

# Bargaining Unit Appropriateness

## The Aftermath

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Bargaining Unit Appropriateness. In 1995 I had never heard the term, nor knew what it meant, nor what it would come to mean to MAHCP, and to me. A mechanism was set in place in 1996 when the legislature voted in support of **Bill 49**, which later became Chapter R34, The Regional Health Authorities and Consequential Amendments Act. This allowed for the review of bargaining unit membership and their bargaining agents. The Minister of Health then invited the Manitoba Labour Board to review bargaining units in Health Care. The board's initial findings were issued November 20, 1997, for rural and September 9, 1998 for urban. The Labour Board made the determination that there would be pre-determined bargaining units and, as many of you are aware, MAHCP represents the Technical/Professional/Paramedical bargaining unit.

There were many exchanges of letters and documents between the Labour Board and the stakeholders, which included the unions, the facilities, and the government. There are 650 pages of documentation broken down into two volumes including exchange of information and the many submissions and presentations to the Labour Board. All of which lead up to unionized health care workers and non-unionized health care workers alike having the opportunity to vote for the union of their choice in rural and subsequently in urban health-care facilities. These votes, as

many of you know, were conducted by the Labour Board, and prior to voting each of the unions on the ballot undertook very extensive campaigns within very tight time constraints. At the completion of the votes the size and makeup of MAHCP was significantly changed. Our overall numbers had increased dramatically, growing from approximately 1200 members in the mid 90's to approximately 3400 members today, and our representation of professional groups increased dramatically. During this time the impacts on staff and the board were tremendous, 18 hour days became the norm for staff and board members. I continue to be impressed, amazed and appreciative of the accomplishments during those times and the continuing efforts by staff, board and membership.

Such huge growth, while welcomed, also brings with it many issues for the MAHCP and our new and our original membership. Administratively we have developed new policies, procedures and strategies to accommodate these changes. There have been tremendous psychological impacts on all involved. The melding of the different cultures has been difficult. Emotions range from excited to acceptance to difficulty adjusting. I can only imagine the range of feelings for me if St. Boniface Hospital, my employer, had lost the vote. I know the transition would have been difficult, I also know my union

represents me in the workplace and I need to be involved to make it effective. Membership, old and new, is making that transition, as of the last A.G.M. fifty percent of your board consists of new members who, until recently, were represented by a different union or had no representation at the workplace. Our Staff Representatives are also a mix of original MAHCP members, members who were formally from other unions and members who had no representation in the workplace. These changes require us to be patient with each other, require us to reach understanding with each other, require us to help educate each other and require us to allow time to adapt.

Now here I am in 2005 looking at the aftermath of Bargaining Unit Appropriateness. This is what I see. I see a new face to MAHCP, a continually unfolding and evolving culture. I see a strong, vital, and dynamic union, moving forward, developing new links in the labour community, developing new strategies and new ways of representing members. I see a union filled by individuals who are proud of their chosen vocations, working hard in support of the health care for the people of Manitoba, and I see many, many individuals proud to be represented by MAHCP, the only union in health care dedicated to Technical/Professional/Paramedical.