important that you made that representation tonight so that government might listen. No guarantees though.

**Madam Chairperson:** Mr. Owens? Was there a question? Sorry. My apologies. Thank you very much for your presentation.

I will now call upon Mr. Michael Alberg, private citizen.

Mr. Alberg, do you have any written materials to distribute?

**Mr. Michael Alberg (Private Citizen):** I do.

**Madam Chairperson:** Please proceed with your presentation.

**Mr. Alberg:** I'd like to thank the committee for giving me this opportunity to speak on Bill 29, and I recommend that the bill be amended to include a separate maintenance and trades designation, as was implemented in the original rationalizations of bargaining units.

As a former employee of Health Sciences Centre, and someone who has gone through this before, I'd like to provide you with some insight as to what happened in the past when this was tried. I would also like to remind you all why there exists a maintenance and trades designation in this province.

In case you're not aware of who the maintenance and trades employs for the WHR, they are the workers who keep the lights on at night in the hospitals, who keep the rooms warm in the winter and the water running in the taps. They repair the defibrillators for the emergency rooms that bring your family members back to life, they ensure there is oxygen for the operating rooms and that there is access to the hospitals 24-7, regardless of the weather. They keep the X-ray, ultrasound machines and the CT scanners maintained, in order to ensure that they are available when and as needed, preventing backlogs in patient care. They manufacture the radio isotopes that are used in the medications for cancer treatments, and the list goes on and on.

Never on the front pages of the news, always just coming to work early in the morning before the others arrive and doing what is asked, they are the cotter pins that keep the wheels of health care from falling off; seldom, if ever, thought about, but important just the same.

The training, education and experience these individuals have should allow them to be treated with the same respect and consideration as all other professionals in the hospitals. They are no less important. I say they deserve their own—I—sorry—I say they deserve to have their own sector.

I would like to remind you all that in the 1970s, the Manitoba Labour Board separated the tradesmen at the Health Sciences Centre out of the support sector, because there was not a community of interest between these two groups. Prior to this separation, the consideration given to the trades of the hospital declined to the point where recruitment and retention became problematic at the hospital. The disparity developed at that time between private and public sector salaries and skill levels was so dramatic that it was decided that something needed to be done. That something were agreements representing a separate maintenance and trades group.

Additionally, during the last round of rationalization of bargaining units, the Manitoba Labour Board decided that this community of interest was so important that they created the separate grouping of maintenance and trades to ensure that these individuals would continue to have a say in the workplace, and that it was critical this be maintained.

In the rural region, the trades were incorporated into support sector, and it wasn't long before the

WRHA and the Labour Relations Secretariat saw that the merger between the support and maintenance trade sectors wasn't working. If you look at many of the rural collective agreements, you will find that the employer has separated the trade sector from the support sector by a special memorandum of agreement to include articles specifying they are to be identical to those in the Winnipeg maintenance and trades collective agreements negotiated by the Operating Engineers of Manitoba.

The Operating Engineers of Manitoba, the union that represents the majority of tradesmen in the health-care sector for the—for our province, has represented and negotiated fair and competitive wages and benefits for all of the health-care trades in Manitoba in a fair and equitable manner by following average-in-Manitoba wage levels, by using Manitoba employers as their comparators—neither high nor low.

There's been labour peace with this group for over a quarter of a century, and they have reduced the number of collective agreements by half, as well as standardizing many of the collective agreement language articles, a goal I believe is being sought in this process we are discussing today. They've done this by utilizing central table approach—I'm sorry—the—by utilizing the central table approach, long before there were health regions or rationalization of bargaining units.

Finally, I strongly urge you to maintain the trades sectors in health care, as it has proven over the decades to be the most efficient and cost-effective method of dealing with this group of public sector employees. The old adage, by Santayana, those who cannot remember the past are condemned to repeat it, is appropriate here.

\* (20:40)

I do not think it is asking too much to allow these women and men to be represented as the distinct group that they are. Do not repeat the mistakes of the past by grouping them into the support sector. Thank you.

**Madam Chairperson:** Thank you for your presentation.

Do members of the committee have questions for the presenter?

**Mr. Schuler:** Thank you very much, Michael, for coming out this evening. I can't help but notice that you've come from that part of the province that most

people refer to as God's country. And appreciate you coming that long, long distance, from the outlying areas of West St. Paul, and great to have you here.

And we appreciate very much your presentation and, particularly when you mentioned, you know, before everybody else's sort of thinking about they should get out of bed and start heading into work, there are people that make these buildings run, that they—the heat's on, the water's running and the necessities of life are all there and ready to go.

So appreciate your presentation, and appreciate you coming out. Thank you.

**Mr. Wiebe:** Yes, I, too, wanted to thank you, Mr. Alberg. This was a very informative presentation, in particular, I appreciated the brief history lesson that you've given us and some context of how this was—how the situation came to be and the background to this.

The question I had for you, and I don't know if you could give some context or maybe just your opinion, you mentioned the Manitoba Labour Board had made the decision in the past about the community of interest being that much different for your trades as compared to others. I'm wondering if the labour board was given that role, that opportunity to make a decision again, do you think that they would still decide that there is a unique difference between the work that you do and work that others do in our health-care system?

**Mr. Alberg:** I can't see how they could possibly decide any different. There—as I said, in my submission, there is no community of interest between the support staff and the maintenance and trades.

The support are comprised mainly of clerical and housekeeping-type people. Their work is just as important as any in health care. You can imagine what it would be like if the housekeeping stopped cleaning in a hospital after a few days.

But the maintenance and tradespeople are a totally different group. They're very technical in their work. The training and education that's required in order to become a tradesperson is equivalent to that of getting a bachelor's degree, possibly, in some of the trades even a master's degree at university. So, to try and combine the two I don't think is possible.

And the—I guess, as others have said, in their submissions as well, that if that were to happen, the voice would be lost for these people. And the items

that have been negotiated into their own separate collective agreements would be lost in a support collective agreement. And it's not just wages and benefits that are in those collective agreements; there are items that are specifically addressed, concerns and day-to-day operations of the trades sector. Those things are incorporated into the collective agreement.

With the way that Bill 29 is presently written, those things would all be lost. They'd be gone and, if I'm correct in what I've read, the majority collective agreement is the one that would take into effect. And none of these things are incorporated into the support collective agreements.

**Madam Chairperson:** Thank you very much for your presentation.

I will now call upon Mr. Ron Allard, private citizen.

Mr. Allard will be moved to the bottom of the list.

And we will now call upon Ms. Sharon Grehan, private citizen.

And, Ms. Grehan, do you have materials for distribution to the committee? No? Please proceed with your presentation.

**Ms. Sharon Grehan (Private Citizen):** Thank you.

Good evening. My name is Sharon Grehan, and I'd like to thank you for allowing me to speak this evening. I think, through a lot of other people here this evening, you've heard most of what I wanted to say already. I am speaking as a private citizen, but I do work for UFCW, Local 832 as a union representative. I am opposed to the implementation of Bill 29 for a number of reasons.

Firstly, the voices of workers in the health-care field are being lost. Workers have democratically voted on and chosen the union they wish to belong to. They chose that union to be their voice and to bring forward concerns and issues immediately affecting them in their line of work. By amalgamating unions, not only do the workers' voices get lost, but the government loses its power to make fact-based, informed decisions, as it will only hear from one union. Having multiple unions covering all areas of health care allows views, opinions and real-life examples to be heard from across the board. The best way forward would be to have respectful and meaningful bargaining, hearing the voices of workers in all areas of health care. This

can only be done when health-care workers are represented by unions they choose to speak for them.

By forcing amalgamation votes, the collective bargaining process for the health-care workers will take longer than it currently has; possibly another six months, possibly another year. Then add in the fact that both the workers and the union has—have to then familiarize themselves with the bargaining issues and the stage of bargaining they're currently at, and then the whole process has to start again, and is delayed even further. This is just not fair for those workers.

Alternative solutions to the amalgamation votes have been presented here this evening, solutions that make sense to all parties, and I urge you to listen to and act on these suggestions. I've heard questions on what the alternative solutions may look like, how they would be implemented and ideas on how the solutions could be pulled together. I wish that I had the answers to those questions, but I believe working together, both the government and all the unions can come together to get those questions answered.

Thank you.

**Madam Chairperson:** Thank you for your presentation.

Do members of the committee have questions for the presenter?

**Mr. Wiebe:** I wanted to thank you, Ms. Grehan, for coming to present to us and coming before the committee. I know it's a bit of an intimidating process and, especially as we get into the evening, I know it takes a little bit of fortitude to stay right to the wee hours and to present. But I think it's important to hear from you and many of your fellow workers, who are doing the work in the health-care system that people appreciate so much, and so we appreciate that you've come to the committee and presented and given us that perspective. I think it's been helpful to—for us to understand the—your perspective. So, thank you very much.

**Mr. Goertzen:** Thank you as well. We appreciate the fact that—it's not repetitive, it is helpful to hear from everyone, and to bring forward the views that they have either on their own behalf, as a private citizen, or on behalf of organizations that they are representing. So we do appreciate the fact that you have done that, and you've added some new thoughts to the process and reinforced some other ones.

Thank you.

**Ms. Cindy Lamoureux (Burrows):** I want to thank you for coming in and presenting, and once again it's later hours of the evening. I liked what you said about talking—how you feel that the government and unions could work together to come up with solutions. I think that, oftentimes, the government is saying one thing, unions are saying another thing, but nothing is preventing them from working together. So, thank you.

**Madam Chairperson:** Thank you very much.

I will now call on Ms. Nellie Minville, private citizen. Ms. Minville, do you have—or, Minville, do you have any written materials for distribution to the committee?

**Ms. Nellie Minville (Private Citizen):** No.

**Madam Chairperson:** Please proceed with your presentation.

**Ms. Minville:** Good evening. My name is Nellie Minville. I have worked at St. Boniface Hospital for the last 42 years. On March 1st, 1982, the employees at St. Boniface Hospital voted for UFCW to represent them as their union. At that time, the position I was in at St. Boniface was a non-unionized position. There became a time, not long after that, that I was given the option of becoming part of the union or remaining non-unionized in that position that I held. I made the decision to become unionized and it was the best decision I could have made.

\* (20:50)

Over the years, this union has always been there for me. I find it very disturbing that this government is planning on making all support staff in Winnipeg make the choice of one union to represent us all. I am not sure how this will be a benefit to support staff. I feel that this government is pitting unions against each other in a fight to represent their members. I'm sure that this is not something that the unions are wanting to do.

At this time, all health-care support workers' contracts are at least 90 per cent the same. Why can't the different unions sit together and work for all concerned and still be able to represent their own members without causing so much turmoil? Would the same goal not be reached without putting undue stress and anxiety on these support workers?

I, for one, do not want to change my union and, after having discussed this with many of my co-workers, they feel the same. Most are very concerned about the outcome of this new bill. I feel

this is just a way for the government to delay the bargaining process.

Let us forget this stupidity and get back to the bargaining table so that all unions can come back with a fair contract for us all. I urge this government to drop this bill and stop playing games with our lives.

**Madam Chairperson:** Thank you for the presentation.

Do the members of the committee have questions for the presenter?

**Mr. Wiebe:** Thank you, Ms. Minville, for your presentation this evening. I know a number of health-care workers at St. Boniface and it's a great group of folks. And, of course, I've had opportunity to be there a number of times to receive services at that hospital and always appreciate the incredible service that I've received.

I wanted to thank you for bringing your own perspective and your personal experience and as somebody who's been in the health-care field for a number of years. You know, being able to speak from experience, and I really appreciated when you said how much that, you know, having a union and making that decision those years ago has been positive for you.

I'm just wondering if you could just expand on that a little bit and some of the benefits that you've seen from having your union out there fighting for you and working with you to improve your ability to provide patient care.

**Ms. Minville:** Well, I've worked in different facets in the hospital. I've worked in the kitchen, I've worked as a ward clerk and I now work in the staffing office. They're there to listen to me. They're—if I have a question, a problem, I can always know I can go to them. I can ask them for help. They can explain to me whether I'm right or wrong in what I'm thinking.

I know that they're going to fight for me to get my wages. They're going to fight to make sure that we have sick days, vacations, all those type of things that are important to all of us.

**Mr. Goertzen:** Thank you as well for being here tonight and making your presentation, and your work at St. Boniface.

I was born at St. Boniface, though I don't remember much about it. But I've visited since

then, many times. One of the things that impresses me greatly about St. Boniface—not unique to St. Boniface, but I think it's maybe more prevalent there than others, is the innovation that's happening and the willingness to look at things differently. I think St. Boniface, St. B, has won some awards for being innovative across Canada and we appreciate that. It's a hospital that is not concerned about looking at things differently and in innovative ways; they've made some great improvements by doing that. So thank you for your part in that.

**Madam Chairperson:** Thank you very much.

Right, I'll—I will now call upon Mr. Paul Carr, private citizen.

Mr. Carr, do you have any written materials to distribute?

**Mr. Paul Carr (Private Citizen):** I do not.

**Madam Chairperson:** Please proceed with your presentation.

**Mr. Carr:** Good afternoon—actually, good evening now. I thank you for the opportunity to speak and offer my thoughts on the proposed Bill 29.

My name is Paul Carr and I'm employed as a millwright at the Misericordia Health Centre. I'm speaking today not only for myself but on behalf of my colleagues at Misericordia: the millwrights, plumbers, electricians, carpenters, engineers, biomedical technicians.

I'm not here to ask you to scrap Bill 29 entirely, because I know that's not going to happen. It's going to happen.

What I'm here, hopefully, to convince you is to amend Bill 29 so that the maintenance and trades can be represented fairly and separate from the support workers.

I started working at Misericordia hospital 25 years ago as a trades helper. In the 25 years I've worked at Misericordia, not once has there been a strike or work action. My union and the different governments have always been able to agree on a fair contract. That was not always the case. In the years before I started, my colleagues did walk for what they felt was unfair bargaining. If Bill 29 is passed as it is, the contract we currently work under will be worthless. Everything our fathers sacrificed and walked for over the years will mean nothing.

My union has supported me and eased the significant financial burden of schooling, giving me

the opportunity to return to school and obtain my Red Seal 'interprovisional' journeyman millwright ticket.

I believe there's a huge difference between the trades and other support workers. To challenge the exam and obtain my millwright ticket, I needed 9,000 hours of work experience in the millwright trade. It takes years to become a journeyman in a trade. Many trades require regular upgrades, testing to maintain the journeyman status. I'm quite certain that the majority of support workers Bill 29 is trying to lump us in with did not need this level of education and work experience to do their jobs. My understanding is most support workers can obtain their proper training in a couple of months, if not a few weeks. I can guarantee one hundred per cent that, if you tried lumping professional doctors and nurses with the general support workers, you'd have a revolt on your hands, so I honestly don't see how you can justify trying to include professional trades with this group.

When a vacuum pump fails, all surgery stops; all doctors, all nurses, the entire O.R. comes to a standstill until I get that vacuum pump fixed. When a boiler goes down, the entire complex is at risk until our engineers can get them back up and running. I could give examples all day of the work our electricians, plumbers, biomedical technicians, et cetera do to keep our facility running smooth and keep our patients safe on a day-to-day basis. We are responsible for the maintenance and repair of equipment that is worth thousands and thousands of dollars. Doctors and nurses rely on this equipment to save lives. Buildings worth multi-million dollars.

I'm not here to downplay the importance of work—of our support workers to keep the facilities running, but I believe our trades are unique and deserve individual representation apart from the general support workers. We have approximately 350 tradesmen working for the WRHA. There are over 6,000 support workers. If Bill 29 passes, there is no way that the voice of the tradesmen would be heard over the 6,000 trade—or, support workers. The wages of the maintenance and trade workers are already 20 to 25 per cent below the private sector. If Bill 29 passes as it is, I can guarantee that that gap will only get larger. As the long-term tradesmen retire from the WRHA, I believe you will have an extremely difficult time filling those positions when the gap is 25 to 35 per cent from the private sector and the construction industry. Other provinces will

be luring away our tradesmen with much higher 'wazes' and better benefits.

I'm here because this is something I feel strongly about. I hope someone on this committee—or, hopefully, all of you on this committee—will do the right thing: ask for Bill 29 to be amended and separate the maintenance and trades workers from the support workers before it's passed.

Thank you for your time, and I hope you all have a wonderful and safe summer.

**Madam Chairperson:** Thank you, Mr. Carr, for your presentation.

Are there any questions from the committee members?

**Mr. Schuler:** Thank you very much for—Paul, for being out here this evening and for making your presentation. We've heard a lot of very good presentations, and each one brings a different perspective to it. And we've actually had some good history lessons, and everybody sort of brings a different perspective.

And I've done this for a few years—I think I'm on year 18—and I never tire of committee. I love when people come forward and tell us what their thoughts are on legislation. I—it's just such a great part of democracy, and thanks for being part of that.

**Mr. Wiebe:** Thank you, Mr. Carr, for your presentation this evening. I can certainly hear the passion in your voice for the work that you do, and I have to say I'm actually pretty blown away by the idea of 9,000 hours being required to get that certification. That's an incredible amount of work that goes into that, and the commitment and the dedication to your work.

\* (21:00)

And what I also wanted to just point out and mention is that I really appreciated your support of the support workers and your solidarity that you show with the work that they do, and appreciation for that work, even though, as you point out, it's so much different from the work that you do. But I've been struck by the words that a number of presenters have brought in talking about other areas of the health-care sector, and, again, yours being so unique but, still, you understand how all of these pieces fit together, ultimately, to serve the public and provide that care.

So kudos to the work that you do, and we really appreciate learning a little more about it. I hope your perspective is listened to, as this bill goes forward through the process. I think you and your fellow business—or trades have certainly given a perspective that is worth listening to. So thank you very much.

**Madam Chairperson:** Thank you, Mr. Carr.

I will now call upon Mr. Mike Kerr, private citizen.

And, Mr. Kerr, do you have any written submissions for the committee? Okay.

Please proceed with your presentation.

**Mr. Mike Kerr (Private Citizen):** I'm Mike Kerr. I was going to read from this thing verbatim, but all my union members that came before me—from Mike Alberg, Mr. Sutherland, Trevor Yuriy and the rest of them—a lot more eloquent than I am, got the point across, actually, touched on everything I wrote down. So it—I will just give a little flavour as to what I do to support the support workers and nurses and doctors.

I'm a biomedical and electronics engineering technologist. I've gone to school at Red River College and picked up a instrumentation technologist diploma there. I'm a member of the Certified Technicians and Technologists Association of Manitoba, and I hold a limited electrical licence, which I also needed to do—pick up to keep my job.

We touch on a very wide variety, like, literally hundreds of medical devices, everything from electrical surgical units to hospital beds, thermometers, blood pressure machines. Mr. Alberg touched on many of the devices that we do. And it's only a portion of our job. There's other guys with similar backgrounds to that I have that are in the building maintenance side of things—that look after heat, vent and air conditioning, boiler controls, and other—variable frequency drives. It's—the list goes on and on and on. I—the sheer volume of equipment that we look after, behind the scenes, that no one sees, other than the fact that that hospital bed is actually clean and working and not have broken pieces of plastic hanging off of it.

Bill 29's a bad idea for us. We're—we will disappear in the great scheme of things. We are so outnumbered by the other support workers who look after patients in the hospital, that no one will hear our voice. We'll—we will be in the backwoods, and we'll have a very difficult time keeping up with private

sector and other competing companies who will pluck off the best of us and take us away, because wages and benefits will dictate that. And money makes happiness. So it's a—it's where the guys will end up going. Easier to make ends meet when you're making a few extra bucks.

And I guess that'll be pretty much the extent of my presentation.

**Madam Chairperson:** Thank you very much for your presentation.

Do the members of the committee have questions for the presenter?

**Mr. Schuler:** Mike, thank you very much, and appreciate the fact that you bring your perspective to the table. And, I think you've noticed the committee is paying attention, we're listening and appreciate that you took the time to come out and give your perspective. Thanks for being here.

**Mr. Wiebe:** Yes, Mr. Kerr, thank you very much for coming out this evening. Again, the complexity of the work that you do astounds me, and I can only image with the advancements in technology, and I don't know how long you've been—maybe you've mentioned how long you've been doing this work.

**Floor Comment:** I've been doing—

**Madam Chairperson:** Sorry, Mr. Kerr.

**Mr. Kerr:** Sorry. I've been working for the region for 19 years now.

**Mr. Wiebe:** So that's—I mean, within that 19 years I can only imagine the kind of work that you've done, the systems that you've seen come into use in the medical field and the kind of knowledge that you need to have to do that.

So I simply wanted to thank you for coming out, sharing your perspective and giving us yet another glimpse into the work that you do and how important it is to allow our health system to operate as well as it does because of that work. So thank you very much.

**Mr. Marcelino:** Thank you, Mr. Kerr, for being here. It's now 9:05, and it's important that we appreciate and recognize your presence.

This is a committee that hears and tries to incorporate what we hear, and I think out of the 23, nobody has spoken in favour of this bill as it is written. So I am also confident that the government might try to amend it a little bit.

And it's just a comment that—just to give you some sense of satisfaction that your point has been put across a little bit with—one, two, three, four—you're number six, and we, as in this committee, might even try to hear you a little bit better.

**Madam Chairperson:** Thank you very much.

Yes, we'll now call upon Sudhir Sandhu, Manitoba Building Trades and Allied Hydro Council.

Mr. Sandhu, do you have written materials for distribution?

**Mr. Sudhir Sandhu (Manitoba Building Trades and Allied Hydro Council):** I do indeed.

**Madam Chairperson:** Please proceed with your presentation.

**Mr. Sandhu:** My name is Sudhir Sandhu, I am the CEO of Manitoba Building Trades. The virtue of being No. 23 on the list is that many presenters before me have said many of the things I would have touched upon, but, in particular, I want to thank the members of Operating Engineers, Local 987, one of the fine organizations that Manitoba Building Trades represents.

We represent over 7,000 skilled workers in Manitoba across 13 trades unions, and the group that has spoken so eloquently and so emphatically here today, it's a very small component of our membership. There's some 400 members or so, but they are an important constituency and they are a constituency of common interest who play a unique role and hold a very special place in health care. That is why we deem it to be very important to come out and speak on their behalf and represent their interests in the system that you are considering changes to.

So, as I said, my presentation here today is going to be very narrowly focused on the operating engineers and that group that is represented in health care. The point has been made very well and very effectively that they are indeed a unique constituency of common interest. Why is that?

There is a continuum in health care and virtually everyone in that continuum, one way or the other, directly deals with patients. You can even go down to work at—look at the custodial staff, even they have a more direct day-to-day interaction with patients in health-care facilities than operating engineers do. They truly are a unique constituency, and a number of them have spoken effectively about we, as a union organization, as Operating Engineers, Local 987.



There's an apparatus created in Manitoba, and that exists across the country, that supports, through union organizations, the essential training the system otherwise is not designed, not equipped and not funded to carry out. Someone made the point that there are essentially two sources of trades training, and that's common across the country. But in Manitoba it's the publicly funded training institutions like Red River College, MITT, and the training centres that we very proudly represent, five of them in Manitoba—in fact, six.

\* (21:10)

And on page 2 of my presentation you will see 2016 training data. 2016 alone we had 231 Red Seal completions. Over 1,900 skilled trades people went through our training centres. The asset value of our training facilities is over \$11 million, and we are gearing up now to add another \$25 million over the next three to five years. And our total expenditure on training in 2016 alone was over \$5 million.

We are the largest private delivery agencies for skill trades training in the country. We're 7,000 strong in Manitoba and we're over half a million across the country. You cannot replace that training.

And to the system that training is essential. You've talked about—presenter after presenter from Operating Engineers, Local 987 talk about how the union supported them. That would be missing. That is another corollary point to the constituency of common interest that they—these skilled workers do have unique skill sets. They have unique training requirements. They have unique certification requirements. And those have to be satisfied by somebody other than the employer.

Now, we've made the point before in other presentations before legislative standing committees like this that skilled trades, the unions, are the strategic HR partner for employers. It's less so in health care, but in the background the training we are delivering to our members, if you had to fund it yourself, you would find that difficult to come up in this fiscally constrained environment. If dollars are truly tight, please let us spend ours. We're willing to continue doing that. We don't want to off-load our training responsibilities on you. So we will take that.

Now, in conclusion, I said I would speak primarily to the Operating Engineers issue and this small bargaining unit within the health-care system, within a very large sea of workers that support

health care in this province. But I'm going to make one small comment about what my other union colleagues have said and the position they have and the alternatives they have presented to you on Bill 29. And I say this with the greatest of respect.

Every government has a lifespan. The one prior to yours did. Every one that will follow yours will as well. You have a narrow window on which to leave your mark on the systems that you govern. So do—we ask you to do—I won't ask you not to do this, because it's going to happen; you have legislative authority to do this, but do what will be seen as a good idea long after your time in this House is done. That is a true challenge for legislators. That is when you have succeeded. If you don't, and if you elect to disregard compromise, disregard strategic and critical advice, you only set the table for those who will follow you to come along and dismantle what you have done today. We hope you will choose a more enduring legacy.

Those are my comments. I would be happy to answer any questions you have.

**Madam Chairperson:** Thank you for that presentation.

Are there any questions from the committee members for the presenter?

**Mr. Schuler:** First of all, thank you very much, Mr. Sandhu, for being here. I have considerable amount to do with you in my other role as the Minister of Crown Services and great to see you here this evening.

You will appreciate that the committee, and to a degree this Legislature, we're all one family, but we do have disagreements within our family from time to time, as I suspect perhaps you do in your family, knowing some of the members, and certainly we do have our disagreements from time to time.

But I think we would all agree that we certainly appreciate you coming forward. We know that you have a very heavy load that you carry within Manitoba and you do that well and you do it with distinction. And we, I think, all appreciate the fact that you took time and your balanced comments. We all listened very intently. I'm sure you noticed that as well. And appreciate you coming here and what you had to say, and thank you very much—always great to see you.

**Mr. Wiebe:** Thank you, Mr. Sandhu, for your presentation. And maybe just sort of wrapping up

what we've heard from others, as you've mentioned, the Operating Engineers, and in particular to hear from them, from some of the workers who are doing the work on the front lines, so to speak, and then to have you sort of encapsulate that, I think was a well-planned—or maybe it wasn't planned, but the way that it worked out, I thought it was good to summarize.

Can I just—just to clarify the data that you presented to the committee here, where you're saying the value of the training assets is over \$11 million, the training expenditure, and that's the expenditure I imagine from your group, is around—is close to 6. Are you saying that the over \$11 million in value in terms of the training that employees are receiving is what you're able to back up with the data that you're presenting to us here?

**Mr. Sandhu:** Thank you for the question, and I apologize for the lack of clarity. The value of training assets is the facilities and the equipment we maintain to deliver training.

**Mr. Wiebe:** Thank you for the clarification. That's certainly an impressive number and impressive in the sense that, as we've heard from individuals, the training that they've received and the impact that that's had at the local level, so that's been really helpful. Thank you for giving that to us.

The other question I had for you is just with regards to the presentations from others this evening. You mentioned that, briefly, from other labour organizations and some of the proposed amendments that they've put on the table. And maybe you could just speak a little bit to the proposed amendments that they're—that they've been discussing and how that would fit with the specific request and suggestions that your group is giving us here tonight.

Do those two work in tandem; do they work together? Or can one happen without the other? Can you just—maybe just clarify how you see that proceeding?

**Mr. Sandhu:** Thank you again for the question. I don't think there's any conflict. I think both can function well, and I think these—any legislation that is going to be effective has to be agile enough to deal with the unique circumstances that exist, like this. And that's what I hope we've done for you tonight, is to demonstrate, very much so, this uniqueness is not a matter of opinion; it is a matter of practical reality. So I think, in terms of what the other unions have advocated for—and I certainly hope the committee will find it appropriate to take some of their

thoughtful comments into consideration and create legislation that truly endures. And I genuinely mean that.

You know, for all of us, if government is going to act, we hope that it is something that sustains and stands the test of time. And so, to my colleagues, on behalf of my colleagues that have spoken so eloquently on the positions they've submitted to you, that theirs can hold and so can ours. I think there's no inherent conflict in the two.

**Ms. Lamoureux:** I too just wanted to thank you for coming out. I know I've heard you speak a few times, been able to chat with you a little bit, and I always learn a lot from your presentations and our conversations. You give great advice. We do need to be thinking, long term, about sustainability for the province. And it's very—it's a positive reminder for those of us around the table that—why we're here. We're here to listen to Manitobans, and that's what you're here doing to us—with us today. Thank you.

**Mr. Sandhu:** Thank you for that, and thank you, Minister Schuler. I do agree with you we are just one family, and yes, we will have disagreements, but if you can do well together, that's—that should be our primary objective.

And thank you to the committee for listening. Good luck with your deliberations.

**Madam Chairperson:** Thank you, Mr. Sandhu.

The time for questions has expired. Thank you.

I will now call upon Ms. Roberta Hoogervorst. Okay, so, Ms. Hoogervorst is not here, so she shall drop to the bottom of the list, and I will now call on Mr. Jim Want.

Mr. Want, do you have any materials to distribute to the committee?

**Mr. Jim Want (Private Citizen):** No, I don't.

**Madam Chairperson:** Okay. Please proceed with your presentation.

**Mr. Want:** Well, good evening and thank you for the opportunity to speak with my concerns regarding Bill 29. My name is Jim Want; I am presently employed at Seven Oaks hospital. I've been there for eight and a half years and I'm approaching the end of my carer, but I felt I needed to come here and speak on behalf of my fellow employees and those who are coming up behind me.

I took my training at Red River College, where I finished the top of my class as a journeyman refrigeration mechanic. Later on, I acquired a B gasfitter's licence and a limited electrical ticket. I began my working career with a service company where I first got my exposure to medical equipment such as incubators and plasma freezers.

From there, I moved on to a 25-year career with a steel mill in Selkirk as an HVAC tech. While working there, I met Mr. Tom Still, who later became facility director at Seven Oaks. When a refrigeration job came open at Seven Oaks, Mr. Still called to offer me the position because he knew my work ethic and skill set would be an asset to the department. I didn't accept it at first because I was close to my retirement; I was five years away from it. But after a few calls and a lot of contemplation, I decided to take the job because he convinced me it was a better working place and my working conditions were much better.

\* (21:20)

So, I took the job at a lower pay rate and quite a large reduction in my pension. Mr. Still convinced me it was great, but—also, at the Seven Oaks hospital, as well as refrigeration equipment such as medical refrigerators, ice machines, I work on sterilizers, autoclaves, Medivators, RO systems, kitchen equipment, floor equipment and pretty much anything mechanical.

I know I have saved the hospital thousands of dollars. I have seen where the hospital has paid for plane tickets, hotel rooms, meals and huge hourly rates of up to \$3,300 an hour to bring in service people from suppliers.

It is our responsibility to see that the patients have clean air to breathe, the water they drink is not contaminated, they're not hot in the summer or cold in the winter, and modernizing—monitoring equipment is accurate, the surgeon's tools are sterile.

We're only about 400 in numbers, and if we are grouped in with other support staff, which are up to 8,000, we will lose our voice, and our chances of being in any elected positions or on committees within the group will be pretty slim.

When I first started at the hospital, we were at—we're called the top 25 employer, but over the past five years, I have noticed a steady decline in morale. With the introduction of Bill 28, this will mean that in over the last six years, we've had four years of

zero per cent increases and now Bill 28 wants to take away our voice as well.

You're not combining physicians and nurses or physicians and physician assistants. We don't mop floors or make beds. We're highly skilled tradesmen, technologists and professionals; we care about patient safety. We take pride in our work, and we deserve some degree of respect. We are not the problem, and this is why I'm asking you to amend the bill so that our group can maintain our own bargaining unit and we can have a clear voice in this sector. Thank you.

**Madam Chairperson:** Thank you, Mr. Want.

Are there questions from the committee members for the presenter?

**Mr. Goertzen:** Thank you very much for coming tonight, staying this late and making a presentation. I know from your presentation on your training and the work that you—not only how important it is, but that you didn't train to come and speak at a committee, and I understand that, and—but appreciate the fact that you did that, and you've had your voice heard tonight, and we do appreciate that, so thank you for coming tonight.

**Mr. Wiebe:** I just wanted to thank you for your presentation. It's important to hear from members of the public, and what struck me about your presentation was just talking about the pressures that are being put on workers who are out there just trying to do their job and trying to provide a great service. It's something that I've heard recurring throughout the health-care sector from a number of front-line workers, but it's important to hear that it's permeating everywhere and everyone. And I just, quite frankly, I don't think that you're going to get the quality of work and the quality output that you want if you're not respecting those who are doing that work. So I appreciate you bringing that perspective here today.

**Mr. Goertzen:** And I'll just reiterate some of that. I know you indicated in your presentation that morale's been declining over the last five years, and that is concerning, and it's something that no one likes to see, and so I'm glad that you said that. That is important and it's a perspective we need to hear. So I appreciate that.

**Madam Chairperson:** Thank you, Mr. Want.

**Floor Comment:** I hear that from a lot of the employees.

**Madam Chairperson:** Oh, Mr. Want.

**Mr. Want:** They keep talking about the cost of living going up.

**Madam Chairperson:** Thank you very much.

**Mr. Want:** Thank you.

**Madam Chairperson:** I will now call on Carmela Abraham, private citizen.

Ms. Abraham, do you have any written materials to distribute to the committee?

**Ms. Carmela Abraham (Private Citizen):** No, I do not.

**Madam Chairperson:** Please proceed with your presentation.

**Ms. Abraham:** Thank you. My name is Carmela Abraham. I have been a health-care worker for most of my working career, beginning in 1976 in a small, rural hospital at Ste. Rose du Lac for three years. Then, in 1982, I began working at St. Boniface Hospital, with UFCW as my union.

Throughout the years, UFCW has been there for me. Through the collective bargaining process, they negotiated decent wages and benefits, which gave me the ability to support myself and my children as a single parent, and for that I am so very grateful.

UFCW always strived to get the best possible collective agreement for myself and my co-workers over the years, and we were given the opportunity to choose if we accept or reject the employer's final offer.

Bill 29 takes away my freedom of choice as a health-care worker because I chose UFCW as my union when I chose to work at St. Boniface Hospital, and now this government is interfering with our freedom of association by forcing this bill onto health-care workers.

Although I no longer work directly for St. Boniface Hospital, I represent my prior fellow co-workers and they are left with the stress and upset which is created due to Bill 29 and that, in turn, adds to the everyday stresses of health-care workers trying to provide quality patient care to our communities. I see and hear their concerns and fears of Bill 29 every day.

Where is the support for health-care workers that the health-care facilities speak of throughout their policies? This government, through Bill 29, is not being supportive whatsoever towards health-care

workers. In fact, it is creating an environment of uncertainty, disruption, and all-out chaos for all health-care workers, the total opposite of what the health-care facilities strive for.

Yes, we have multiple collective agreements throughout the health-care system, but the majority of our agreements have a very high percentage of similar wording already in place. We also have a central bargaining table with representation from each union to deal with monetary issues during each sector's round of negotiations in place as well.

It is unclear to me the need for Bill 29. Bill 29, in my opinion, is unethical, immoral and downright unfair to all health-care workers. We are being strong-armed by this government and we should not be forced to choose any other union but our own.

I urge this government to drop Bill 29.

Thank you.

**Madam Chairperson:** Thank you for your presentation.

Are there questions from the committee members for the presenter?

**Mr. Wiebe:** I wanted to thank you for the presentation, another UFCW worker, and the connection to St. Boniface is appreciated and the good work that's being done there, so I appreciate that perspective.

I think you summed up your presentation very well in your concluding remarks there and, you know, I think your perspective has been shared by almost every presenter here tonight, but I'm wondering—and I've asked this question of a few people and nobody seems to have a really good answer, so I don't expect you to have one—but why do you think the government is taking this approach to dealing with health-care workers, many of whom, as you mentioned, are willing to work with the government to compromise and who are ultimately just trying to provide good patient care on the front lines of our health-care system? Why do you think the government has chosen this particular approach rather than a more collaborative approach with labour?

**Floor Comment:** In my opinion?

**Mr. Wiebe:** In your opinion, yes.

**Ms. Abraham:** It's to pit unions against unions. That's what us health-care workers believe. That's what the front line believe.

**Madam Chairperson:** Thank you very much for your presentation.

I will now call upon Mr. Geoff Bergen, private citizen.

Mr. Bergen, do you have any written materials to distribute?

**Mr. Geoff Bergen (Private Citizen):** I do not.

**Madam Chairperson:** Okay. Go ahead with your presentation.

**Mr. Bergen:** Thank you.

Good evening, everyone. I know it's getting late; everyone's probably tired. As you probably can guess I'm up here speaking in opposition to Bill 29. A lot of people have spoken eloquently and hit a lot of points, but I would just like to put on record my opposition. So I'm speaking tonight as a private citizen, well, but full disclosure: I do work for a union in this province. So, thank you for allowing me the time to speak.

So I have some concerns about Bill 29, mostly centered on the appointing of a commissioner with sweeping powers like exclusive jurisdiction to inquire into and make decisions and orders about all matters, questionings arising under the act. A decision or order of the commissioner may be amended or rescinded—may rescind a decision of the Labour Board. The decision and the order of the commissioner are final, binding on the parties and are not subject to appeal or judicial review. The commissioner and any person acting on his or her behalf may not be compelled to give evidence in a court or in any other proceeding in respect of information that they have become aware of in the exercise of their powers under this act.

\* (21:30)

Now this is something I'm sure all people are aware of who have formed this act, but these are things that are quite concerning to myself and others. The head of the University of Manitoba labour studies program, Professor Julie Guard, has called these powers dictatorial in a CBC article dated May 8th, and I'd have to agree with her, and not just because she was a former professor of mine.

No appeals process, no judicial review, the ability to supersede the Labour Board are, quite frankly, authoritarian and a frightening precedent to be set by—in a government bill.

My understanding is that the Manitoba Federation of Labour has put forward a workable alternative proposal that, at this point, has not been acknowledged by the current government. They have proposed the creation of union bargaining councils which would bargain with the employer bargaining councils that would be created in Bill 29. This allows unions involved in health care to continue to represent their members while creating a more streamlined bargaining process which the Progressive Conservative government claims they desire. This alternative proposal allows existing bargaining agents to stay in place, which would avoid the time, cost and disturbance associated with representation votes.

However, it is my opinion that I do not believe this government wants to avoid those disturbances associated with representation votes. I feel this bill's ultimate goal is to turn the unions that represent health care on each other. This is just my opinion based on the fact that no response has been given to the MFL's alternative proposal and that no meaningful consultation has occurred with health-care unions. I'm not the only one who shares this opinion, again, as the Winnipeg Free Press writer, Dan Lett, has also called out the Progressive Conservative government in an article published today. In his piece, he outlines the provoking attacks that have occurred on public sector unions in Manitoba.

I really hope this isn't the case, and the current government has just made some missteps while trying to roll out the mandate that they're trying to achieve—that they were voted in to achieve. I really hope this isn't the case, but I feel like the writing is on the wall. But Health Minister Kelvin Goertzen has said that the door is still open on Bill 29, as is currently written, which is great to hear, and I just ask that you really listen to the people who have spoken tonight, the people who have here—are still here to speak, the people who've spoken and left, and just consider any alternative proposals that have been tabled. And that's really all I have to say tonight.

Thank you for your time.

**Madam Chairperson:** Thank you for your presentation. Are there any questions for the presenter?

**Mr. Wiebe:** Yes. I'd—thank you very much for your presentation this evening. As you mentioned, it's getting late, now, and so many of the points that you have made have also been made by others. Not to say

that that's bad, but that's the nature of having a number of presenters who are all presenting in opposition to this bill. So that's certainly something to note.

What I wanted to ask you, though, is you did spend some time talking about the commissioner and some of the potential pitfalls with the way that the legislation, as currently drafted, might present. Can you maybe just expand a little bit on that? You know, because this is something that I've heard from others with regards to concerns, but I'd like to understand a little bit more about how you see the commissioner—as it stands—being appointed by Cabinet rather than, you know, through the Labour Board—how that might be problematic.

**Mr. Bergen:** Absolutely. Thank you for the question.

I ominously see a very, like—so, as a union representative, we take—everything we—the Labour Board becomes the final decision in all matters. It's a trusted board, it's a board that hasn't always sided with unions when situations get to the board. But, I think, to have a commissioner that can supersede what the board decides is—it's worrying to me. It's worrying to me what could be in future bills, what this could mean as a precedent for going down the road in labour relations. And that's just—that's what's really jumped out to me as quite concerning about appointing a commissioner, opposed to using the Labour Board.

**Ms. Marcelino:** Thank you very much for your presentation. You're very youthful looking, yet you spoke with so much wisdom, and I hope—and you pointed out very, very clear—as my colleague had mentioned—pitfalls.

If this bill were to proceed, we hope older people like myself will listen to young people like you because you spoke of real wisdom that not only is prophetic, but sound and wise.

Thank you.

**Mr. Goertzen:** Thank you, Geoff, for your presentation. It was enthusiastic, and I appreciated that, even quoting Dan Lett was okay, and because Dan and—because I like Dan personally, even though we don't always agree on his columns. And we are here to listen to ideas and to see how things can be done as well as possible.

There are often disputes on issues around labour. Words like dictatorial I would have some

disagreement with. We've sometimes had debates at this committee about whether or not a worker should have the right to a secret ballot, and sometimes people within unions haven't agreed with that. So people can have different views of how democracy should work well. But I do appreciate very much you coming out tonight and speaking as passionately, if not more, than many of the presenters we've heard. So thank you very much.

**Madam Chairperson:** Thank you, Mr. Bergen.

I will now call upon Mr. Brian Hodgert—I'm sorry, is that Hodgert? Would you be able to state your name?

**Mr. Brian Hodgert (Health Care Equipment and Facilities Technologists of Manitoba):** Yes, thank you. It's Brian Hodgert.

**Madam Chairperson:** Hodgert—Mr. Hodgert, do you have any materials to distribute to the committee?

**Mr. Hodgert:** I do.

**Madam Chairperson:** Okay. Please proceed with your presentation.

**Mr. Hodgert:** So, before I just get into the prepared letter that I have here, I just want to thank the legislators here. I see what you're doing tonight, and it looks very difficult and very tiring, so thank you very much for this opportunity.

Now, before I get to this letter, also, I'd just like to make—you know, you talk about families and disagreements and stuff like that, and just how about this letter came about is similar to that, in that we have a family in our shop, and there's people who argue this way, there's people who argue that way. On every single issue we have all types of opinions. On this, we were all in agreement.

I was talking to the guys; they said, you know, yes, that's whatever—however it's set up right now, it's not right. I says, well, you know what, I'm going to draft up a letter, we'll work on it together on our coffee breaks, and we'll, you know, we'll send it off. And then, so, it's, yes, this sounds good. I sent it off to the other dialysis technologists, because I'm a dialysis technologist at Health Sciences Centre, so I sent it off to the guys at Seven Oaks. They looked at it and they go, yes, we agree with this. This—what this legislation is doing right now doesn't make sense. It needs amending. I says, well, okay. So I phoned up and I made a meeting for here, I said I was going to come, speak on behalf of the dialysis

technologists. And then I thought, well, you know, I'm going to talk to the biomed, see what they say. So I sent it to them, and they're like, yes, this legislation is wrong. It needs to be amended. I was, okay. So then I just started expanding. By this afternoon, I was talking to guys in Brandon, and they were like, yes, we were talking about it too. Everybody, all the technologists, they're just unanimous on this. And even the people in the public, when I talk to them about this, it's just—it's unanimous that something has to be amended to this. And so that's what—where this letter comes from, because there is no actual health-care equipment and facilities technologist of Manitoba, there's no group, but I've put on here a list of all the people that have seen this letter and they all agreed to have it written—read to you tonight.

So, with that said: health-care equipment and facilities technologists, including biomedical, dialysis, electronics and assistive technology technologists, throughout every facility of the province should only be collectively bargaining with groups that have similar professional standards. Proposed legislation, Bill 29, will have us bargaining with support staff, which includes housekeeping, clerical and other dissimilar groups. This grouping does not serve the public's best interest, as it will lead to lower quality standards in servicing, maintaining and procuring health-care equipment and facility systems.

Health-care equipment and facility technology is intellectually demanding. The educational demands of a technologist are difficult. Equipment and systems upgrades require technologists to constantly upgrade their skills throughout their career. We have to keep current on industry standards and adjust to those changes; procedures have to be written and life-saving calculations have to be made.

\* (21:40)

This is vastly different than the expectations of general support staff. Grouping us with support will limit our voice in communicating the needs of our profession to address patient safety standards, equipment training and skill—and equipment training and skills upgrading.

If the government groups us with support staff, it will inevitably lead to less attractive collective agreements for technologists. Recruitment and retention problems will result for the health-care facilities throughout the province. These recruitment and retention problems are costly and do not serve

the public as a whole. The training that is required of new technologists is expensive. It is beneficial in both short- and long-term financial aspects to retain technologists. Experienced technologists are more competent, provide higher quality service and manage resources better than new technologists.

The province currently benefits from a highly skilled and competent group of technologists at a fair and reasonable cost. This is largely due to decades of carefully negotiated agreements with various governments. These agreements, if renegotiated, should be done with respect for the requirements and qualifications of our group.

We, the biomedical, dialysis, electronics and assistive technology technologists of Manitoba, want to bargain collectively with those who have similar professional standards. The legislation should be amended to allow our group to bargain collectively, with similar groups, to maintain the high standards that we have been providing. We respectfully ask the provincial government to amend Bill 29 to group us appropriately with groups that will best serve the public.

With that, I also just want to—like, a thought came to me. It's like, when we're working on equipment, you know, we'll do our repair, and then we don't just push it out there. Then we got to go through testing and we got to see if something goes wrong. I think with this legislation—we're at this point now; it's written and now it's in the testing phase, and we've identified that there is something that needs to be amended. And I think we've heard it throughout the night. I'm just saying again what everybody else has been saying, that there is a problem with this legislation and it should be amended.

That's all. Thank you.

**Madam Chairperson:** Thank you for your presentation.

Do members of the committee have questions for the presenter?

**Mr. Marcelino:** Yes, you made some calibrations about this bill, and how would you rate it? It's still on the failing stage or is it okay now as it is written?

**Mr. Hodgert:** Well, I can only speak on this particular point because when I was explaining it to the other technologists, like, this was the only point that I'm sure we're all in agreement on.

As for if I was to speak on the rest of the bill, I mean, I would have—I could only speak on personally

speaking, and I don't think I want to do that. I think—I've heard a lot of people saying stuff tonight that I agree with. I—Paul Moist, you know, very much echoed my sentiments and he resonated for me. But that's not on behalf of the Health Care Equipment and Facilities Technologists of Manitoba; that's just a personal thought.

Thank you.

**Mr. Wiebe:** Thank you for the presentation tonight. Again, another perspective of—a unique perspective that, you know, we, as a committee, I think will find very helpful in understanding the depth to which, you know, sort of a uniform change rather than, you know, understanding and appreciating the work that's done specifically, in this case, by the technologists, what that brings to the health-care sector.

What I wanted to ask you is—you've listed a whole number of people on your presentation here tonight. Can you give me—maybe you don't know the exact number, but maybe even just in general terms, can you give me a sense of how many health-care equipment and facility technologists there would be in Manitoba—again, maybe just even a rough number. Do you know how many there would be? *[interjection]*

**Madam Chairperson:** Mr. Hodgert.

**Mr. Hodgert:** Oh, sorry.

I'm going to throw out a number because this—yes, this isn't a full list of every technologist. Like, some people I was reaching out to, I did—I couldn't get a hold of, and I kind of did this just over the last two days in spare time. But I'm going to guess it's somewhere between 60 to 80 technologists, yes. But, you know, that's not having a lot of time to get a good, clear number.

**Mr. Goertzen:** Thank you for your presentation tonight, for waiting this long to make it.

Can you help me understand, a number of presenters have talked about how the trade sector, which might represent 8 per cent of a unit that had support service in it, would get lost and their voice wouldn't be heard. And then we've heard others who've come forward from unions and said that their union has always been there and they've heard them and they've worked for them.

Why is it that a union would not hear 8 to 10 per cent of their workers in a unit? I'm confused between the contrast between those.

**Mr. Hodgert:** Thank you for the challenging question, and I don't think I could speak to the answer to that.

That is something that, I think, will have to be discussed amongst the unions, but I don't think—at this time—we want to address that exactly.

But, yes, you've certainly recognized that there is something there that we, as a group of people who respect unions and their value—and just—and that just reminds me of an important point that I want to make right now, and that's that everybody should have a representative. Like, for a person to know—to go into a negotiation and know what their value is, it's like somebody saying I'm going to go perform surgery on myself. It's extremely difficult, and for somebody to try and, you know, limit a person's ability to do that—to seek out representation or to limit or weaken that, you know, what—that technique that somebody would use to get themselves represented, which, I mean—and I get why people are pretty, or very, critical of this bill, because, you know, we don't want to create a society where we have people fighting amongst each other. And, definitely, the unions are going to be having to work on that throughout this process because it's a big change for us. And it's going to be difficult and we really want to be, you know, make sure that we are working with the governments and amongst each other to come up with the right legislation, because we recognize the public has spoken, okay, and we'll do what we got to do to address their concerns. But it has to be a situation where, you know, people aren't just taking ideological stances, you know.

So I'm hoping this—now, I'm gone completely into personal thoughts on this, but I think that's an important point.

**Madam Chairperson:** Thank you, Mr. Hodgert. The time for questions has expired. Thank you for your presentation.

I will now call upon Mr. Rock Spencer, private citizen. Mr. Spencer, do you have materials to distribute to the committee?

**Mr. Rock Spencer (Private Citizen):** Yes, the girl told me to bring copies, so I do as I'm told—I'm married.

**Madam Chairperson:** Excellent. Please proceed with your presentation.

**Mr. Spencer:** Okay. My name is Rock Spencer, I'm—good evening, Madam Chairman and ladies and



gentlemen. I reside at 591 Gareau Street in the city of Winnipeg. For the past 20–33 years, I've worked in the electronics maintenance at the Health Sciences Centre in Winnipeg. My primary work involves testing and repairing fire alarm systems. I've had CFAA—that's Canadian Fire Alarm Association—national certification, four separate limited electrical licences from the Manitoba Department of Labour, one licence from the City of Winnipeg.

I'm here this evening to express my opposition to the current proposal on Bill 29 that would combine the members of the Operating Engineers, Local 987 with other health-care workers. I do not understand why this government wants to combine health-care workers into fewer unions. For many years, previous governments were capable of dealing with the health-care unions. It was Conservative, it was NDP, it was the Liberal governments—they all managed to deal. What is this government having problems with?

A previous Manitoba government privatized the Manitoba telephone system. The Manitoba telephone system is now owned by Bell Canada. What benefit did Manitoba taxpayers receive from that?

\* (21:50)

I'm going to give you some background, and I've heard people talking about union versus government and everything. This is grassroots background, something that really happened.

One of the jobs I do is commissioning. This is a process that occurs when the contractor says the building is ready for occupancy. Teams of maintenance tradespeople go in and check various systems to make sure that they comply with all the manufacturers' specifications, so the construction specification of building codes, electrical codes.

The contractor told us recently the Ann Thomas building was ready for occupancy. That's a building that has our emergency department and our operating theatres in it. We went in to do the commissioning. We discovered that it was short fault isolators. Fault isolators prevent a short on a fire alarm system from disabling huge portions of the fire alarm system. To fix the problem they had to install an additional 61 fault isolators, approximately costing \$100 each, and 3,000 feet of wire, plus consumed three weeks for two electricians to correct the wiring fault.

One of our shifts mechanics was requested to repair a leaking sink drain in the Kleysen building. This is another new building we have. When he got to the site he found the ABS drain was melting. He

asked the doctor what chemicals he was putting down the drain. The doctor simply said only water. Water doesn't melt ABS pipe. Our plumber told him he would be back—come back when the doctor was ready to tell him the truth.

Our plumber left and reported the problem to his supervisor. A subsequent investigation proved that the doctor had been pouring a very toxic chemical down the drain. A dilution tank was installed to treat this chemical to a safe level before it was emptied into the city drain. Our plumber was sharp enough to realize that whatever this chemical was, the damage it caused would continue all the way down that drain to the main city drain and damage the drain all the way, you know.

Another case we had in the Kleysen building—when the Kleysen building was under construction, we watched a contractor dig a trench in frozen dirt with a backhoe. They then laid a drainpipe on the frozen dirt and covered it with sand. Normal practice would be to put a layer of sand, then lay the drainpipe and then cover the drainpipe with more sand. This would allow the pipe to float as the frost shifted in the ground.

Our plumbers took photos and forwarded their report up the channel of command. Orders came back that there was to be no more photos, you know, and that we were to leave the contractors alone. We were trying to flag a potential problem to the Health Sciences Centre in the future. It did not matter to us. If the drainpipe cracks, someone was going to get paid premium rates to cut open the concrete and dig the broken pipe up out of the mud. The building occupants would not be able to use the drains while this repair was going on. All they were trying to do is flag potential damage before it got too bad.

The new Children's Hospital has a complex smoke removal system. I was working for the contractor when we installed the system in 1983. For several years I had been advising management to give our shift mechanics and shift electricians training on that specific smoke control system. These are the guys that keep the building running while we are at home with our heads on a pillow.

A few years ago a teenager started a fire in a construction area next to the Children's Hospital. You might remember this; it was in the newspaper. The fire spread into the Children's Hospital. The staff had to evacuate patients into an adjacent building. The smoke control system was designed to blow fresh air into the vestibules between the Children's

Hospital and the old Children's Hospital. However, these pressurization fans drew their fresh air from the location of the fire where the fire had started. The result was, instead of forcing in fresh air into these buildings, they blew smoke into these buildings. If the shift mechanics and shift electricians had been trained on the smoke control system, they could have operated a few switches and stopped the fans from blowing smoke into these buildings; four switches would've stopped that from happening. The damage caused by the smoke would've been a lot less. They might not have even had to evacuate the patients. Only because I wasn't there at the time, I don't know exactly how the smoke got into the buildings.

Another shift mechanic called—got a call that he was needed in the Women's Hospital. He phoned the housekeeper to see what the problem was. The housekeeper said, the pilot don't work. And he said, what? And he didn't understand. He said, the pilot no work. And then in the background, he heard someone say, toilet. Oh, we don't have any airplanes, but we do have lots of toilets, you know.

I used to be proud to work at the Health Sciences Centre. I went through the Connie Curran's cutbacks; the government spent thousands of dollars for Connie Curran to find areas to cut. Most of these cuts were done before her report was even submitted. And, however, when the purge was on, we lost some very talented people. We had a standards officer that worked for the property services that was the best I've ever met. He went to work for the City of Winnipeg where his talents were appreciated. He could see by the writing on the wall the axe was coming down, and he wanted to make sure he was going to be—avoid it.

When you're looking to make cutbacks or restructuring, it is important to consider the cost of changes in dollars and performance. And when you decide to make certain cuts, cut the number of unions or whatever, what are you going to sacrifice to gain that objective? It's an important that you don't have tunnel vision to go after your objective and lose sight of the collateral damage you're going to cause obtaining that objective.

In Bill 29, there are a lot of very talented tradespeople that work at the Health Sciences Centre under Operating Engineers. And Bill 29 proposes the government will treat the second class power engineer, for example, the one who runs the steam

plant, the same as they treat the housekeeper that has a pilot and it don't work, you know. I am here today to recommend that you leave the maintenance and trades groups as a separate bargaining unit. Now, when I go to my grave, I can at least know that I have done everything in my power to protect the public, and I'll—and I can sleep at night after being heard today. Whether you listen to me, well, guys that didn't train their shift mechanics didn't listen, and look at the damage that happened. So all I can say is, good luck to you.

If you proceed with Bill 29 as it is written—all of the training I have taken, I will not be treated like a housekeeper. I will go back to private sector, and I will still be willing to do your repairs for you, but an accountant in Ontario will insist that you pay \$100 an hour for my knowledge. You're not paying that now.

The other things that I've heard that are very troubling tonight is I hear a tone of government versus unions.

**Madam Chairperson:** Okay, Mr.—sorry, Mr. Spencer, your time has expired for your presentation. So we're going to move on to questions at this point.

**Mr. Spencer:** You're not going to let me add to it?

**Madam Chairperson:** If you answer it within your answers to questions.

**Mr. Spencer:** Okay, yes.

**Madam Chairperson:** Okay. Mr.—sorry, Ms. Marcelino.

**Ms. Marcelino:** Mr. Spencer, you are living up to your name, Rock. You're a solid rock. Your honesty, your expertise, concern for truth and fairness and for equality, workmanship is truly as solid as a rock. And you were saying you'll just be paid \$100 an hour for your services; you deserve way, way, much more than that. In fact, for the expertise and the concern and the honesty you have shown, there's no money that could equate to what you have—what we have heard from you.

\* (22:00)

We are thankful for your service to the hospital or whatever company you have served, and it's truly notable. And, truly, thank you for your service.

**Mr. Spencer:** I thank you very much for your comments.

Any more questions?

**Mr. Schuler:** Rock, thank you very much for coming and staying as long as you did.

I'd like to point out to you we used to sit here at committee until 5 in the morning, and thank goodness we're not going to do that tonight.

And I wanted to thank you with your presentation, that you put actual examples in there. And, you know, it makes it way more real for us; we get to understand the points you're making and thank you for that.

Thank you for your presentation, and I'm glad that after this you get to go home and sleep well. That's important. And appreciate you coming out.

**Mr. Wiebe:** Maybe I can just ask the question.

Can you conclude your remarks and maybe just share with us your last points you were looking to—

**Madam Chairperson:** Mr. Spencer.

**Mr. Spencer:** I would like to—there's other comments that I've come to realize sitting and watching the previous presentations. And it's troubling that the tone is government versus union. And it would be beneficial if the MLAs at the table spent a few hours just learning about unions.

Unions are representatives of the workers. The workers, we elect these guys to represent us. We elect the best guys; we—to represent us.

Now, you can imagine, in the Health Sciences Centre, there's 7,500 people work in the Health Sciences Centre. How would you negotiate annual wage increases with 7,500 people? You'd have to come up with some process. There's a process there that is called unions, you know. And so I would like very much to see some consideration given to the union representation, that they represent us, the working people, okay.

You need maintenance people around here at the Legislative Building so that they could change the bearing on that fan so it's not making so much noise, okay. There is—it's troubling in Bill 29 that the commissioner has a right to override the Labour Board. Very troubling, because you can look up on YouTube called the Trusted Liars and you will see how the American government handles things.

And there was a company called Monsanto that was having difficulties getting their chemical introduced into the cattle industry, because it was

coming out in milk. And there was studies done that it was 32 different effects of this tainted milk. Monsanto tried for 15 years to get that implemented, and then the FDA said, no, there was—there had to be more studies on it. There had to be more alterations to it and everything.

So there was an election down there and the President of the United States approved it. You know, the same thing is going to happen here. It's very dangerous to—and I'm sorry to say—to give politicians the right to override the safety standards of the Department of Labour, very dangerous, you know.

**Madam Chairperson:** Thank you very much, Mr. Spencer.

I will now call on Mr. Bruce Ulrich, private citizen.

Mr. Ulrich, do you have written materials to hand out to the committee?

**Mr. Bruce Ulrich (Private Citizen):** No [*inaudible*].

**Madam Chairperson:** Please proceed with your presentation.

**Mr. Ulrich:** Just some visual.

**Madam Chairperson:** Sorry to interrupt you, Mr. Ulrich. You're not allowed to have props during your presentation.

The clerks have asked me to please ask you to just take it off the table, if that's possible. Thank you very much.

And please proceed with your presentation. Thank you.

**Mr. Ulrich:** My name is Bruce Ulrich. I work at Concordia Hospital and Concordia Place. I'm the electrician at both facilities. I am the only electrician, one of one. I've been there for over 20 years, basically on call 24-7 for 365 days a year.

I started out, when I was knee-high to a grasshopper, painting with my dad. He has his own painting company. I started off with \$1 a day, working holidays, weekends and some nights through my teen years. I attended John Pritchard and then River East Collegiate. Nearing the end of my—of grade 12, my father asked me what I was going to do after graduating. My father suggested I take a trade; starting there was always—there was always demand for good trades and workers. He suggested not to go

into painting because of all the bad fumes. He specialized in lacquer woodworking. He suggested electrical. So I followed my father's advice. I went into a four-year electrical apprenticeship and received my journeyman Red Seal ticket.

After about 10 years of work for a contractor, a doctor friend of mine called me up and said that the Concordia Hospital was looking for an electrician. I applied for the job and got it. As being a person of faith, here was a chance for me to work as a tradesperson and serve people. It didn't take me long to realize the trades are extremely important, not only to keep the building functioning, but also that we have—that we can make a difference to serve the patients.

What I would like to propose is that there be an amendment to Bill 29 to keep maintenance trades as a separate bargaining unit. Really, our job as tradesperson is to be invisible. For example, sometimes we have dignitaries or politicians come to the hospital. Then we get requests: Are the walls painted? Are the lights working? Is the microphone working? They walk in and all is good. No one has a clue that we were even behind the scenes making sure it is all good.

My job is to keep the power in the hospital functioning—functional, as well with the other trades keeping the systems functional. It is—my job is a very dangerous. As I was going to show you, my protection I have to wear when I'm turning power on and off. It's called arc flash—it's called an arc-flash suit. So when the power goes out—this is a true story—power went out in a warehouse, and people on the far end of the warehouse saw something glowing in the far distance. And they later found out that it was an electrician; his body was glowing because there was an arc flash. Literally, the electrical panel blew up right in front of him. And it, like, microwaves him from the inside out. His clothes—they could follow exactly where he walked because his clothes was burning as he was walking to the first aid centre. That's why we wear the protective clothing. A solid piece of copper was what I was going to show, a piece of that thick would instantly vaporize and turn into gas right in front of the person. So any time the power goes out in the building, we put on these suits to protect ourselves. There's about two to three arc flashes a month in North America.

I have been called many times back to work, sometimes 2:00 or 3:00 in the morning, to turn power back on. I also have the responsibility to plan

power shutdowns when there are renovations and additions to the hospital. In one of our shutdowns, all six of our elevators would not be operational. The shutdown would affect ER, O.R., ICU, dietary, X-ray, pharmacy, security, code calls and several nursing floors. It took months of—to plan, working every detail and contingency plans. The shutdown went so well that they used my shutdown procedure as a guideline in other hospitals.

It takes about five years to learn a building and its systems. When contractors come into our building, there's always a lot of questions. By maintenance and other trades knowing the building, it saves the WRHA tens of thousands of dollars.

I get calls to the O.R. to come and fix surgery lights in between cases. I have to gown up, fix the surgery lights as quickly as possible so the next case can proceed. I get many calls to fix lighting throughout the hospital for patients and staff.

\* (22:10)

A person that has—a person that is 50 years old needs twice as much light as a person 25 years old, so at Concordia Place, I had to increase the residents' room lighting so that they could live and function better. Brighter light also helps dementia.

In the summer when it gets hot and humid, humidity levels are really high in the hospital. Our building struggles to keep up the cooling. If the humidity levels are too high in the O.R., the surgical equipment becomes unsterilized. The surgery has to be delayed; the chillers trip out and it takes 20 minutes to start again. That 20 minutes is time lost in—to battle the—to keep the building cool. When it gets 30 to 35 plus, it is a big task to keep the systems running.

Periodically, I get asked by outside contractors if I can come and help them. There is a shortage of electricians and trades personnel. I worked with a contractor, and the wages are over \$11 higher with the contractor.

As I and other trades personnel reach their magic 80, I come to think, why would I stay in the WRHA? Young trades—the young trades will go where the money is. Heard that there was two jobs across the street from each other. The one contractor offered \$1 more an hour, so that electrician went over across the street to work for that company.

The point being is that needs to be a strong bargaining unit to keep the wages in step with the

outside trades to attract quality trades personnel. I did two side jobs recently. One lady said she'd been waiting three years for an electrician; the other lady said she didn't know any other electrician 'til I came along.

There are many firefighters that have trades tickets as well. This is a big advantage to be—for them because they understand buildings and systems, thereby helping to do their jobs better by fighting fires and rescuing people. Can you imagine if firefighters were classified with support staff? It would be a tremendous outcry. We are trades workers, as well, just like firefighters; we are unique and specialized.

Can you imagine, the power goes out in this building here. It would be okay. You would—it would be like, okay, well, let's wait a few minutes. Hopefully, the power will come on. Now, can you imagine if this table had a patient lying on it and the power went out? The power goes out; think of all the systems that go out: life support, medical pumps, lights, heating, cooling, negative-pressure rooms, X-ray equipment, et cetera, et cetera. There is a long list. This is where maintenance and trades are at the best to get the building functional normally.

If you had a maid service come to your home, would you ask them to install the dishwasher or a hot-water tank or wire a hot tub? I can sweep the floor, vacuum and dust, but support staff are not trained, licensed to trades and maintenance work. There's a huge difference between support and maintenance trades and jobs.

Our department is a stand-alone department with its own budgets and staff. If there is a mistake made in our department, it could cost millions of dollars.

There are many other different—differences between maintenance support trades. The WHA and Concordia use trades just like contractors. We work on renovations on our own and work with—in renovations alongside outside contractors. If we are working hand in hand with outside contracting firms physically on construction projects, how would it be possible to combine trades with support?

Trades and maintenance recently completed our N1 North room renovations. There were 20 rooms that were renovated. We also completed a comfort-care room working alongside outside contractors and designers. We have saved the WRHA tens of thousands of dollars.

Maintenance and trades are educated and licensed professionals. Sooner or later, people in this room or family members or friends will end up in the hospital. It is our responsibility to provide the best care possible for patients.

I am opposed to Bill 29 current form. I would ask that the Bill 29 be amended to keep professional licensed and maintenance trades in a separate sector.

**Madam Chairperson:** Thank you for your presentation.

Do members of the committee have questions for the presenter?

**Mr. Schuler:** Bruce, thank you very much for sticking it out tonight and for being here. Looks like you might actually be the last presenter at No. 33, and we appreciate the fact that you gave us, again, a different insight from what we've heard from everybody else.

You did say something that I really perked up on, and that you said nobody knows what we do. And I want you to know that probably most of us, if not all of us at this table, actually do know what you do, and we appreciate it. We know just—even you mentioned about this building. We come in in the mornings, you know, although we don't have air conditioning, we have, you know, heat, heat in the wintertime, and we know the building runs, and it runs efficiently, and there are individuals who do take care of that, and those individuals are you. So we do know what you do, and we appreciate it. I probably couldn't do your job. In fact, I'm very certain I couldn't do your job, but I still appreciate everything that you do, and those that do your job, we really do appreciate it, and I just wanted to refute that statement that nobody knows. Actually, we do, we really do appreciate the fact that you do that. Thanks for being out here tonight and for waiting so long. Thanks.

**Mr. Wiebe:** Mr. Ulrich, thank you for the presentation. Thank you as well for sticking it out and staying here as late as you have. Your presentation, it particularly hit home for me. Concordia Hospital is my hospital. It's the hospital I was born in, and it's been there for a lot of major moments in my life, and it really is, I think, evident, that the work that you do is often not recognized, but it's certainly very, very important, and we all appreciate the work that you do. And, you know, certainly appreciate that you are one of the—those front-line workers who's doing the work, you know,

again, not as flashy as maybe some of the other work that's done in our health-care system, but just as important as everyone else. So we just want to thank you for the work that you've done and you do.

And I guess I could just close by saying that your comment, you know, that, you know, you would be looking to retire simply because of your age or the number of years that you've worked when, you know, if you were interested or capable to keep doing that work, you wouldn't be interested in doing that with these changes. That's distressing to me because I think having somebody with your experience on the job would be very worthwhile and useful to have. So thank you for that work and good luck in the future.

**Madam Chairperson:** Thank you very much, Mr. Ulrich.

Okay, I will now call on Mr. Paul Roche. Okay, he's not here. He will be removed from the list.

I will call on Mr. Ron Allard. Mr. Allard will be removed from the list.

Ms. Roberta Hoogervorst. Ms. Hoogervorst will also be removed from the list.

That concludes the list of presenters I have before me. Are there any other persons in attendance who wish to make a presentation?

Seeing none, that concludes public presentations.

\* \* \*

**Madam Chairperson:** We will now proceed with clause-by-clause consideration of the bill.

During the consideration of a bill, the preamble, the enacting clause and the title are postponed until all other clauses have been considered in their proper order. Also, if there is agreement from the committee, the Chair will call clauses in blocks that conform to pages, with the understanding that we will stop at any particular clause or clauses where members may have comments, questions or amendments to propose. Is this agreed? *[Agreed]*

We will now proceed with Bill 29.

Does the minister responsible for Bill 29 have an opening statement?

**Mr. Goertzen:** Briefly, I want to thank the many presenters who came tonight as well as those who provided written submissions but weren't able to present tonight. Those are certainly appreciated as well, and they will also be read and considered, not

just put into the record, but will also be read for consideration.

I think that members know, and it's been widely discussed, that we do have concerns about the more than 180 bargaining units that exist within the health-care sector. By comparison, in other provinces to the west of us, if you were to combine the number of bargaining units in western Canada, multiply it by five, it would probably be about half of what the bargaining units that we have in Winnipeg.

\* (22:20)

That is an outlier by any definition, and it is a challenge, historically, and there are others from unions who presented tonight who would know the history better than I. But I do know that historically, when the RHAs were formed and there was amalgamation, it was by one of the leaders tonight, the amalgamation of bargaining units happened largely in rural Manitoba and it was put into legislation that the amalgamation would continue on in Winnipeg. The legislation, essentially, sunsetted in 2003. It wasn't acted upon.

And so this has been an issue that is not new, although I'm sure for some it'll feel new and for others they will have remembered very much the history of this issue, but it goes back 20 years. And, while it was done in rural Manitoba and done in other provinces for, I think, reasons that make a lot of sense, it didn't happen here over almost two decades in Manitoba. So here we are tonight. But, certainly, I think—and I—there's been discussions about the public and how the public feels about the issue, and there are always going to be differences in public opinion on many different issues. And that is a valid and important part of the democratic process.

I do think that there is an understanding that something isn't quite aligned when Manitoba has 183 bargaining units in their health-care sector and there are less than 10 in British Columbia, in the teens, I believe, low teens in Saskatchewan and if you would combine all of the bargaining units in western Canada and multiply it by five, it would still probably be less than half of what we have in Winnipeg. It doesn't make sense and it is something that should have been addressed more than 15 or 20 years ago.

There were discussions about how the bargaining units are established in terms of the number of bargaining units and where individuals fall into the sectors. I'm concerned to hear that—

particularly in the trade sector—individuals feel that they might be lost within a union, that the union may not represent them because they might only represent 8 to 10 per cent of a bargaining unit. That concerns me. I'm not sure why a union would not represent that significant portion of their members—or, frankly, every one of their members. That wasn't explained well to me.

But we will take those considerations back and have further discussions with officials on that between now and when this bill returns to the Legislature.

**Madam Chairperson:** We thank the minister.

Does the critic from the official opposition have an opening statement?

**Mr. Wiebe:** I appreciate the opportunity, even at this late hour, to just put a few words on the record based on the presentations that we've heard tonight. And I think what we've heard tonight is—we'd call that unanimous. Every single presenter, every single written submission has been unanimous and—in its criticism and suggestions made for this particular bill.

And what I, in particular, appreciated was hearing from such a wide variety of people. So we did hear from union leadership, which I think was important, and there was a great perspective given there. But we also heard from the front-line workers. We heard from clerical staff this evening. We heard from technical staff. We heard from the building trades. We heard from nurses. We heard from a whole number of individuals who are, you know, an important part of our health-care system in so many different ways and, oftentimes, in ways that aren't immediately obvious to the average person who uses health services in our province. But every single one of them presented a well-thought-out, reasoned case for the work that they do to be respected and to be appreciated in the bargaining process.

So, yes, I think it was important to hear from that wide range of people, but I think it's also reflective of what I've been hearing, and what I think many members of this committee and many members of the Legislature have been hearing from the average person on the street, and that is that they don't understand why, you know, there's a fight being picked with workers when there has been years of peace in the labour and in the negotiations with government. There has been years of collaboration and, in fact, in this very committee tonight we

heard, over and over and over again, reasonable, well-thought-out suggestions that could be brought forward in this legislation.

And so I think if there is a genuine desire on the part of government to improve patient care, to focus on improving patient care, we've seen the road map. We've been presented with the road map tonight on how to accomplish that to further streamline our health-care system, but, at the same time, respecting the role that workers have and the unions that they voted to represent them. That's an important element that I think was repeated over and over again tonight.

At the end of the day, every single member that presented, every single citizen that came tonight to present talked about patient care. Now, they may have not used those words and, in fact, their job may not have been specifically to deal with patients, but they all understood how they fit into the larger health-care system and how their—the work that they do helps enable others to provide that front-line care, and they all stood in solidarity around that idea of improving patient care.

So I think that's an important point that we should remember this evening, that every single presenter tonight had that first and foremost in their mind when they presented on how to improve the health-care system and were coming with positive suggestions on how to do that.

So—but we also heard from everyone that presented—not everyone, I guess, but almost everyone—about the uncertainty that they're feeling because of this legislation and other pieces of legislation being brought forward by this government. And we heard about the pressures that this puts on them, and we heard about the stress that this puts on them and how that potentially affects their ability to do the work. And, once again, we've heard this over and over and over again from members in the health-care field, workers who just want to do the work and not feel that the government is out to get them, that they understand the work that they do and appreciate that work, and we, certainly, on this side of the table, certainly do appreciate that work and stand in solidarity with those workers.

So, what I saw tonight was, again, a number of very good suggestions, some very constructive criticism, I guess I could say, and what I've heard from the minister in the media here today, I think that—I think I heard him say the door is open for changes, that there is an opportunity to listen to the people who have presented tonight, to listen to all

Manitobans on this, and that there's an opportunity to seek out some amendments potentially or some changes to the bill that would make it palatable to the workers in this province and to the front-line staff.

So I encourage that work now. I think that this is an opportunity for us to reflect on what we've heard tonight, to take this back to put it into practice and into the bill itself and what we would need to see as far as an official opposition is some of that work to be done before we could support this piece of legislation, but, again, I think we're all unified in the idea that patient care should be front and centre, and any way that we can help the workers of this province perform that work on the front lines, we would like to do that, and we would like to put that front and centre for ourselves as well.

So thank you very much for the opportunity to put a few words on the record.

\* (22:30)

**Madam Chairperson:** We thank the member.

Clause 1—pass; clause 2—pass; clause 3—pass; clauses 4 and 5—pass; clauses 6 and 7—pass; clause 8—pass; clause 9—pass; clause 10—pass; clause 11—pass; clauses 12 and 13—pass; clauses 14 and 15—pass; clauses 16 through 18—pass; clauses 19 through 23—pass; clauses 24 through 26—pass; clauses 27 through 31—pass.

Shall clauses 32 and—through 34 pass?

**Some Honourable Members:** Pass.

**An Honourable Member:** No.

**Madam Chairperson:** I heard a no.

**Mr. Marcelino:** Madam Chair, 31, 32 and 33 was not taken together, including the coming into force?

**Madam Chairperson:** Clauses 27 through 31 have already passed. We are on clauses 32 through 34 at this point.

**Mr. Marcelino:** There should have been amendments as stated by the statement from the minister himself.

The coming into force, I don't know if it's the—it should be after the amendments are introduced.

**Mr. Goertzen:** I'm somewhat confused by the member's statement. But it might just be the hour that's confusing me.

There—the presentations that were presented tonight would be considered and the representations

that were brought forward by presentations would be considered. Amendments would potentially be brought forward at third reading stage—report stage prior to the bill coming into the House for a third reading vote.

So, if there were to be amendments, they would come at report stage prior to third reading, so it wouldn't require, I don't believe, a change to the coming into force provision.

**Mr. Marcelino:** Yes, and I'll take the minister's word for it. I withdraw my no.

**Mr. Goertzen:** It's not my word for it; it's just how the legislative process works. So that's just the system that we have.

**Mr. Marcelino:** I mean about the amendments.

**Mr. Goertzen:** What I said was that we would consider the presentations for considerations for amendments. That is how the process works.

**An Honourable Member:** I will take the minister's word for it.

**Madam Chairperson:** Okay, Mr. Marcelino.

Clauses 32 through 34—pass; preamble—pass; enacting clause—pass.

Shall the title pass?

**Some Honourable Members:** Pass.

**An Honourable Member:** No.

**Madam Chairperson:** I heard a no.

**Mr. Wiebe:** I think my colleague from Tyndall Park was maybe just jumping the gun a little bit in—I guess the particular clause that, you know, is appropriate, I guess, to voice our opposition to, but certainly not his intent was not wrong.

And I do agree with his words that, again to iterate, that we heard many very, very good presentations this evening. We've heard a unanimous voice, in terms of opposition to this bill. But we also heard a lot of suggestions that potentially could be, you know, used to make the bill stronger and to capture some of those individual cases and concerns that we've heard tonight.

So I will, as I said in my opening statement, I believe our caucus is in opposition to this bill as it stands now with the hope that the voices that we've heard tonight will be incorporated into this legislation and that government will undertake a serious commitment to work with labour to better the



health-care services in this province, because that's what we've heard over and over again—that labour wants to do that, and we want to work with them.

**Mr. Goertzen:** I do actually appreciate the member putting those words on the record. I think it is important that there are discussions on how health care is provided in the province—or, ongoing discussions—there'll be continuing discussions. We won't always agree on the changes that come to health care. I hope, though, the one thing we can agree on is that there needs to be changes within health care.

I suppose I didn't hear a lot of folks come forward and say that there shouldn't be any changes, though maybe some were suggesting there shouldn't be many changes. But I can tell you, in the hundreds of letters that we get every week in our department, they almost all voice the same thing: something needs to change. They don't all agree on what needs to change, but I'm not getting a lot of letters saying please, don't change anything in health care. So we can have a debate about what needs to change, but I don't think we should be debating about whether or not there should be change within the health-care system, because I certainly am not hearing that from Manitobans.

In terms of the presentations, again, they will be thoughtfully considered. But also know that consultations will—even after the bill in whatever form it passes—will continue. I don't think that there is a time when those—that those should stop, and I think that they will continue on, on this issue and other issues in health care, because change will be a constant in health care—not just in Manitoba, but across Canada—as things continue to change, as it has for many years. And those will proceed, not with unanimity always in agreement, but, certainly, from the perspective that they're being done with patient care in mind.

**Madam Chairperson:** Shall the title pass?

**Some Honourable Members:** Pass.

**An Honourable Member:** No.

**Madam Chairperson:** I heard a no.

#### Voice Vote

**Madam Chairperson:** All those in favour of the title, please say aye.

**Some Honourable Members:** Aye.

**Madam Chairperson:** All those opposed, please say nay.

**Some Honourable Members:** Nay.

**Madam Chairperson:** In my opinion, the Ayes have it.

The amendment is—[interjection] The title is accordingly passed.

\* \* \*

**Madam Chairperson:** Shall the bill be reported?

**Some Honourable Members:** Agreed.

**Some Honourable Members:** No.

**Madam Chairperson:** I heard a no.

Mr. Wiebe?

**An Honourable Member:** I just wanted to say no.

#### Voice Vote

**Madam Chairperson:** All those in favour of reporting the bill, say aye.

**Some Honourable Members:** Aye.

**Madam Chairperson:** All those opposed, say nay.

**Some Honourable Members:** Nay.

**Madam Chairperson:** In my opinion, the Ayes have it.

The bill shall be reported.

\* \* \*

**Madam Chairperson:** The hour being 10:37 p.m., what is the will of the committee?

**Some Honourable Members:** Rise.

**Madam Chairperson:** Committee rise.

**COMMITTEE ROSE AT:** 10:38 p.m.

#### WRITTEN SUBMISSIONS

Re: Bill 29

Unifor believes investing in Manitoba's public health care and the men and women who provide that care to Manitobans is imperative to a free, progressive and compassionate society.

This government acts like it no longer believes in those principles. Budget cuts to healthcare funding, Emergency Room, Quickcare Clinic and Urgent Care closures, and cancelling of health infrastructure

construction remind us of the horrific cuts to healthcare in Manitoba in the 1990s.

Adding to these health care woes is Bill 29, The Health Sector Bargaining Unit Review Act, a bill that purports to be about patient care but is nothing less than an attack on the rights of working Manitobans in healthcare.

Unifor is largely a private sector union that is 315,000 strong nation-wide and 12,000 strong in Manitoba. However, we represent many healthcare workers across the country including those in assisted living facilities, shelters and personal care homes here in Manitoba.

The government has determined, without any study or consultation, that there are too many bargaining units in healthcare. What constitutes "too many" isn't explained, just that the current number is "too many."

Just as arbitrary is the determination, again without consultation, that seven (7) is the correct number of bargaining units. And how will we winnow down our bargaining units down to seven? We'll just hire a commissioner (a true-blue believer) who will determine the target union in each region and the bargaining agent for each legislated bargaining unit will be selected through a representation vote of the employees in that new unit.

While Unifor as a smaller player in the Manitoba health care sector stands to lose members and bargaining units under this scheme that is not the reason for our objection. What Unifor objects to is that this government is removing the democratic rights of workers to choose which union they want to belong to!

Whether Unifor is a loser or winner in this healthcare labour lottery isn't the point. The point is that workers should choose their unions not governments. And it's not a "choice" to be told that your union and bargaining unit is too small so you have to join someone else—but you get to vote on this thing you don't want to do.

This approach by our government is particularly galling considering the arguments it put forward on Bill 7, which amended The Labour Relations Act to make mandatory votes for all union organizing drives regardless of any super majority of cards signed under the previous card check system.

During that debate the Premier and government MLAs argued the legislation was about making the labour movement more democratic. Suddenly this

government was standing up for working people it felt were bullied and harassed by unions. Only a secret ballot vote would allow workers the democratic right to choose whether they want to be in a union.

Fast forward a few months and now this same government says it is inconvenient for government to allow workers to choose a specific union to represent them in healthcare so now we will take away their democratic right to choose and force them into a union our Commissioner deems should be the bargaining unit. It is dizzying.

The government argues the basis of the legislation is its concern of patient safety. Unifor agrees that patient safety and access to healthcare is imperative. Yet the government hasn't brought forward one logical argument that patient safety is compromised by multiple bargaining units.

Bill 29 seeks to fix something that is not broken. Wages and benefits already are collectively bargained at a single, streamlined, central bargaining table. The government has yet to point out how that is a problem.

And yet healthcare unions still worked on a compromise position even though we see no problem. Unifor fully supports the MFL submission on this Bill. We signed a memorandum that seeks to avoid going after the members in another union. Instead the MFL and its affiliates offered a workable solution which we presented to government. We are still awaiting feedback.

This alternative proposal leaves existing bargaining agents in place and avoids the time, cost and disturbance associated with the government's forced representation votes. We proposed the establishment of Union Bargaining Councils. Under the MFL alternative, Employer Councils and Union Councils take over responsibility for bargaining.

Under this plan a Union Bargaining Council would be established for each region, by sector, of the unions representing workers in those sectors. Unions certified to represent employees would perform all of the normal functions of the bargaining agent the workers chose, except collective bargaining. Health care workers would continue to receive the same support and servicing from their existing union representatives.

This solution could be implemented way faster than Bill 29 (efficiency! –you should be all over this!), avoid the disruption of representation votes (and the

attendant Manitoba Labour board cases), and achieve the government's objective of reduced number of collective agreements.

Unifor urges the government to halt this legislation and work with Manitoba's healthcare unions to find a faster, better solution that helps us all. More importantly it allows us to focus on what is really important, the health care of Manitobans.

Paul McKie  
Unifor MB/SK Area Director

Re: Bill 29

Good day ladies and gentlemen,

My name is Curtis Huzarewich and I am a Biomedical Engineer at Concordia Hospital. My job entails calibrating very sensitive lifesaving medical equipment. I have been with the WRHA for the last four years, before that I serviced aviation equipment throughout Manitoba, Nunavut and Northwestern Ontario for 12 years. I choose to change my profession to both grow my skills and for family reasons, as my previous job entailed traveling and stand by work. I choose my current job for its job security, its fair collective agreement and to better serve my community.

I take great pride working with other professionals in our hospital to provide top notch service to the community. Our group, unlike the support workers group that we are being proposed to join are all proud professional that have attended post-secondary education and have degrees, licences or certifications. Our skills are in high demand and are very transportable.

Our field is very technical and is always changing or expanding. We are required to update or supplement our education with new courses or certifications constantly . Currently our union is paying for these courses and if the proposed reorganization takes place, who will fund and administer our training fund?

The maintenance and trades union has a unique role that is generally unseen within all of the WRHA facilities. As professionals we make it a priority to keep our daily actives unseen to the healthcare providers and patients as to not interrupt patient flow. This often means coming in on evenings and weekends when the fewest amount of people will be impacted. This of course means missing time with

our families and missing personal events in order to get the work completed.

Many members of the trades union have given up higher paying jobs in trade for clauses in the Collective agreement that we found favorable, myself included. However if during the amalgamation of contracts our language is weakened or removed, many tradesman may no longer stay. Our group is unique in that many of us are designated employees (Essential services), meaning that if we are to strike we must still come to work. In addition if the trades union does go on strike all elective surgeries are canceled. I believe this in its self demonstrates how important and unique the trades union is.

The trades union is much smaller than the support union. If we were to join such a large union of unskilled labor I feel our voice would not be heard. We have extensive amounts of post-secondary education and training that is specific for our roles in the hospital and I feel that we deserve to have our own bargaining unit or at the very least join in with the professional/technical/paramedical unit.

Thank you for your time and consideration,

Curtis Huzarewich  
Concordia Hospital

Re: Bill 29

First, before anything else;

If it is this committee's intent on passing this legislation, Bill 29. I am opposed to it in its current form. I'm kindly asking you to amend this legislation to keep the Maintenance and Trades Sector separate as it has been for the previous 40 years.

I have been employed in the Winnipeg hospitals for more than eleven years, working at three different sites with many different maintenance people.

I come from electrical construction background, working for non-union shops; during my ten years of service, I was not apprenticed...you did not have to be. This ended up being a huge dis-service to me, though at the time, I could not see it.

After graduating from Instrumentation, I have worked in union environments, almost steadily.

Let me tell you about the difference, education and support. The union groups have always sought to make sure that education and competence by training

is important. Though the first two unions I was a part of did not financially fund education, the OEM did. Year after year I have requested thousands of dollars from OEM to continue my education and have received it.

My desire has always been to be the most current, competent and capable employee. But that can only happen in a Maintenance Sector, as it is specific in its support to make sure that the trainings and requirements associated with the job are met.

The maintenance sector is unique in the areas of criticality for operations of the all the systems in the facility. Without the Maintenance group the health of the building diminishes and rapidly can cease to be viable for habitation and utilization.

We are mandated by Government laws, codes and regulations and govern our duties by the Electricians Act, Power Engineers Act, Medical Testing Procedures, Building Codes and Fire Code. We hold licenses and professional designations to be qualified to perform specialized work, in areas restricted by all other staff.

The reality is we are mostly seen but our work is not, I have stood in the room when a patient is coding on a bed, and the medical team is frantically trying to save that person's life. When I see the team utilize the defibrillator that I serviced that very same week, and they revived the person ... it's a sense of jubilation and pride and eerie at the same time.

Again, I ask to amend Bill 29 with a Maintenance and Trades Sector.

Regards,  
Carlos R. Wiebe

Re: Bill 29

To the Committee for the Bill 29 Hearings,

Hi my Name is George Heinrichs and I work for Concordia Hospital as a Clinical Engineer. I have a 2 year technical degree from Red River College. I have worked for the hospital for 12 years, after being a manager for the healthcare division for Advance Pro. I work on all electronic system as well as medical equipment worth tens of thousands of dollars which the doctors and nurses depend on to do their jobs.

I want you to know that I oppose Bill 29 in its current form as it will lump us in with support

services. I believe that we are more important to the organization, and I believe that the government does to as they have decided that we are essential service and that we must work under strike conditions. The reason I stay employed at the hospital is not because of the wages as I can make a lot more money in the private sector, I stay because of the collective agreement. I do believe that if this changes that a lot of the employees will find work in the private sector again.

I hope that you will keep the maintenance and trades sector separate as it has been in the last forty years.

Thank you for your time and consideration.

George Heinrichs  
Clinical Engineer  
Concordia Hospital

Re: Bill 29

First, before anything else;

If it is this committee's intent on passing this legislation, Bill 29. I am opposed to it in its current form. I'm kindly asking you to amend this legislation to keep the Maintenance and Trades Sector separate as it has been for the previous 40 years.

I have been employed in the Winnipeg hospitals for more than 27 years, working at two different sites with many different maintenance people.

I started my career in the support services at St. Boniface Hospital for about 12 years, and then moved to the trades union as a Trades Helper to advance my career to my current Red Seal Industrial Mechanic/Millwright position.

I take great pride in performing my day to day duties, and it shows by my impeccable workmanship; this stems from my love of my trade and is further reinforced by working in a Maintenance specific guys in the craftsmen of similar qualities.

Specifically, my job entails servicing heating and cooling equipment, electric motors, pumps of all sorts that move fresh and contaminated water to and from the facility. Medical air and vacuum pumps that deliver air to patients but also vacuums away human secretions and fluids of all kinds from patients. The health of the building and these capabilities for the medical practitioners depend on these systems operating continually.

When a system fails, it can create an emergency; these emergencies often involve extremely expensive equipment and require the necessary knowledge and skills possessed by an Industrial Mechanic to prevent catastrophic equipment failures which could result in the evacuation/shutdown of the facility if not performed properly.

The workmanship and expediency of a trained on site mechanic vs the workmanship of a hired contractor differs in the knowledge experience and timeliness to resolve issues of a critical nature most of the time on an immediate bases, mostly due to knowledge of the facility and equipment on site.

Being part of a Maintenance group provides cross training and aptitude to see opportunities for cost

saving measures, because of the education and support that comes from being part of an exclusive group of people with similar skills, goals and mindsets.

Nobody really sees what we do, or the lengths we go to keep things running. This is where professional pride kicks in, to keep things running, often not being acknowledged. But do not be fooled if we did not act as rapidly and competently, the health of the facility could turn catastrophic, rapidly.

Again, I ask to amend Bill 29 with a Maintenance and Trades Sector.

Regards  
Cory Martens

The Legislative Assembly of Manitoba Debates and Proceedings  
are also available on the Internet at the following address:

**<http://www.gov.mb.ca/legislature/hansard/hansard.html>**