

August 22, 2014

***Via courier***

The Honourable Leo A. Glavine  
Minister of Health and Wellness  
Department of Health and Wellness  
17<sup>th</sup> Floor, Barrington Tower  
1894 Barrington Street  
PO Box 488  
Halifax, NS B3J 2R8

Dear Minister:

***Merged District Health Authorities***

We represent the Nova Scotia Federation of Labour.

The Nova Scotia Federation of Labour, on behalf of the Nova Scotia Government and General Employees Union, the Canadian Union of Public Employees, the Nova Scotia Nurses' Union and Unifor, submits the attached Framework Agreement between the Unions and proposes a bargaining association model for multi-employer bargaining in the acute care sector.

The proposal accepts that the merger of the District Health Authorities will result in province wide bargaining units. The proposal is consistent with the stated objectives of Government to have an acute care health care system that is consolidated, streamlined and more efficient. It moves to such a model cooperatively and with as little disruption as possible for the parties involved in labour relations and for the employees who provide critical services to patients.

The new model involves collective bargaining in four province-wide bargaining units that include all unionized employees of the merged Health Authority and the IWK Health Centre. It will lead to the conclusion of collective agreements in each of those four province-wide bargaining units. Collective bargaining will be conducted by the two Employers and a Bargaining Association made up of the Unions who presently represent employees of the District Health Authorities and the IWK Health Centre. The Bargaining Association will conclude a single province wide collective agreement in each bargaining unit. For all other purposes, the Unions who are members of the Bargaining Association would continue to be the certified bargaining agent on behalf of employees in accordance with their certifications or voluntary recognition under the *Trade Union Act*.

The result will be four province wide bargaining units in the acute care sector and four province-wide collective agreements. The Unions believe that this is responsive to concerns you have expressed regarding the multiplicity of collective agreements in this sector. Further, it includes the IWK Health Centre and its bargaining units in the provincial structure. The development of the bargaining association model has provided a unique opportunity to bring the IWK into the province-wide system of collective bargaining.

In order to implement this new model, legislation would be required. The *Trade Union Act* does not provide for multi employer bargaining units or bargaining associations of Unions. Further consultation and discussion is required to discuss the legislative framework in Nova Scotia for this bargaining association model.

Throughout the development of the proposal, the Unions have had many discussions with Roland King, Executive Director, Public Sector Labour Relations. These have been positive and constructive discussions and his involvement has been appreciated. Mr. King has been provided with a copy of the attached Framework Agreement.

The Unions have been given a document dated August 20, 2014, that includes comments by representatives of Employers from the acute care sector. For your reference the document is attached. Mr. King has asked us to comment on this document.

The Unions welcome feedback on their proposal. However, we believe the concerns identified in the Employer document are misplaced. The five items listed in the Employer's document are not issues that arise because of the bargaining association model. They are matters that will have to be dealt with because of the amalgamation of existing bargaining units and the creation of province-wide bargaining units. They are not "flaws" inherent in the bargaining association model.

Regardless of the manner in which the bargaining agents are organized, the Employers and the bargaining agents will have to resolve issues about the structure of the bargaining units and will have to integrate different terms and conditions of employment into province-wide collective agreements. The bargaining association model allows this process to take place in a cooperative manner and reduce conflict to the advantage of all parties.

- The first two "flaws" identified in the Employer document concern issues that result from inconsistencies in the structure of the acute care bargaining units in the existing health authorities. The composition of the units will have to be harmonized. In the Framework Agreement, the Unions have proposed dealing with this problem on majoritarian principles in order to minimize disruption to employees. The Unions recognize that harmonization of the bargaining units is a necessary part of the creation of a province-wide bargaining structure. We are prepared to engage in further discussions about how this can be achieved.

- Item number three in the Employer document is a response to the objective which the Unions state in the Framework Agreement, to bargain the best possible terms and conditions of employment for their members. This is something they have always tried to do. This will be done in the course of bargaining single, comprehensive collective agreements for all employees in the merged bargaining units. There is nothing in the Framework Agreement that suggests the Unions plan to bargain multiple collective agreements under a single cover. The Employers will presumably have their own objectives which they will seek to advance in collective bargaining.
- In item number four, the Employers argue that the bargaining process under the bargaining association model could become dysfunctional. Dysfunctional bargaining can happen, regardless of the structure of the bargaining parties. The Framework Agreement contains a number of provisions that are designed to insure that collective bargaining with the bargaining association will work. Decisions by the negotiating committees are majority decisions. All members of the committees are bound to those decisions. Communication strategies are controlled by the negotiation committees.

The suggestion that there is no way in the agreement to “trigger a vote or require the association to take a majority position” ignores the plain language of the agreement, particularly paragraphs 25 through 33.

All bargaining agents must contend with tensions arising from competing interests among their members. The clear, transparent structure of the bargaining association will make it less likely that those tensions will impede the collective bargaining process. Maintaining current relationships between members and their Union will promote stability.

- In item number five, the Employers ignore one of the fundamental aspects of the Framework Agreement. The Unions are committed to full, province-wide mobility within the merged bargaining units. They are saying that union membership will not be a barrier to that mobility, whether the movement is temporary or permanent. This is expressed in clear, unambiguous terms in the Framework Agreement. How mobility is achieved throughout the geographic scope of the province-wide bargaining units will be a matter for collective bargaining, as it will be regardless of the structure of the bargaining association.

The Unions believe that their proposal is responsive to the objectives of Government. It is a plan that has been developed by the leadership of the health care unions and their senior staff. They are all invested in making the Health Association model work. It is their sincere hope that the Government will work cooperatively to develop a labour relations system for the new Health Authority.

In achieving the Framework Agreement, the Unions have been able to overcome old rivalries and abandon positions based on past conflicts. We trust that in time, the Employers and their representatives will be able to do the same thing.

If you are receptive to the proposed bargaining association model, the Unions and your officials can move forward and make necessary refinements. We look forward to receiving your response.

Yours truly,

A handwritten signature in blue ink, appearing to read 'David C. Wallbridge', with a long horizontal flourish extending to the right.

David C. Wallbridge  
dwallbridge@pinklarkin.com  
DW/sf

Cc: Rick Clarke – Nova Scotia Federation of Labour  
Janet Hazelton – Nova Scotia Nurses' Union  
Joan Jessome – Nova Scotia Government and General Employees Union  
Danny Cavanagh – Canadian Union of Public Employees  
Lana Payne, Unifor  
Roland King, Executive Director, Public Sector Labour Relations