LAW AMENDMENTS COMMITTEE

Red Room, Province House

Friday, February 28, 2014

Bill #30 - Essential Home Support Services Act

11:00 am

1. Janet Hazelton, President
   Nova Scotia Nurses Union
2. Joan Jessome, President
   NSGEU
3. Kyle Buott, President
   Halifax-Dartmouth District Labour Council
4. Tony Tracy, Atlantic Regional Representative
   Canadian Labour Congress Federation

12:00 noon

5. Rick Clarke, President
   Nova Scotia Federation of Labour
6. Danny Cavanagh, President
   Carol Ferguson, Research representative
   Susan Cohen, Legal Counsel for CUPE in Atlantic Region
   CUPE Nova Scotia
7. Lora Bundy
8. Alice Rankine
9. Lois MacDougall
10. Karen Ferguson
11. Dawn Ferris X

X = NO SHOW

1:00 pm

12. Robert Chisholm
13. Trish MacDonald
14. Lynn Stamton
15. Yvonne Strba

16. Valerie Lowe
17. Ray Larkin
18. Frederick Bracket
19. Kim Naugle
20. Judy Theriault
21. Jason MacLean
22. Steven Lemoine
23. Mary-Lynn McCool

2:00 pm

24. Julia Parr
25. Evelyn Bricault
26. Kimberly Matheson
27. Tara Matheson
28. Marlene Ash
29. Rachel MacDougall X
30. Shirley Thomas
31. Tara Clarke
32. Amanda Henderson X
33. Ashleigh MacDonald
34. Amanda Parsons
35. John Murray

3:00 pm

36. Audrey Gallant
37. Elizabeth Bennett X
38. Brandis Maier

39. Fletcher White, RN
Member, NSGEU Local 97 X

40. Leigh Anne Hubbard

41. Kyle Sleigh

42. Rebecca Norris

43. Lucy Anne Gerrard

44. Don Goss

45. Dustin Rioux X

46. Karl Risser
Unifull Marine Workers Local 1 X

47. April Hobson X

4:00 pm

48. Betty Leclair X

49. John Ubdegrove X

50. Michael McKenzie X

51. Raymond Theriault X

52. Tracey Fisk X

53. Kelly Murphy X

54. Sandra Traynor X

55. Deb Labrech X

56. Adeola Adebaya

57. Joseph Morrissey X

58. Peter Perry X

59. Cheryl Whelan X

60. ~~Kelly Lelacheur~~ Brenda MacKenzie X

5:00 pm	61.	Kim Henderson ✓
	62.	DJ MacLean ✓
	63.	Julie Price ✓
	64.	Ellie Langston ✓
	65.	Roxanne Roach ✓
	66.	Lloyd Stone ✓
	67.	Brendon Johns ✓
	68.	Kaillee McPherson Melinda Piercey ✓
	69.	Marcia Wambolt Pati Elford ✓
	70.	Donna Nickerson
	71.	Hollie Riggs ✓
	72.	Carol Hood ✓
6:00 pm	73.	Karen Ellis ✓
	74.	Eileen Latter ✓
	75.	Hope Saunders ✓
	76.	Jean Hogan ✓
	77.	Anna Tillet
	78.	Peter Lutes ✓
	~~79.~~	~~Susan Doyle~~
	~~80.~~	~~Patrick Doyle~~
	81.	Kathy Prime ✓
	82.	Heather Tucker ✓

83. Gina Boyd

84. Janet Brownell ← 84A Eleanor Kelly X

7:00 pm

~~85. Ashley Boudreau~~

86. Laurel Wiseman
Geraldine Buffett
Charmaine Cater X

87. Susan Euler
Jackie Allen X

88. Jennifer Hartlin X

89. Lisa Metcalfe X

90. Eric Thompson X

91. Shannon Jack X

92. Kim Jenkins X

93. Paula Myers
Bonnie Kerr X

94. Carol Wilson X

~~95. Beth O'Brien~~

96. Sharon Cameron X

8:00 pm

97. Andreas Mampe X

98. Angelita Belsesto X

~~99. Louise Wiseman~~

100. Lindsay Cummings X

101. Sylvain Simard X

102. Victoria Chiasson X

103. Terry Williams X

104. Adrian LeBlanc ✗

105. Todd Bobbitt ✗

106. Alexis Allen

107. Elaine Aalders ✗

108. Pam Grace ✗

9:00 pm

109. Debbie Bugbee ✗

110. Wanda Whitman ✗

111. Paula Thomas ✗

~~112. Larry Haiven~~

113. Ian Johnson

114. Fred Hall ✗

115. Tracey Howells ✗

116. Darren McPhee ✗

117. Kimberley Slack

118. Annette Nicoletti ✗

119. Darryl Warren ✗

120. Anne McCrate ✗

10:00 pm

121. Trina Mauger ✗

122. Janet Foster

123. Edith Fraser ✗

124. Cheryl Neil ✗

125. Jody Angevine ✗

126. Michelle Hartt ✗

127. Tammy Young X

128. Jessica Lemessurier

129 Kelly Lalachaus

From: Melissa Cavicchi <cavicchi5@eastlink.ca>
Sent: February-27-14 11:23 PM
To: Office
Subject: Law Amendments Committee

Hello,
My name is Melissa Cavicchi. I have been a practicing RN with CDHA on the Cardiac Surgery Unit in Halifax for the past 30 years housing a total of 33 beds of which 12 are step down IMCU. I did sign up to speak in front of the committee however, I am working the next three consecutive 12 hour day shifts and am unable to attend.
I have had and continue to have the opportunity and pleasure to care for a great number of diverse patients and work along side many fantastic nurses over these years. I have been asked over time why I have stayed on the same surgery unit for so long, it's simple, I love what I do. Post op Cardiac surgery patients require a great deal of care which can change it's acuity level in a matter of minutes. I am intuitive to these needs and work as a solid team member with many undeniable critical skills.
I am a strong advocate for my particular patient population, be it coronary artery bypass, valve repair/replacement, pacemaker insertion or Left Ventricular Assist Device (heart pump) Implantation surgery. This advocacy comes in many forms, whether it be at the bedside during direct patient care, teaching, questioning physician orders, during a cardiac arrest, etc..you get the picture. But there are other times that also require me to take it beyond the bedside. This is one. Please hear my voice now. I ask of you not to pass essential services legislation so I can continue to advocate on my patient's behalf for their best, safest care of which they are entitled. If I don't who will?
As part of this advocacy I support Home Support Workers in their wage parity and I would like to ensure the right to strike is not taken away from any group of healthcare workers.
I write in hopes that you are as passionate about healthcare and our future as I am.
Do not silence my voice with this blind act of power.

Sent from my iPad

From: Sarah Dawson <skdawson@gmail.com>
Sent: February-28-14 1:20 AM
To: Office

Hello,

I am a LPN for Capital health and have been for 5 years. I just wanted to express my utter disappointment in the upcoming legislature that is being considered tomorrow concerning home care workers.

I know if these ideas are being considered for home care workers than nurses are next and we have already have had a difficult time gaining the meager bit we did the last time we were at the table with the employer. If the government interferes than it only makes it that much harder to make a living.

I find it extremely insulting how little the government values its health care workers and while we are caring for and treating your family, mine is trying to get by and not even keeping up to the cost of living and this has gone on for years.

If the government is looking to save money they need to hold upper management accountable for their decisions. I have been witness to the waste of millions of dollars and all because front line staff are not listened to. They work with the population and should be the best resource to advise where needs in heath care lies. Also, sick time/OT would decrease if staff were not so burnt out and placed in sometimes unsafe work environments.

In saying all that it makes me wonder as an fairly young Nova Scotia what the hell I'm still doing here when I could live in nearly any other province and make more starting out then I will top out at here. If this legislature passes Saskatchewan is looking pretty good. It is reasons like this that you are loosing your young people and that the ones that will stay will always vote in favor of striking as they see the wage gap widen more and more. I don't expect to live a life of luxury but I am tired of worrying about providing the necessity of life for my family. I am a licensed professional and feel this way. I can only imagine how the home care workers feel who make less than I and I have a true appreciation for what they do as I am a witness daily.

Sarah Cripps LPN

Members of the Law Amendments Committee,

The last few weeks has brought consternation to not only our office, but tens of thousands of hard working NSGEU members throughout the province. We've seen news trickle down from our Union, the news and the latest essential services legislation has been the main discussion around the lunch rooms, I'm sure.

With little notice of the meeting and a full week of work related travel under my belt, I couldn't commit to the 10pm presentation spot that was offered to me. I'm glad some work comrades have filled up the spots until that time, and in lieu of participating to the oral arguments myself, I'm writing on behalf of our office, here at Addiction Services in Amherst. Our arguments are:

1. We have a hard enough time recruiting and retaining the great workers we currently have here in Nova Scotia. By limiting our voice, we stand the chance to lose experienced people and will have a harder time recruiting qualified staff, who comprise our voting communities and who are positively engaged in political processes.

2. Equal rights through the province would be void, because currently, some NSGEU Locals are at differing bargaining collective agreements, and therefore folks with similar work responsibilities have significant inequities in regards to their benefits.

3. The right to strike is a fundamental right protecting that which our union has fought so hard to defend. By what measure is it alright to punish these deemed 'essential services' by taking away this basic right?

4. In the example of correctional services, by deeming them an essential services and restricting their strength in times of strike, the government also limited their voice in lobbying against potentially unsafe working conditions. This is certainly a concern for health workers as well as health care consumers if our voice was stilled.

Our hope is that moving forward, we can work in a transparent manner with government to find solutions to ensure that our rights are protected while being cognizant of the financial pressure on the current government. This partnership, while being maybe utopian, would be moot by grievously ignoring 30,000 union members who would undoubtedly be affected by this legislation. Please do NOT support this detrimental legislation.

Sincerely,

Addiction Services Community Based Office (Amherst)

Ashley Brown, Clerical Ashley Brown

Sandra Cluett, Clinical Therapist Sandra Cluett

Gaelene Parsons, Clinical Therapist: Youth Services G. Parsons.

Amanda Matthews, Community Outreach Worker Amanda matthews

Jillian Carr, Community Outreach Worker Jillian Carr

Ellen Bradwell, Clinical Therapist: Gambling Services Ellen Bradwell.

Betty Ann Rousselle, Clinical Therapist BA Rousselle

Betsy Prager, Clinical Therapist: Women Services Betsy Prager. M.S.W

Sophie Melanson, Program Administration: Alcohol Strategy Sophie Melanson

Sandi Partridge, Prevention & Education Officer Partridge

Meeting of the Legislature Re Essential Services

I would like to address the Bill the Legislature is trying to introduce regarding essential service legislation.

I beleive the government should not pass a bill to enact back to work legislation. I beleive the government should go into meetings for arbitration.

Sincerely,

Shelley MacLeod R.N.

Subject: letter to be read

please have this email read tonight:

Thank you for allowing me to speak today

My name is Genevieve Collis and I have been a nurse with CDHA now for 9 years, working in plastic's, general surgery, and the burn unit now for the last three years, acting as the charge nurse for the last year

The decline in health care that i have noticed over the last five years is appalling, and i come here today begging that you do not take away the right for health workers to strike

As registered nurses, we have a college that we report to, and have ethics and standards that we are expected to uphold, and advocating for our patients safety and the safety of all citizens of Nova Scotia, and since we are the tertiary health center, the Maritimes, it is part of my duty as an RN to be here today to educate you on what frontline healthcare workers are dealing with

Since we are the tertiary care center, we are the biggest burn center east of Montreal, and therefore take all burns greater than 15% total body surface area. We do not staff the burn unit on an average day if there are no burns in, so when we get a call that a large burn is coming, it means calling in people and pulling people from the floor to help. On admission a large burn often requires 2 to 3 nurses to get them settled and stable, and this may take several hours..... the care provided in that first 48 hours is crucial and will affect the ultimate outcomes of that patient. A nurse is required often to be one to one with that patient for several weeks. you have no idea how frustrating it is trying to staff the burn unit, the floor, trying to maintain safe care for the patient and safe conditions for the staff.....and then trying to explain to the administrators what is actually needed should not be something that needs to be justified

Dressing changes are horribly painful, tedious, and can take over two hours a shift to complete, usually requiring two nurses, and to bring in a third nurse to help with turns. Proper nurse ratio's would ensure the floor is staffed properly even when there is a burn in the unit, and still allow a nurse from the floor to come into the unit to help when needed

we are already seeing the effects of loosing skilled burn nurses due to retirements and burn out. As a burn nurse we CHOOSE and enjoy to work with these patients no matter how hard it is on our bodies and minds, we have specialized skills that we are honoured to have

In part due to being unable to maintain effective staffing, we have already lost our big burns to ICU, and although they are doing an amazing job, ICU is not where they need to be. PLus that's an ICU bed tied up with empty burn beds downstairs, and we still have to pull one to two nurses off the floor to go up to do the 1 to 2 hour dressings, leaving fewer nurses on the floor.

Without proper staffing, outcomes are affected. We WILL see a decrease in survival and rehabilitation. and although the firefighters are a HUGE support and we are able to obtain so much equipment that cdha would never be able to afford to get, we can not use their funding to help pay a nurse to work

We all know the suffering a burn pt goes through, and with proper staffing ratio's we can help them get through the roughest chapter in their life, and allow them to have a life!

I work on a small but busy surgical floor and average five to ten discharges, then post ops and admissions per shift. our beds are pretty near always full and rarely get cold. We were audited once before, about a year ago, and it was found that the acuity on the floor was too high to have LPN's to work. We look after the sickest of the sick, and the evidence is there that when you have proper staffing, re-admissions go down, infection rates go down, and the number of in hospital deaths go down.

two weeks ago i had a saturday shift... we have been told before that it's "quieter" on the weekends.... we were down one nurse, had 4 patients teetering on sepsis, another go into a full psytchotic break, and an unexpected code and death at 530 pm.... and oh i went to my BREAKFAST break at 330pm. i broke down and cried at the end of my shift at 6pm, because even after 9 years of acute and critical care experience, i was overwhelmed with the situation, and the inability to help my girls to have a better shift was more than i could take, and i felt responsible yet helpless..... it was 2 new grads, a float nurse, and a nurse fresh back from mat leave on with me that day, and they did do an amazing job with the circumstances

everyone of us in this room will require hospital care for themselves or a loved one at some point in the near future and i think that every nova scotian deserves to get the best chance of positive outcomes, and taking away our right to strike when we have emergency services in place, and are fighting for patient safety is SHAMEFULL

In an ideal world, you would get to follow me on a typical day, and then, maybe, it would make more sense as to why we are fighting this fight. you would see how well we do work balancing and prioritizing, providing excellent care, and yet still go home at the end of the shift, wondering if you got everything done, and met the needs of that lonely patient in the bed

thank you for listening
Genevieve Collis RN
430-8562

Law Amendments Committee – February 28, 2014

Re: An Act to Ensure the Provision of Essential Home-support Services

Janet Hazelton, RN, BScN, MPA

President, Nova Scotia Nurses' Union

Thank you for the opportunity to speak to this legislation. The Nova Scotia Nurses' Union is a professional union representing approximately 6500 Licensed Practical Nurses, Registered Nurses and Nurse Practitioners in Nova Scotia's hospitals, long term care facilities, adult residential centres, VON branches and Canadian Blood Services centres.

I am a nurse. I have been a nurse for 30 years, and every day I work and speak with nurses who are front line health care providers. I represent close to a thousand Registered Nurses and Licensed Practical Nurses, employees of the Victorian Order of Nurses, who work alongside and in collaboration with home care support workers. We respect these colleagues and their invaluable contribution to the health and well-being of many of Nova Scotia's most vulnerable and needy residents.

I also have a 20-year history as a trade union activist. I am extremely disappointed that the bargaining process for these workers has come to this. In all of my years as a union member and a union leader I have never been on strike and only once have we, the Nurses' Union, taken a strike vote. I know that it is only with a heavy heart that health workers even contemplate such action. I continue to believe that collective bargaining, in an atmosphere of respectful collaboration, is always the best means of dealing with contract issues. I urge the government to commit to a process that continues to respect the rights of health care workers and to bargain in good faith with health care unions.

The Right to Strike in Nova Scotia Series

CCPA–NS
Canadian Centre for Policy Alternatives –Nova Scotia

Number 1 • October 2007

"The Right to Strike in Nova Scotia Health Care: Issues and Observations" is a 3-part series that examines the right to strike for public sector workers in the context of Government of Nova Scotia's stated intention to introduce legislation to remove the right from health care and community service workers.

This report, "A Tale of Two Provinces," is the first in the series and it focuses on the Nova Scotia government's anticipation that outlawing strikes in health care and community services will reduce labour conflict. It examines the experience of provinces that have outlawed the right to strike.

A second report focuses on the question of whether strikes are as harmful to the health care system as the government and employers contend.

Given that the government and employers are touting arbitration as a solution to labour conflict, a third report examines whether arbitration has been effective in addressing the multitude of problems in health human resources—especially recruitment and retention of key professional staff.

A Tale of Two Provinces: Alberta and Nova Scotia

Judy Haiven and Larry Haiven

The debate over strikes in Nova Scotia health care and community services continues with Labour Minister Mark Parent arguing that only a total ban can really protect the public interest. The Nova Scotia Association of Health Organizations—the employers' association—has weighed in with its support for this proposal, most recently with a series of media advertisements touting arbitration as a fair solution for all concerned. The provincial government anticipates that outlawing strikes in healthcare and community services will reduce labour conflict.

In light of the initiative by the Nova Scotia government to ban strikes in health care and community services, this article examines critically the notion that outlawing strikes will result in an end to strike activity. We look in particular at health care and especially at the comparison between two provinces. Alberta banned strikes in acute care institutions in 1983, while during that same period strikes in the same sector in Nova Scotia have been legal. In those 24 years, that sector in Alberta has had more than fifty times as much strike activity as its counterpart in Nova Scotia. Corrected for population, this still leaves fifteen times more strike activity where it is illegal than where it is legal. We also look at strike activity under conditions of illegality in several other provinces and sectors and find similar results.

How Much Industrial Conflict?

To bolster his case that labour conflict must come to an end, the Minister of Labour urges the public to read a discussion paper prepared by Nova Scotia Environment and Labour entitled "Dispute Resolution in Healthcare and Community Ser-

vices Collective Bargaining."[1] Included in that document is a list of work stoppages, going back to 1969, when the government began tracking such things, in the sectors where the government proposes to ban strikes: health and community services. By listing all labour-related service interruptions and their volume (the number of worker-days involved in the work stoppage), the government attempts to show that strikes in health and community services are numerous, disruptive, intolerable and must be stopped.

The success or failure of the government's argument here depends on several key assumptions. The first is that making strikes illegal will result in a reduction of their number or their total disappearance. Another, related, assumption is that the Nova Scotia strike figures can stand alone and need not be compared to those of any other province. But both of these assumptions weaken considerably when we look at other jurisdictions in Canada. Those wishing to eliminate strikes by making them illegal would do well to look beyond Nova Scotia.

Real world experiments are not as easy as those in a laboratory. Unlike physical scientists, we cannot hold variables constant in a complex and dynamic social system. Nonetheless, Canada is not a bad social-scientific laboratory in which to explore these problems. We now have fourteen political jurisdictions (ten provinces, three territories and the federal jurisdiction.) Each of these jurisdictions has the constitutional power to regulate health and labour relations. And they regulate them in different ways. Yet every government faces the following dilemma: how to deliver effective health care to the population while at the same time treating health care workers fairly. This problem is particularly severe for one good reason. Delivering effective health care and treating workers fairly are not mutually exclusive. The latter has much to do with the former.

Health care is labour-intensive (75 to 80% of the health care budget is in employee compensation[2]). It is estimated that close to one million people are employed in health care in Canada.[3] The mix of employees, their tasks and the way they work together is exceedingly complex. Skill levels vary greatly. All kinds of specialist professions, semi-professions and occupations abound, for example doctors, nurses, technologists and therapists of all descriptions. These occupational groups each have their own jurisdictions, special tasks and skills and competing as well as intersecting interests. Many of these groups have their own professional societies, devoted to promotion and development of the profession.[4] In addition, nearly all of the occupational groups are represented by unions, doctors being the most notable exception.[5] The proportion of health care personnel who are unionized is twice as high as the average union density in Canada and in some occupations, for example, nursing it is almost three times as high.

Health care workers have become highly unionized because they want to ensure that they are treated fairly. And when they do not feel they are being treated fairly, as a last resort they will go on strike. How to handle strikes in health care is a pressing particularity of the general problem mentioned above. Across Canada, three legislative options have emerged:

1. Two provinces (Saskatchewan and Nova Scotia) do not treat health care strikes any differently than in any other sector. Unions can legally strike when their collective agreement expires and several conditions have been met. The negotiation of "emergency services" during a strike is left up to the parties involved.
2. Several provinces (Alberta, PEI and Ontario) ban health care strikes entirely, substituting binding arbitration if the parties cannot resolve their bargaining differences.
3. In the other jurisdictions health care strikes are legal but there is some form of legislatively-mandated process whereby emergency services are determined.

Nova Scotia Minister Mark Parent has rejected the third option. "Essential-services agreements, which require a striking union to provide a minimum level of service, are not the answer."[6] The government is aware that health care unions already negotiate emergency services voluntarily. What the government wants is to do away with strikes entirely.

Having rejected essential-services legislation, Minister Parent effectively presents us with

a stark comparison: the model where strikes are not illegal versus the model where they are banned entirely. So comparing actual experience of the two models might shed some light on the question.

Strikes in Alberta and Nova Scotia

One particularly useful comparison is between Nova Scotia and Alberta. Some of the similarities between the two provinces are, for lack of a better word, striking. The Alberta experience with an outright strike ban is now twenty-four years old—short enough to be within memory, long enough to have provided some reliable evidence. So we have one province that allowed health care strikes within that period and another that banned them entirely. The comparison between the two provinces may not be conclusive, but it is compellingly suggestive.

The most obvious difference between the two provinces is that, compared to Nova Scotia, Alberta's labour movement is considerably weaker, with the lowest proportion in Canada of workers in trade unions (at 22.3%, Alberta's union density is almost 20% less than that in Nova Scotia[7]). The lower density is also an indication of lower public support in Alberta for trade unions. One would therefore not expect a high level of labour militancy in that province, especially in sectors where strikes are outlawed. For that reason alone, Alberta's experience with health care strikes should give us pause.

In 1983, then Alberta Premier Lougheed was determined to solve what he perceived as a health care strike problem. Up to that point, like Nova Scotia today, strikes in health care had been legal. Lougheed proposed an outright ban on strikes in acute care hospitals. Like our premier, he wanted to give the appearance that the government was not just arbitrarily imposing a new regime but soliciting a public dialogue. Thus the consultation process was even more elaborate than appears to be the case in 2007 in Nova Scotia. Lougheed went so far as to open the legislative chamber in Edmonton for an entire week to individuals and delegations and made his entire caucus (then almost the entire house because of his huge majority government) sit and listen, although many legislators nodded off during the admittedly long and tedious process.[8]

At least one union, the United Nurses of Alberta, warned that regardless of the outcome, it would not recognize a strike ban and would bargain as if it did not exist. Its members, it warned, would strike if and when they felt it was warranted.

Despite the consultation and many negative responses, the Alberta government outlawed strikes that year. It substituted binding arbitration, but over twenty-four years this proved to be an inadequate replacement.[9] For example, the nurses' union was as good as its word and its members went on strike across the province just before the 1988 Calgary Olympics. They did this despite the threat of several penalties, including the eventual fine of $400,000 for contempt of court. Over the years the nurses' action was followed by several other groups. Licensed practical nurses and nursing assistants in another union grew increasingly irate at arbitration decisions, and struck illegally in 1998 and 2000.

"Lies, Damned Lies and Strike Statistics"

Comparing strike statistics among different places is not a simple matter and not perfect. Israeli industrial relations specialist Michael Shalev illustrated the perils by paraphrasing Mark Twain in an article entitled "Lies, Damned Lies and Strike Statistics."[10] On the other hand, comparing across Canadian provinces is somewhat easier than comparing across countries. One particularly apt comparison is between Nova Scotia and Alberta. Alberta has banned strikes in acute care hospitals since 1983. In that same period, Nova Scotia has not banned strikes.

Possibly the best way to measure the amount of disruption is to count the "volume" or the person-days involved in strikes. According to the government of Nova Scotia about 5,560 person-days lost in strikes at acute-care institutions since 1983[11] (see Table 1). This includes several very small and short stoppages that virtually nobody has heard about, as well as big ones.

Table 1: Acute care strikes in Nova Scotia since 1983[12]

Institution	Union	Year	Volume (person-days involved)
Sydney City Hospital	CUPE	1990	3,100.00
Glace Bay Community Hospital	CBRT	1985	11.79
Glace Bay Community Hospital	CBRT	1990	35.71
IWK Health Centre	NSGEU	2007	449.29
Camp Hill Med Centre	CBRT	1990	28.57
Cape Breton Regional Hospital	CUPE	1990	30.00
Cape Breton Regional Hospital	CUPE	1995	121.43
Cape Breton Regional Hospital	CUPE	1996	121.43
Sydney Community Health Centre	NSNU	1990	5.00
Cape Breton Health Care Complex	CUPE	1997	85.71
Capital District Health Authority	NSGEU	2001	857.14
Capital District Health Authority	NSGEU	2001	714.29
TOTAL			**5,560.36**

Getting similar statistics for Alberta is more daunting. The Alberta government simply does not count illegal strikes. Why? They're a little coy so we have to guess. Is it because illegal strikes are not supposed to happen? Is this wishful thinking that governments engage in when they do the strike-banning exercise? If Nova Scotia ends up making strikes illegal in health care and social services, will we too pretend that they no longer happen and stop collecting data?

So we have had to reconstruct the statistics ourselves. Not having numbers for smaller strikes, we can view only the larger, more publicized ones—which would underestimate the Alberta figure. Nonetheless, on the very conservative side, we see no fewer than 287,625 person-days involved in acute care strikes since 1983 (see Table 2). This includes the nurses' walkout in 1988, a laundry workers' wildcat in Calgary in 1995 (to protest Ralph Klein's broken promise of employment security and which almost sparked a province-wide general strike in sympathy[13]), a stoppage in Edmonton and Calgary of auxiliary nursing workers in 1998 (to address the ever-plummeting salaries and working conditions of these workers, who tend to be ignored, despite their central role in caregiving, wherever they work). A province-wide strike by these same workers followed in 2000.[14] In the same year, there was an illegal strike by general support workers (e.g., housekeeping, dietary, laundry and maintenance) in CUPE in Edmonton.[15]

These work stoppages were not all by a single rogue union or a single occupational group but by at least four separate unions representing different types of workers. And in some instances, they were initiated not by the union leaders, but by health care workers in defiance of their union.[16] The nurses' union avoids arbitration on principle. But other unions have used it and have concluded that it does not work for them.

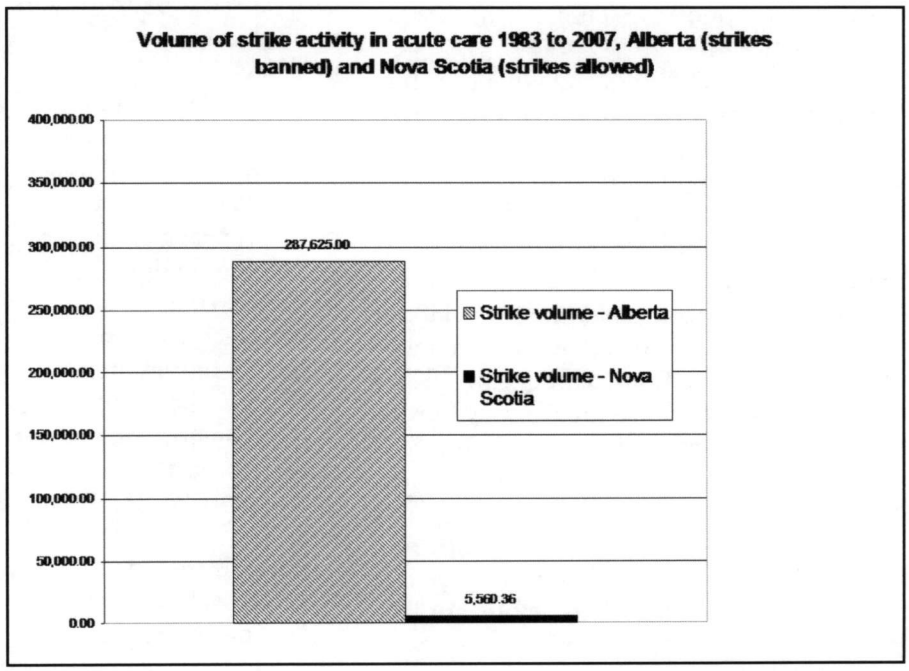
Table 2: Acute care strikes in Alberta since 1983[17] – under conditions of illegality[18]

Group of workers	Union	Year	Volume (person-days involved)
Nurses	UNA	1988	266,000.00
Laundry Workers	CUPE, AUPE	1995	1,200.00
LPNs, nursing assistants and others	Cdn Health Care Guild	1998	250.00
LPNs, nursing assistants and others	AUPE	2000	20,000.00
General support workers	CUPE	2000	175.00
TOTAL	**TOTAL**		**287,625.00**

Sources: These figures were compiled by the authors, first from newspaper reports and then from interviews with the unions involved. They are estimates and are deliberately conservative.

So what we have, in a province where strikes are illegal, is a strike volume more than fifty times that of a province where strikes are legal (see Figure 1). More speculatively, we might even suggest causation, i.e., that banning strikes may well contribute to more strikes.

Figure 1



Skeptics may argue that Alberta is larger than Nova Scotia, with more hospitals and hospital workers. But even correcting for the difference in population (Alberta is about 3.5 times larger), we are still left with almost fifteen times the disruption in a province that set out to end disruption forever than in a province that (at least until now) was prepared to brook some disruption.

The Alberta-Nova Scotia comparison is the clearest and most dramatic. But, as we will see below, Ontario, one of the other two provinces to have banned strikes, has not escaped tumultuous illegal strike action.[19]

Tight Tolerances?

Environment and Labour Minister Parent begs us to consider just "how tight the tolerances are in a modern health-care system,"[20] arguing that the system has become so tight that it indeed cannot brook disruption. Of course, that begs several questions: Why does the system have such tight tolerances? Nova Scotia is more than half again as rich per capita in real terms as we were twenty-five years ago, when Medicare's viability was not questioned.[21] Why are we less able to afford our public system now that we are collectively better off?

If the system is so tightly strung that the Halifax Chronicle-Herald runs an article on its front page entitled "Staffing shortages now a hospital epidemic,"[22] then might those staffing shortages be the real problem? Moreover, wouldn't labour disruptions be a result, rather than a cause, of problems in health care?

Indeed, it can be argued that the labour shortages in Nova Scotia health care are a major cause of labour disruptions. Under "health reform," health care personnel are working harder, longer and more intensely than ever before.[23] It can be said that these workers are a key element holding together an overstretched system. They need a process to make their concerns known to their employers, the government and the public more, rather than less, now than before. For better or for worse, that system is collective bargaining, which includes, if necessary, the threat of withholding their labour.

Careful observation of collective bargaining in health care has shown that health care employers and managers become less attentive to worker needs and less willing to negotiate seriously when the strike threat is missing—the so-called "chilling effect."[24] This is only natural. Employers faced with the possibility of a work stoppage are more likely to take worker concerns seriously. Employers not faced with this possibility can be expected to turn their attention to the hundreds of other things on their plate. But allowing employers to evade the issues actually makes things worse by feeding the worker anger that produces strikes.

Even where strikes are not illegal, the mere threat of government making a strike illegal is often enough to freeze collective bargaining. An example occurred in 1999 in Saskatchewan, where health care strikes are usually legal. With nurses engaged in province-wide negotiations, however, the Minister of Health announced that the province would act to end a strike if it occurred. Immediately the health care employers slowed bargaining to a halt. Why bargain to a settlement if a strike could not occur? Naturally, this made an actual strike more, not less, likely. The nurses eventually struck. The legislature passed a back-to-work law, imposing terms upon the nurses. The nurses continued to strike in defiance of the law, building public support as the strike continued.[25] And the strike was not concluded until ten days later, on terms the union was prepared to live with. Since that time, the Saskatchewan government has been careful not to repeat its mistake of making strikes illegal, including during a recent dispute with paramedical workers.

In much the same way, the 2001 impasse in collective bargaining in Capital District Health Authority (the Halifax region) was made worse by the Nova Scotia government's barely concealed threats to introduce ad hoc legislation banning strikes that year. Health care workers had fallen seriously behind not only their counterparts in the rest of Canada but in the Maritimes as well, and the employer was not making serious moves to rectify the imbalance. The prospect of government action to end the strike only encouraged employer reluctance. As Nova

Scotians remember, the government introduced Bill 68 to try to end the labour dispute and it had the opposite effect. The unions and the opposition parties mounted a vigorous campaign against the legislation. Finally, a desperate threat of mass resignation by nurses and growing public support for health workers led the government to back down and compromise.[26]

Ontario is a province that has banned health care strikes entirely. But that has not stopped strikes from happening. In 1981, more than 10,000 Ontario hospital laundry, housekeeping, dietary and maintenance workers went on an eight-day illegal strike for better wages and working conditions. CUPE's national president and two other leaders were sentenced to jail terms. Thirty-four workers were fired. 3400 were suspended, some for up to a year.[27] The jailing of the union leaders is misleading, however, as the strike began without the official sanction of the union hierarchy. The hospital workers were simply fed up with what they felt were substandard collective agreements and arbitration decisions under the Hospital Disputes Labour Arbitration Act.[28]

Ontario nurses too have used the strike weapon. In the 2001 bargaining round they showed their impatience and displeasure with negotiations by working-to-rule and refusing overtime and extra shifts.[29] Such measures can have as much disruptive effect as an all-out strike, if not more. Indeed, such actions are technically strikes under labour law. It is interesting that in that case the health care employers declined to invoke the legal sanctions available to them in order not to further inflame the situation.

Quebec does not have an all-out ban on health care strikes but legislation there specifies very high proportions of workers who must be on duty during a strike (up to 90%.) So high are these numbers that more people are sometimes required to be at work during a strike than under "normal" conditions. In these circumstances, the unions have treated the legislation as tantamount to a total strike ban. And Quebec has had a huge amount of defiance of those laws in health care over the past twenty years, including the longest nurses' strike in Canadian history in 1999, with almost 50,000 nurses striking for almost a month.[30]

It is not only direct health care workers who have defied strike bans in Canada. The Nova Scotia government's current strike ban extends to social and community services as well. But advocates of a strike ban in this sector should know that social workers and other community service workers have defied strike prohibitions when their working conditions have become intolerable. This happened in 1990 in Alberta, where 2100 social workers, faced with insuperable work loads, walked off the job illegally for twenty-two days.[31]

And can anyone forget the 42,000 British Columbia teachers who defied back-to-work legislation for sixteen days in 2005, after the government imposed terms on them? The repercussions entailed a seizing of the union's assets and a $500 million fine against the union, the largest civil contempt penalty in provincial history. During the strike, thousands of workers in other unions walked out illegally in sympathy. Only a government climb-down, brokered by the provincial federation of labour, ended the strike.[32]

Correctional officers in several provinces have defied strike bans, including on at least two occasions in Ontario. In one of these, the union's president was jailed. An interesting sidelight to the issue of strike bans has occurred in Ontario. After at least a half century of prohibiting strikes in its civil service, in 1993 the Ontario government (under the NDP) made strikes legal for this large group, which includes correctional officers. When the Conservative Mike Harris became premier in 1995, many thought he would repeal the change. But he did not, nor did his successor Dalton McGuinty, and the right to strike still stands. The world as we know it did not cease. In fact, the new collective bargaining regime arguably allows the government and its 45,000 employees to bargain more effectively and to engage in the occasional wrestling match on a footing that is not tilted so strongly in the government's favour.

Thus evidence abounds that banning strikes does not succeed in eliminating them.

Emergency Services

A final comment needs to be made about emergency services.[33] Again, a comparison between Alberta and Nova Scotia reveals much insight. While there is no law making it mandatory, unions representing Nova Scotia health care workers have clauses in their collective agreements stipulating how they will negotiate the provision of services during a strike. When a work stoppage becomes a possibility, these unions negotiate detailed plans with employers specifying which and how many workers will stay on the job. Just such a plan was in place before the recent one-day strike at the IWK hospital. Not only did the parties meet intensively to canvass each other's opinion on what services should be covered, they voluntarily employed a mediator to help them make those decisions.

Contrast this to the situation in Alberta. In that province, not only are health care strikes illegal in most institutions but the mere threat is illegal as well.[34] Ironically, any attempt by a union to approach an employer to discuss the provision of emergency services is evidence of intent to strike. Representatives of several Alberta unions have told us that, with illegal strikes in the offing, they have approached hospitals to ask them to negotiate emergency services agreements. But the employers are loath to do so, citing the fact that strikes are illegal. And one could hardly expect the employers to do otherwise. With strikes outlawed, they are in a difficult situation. The unions in this case went ahead and developed their own emergency services plans, but most of these were done without serious input from employers. If strikes will happen regardless of a legal ban, it is easy to see which situation places patient safety in more jeopardy.

Let's leave the final word to the premier of Saskatchewan, where governments have resisted the temptation to ban health care strikes. As a 2007 dispute involving paraprofessional employees reached its most anxious moments, Premier Lorne Calvert was a voice of calm. CTV News reports him as saying: "This is not the first time health care workers have withdrawn their services, let's not all panic here.... The vast majority of our health care agreements have come to negotiated settlements, and as a result I believe we've had a better work place for our health care providers."[35]

Wise words from a premier.

Words the Nova Scotia government could well contemplate.

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Notes

1 Department of Environment and Labour, Government of NovaScotia http://www.gov.ns.ca/enla/unionworkplaces/docs/DiscussionPaperHealthcare.pdf accessed Oct. 12, 2007.

2 According to Rylska, Natalie and Carl Sonnen. 2006. Economic Footprint of Health Care Services in Canada: Prepared for: Canadian Medical Association, February 27. (Ottawa, Infometrica) 18. "Health service industries are among the most labour intensive industries in the economy. Combining labour compensation (wages and supplementary payments) and unincorporated income as a share of Gross Output, only the elementary-secondary school system, urban transit, and a couple of non-profit sectors report a higher proportion of total costs as payment for labour services"

3 Canadian Institute of Health Information, 2006, *Health Personnel Trends in Canada 1995 to 2004*, accessed July 12, 2007, from http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=AR_21_E

4 In some provinces, there is another body, often called a "college," which regulates entry into and tenure in the profession, entertains public complaints about misconduct and undertakes discipline of practitioners. In some provinces, the professional society fulfils these functions as well as its primary role.

5 Doctors, largely self-employed, do not engage in collective bargaining per se but their professional societies (e.g., Doctors Nova Scotia) negotiate with governments to set a fee-for-service schedule.

6 Mark Parent, 2007. "Anti-strike plan open to discussion" Halifax *Chronicle Herald*, 28 June 2007, A13.

7 *Perspectives on Labour and Income*, "Unionization," Statistics Canada, August 2007.

8 We know, because one of us, Larry Haiven, was there in the chamber, warning of the government's folly.

9 The third report in this series will go into more depth about the inadequacies of compulsory arbitration

10 Michael Shalev, "Lies, damned lies and strike statistics: The measurement of trends in industrial conflict,"in C. Crouch, A. Pizzorno, eds., *The Resurgence of Class Conflict in Western Europe since 1968,*Volume 1, (London: Macmillan),1978.

11 Department of Environment and Labour, Government of NovaScotia http://www.gov.ns.ca/enla/unionworkplaces/docs/DiscussionPaperHealthcare.pdf

12 While strikes at the expiry of collective agreements were legal in Nova Scotia during this time, some of the strike activity listed was illegal because it occurred while the collective agreement was current (which has long been an illegal activity across Canada.)

13 see "Important dates in CUPE's history" May 6, 2003, retrieved October 15, 2007 from http://cupe.ca/www/history/4990

14 From personal communications with officials of Alberta Union of Provincial Employees; for 1998 strike, see No author, 1998. "CHA and provincial government share blame for latest hospital strike: Crisis caused by funding cuts and unfair management" March 31retrieved October 15, 2007 from http://www.telusplanet.net/public/afl/newsreleases/mar3198.html; for 2000 strike, see No author. 2000. "Striking Alberta health workers voting on deal." CBC News online. November 10. retrieved Monday, October 15, 2007 from http://www.cbc.ca/canada/story/2000/05/25/altastrikevote000525.html

15 Personal communication with officials of CUPE, Edmonton.

16 In more than a few cases, union leaders tend to be more conciliatory than their members and are taken by surprise by the militancy from below. Licensed practical nurses in Alberta shopped around until they found a union that promised it would support them if they chose to engage in a(n illegal) strike. In the Nova Scotia health care crisis of 2001, several of the unions negotiated agreements with employers, only to have those agreements rejected by members dissatisfied with their pay and working conditions.

17 These figures were compiled by the authors, first from newspaper reports and then from interviews with the unions involved. They are estimates only and are deliberately conservative.

18 While the vast majority of this strike activity was illegal, a small minority occurred in long-term care homes, which were not under the strike ban.

19 The other strike-banning province, Prince Edward Island , with a population of 138,000 is simply too small to provide meaningful comparison. It should be noted, however, that in the 2002, PEI nurses waged a media campaign embarrassing the provincial government into negotiating rather than resorting to arbitration. The president of the nurses' union was preparing to sit in the Premier's office to highlight the dispute. (Personal communication with the authors.)

20 Mark Parent, 2007. "Anti-strike plan open to discussion" Halifax *Chronicle Herald*, 28 June 2007, A13.

21 Calculated from Statistics Canada, Tables 384-0002 and 051-0010.

22 Hannah Zitner,. "Staffing shortages now a hospital epidemic," Halifax *Chronicle-Herald*, 3 July 2007, A1.

23 The increasingly burdensome working lives of health care workers are documented in a series of books by Pat and Hugh Armstrong, e.g., P. Armstrong, H. Armstrong, I.L. Bourgeault, J. Choiniere, E. Mykhalovskiy and J.P. White, *Heal Thyself: Managing Health Care Reform. Health Care in Canada*, Vol. 4. (Toronto: Garamond Press), 2000.

24 Robert Hebdon and Maurice Mazerolle, "Regulating Conflict in Public Sector Labour Relations: The Ontario Experience (1984–1993)," *Relations Industrielles*, 2003,Volume 58, No. 4, pp. 667-686.

25 The union was fined $200,000 for contempt of court and paid the fine.

26 Cox, Kevin. 2001. "N.S. deal averts strike, resignations by nurses." Globe and Mail July 6 retrieved October 15, 2007 from http://www.theglobeandmail.com/servlet/story/LAC.20010706.UNURSN7/EmailTPStory/; and No author. 2001. "Where does a nurse turn?" Globe and Mail, July 5 retrieved October 15, 2007 from http://www.theglobeandmail.com/servlet/story/LAC.20010705.ENURSE/EmailTPStory/

27 Some of the firings and suspensions were reduced upon appeal to an arbitrator.

28 For comprehensive coverage of this strike, see Jerry White,. *Hospital Strike: Women, Unions, and Public Sector Conflict,* (Toronto: Thompson Educational Publishing) 1990.

29 From personal communications with the authors and reported by United Nurses of Alberta retrieved on October 8, 2007 from http://www.una.ab.ca/conferences/unastats/FOV1-0000EEF9/I002759BF

30 Reported by United Nurses of Alberta, retrieved on October 8, 2007 from http://www.una.ab.ca/conferences/F00014095/UNA%20History/UNA%20History%20-%201999. See also

31 Personal research by the authors.

32 See E. Wayne Ross. 2006. "British Columbia Teachers' Strike." Z Magazine Online. retrieved on October 8, 2007 from http://zmagsite.zmag.org/Jan2006/rosspr0106.html

33 This will be dealt with in more detail in one of the future reports.

34 Alberta Labour Relations Code, Section 71. Queen's Printer, Government of Alberta

35 From CTV News Saskatchewan, retrieved 28 June, 2007 from http://www.mysask.com/portal/site/pc-saskatchewan/template.MAXIMIZE/menuitem.0c847c8a90c8ec1588787f4480315ae8/?javax.portlet.tpst=4545cf302f6c148fa37d93af60315ae8_ws_MX&javax.portlet.prp_4545cf302f6c148fa37d93af60315ae8_viewID=article&javax.portlet.prp_4545cf302f6c148fa37d93af60315ae8_storyID=5007&javax.portlet.begCacheTok=token&javax.portlet.endCacheTok=token)

PRESENTATION TO LAW AMENDMENTS COMMITTEE, NOVA SCOTIA LEGISLATURE

'An Act to Ensure the Provision of Essential Home-support Services'

By Danny Cavanagh, President, CUPE NS
February 28, 2014

Good afternoon.

My name is Danny Cavanagh and I am the President of the Canadian Union of Public Employees Nova Scotia Division. The Canadian Union of Public Employees is Canada's largest union, with 627,000 public sector members working in almost every community across the country.

In Nova Scotia, we proudly represent more than 18,000 working women and men. Our members work on the front lines of our communities delivering public services to the people of Nova Scotia in home care support services, health care, community and social services, education, public utilities, housing, libraries, municipalities, post-secondary education, early childhood education and care, airlines and in many more sectors of the economy.

I want to thank the members of the Law Amendments Committee for this opportunity to speak to this legislation.

I will direct my remarks to three (3) main points:

1. BILL SHOULD NOT INCLUDE CUPE LOCALS

The CUPE home support locals named in this Bill should be stricken from it.

This Bill as stated applies to employers and employees' bargaining agents who have "been unable to reach a negotiated settlement".

None of the CUPE locals named in this Bill have declared an impasse to their bargaining.

These CUPE locals and their employers continue to bargain in good faith.

This Bill jeopardizes the collective bargaining process that is in process at this moment for these CUPE locals and their employers.

CUPE has five (5) home support locals in Nova Scotia:

Three (3) of these locals are in bargaining: CUPE Local 3936 - Lunenburg County Home Support Services Society; Local 3953 – VON Cumberland; Local 4354 – Victoria County Home Support Services Society.

Two (2) CUPE locals - Local 3885 – Region of Queens Home Support and Local 3986 – New Waterford Homecare Service Society concluded bargaining late last year and have signed collective agreements.

We can see no legitimate reason why CUPE home support locals have been included in this Bill.

2. ESSENTIAL SERVICES LEGISLATION AND THE RIGHT TO STRIKE

As the Supreme Court has confirmed, collective bargaining is protected by the Charter of Rights and Freedoms.

A strike is always a last resort for trade unionists, especially public sector workers. The vast majority of settlements in Nova Scotia are reached without a work stoppage.

Nonetheless, the right to strike is a fundamental right for all workers and a key element of free collective bargaining.

The right to strike is also one of the only ways workers have of effectively warning employers or the general public of problems in their workplace.

If unions are limited to taking 20% or 30% of their members out on strike, that is virtually the same as banning strikes outright.

There is a large body of evidence that shows that essential services legislation prolongs strikes because it alleviates pressure on both parties to come to a speedy resolution.

Essential services legislation does nothing to help the parties resolve the legitimate issues that arise in bargaining. Free and unfettered collective bargaining is the only thing that does that.

3. HASTY LEGISLATION

Finally, legislation made in haste leads to bad public policy. This Bill was clearly conceived in haste, drafted in haste and is will result in poor public policy for Nova Scotia.

There has been no consultation around this legislation. We have seen no background studies or analysis which makes the case for essential services legislation.

While this majority government has the power to pass this bill, CUPE believes that sweeping legislation that will fundamentally alter the labour relations order requires that affected stakeholders and the public are properly consulted.

The Liberal government has absolutely no mandate to enact essential services legislation. Indeed the Premier is on record as saying essential services legislation does not work.

CONCLUDING REMARKS

In conclusion, CUPE Nova Scotia Division urges the members of the Law Amendments Committee to reject this Bill.

js/cope491

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Hi Here it is...
Good afternoon and Thank you for this opportunity to speak. I am an RN of 27 years at CDHA. I am here today because I have great concerns that Premiere Mac Neil has a plan to implement an Essential Services Bill for all healthcare employees, including myself as a member of Local 97. This I fear would be the equivalent of throwing gas on an open fire. Local 97 has an Emergency Services plan to care for the pts. of NS , should we find ourselves on the picket line. If you, Mr. Premiere, pass an Essential Services bill – you will actually be inciting the opposite effect of what you are trying to accomplish. Mr. Mac Neil we would never simply walk away from our pts. and leave them abandoned. We are Professionals and function as such. You know Government and I know Nursing and nurses and how Local 97 nurses will respond – we give give give on a daily basis and do so willingly BUT we will NOT stand to have our rights taken from us anymore than we would stand by and silently watch our pts. rights being violated. Our negotiations this time are for ALL Nova Scotians. We are not just fighting for ourselves we are fighting for our families, our pts.- your families and Mr. Premier your healthcare safety as well. So as such you are working against guaranteeing your own best healthcare
An essential services bill is the equivalent of Bill 68. We all know how that ended. If you truly want to ensure Nova Scotians get the care they require you must extract yourself from the middle of the bargaining table. You efforts would be better spent investigating the 40000 pt. safety occurrence reports filed at cdha over the past 2 years.
Please do NOT corner nurses into another Mass Resignation situation- remember we have a 90% strike vote. Mass resignation means NO one is at work. I'm pretty confidant you don't have another 2000 nurses waiting in the wings to take over. We said No to bill 68 and we are saying NO the essential services bill

..... let me know what you think ?????

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Back to: Inbox

Roy Larkin

Bill No. 30

Amend Section 6 by adding the following subsection:

6(1A) Where a bargaining agent receives a notice under subsection (1), the bargaining agent may elect to refer all matters that remain in dispute in collective bargaining between the bargaining agent and the employer to final and binding interest arbitration and Sections 16 to 21 shall apply as if the Board had made an order for final and binding arbitration under clause 15(4((d).

Good afternoon Honorable Members and fellow citizens of Nova Scotia. My name is Lynn Stanton, I come here today to address you with many hats on.

First, I come as a citizen and taxpayer of Nova Scotia. I feel that democracy is an inherent right of all of us in this province and country. I am saddened that you, as our government are trying to take that right away from us. Democracy has been described as "having equal access to legislative processes." How equal is the process when the legislation that you have tabled has in effect negated the ability of the employee to negotiate a fair contract. If the employer simply has to go to you as the government and say we want this recourse taken away from employees and you buckle under to that demand you are not fairly and equitably representing all of the citizens of Nova Scotia. When a party pretends to negotiate but secretly has no intention of compromising, the party is considered to be negotiating in bad faith. That is what the employer is doing in this case.

There has been lots of talk in the past number of years about bullying. The government supports anti bullying from everything I have read. One essential prerequisite is the perception by the bully of an imbalance of social power. In effect by passing this law you are providing the opportunity for any healthcare employer to bully their employees.

On a personal level, I have had the pleasure of meeting some of the finest people of Nova Scotia. These Home Support Workers came into our home to help us keep our mother at home for almost 5 years. She had end stage Louie-Body Dementia. They treated her with the utmost respect and were some of the kindest, caring individuals that I have ever had the pleasure to meet. They are trying to get a fair and just contract. They need

the right to negotiate at the table without threats from their employer.

This bill is about the Home Care Workers this week I expect in the next few weeks it will involve me.

~~Now to put on my other hat.~~ I am an ICU nurse at the VG site of the QEII. I have worked at the QEII for over 27 years, of which I have spent the last 22 years in the ICU. Many things have changed over that time, some good and some bad.

There have been many advances in medicine but the thing I am most proud of is that as nurses we have taken on a more active, professional role in the care of our patients. We are no longer just the doers who perform tasks. We are the heart and soul at the bedside advocating for our patients.

One of the things we are presently fighting for is mandated minimal staffing for safe patient care. What does that mean you may ask? It means that the acuity of the patient is taken into account when determining the right patient load for the right level of nursing staff – whether that be RN's, LPN's or CCA's. What I have asked staff as I have gone floor to floor to determine emergency service staffing levels in the event of a strike is what do you need to help you provide safe patient care. It may surprise you that none of them thought they were picking out staffing from the Tiffany catalogue. I felt I got honest fiscally responsible answers from every single floor I visited. All floors said they need to replace sick calls instead of refusing to replace the first sick call and in some cases even the second sick call. Some floors said that is all we need, others said that because the type of patients that they now have are sicker or are a different type of patient population that require additional nursing care, they felt that they may need an extra RN or LPN on days, others felt if they could use an extra CCA for 4 hours on evenings to help tuck every one in at night in a timely fashion. They were not asking for the moon.

a mechanism we already have in place so no need to incorporate us in this type of action

Has the employer had a conversation with the union about this? No they refuse to discuss it. Instead they have chosen to fear monger the citizens of Nova Scotia by telling them that they would have to hire 800 nurses to the tune of over $60 million. First of all if the employer feels that they need 3100 nurses to run the ship instead of the approximate 2300 nurses that they have plus the additional 100-150 nurses to meet safe nurse patient ratios, then it is no wonder the wait times for surgery are so long, it is no wonder that the number of readmissions to hospital or even readmissions to ICU are so high, it is no wonder that the length of stay of many patients is long past what it should be because they have come down with some complications.

Now there are many pieces of paper at the QEII, and God knows I dread it every time they come out with a new piece. I do have a favorite piece of paper though. It is the piece of paper that was given to me about 4-5 years ago that came from the accounting department trying to encourage us as charge nurses, to try to keep the flow of patients from ICU to step-down or the floor as efficient as possible. On that piece of paper it stated that the cost of a patient on the floor or in step-down was just over $6000/day. The cost of an ICU patient was just over $16,000/day. The ICU's get backed up all the time even overflowing into PACU areas. This in turn slows down OR's which in turn increases wait time for surgeries. If the floors were better staffed, patient stays would be shorter, less complications and therefore patients that we have in an ICU bed that don't require ICU services would be moved out sooner and cost you and me as taxpayers $10,000 less per day per patient.

You want to save money ask the frontline worker. I had the pleasure of working on the project of building the ICU at the VG

over 14 years ago. It was a $2.2 million project and we brought it in $200,000 under budget. Unheard of!!! There is not one red cent of government money in the unit. We designed and helped the foundation with the fund raising. We did not let the engineering company get away with trying to change the design as we met with them and the subcontractors every 2 weeks. We knew what was needed and what was not; like the many things that they wanted to put in that served no purpose except to elevate the cost.

At present we are dealing with similar situations at the QEII. Only this time it is the administration – the same administration that won't even discuss mandated minimal nurse patient ratios. Instead of asking frontline workers like myself "what are you doing in your unit that has allowed you to come in under budget for the past 2 years and probably will again this year? " they have chosen to buy a program for staffing that has cost the hospital $2.6 million just to get it and that does not include the cost of administering it. They have racked up overtime costs beyond your wildest dreams because they do not follow the rules or simple logic. There are 1-2 pages of mistakes on the payroll sheets almost every 2 weeks that we did not have when our ward clerks looked after it at no additional cost to the unit. On top of this the hospital has chosen to place new scheduling guidelines that have frontline workers in an uproar. The guidelines have made it almost impossible to have any kid of valuable work-life balance. They are increasing the stress of the frontline worker as they are scrambling to figure out how they are going to possibly cover their increased childcare needs or parent care needs. We used to be able to switch our schedule with our coworkers to accommodate short notice changes in our lives. The rules they have set down now pretty much make it impossible for you to switch with anyone so that you can attend a family members

medical appointment or a child ballet recital that you didn't know was happening when you put in your schedule 2 months ago. Your only alternative is to call in sick or take family appointment time that costs the unit money to cover. That could be eliminated if we were allowed to switch shifts like we used to. There really is no advantage to the hospital in doing what they are doing, other than to show their peacock feathers to you as possible hires in the administration of the new health board.

Much the same can be said for the way they are abusing our vacation time. Previously we would use the number of hours of vacation that corresponded to the hours we would have worked in a given period of time. For instance, if we are only working 2 shifts from July 1 – 7th we would use 22.5 hours. They have changed that so we now have to use 37.5 hours to take that time off because that is what Monday – Friday people have to use. Shift workers and Monday – Friday people are like comparing apples to oranges. They don't work evenings or nights so they can attend most school functions with their kids and be home every night to tuck them into bed. They have every weekend off for family functions. While the shift worker misses half of their children's lives, not to mention that you lose almost 10 years off your life because you do work shift work.

All this just so that they can show you that they have us under their thumb. I ask do you condone bullying!!

NSGEU

Notes for a Submission

By

Ian Johnson
Servicing Coordinator/Policy Analyst
Nova Scotia Government and General Employees Union

To the
Law Amendments Committee
On
Bill 30 -
Essential Home-support Services (2014) Act

February 28, 2014

Introduction

Thank you, Madam Chairperson and members of the Committee for this opportunity to speak to you about Bill 30 - *Essential Home-support Services (2014) Act*. I am here to speak as an individual who has worked with NSGEU for 18 years as policy analyst. But I am also Vice-Chair of the Nova Scotia Citizens Health Care Network, and I was the Senior Policy Analyst for the former Provincial Health Council. I have older parents who have used home care services and now live in local nursing homes. So I have a personal stake in what happens with our continuing care system.

Main Concerns with Bill 30

I am frankly distress that this Bill has come forward at all instead of allowing the current dispute be resolved through fair and open collective bargaining. Interestingly enough, this seemed to be the position of the Premier while in opposition. For example, in 2010, the Premier was quoted as saying he thought that emergency service plans should be hammered out in times of labour peace, not days before a possible strike. He said: "(The government) should have been doing this in advance while there as labour stability". In

addition, he noted that this province has not stopped labour unrest and strikes.

So what has changed? Why would the government bring forward this legislation at this time? What was done to help achieve a fair settlement through the collective bargaining process other than insist that our members accept an offer that was rejected by 97% of them? Was every possible avenue pursued to get a new agreement? These are important questions that all members of the Committee should be asking.

Looking at the Bill, I am very concerned at how feasible it will be. Bill 30 has a very broad definition of what an essential home-support service is in Section 2 (i). I would suggest this could capture virtually any service provided by our members. Worse still, I think, are the detailed requirements that have to be followed in Section 5 (2). I have to ask has anyone of the government thought about how workable this process is. I frankly think it will be virtually impossible to implement, or at best, it will certainly take a long time to achieve an agreement. This could mean months, or even, years without this

current dispute being resolved. This, in itself, will work against the intent of the Bill and will poison the work environment. I would suggest that the time involved in this process would be much more cost-effective for the government to encourage and support both sides to achieve a new agreement.

As a policy analyst, I have to ask what are the broader implications of this Bill for continuing care more generally. The Minister of Health was quoted last November as saying his department and the government believe that the home will be the primary focus, and that "We are running out of money for bricks and mortar". If this is the case, why is the government bringing in this Bill which completely undermines the right to strike, and more broadly, ignoring the importance of front-line staff in delivering vital healthcare services.

If you look at the government's announcement on a continuing care strategy review and on the development of a dementia strategy which I have enclosed after my text, you don't find any reference to the front-line services. If we didn't know better, you would think that these services are delivered by themselves without any hands-on,

person-to-person contact. Of course, we know better that this is absolutely crucial, especially by front-line workers. I have seen the amazing dedication, commitment and sacrifice given by them such as our members in Local 34. They give over 100% to their clients and their family members. The system could not operate without them. And yet, they are barely acknowledged in continuing care or dementia strategies. They should be seen as the cornerstone, the foundation. Recruitment and retention are constant problems. Wages and working conditions are very important, not the only issues, but key ones to help address these problems.

The last point I wish to bring to your attention is a major effort by our Home Support members to develop new legislation that recognizes the importance of their services over the last nine years. It is called the "Continuing Care Assistants Act: An Act Respecting Home Support Services". You will find after the text of my remarks. You will this proposed legislation provides a purpose, details of what Home Support Services mean, in terms of clients, types of services, funding, the qualifications and training, workplace, workers' rights, benefits and protections, and relationship to other healthcare workers. It

would set up a broad-based Home Support Services Advisory Council and the need for a provincial strategy for recruitment and retention. In our view, this is a vital piece of legislation developed by Home Support Workers. What do we have now? Two very antiquated pieces of legislation: The *Homemaker Services Act* and the *Coordinated Home Care Act* which have been around since the 1980s. The government has said it will be working to update the current legislation which is hopefully out-of-date. As we said since 2005, our proposed legislation must be given serious consideration.

Conclusion

In conclusion, Bill 30 is disastrous, a major step backwards from both a labour-management relations, and from a health policy perspective. To be honest, I have personally said the same thing before this Committee on Bill 34 in 2000 and Bill 68 on 2001. It is long overdue time for the government and all sides of the House give priority to health human resource policy in general, and fair and decent wages and working conditions for the front-line workers in particular. Besides getting back to the bargaining table, I would urge all MLAs and the government to look at our proposed Continuing Care

Assistants Act as a model for the new continuing care legislation which is long overdue.

I appreciate this opportunity to speak with you on Bill 30. I welcome any questions or comments.

Dexter: essential services law not needed for N.S. health-care workers

Canadian Press in The Westmount Examiner
Published on January 14, 2010

HALIFAX - Nova Scotia is the only province without a law restricting strikes in the health-care sector and none of the party leaders think that should change.

Premier Darrell Dexter said Wednesday he doesn't favour restrictions on collective bargaining, although it can create consternation.

"In the end, what they deliver is stability, they deliver productivity," he said. "I think that's what workplace democracy is about.

"When it comes to things like essential services agreements, those should be negotiated because they can be negotiated as part of contracts as well, and frequently are, and I just think that works better."

Hospital workers in Alberta, Ontario and Prince Edward Island don't have the right to strike and have a system of arbitration to settle contracts.

The other provinces have essential services legislation, which requires a certain number of unionized employees to keep working if the union strikes to back its demands.

Liberal Leader Stephen McNeil said Nova Scotia effectively has essential services legislation already because collective agreements require emergency services staffing plans.

McNeil said he thinks those plans should be hammered out in times of labour peace, not days before a possible strike.

"(The government) should have been doing this in advance while there was labour stability," McNeil said.

He said the legislation in other provinces hasn't stopped labour unrest and strikes. (emphasis added)

About 4,100 Canadian Union of Public Employees health-care workers could walk off the job Monday. They're employed at 33 hospitals outside the Capital District Health Authority.

A CUPE spokesman could not be reached for comment Wednesday.
Rick Clarke, president of the Nova Scotia Federation of Labour, said he saw on Monday evening the emergency plan CUPE and the employer worked out. He said that process is why Nova Scotia doesn't have legislation like other provinces, and he doesn't see that changing.
"I don't envisage that happening any time in the near or even the long term because, as this government's been saying through this process, they're supporting the collective bargaining process," Clarke said.
Interim Tory Leader Karen Casey also doesn't think legislation is necessary, a change from the position she had as part of the minority Tory government that brought forward a law in 2007 that would have taken away the right to strike from health workers and replaced it with arbitration.
"That was what was deemed to be necessary at the time, but I would not suggest that we bring back that legislation," Casey said.
Casey said her first choice would be to have an agreement outside of legislation to protect health care.
Another 3,000 CUPE school support workers outside the metro Halifax region could also go on strike Monday. There have been no talks between the union and government for more than a week.
New Democrat backbenchers said Wednesday they've been hearing from constituents - both union members and citizens - about the potential labour stoppage.
Some hospitals are scaling back services and plan to discharge patients in the next few days.
"There are grave concerns, but we hope that there will be some kind of settlement," said Pictou East member Clarrie MacKinnon.
Gary Ramey of Lunenburg West said he was satisfied with how the union and government have handled themselves to this point.
"People, I believe, are trying to solve a difficult issue, and difficult issues aren't solved quickly," he said.
A key issue for both groups of workers is getting the same 2.9 per cent raises as their metro Halifax counterparts. The province, facing a $525-million deficit, is offering one per cent, although the school workers have been offered 2.9 per in the first two years of a four-year deal.
The province couldn't say Wednesday how much the union's demands would cost taxpayers.

Nov. 21/13 Chronicle-Herald

Glavine: Start at home

Seniors care can't depend on 'bricks and mortar'

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Health and Wellness Minister Leo Glavine doesn't use the term crisis when talking about seniors care. Rather, he says the system has challenges and pressures.

Meeting those challenges starts in the home, he said Wednesday. That is, in making sure seniors have the support they need to stay in their own homes as long as they can instead of in a nursing home or in hospital for weeks on end waiting for long-term care.

"We, as the Department of Health and government, have to say the home will be the primary focus," Glavine said.

"It's going to take, actually, pressure off of our nursing homes. . . . We are running out of money for bricks and mortar."

He spoke after the last of a series of stories in The Chronicle Herald about the problems families face waiting long periods for nursing homes, the care some seniors receive when they are in homes and possible ways to improve the system.

Glavine said the series was timely and gave readers a better understanding of what is happening with continuing care.

The government, in office for a month, is in the midst of reviewing the provincial continuing-care strategy, he said.

Some of the options mentioned in the series, such as the models used in some European countries, and improving the medical services available in nursing homes will be considered, Glavine said.

He also said there are already doctors, such as his own, in the province making regular house calls to check on seniors.

"I think there are a lot of areas in medicine, in the home repair area, in community supports and (that) families, collectively, can do," Glavine said.

> **We, as the Department of Health and government, have to say the home will be the primary focus.**
>
> **Leo Glavine**
> Health and Wellness minister

"Can we go to a model such as (Denmark) with universal home care, 100 per cent of everything paid for? Probably not. Can we do some version of that and do it well? I think we have to do it."

He said he was concerned to read stories about nursing home residents with diapers unchanged for periods of time and being served inadequate meals.

Those issues would be part of the continuing-care review, as well as an examination of the level of staffing, Glavine said. A Health and Wellness Department staffer could make unexpected visits to nursing homes to check in with residents about the care they are getting, he added.

The minister said nursing homes should be the place for the most frail seniors and those most in need. He said the average length of stay is more than three years, while in the United Kingdom, it is nine months.

Opposition critics agreed with Glavine that helping seniors stay in their homes longer is the right area of focus.

New Democrat David Wilson, the health and wellness minister before the election, said his government was fully aware of the growing number of seniors in the province and was taking steps to improve home care.

"One of the key things is definitely trying to make sure that people can stay in their homes longer," Wilson said.

"(The government) needs to continue to look at where do we invest in personnel, or in policy, or in training, and that's what I'll be doing as health critic over the coming years, keeping close track of the current government."

Progressive Conservative MLA Chuck Porter said the Liberal government can get to work right away on better home care and improving the way seniors are placed in long-term care so they are closer to their home communities.

Porter also said he doesn't think there should be an income test for whatever new home-support programs may be created.

"(If) we can be looked after at home, and we can save a pile of money from the government coffers . . . in keeping them at home through these programs, then we should be seriously look at that, because that's where people want to be."

Continuing Care Strategy Review Begins

Health and Wellness
January 31, 2014 1:10 PM

The province is beginning its promised review and refocus of the Continuing Care Strategy.

Health and Wellness Minister Leo Glavine announced today, Jan. 31, the province has met with a Minister's Roundtable on Continuing Care and will consult with the public on how best to care for an aging population.

The Minister's Roundtable on Continuing Care was made up of leading Nova Scotia researchers, academics, clinicians and advocates who work with seniors and people of all ages with disabilities and conditions.

"Government understands the pressures facing seniors," said Mr. Glavine. "We have an opportunity to be innovative with the delivery of health care, especially for our older population."

Mr. Glavine said the Continuing Care Strategy is eight years old. He added Nova Scotia has the oldest population per capita in Canada. These demographics highlight the need to review and refocus the Continuing Care Strategy and create a provincial dementia strategy.

Mr. Glavine said he looks forward to hearing the valuable insights into care that only clients and caregivers can provide, as well as the experience of those who provide services each and every day.

"Caregivers Nova Scotia fully supports the review of the Continuing Care Strategy as it is the foundation for how Nova Scotians will be able to live at home longer," said Angus Campbell, executive director of Caregivers Nova Scotia. "Part of the framework is to ensure care recipients and their unpaid caregivers are supported with the programs and services they need to achieve the best health outcomes possible."

Continuing Care services are available to all Nova Scotians who require ongoing care, whether for a short or long term, like beds in nursing homes and access to home care supports and equipment. These services are provided in homes, nursing homes or residential care facilities. About 36,000 Nova Scotians access continuing care services each year.

Nova Scotians can access Continuing Care services by calling toll-free 1-800-225-7225 or visiting the Department of Health and Wellness website at www.gov.ns.ca/health/ccs (http://www.gov.ns.ca/health/ccs) .

FOR BROADCAST USE:

The province is beginning its promised review and refocus of

the Continuing Care Strategy.

Health and Wellness Minister Leo Glavine announced today

(January 31st) the province has met with leading Nova Scotia

researchers, academics, clinicians and advocates and will consult

with the public on how best to care for an aging population as

part of the review.

Mr. Glavine says the Continuing Care Strategy is eight years

old. He added Nova Scotia has the oldest population per capita in

Canada and these demographics highlight the need to review and

refocus the Continuing Care Strategy and create a provincial

dementia strategy.

About 36-thousand Nova Scotians access continuing care

services each year.

-30-

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Nova Scotia's First Dementia Strategy Announced

Health and Wellness
January 27, 2014 12:22 PM

The government and Alzheimer Society of Nova Scotia are co-leading an advisory committee that will guide the development, consultation and implementation of Nova Scotia's first comprehensive plan to care for people with dementia and their families.

Health and Wellness Minister Leo Glavine announced today, Jan. 27, that the provincial dementia strategy will aim to improve timely access to services, provide support for caregivers and ensure people affected by dementia can remain independent for as long as possible.

"Nova Scotia has an aging population. As we grow older, there will be greater pressures on our health-care system to deliver the care people with dementia need and deserve," said Mr. Glavine.

"This work will take time to develop, build and implement correctly. It's my goal to enhance delivery of dementia care and treatment so Nova Scotians living with dementia, as well as their families and caregivers, are well supported."

The advisory committee members will soon be named and provide direction and advice on the strategy's content, recommendations and help craft the implementation plan. Nova Scotians with dementia, caregivers and service providers and geriatric health care professionals will make up the advisory committee members.

"We're very pleased the minister and government are moving forward with this commitment," said Lloyd Brown, executive director of the Alzheimer Society of Nova Scotia. "We are excited to partner on a strategy that will support caregivers and families and no doubt add quality of life to those affected by dementia."

Nova Scotia has the oldest population per capita in the country; about 17.7 per cent of Nova Scotians are aged 65 or over. Mr. Glavine said these demographics highlight the need to review and refocus the province's Continuing Care Strategy and create a provincial dementia strategy.

"I am enthusiastic about taking part in helping to formulate a dementia strategy," said Dr. Kenneth Rockwood, professor of geriatric medicine and neurology at Dalhousie University. "The commitment to a system that is more responsive, more efficient and more effective is inspiring."

A panel of experts was invited to discuss Nova Scotia's aging population, its impacts on the Continuing Care Strategy and solutions around care delivery. The Minister's Roundtable on Continuing Care brought together leading Nova Scotia researchers, academics, clinicians and advocates who work with seniors and people of all ages with disabilities and conditions for a discussion about how best to care for an aging population and how to move forward on a dementia strategy.

January is national Alzheimer Awareness month.

"January is a good time to begin work on the strategy as understanding the effects of living with dementia are top of

mind for all Nova Scotians," said Mr. Glavine.

The provincial dementia strategy will be announced in spring 2015.

FOR BROADCAST USE:

The government and Alzheimer Society of Nova Scotia are co-leading an advisory committee that will guide the development, consultation and implementation of Nova Scotia's first dementia strategy.

Health and Wellness Minister Leo Glavine announced today (January 27th) that the province will begin work to improve timely access to services, provide support for caregivers and ensure people affected by dementia can remain independent for as long as possible.

Mr. Glavine says his goal is to enhance delivery of dementia care and treatment so Nova Scotians living with dementia, as well as their families and caregivers, are well supported.

The provincial dementia strategy will be announced in spring 2015.

-30-

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Continuing Care Assistants Act

An Act Respecting Home Support Services

Be it enacted by the Governor and Assembly as follows:

Short Title

1 The Act may be cited as the Continuing Care Assistants Act, 2012. R.S. c.___, s.___.

Purpose of Act

2 The purpose of this Act is

(a) to ensure that the needs of persons who require personal assistance or support of home support workers are met; and

(b) to increase public awareness about how without such assistance or support, the functioning of all clients would likely deteriorate making it impossible for them to remain in their homes and/or community; and

(c) to ensure that there is continuity of health/home care services for the persons in need; and

(d) to recognize the vital and distinctive role and contribution of home support workers/continuing care assistants to the provision of such assistance and support; and

(e) to ensure that these workers have fair and equitable pay, benefits and working conditions and a major voice in determining the policies and procedures affecting the delivery of their services.

(f) to recognize that home support services has a distinct and variable work environment.

Interpretation

3 In this Act,

(a) "agency" means an agency providing home support services and employing home support workers or continuing care assistants;

(b) "continuing care" means the provision of care to clients/persons in need outside of hospital or long-term care facilities either on a short-term or long-term basis;

(c) "continuing care assistant" or "home support worker" means the health care provider that is trained and involved in the delivery of personal assistance and support services for residents of nursing homes and hospitals as well as for persons living in the community;

(d) "Department" means the Department of Health and Wellness

(e) "home support services" means the range of personal assistance, health care, and support services required to enable persons in need to remain in their homes and in their community.

(f) "home support worker" means the health care provider with standardized training who is involved in the delivery of home support services;

(g) "Minister" means the Minister of Health and Wellness.

Home Support Services

Clients

4 (1) A client of home support services is any one who qualifies for continuing care through the Department of Health.

(2) Clients include but are not limited to the elderly, persons with disabilities, children, palliative care patients, and mental health clients.

Types of Services

5 The Department has to approve the types of home support services to be provided.

Funding of Services

6 (1) The Department shall provide funding for home support services to the agencies.

(2) The funding provided shall be determined in response to an annual funding submission to a RFP for the next fiscal year to the Department from each agency with input from their home support workers/continuing care assistants. This submission shall be sent to the Department by no later than December 31 of the previous fiscal year.

(3) a. The Department and each agency shall jointly determine the amount of funding to be provided in order to provide adequate types of services for the needs in their community.

b. The adequacy of funding in response to changing community needs shall be jointly reviewed before end of each fiscal year.

(4) The annual funding for each agency shall be provided by the Department within the first quarter of each fiscal year.

(5) Copies of the approved budget breakdown for each agency each year shall be made available to their home support workers.

(6) Agencies shall be held accountable for the amount of donations from clients and their families and how they are used.

Part I - Home Support Workers

Qualifications and Training

7 (1) Home support workers/continuing care assistants are trained through approved modules that are offered by the Department-approved educational institutions.

(2) Any training required by the Department for home support services shall be paid by the agencies for their home support workers/continuing care assistants in a timely manner before any changes or new services are implemented.

(3) Each agency shall also pay for education/refresher courses required for their home support workers/continuing care assistants.

Workplace

8 (1) Each agency shall recognize that the workplace for each home support worker/continuing care assistant shall be a client's home, the worker's private vehicle if used for work purposes, and the worker's home if used for administrative work.

(2) All the requirements of the *Occupational Health and Safety Act* and its Regulations shall pertain to the workplaces of each home support worker.

(3) Each agency shall provide all materials and equipment that are required by a home support worker/continuing care assistant to perform her/his job.

Worker Rights, Benefits and Protections

9 (1) All home support workers/continuing care assistants will be encouraged to be organized in a union according to the provisions of the *Trade Union Act* including the right to have a recognized bargaining agent, a collective agreement negotiated with their agency, and successor rights in the event of a transfer to a new employer.

(2) Any collective agreement for home support workers/continuing care assistants shall recognize the importance of fair and equivalent rates of pay/benefits and working conditions in order to attract and retain the numbers of home support workers/continuing care assistants required.

(3) Such an agreement shall provide for regularly scheduled hours of work, defined benefit pensions, and a range of health benefits provided by a recognized health insurance provider.

(4) Each worker shall receive adequate compensation for the use of their personal vehicle if required for work purposes.

Protection from Allegations

10 (1) Each agency shall provide protections for any home support worker/continuing care assistant faced with allegations of abuse, theft or any other misconduct related to the services provided by the worker.

(2) These protections shall include but are not limited to coverage of legal costs, coverage of accidental breakage, due process within the agency to a fair hearing and any suspensions with pay until the allegations are found to be accurate or false within the agency or in a court proceeding.

Protection from Contracting-Out, Mergers, Annexations or Transfers

11 (1) No agency shall contract out the services of home support workers/continuing care assistants or enter into merger, annexation or transfer agreements without advance consultation and participation with the home support workers/continuing care assistants and their union.

(2) This process shall include the establishment of a joint review committee, a public hearing process in which the home support workers/continuing care assistants and their union shall have standing, and the release of a public review report of the process.

(3) If it is decided to proceed with a proposed contracting-out, merger, annexation or transfer after this process, any home support worker/continuing care assistant affected by such a decision shall have the right to move to the new employer with all their existing employment, rights, seniority, rates of pay/benefits and entitlements maintained.

Relationship to Other Health Care Workers

12 (1) Home support workers/continuing care assistants are recognized pursuant to this Act as an established group of health care workers providing a vital health service.

(2) No person can provide home support services except as pursuant to this Act.

(3) No home support worker /continuing care assistant shall perform the duties of any other health professional designated under a health professional Act while working as a home support worker/continuing care assistant.

Part II - Home Support Services Advisory Council

13 (1) The Minister shall establish a Home Support Services Advisory Council to oversee this Act and its implementation.

(2) This Council shall be composed of representatives chosen from the following:

(a) Home Support Workers Occupational Council of the Nova Scotia Government and General Employees Union;
(b) Other unions representing home support workers/continuing care assistants
(c) Health Association of Nova Scotia
(d) Continuing Care Assistants Program Advisory Council
(e) Care Coordinators with the District Health Authorities
(f) Department of Health
(g) Retired home support workers/continuing care assistants

(3) There shall be a minimum of seven and a maximum of fifteen members of the Advisory Council.

(4) The Minister shall appoint two Co-Chairpersons of the Council, one of which shall be a representative from the Home Support Workers Occupational Council of the Nova Scotia Government and General Employees Union.

Recruitment and Retention

14 (1) The Council shall develop a provincial strategy for the recruitment and retention of home support workers/continuing care assistants.

(2) Such a strategy shall be based on broad consultation and input on future training and staffing needs for home support workers/continuing care assistants. It shall give immediate priority to planning for retirements of home support workers/continuing care assistants.

Part III - General

15 (1) The *Homemaker Services Act*. R.S., c. 201, s. 1 is repealed.

(2) All regulations made pursuant to this Act are regulations within the meaning of the *Regulations Act*.

(3) This Act comes into force on such day as the Governor in Council orders and declares by proclamation.

DEFEATED

Bill #30
Essential Home-support Services (2014) Act

CHANGES RECOMMENDED TO THE LAW AMENDMENTS COMMITTEE

PAGE 1, Preamble, third paragraph, lines 1 and 2 - delete "continue to be provided in the event of a work stoppage" and substitute "are not interrupted by a work stoppage".

PAGES 1 to 12, Clauses 2 to 31 - delete and substitute the following:

2 Chapter 475 of the Revised Statutes, 1989, the *Trade Union Act*, is amended by adding immediately after Section 107 the following Part:

PART III

HOME-SUPPORT SERVICES LABOUR RELATIONS

108 The purpose of this Part is to protect the health, safety and well-being of the public while preserving free and fair collective bargaining and the fair and impartial resolution of collective bargaining disputes respecting essential home-support services employees.

109 In this Part,

(a) "CUPE" means the Canadian Union of Public Employees;"

(b) "essential home-support services bargaining unit" means any of the following bargaining units:

(i) CUPE Local 3936,

(ii) CUPE Local 3953,

(iii) CUPE Local 4354,

(iv) NSGEU Local 29,

(v) NSGEU Local 30,

(vi) NSGEU Local 31,

(vii) NSGEU Local 32,

(viii) NSGEU Local 33,

(ix) NSGEU Local 34,

(x) NSGEU Local 35,

(xi) NSGEU Local 36,

(xii) NSGEU Local 37,

(xiii) NSGEU Local 38,

(xiv) NSGEU Local 39,

(xv) NSGEU Local 40,

(xvi) NSGEU Local 76,

(xvii) NSGEU Local 83,

(xviii)NSGEU Local 84,

(xix) NSGEU Local 85,

and their successors;

(c) "essential home-support services employee" means a full-time or part-time employee who performs duties and functions that entitle that person to pay on a regular basis and who is a member of an essential home-support services bargaining unit but, for greater certainty, does not include a consultant or independent contractor;

(d) "NSGEU" means the Nova Scotia Government Employees Union.

110 (1) This Part applies to all essential home-support services bargaining units, all essential home-support services employees, their employers and the unions representing the employees.

(2) Except where inconsistent with this Part, Part I applies to all essential home-support services bargaining units, all essential home-support services employees, their employers and the unions representing the employees.

111 (1) Essential home-support services employees and their employers shall conduct interest arbitration as provided for in the regulations unless the parties mutually agree in writing to an alternative binding interest-arbitration process or unless a settlement is achieved through mediation pursuant to Section 115.

(2) An award reached pursuant to an alternative binding interest-arbitration process agreed to pursuant to subsection (1) is

(a) for the purpose of this Part an award of an arbitrator pursuant to this Part; and

(b) subject to the requirements prescribed by subsection 117(2).

112 Notwithstanding Section 35, the employer shall not, without consent by the certified or recognized bargaining agent or by the Board, increase or decrease rates of wages or alter any other term or condition of employment of employees in relation to whom notice to bargain has been given until

(a) a new collective agreement has been concluded; or

(b) the bargaining agent and the employer or representatives authorized by them in that behalf have bargained collectively and have failed to conclude a collective agreement and an arbitrator has made an award.

113 Where

(a) a conciliation officer fails to bring about an agreement between the parties engaged in collective bargaining; and

(b) the conciliation officer makes a report to the Minister,

the employer or the union shall notify the other party in writing of its desire to submit the collective agreement to an arbitrator for interest arbitration.

114 (1) Where a collective agreement is submitted to an arbitrator for interest arbitration pursuant to Section 113, the arbitrator shall be appointed in the manner prescribed by the regulations.

(2) The fees and expenses of the arbitrator shall be paid in the manner prescribed by the regulations.

115 (1) Before beginning the arbitration process, an arbitrator appointed pursuant to subsection 114(1) may seek to mediate a settlement between the parties and, upon the joint request of the parties or the request of the union, may conduct binding mediation.

(2) A settlement reached pursuant to subsection (1) is deemed to be for the purpose of this Part an award of the arbitrator.

(3) Where matters in dispute are not settled by mediation pursuant to subsection (1), the arbitrator shall decide the matters.

116 An interest arbitration conducted by an arbitrator appointed pursuant to subsection 114(1) shall be conducted in the manner prescribed by the regulations.

117 (1) As soon as possible after conducting a hearing into the matters referred to it, the arbitrator shall make an award and in its award deal with each item in dispute.

(2) For the purpose of ensuring that wages and benefits are fair and reasonable to the employees and employer and in the best interest of the public, the arbitrator

(a) shall consider, for the period with respect to which the award will apply,

(i) wages and benefits in private and public, and unionized and non-unionized, employment,

(ii) the continuity and stability of private and public employment, including

(A) employment levels and incidence of layoffs,

(B) incidence of employment at less than normal working hours, and

(C) opportunity for employment,

(iii) general economic conditions in the Province,

(iv) the extent to which services may have to be reduced in light of the award, if current funding is not increased, and

(v) the financial position of the employer; and

(b) may consider, for the period with respect to which the award will apply,

(i) the terms and conditions of employment in similar occupations outside the employer's employment taking into account any geographic, industrial or other variations that the board considers relevant,

(ii) the need to maintain appropriate relationships in terms and conditions of employment between different classification levels within an occupation and between occupations in the employer's employment,

(iii) the need to establish terms and conditions of employment that are fair and reasonable in relation to the qualifications required, the work performed, the responsibility assumed and the nature of the services rendered, and

(iv) any other factor that the arbitrator considers relevant.

(3) The award of the arbitrator is deemed to include items settled by the parties but, for greater certainty, the arbitrator shall not deal with items settled by the parties.

(4) An award of an arbitrator is final and binding upon

(a) the union and every employee in the unit on whose behalf it was bargaining collectively; and

(b) the employer,

and the employer and the union shall give effect to it.

(5) Every award of an arbitrator must be signed by the arbitrator.

(6) An arbitrator retains jurisdiction over an arbitration after the decision, if it has issued an award, in order to clarify any ambiguities, uncertainties or omissions in that decision raised by any party to the proceedings.

118 Where an arbitrator renders an award, the arbitrator shall forward a copy of the decision to the parties and file a copy with the Department of Labour and Advanced Education.

119 (1) The right to strike of and the right to lock out essential home-support services employees is hereby replaced with the processes set out in this Part.

(2) Notwithstanding anything in this Act,

(a) no essential home-support services employee or member of an essential home-support services bargaining unit has the right to strike; and

(b) no employer shall lock out an essential home-support services employee or member of an essential home-support services bargaining unit.

120 (1) The Governor in Council may make regulations

(a) prescribing the manner in which an arbitrator is to be appointed to conduct interest arbitration under this Part;

(b) prescribing the manner in which the fees and expenses of an arbitrator are to be paid;

(c) prescribing the manner in which an interest arbitration under this Part is to be conducted;

(d) respecting any matter or thing the Governor in Council considers necessary or advisable to effectively carry out the intent and purpose of this Part.

(2) The exercise by the Governor in Council of the authority contained in subsection (1) is a regulation within the meaning of the *Regulations Act*.

2 Part III of Chapter 475, as enacted by this Act, applies to collective bargaining between an essential home-support services bargaining unit as defined by that Part and an employer on and after the coming into force of this Act, whether the collective bargaining commenced before, on or after that day.