

# BARGAINING UPDATE #4

SEPTEMBER 2022



## PRESIDENT'S MESSAGE

Last month the Manitoba Government announced that they would be raising the minimum wage from \$11.95/hour to \$15/hour by October 2023. First off, let me say that \$15/hour is NOT a living wage, especially considering the rate of inflation in the last year.



**BOB MOROZ**

President, Manitoba  
Association of Health Care  
Professionals

The Canadian Centre for Policy Alternatives (CCPA) in Manitoba [recently released](#) their own estimate of what a basic living wage should be: \$18.34 per hour in Winnipeg, \$16.25 per hour in Thompson, and \$15.66 per hour in Brandon to cover just the basic household expenditures for a family of four with two earners.

Advocates were calling for a \$15 living wage over 10 years ago. Again, the Manitoba Government is acting too little, too late.

Premier Stefanson said in the government news release that she "recognizes the financial challenges many Manitobans are facing as a result of global inflationary pressures."

Labour Minister Reg Helwer followed that up by acknowledging that "Manitobans have worked tirelessly throughout the COVID-19 pandemic, and we are committed to relieving some of the financial strain."

Our members in allied health haven't seen any evidence of that commitment.

Considering MAHCP members are still waiting for a fair deal after four plus years of frozen wages, these statements by the government are not only tone-deaf, but highly offensive to all our members whose commitment to Manitobans has been unwavering.

As soon as this announcement was made, I began receiving emails from members who were in disbelief. How could the Premier proudly announce this modest and long overdue minimum wage increase while at the same time continuing to ignore allied health.

It's clear that a hike in the minimum wage is badly needed, but government also needs to recognize and adequately compensate those whom they have called "heroes" on the frontline of health care.

One of the questions I hear most often from members is "when are we going to strike?"

The answer is not yet, but when and if the bargaining committee calls on us for a strike vote, I want our members to keep in mind how allied health has been treated.

Meanwhile, your bargaining committee, and all of allied health, will continue to fight for a fair deal and for the recognition we deserve.

## CENTRAL TABLE BARGAINING

As you will know from past bargaining updates, the MAHCP Central Table Bargaining Committee has been meeting with the employer one day per week almost every week since bargaining began in March 2022.

*(continued on back page)*

**PRESIDENT'S  
MESSAGE**  
MINIMUM WAGE TO  
RISE, MAHCP MEMBERS  
STILL WAITING

**BARGAINING  
STATUS**  
A BUSY SUMMER OF  
BARGAINING

**MNU, MGEU & CUPE**  
OTHER UNIONS HAVE  
CONTRACTS, WHAT ABOUT US?

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**(Central Table Bargaining continued)**

Recently, your committee began holding pre-negotiation “prep” meetings prior to meeting with the employer to ensure we can provide timely responses to employer proposals. With only one day per week with the employer, we want to make it count and move the process along as quickly as possible.

As we attempt to consolidate 46 separate collective agreements into just three, we are trying to maintain and protect the gains our members have already bargained over the years.

We are also proposing a number of improvements to language and benefits. At the same time, we are facing an employer whose intention is to standardize language, which often means they propose the “lowest common denominator.”

Every article must be revisited and in many cases renegotiated, which has led us to a more methodical and painstaking process than we have experienced in past bargaining rounds.

In short, the process is moving along, but it is neither quick nor easy. We have already exchanged over 200 non-monetary proposals (between the employer’s and ours) and there are many more to come before we get to monetary proposals.

Among the proposals that have been presented so far, many have been agreed to, but some remain outstanding or have been deferred for discussion at a later date.

While many of us may want to strike now, it wouldn’t help to move things along any more quickly given the complexity of our table.

We continue to work through that complexity with the employer. If and when we reach an impasse, the bargaining committee may call on members for a strike mandate.

Further bargaining dates are currently scheduled for September 9, 16 and 23, with more dates to be scheduled in the near future. Stay tuned for future updates. In addition, our [Bargaining FAQ is now online](#), so please check it out on our website.

## **OTHER UNIONS HAVE CONTRACTS, WHAT ABOUT US?**

The Manitoba Nurses Union ratified and signed a deal in October 2021 after more than a year of negotiations and seven weeks of mediation. Last week, MGEU members in community and facility support sectors in Prairie Mountain Health and the Interlake Eastern Regional Health Authority ratified a new collective agreement.

CUPE represents the support sectors in all other regions and Shared Health. They announced this week that they have reached a tentative deal after nearly two years of negotiations, and their bargaining committee is recommending ratification. We will know whether CUPE members accept that recommendation and vote to ratify in a few weeks.

As a result, MAHCP members are working alongside colleagues in nursing and support who are already seeing, or soon will be, benefits from new agreements. While other sectors had been working under expired contracts for even longer, it still rubs salt in the wound for allied health to see others getting raises while we still have a long way to go at our bargaining table.

However, there are also some benefits to following other sectors in bargaining. The following is a recap of what we know and what we have learned from other health-care bargaining tables so far.

All of these new or tentative agreements for other sectors contain some common elements:

- General wage increases for all classifications: 9.6% over 7 years from 2017-2024 (1.25%, 1.25%, 1.4%, 0.5%, 1.2%, 2.0%, 2.0%)
- Double overtime for all OT
- Health Spending Account Increase: From \$500 to \$700 for full-time; \$250 to \$350 for part-time
- Evening and Night Shift Premium Increases: to \$2/hour (evening) and \$3.50/hour (night) for nurses as of ratification last year and reaching the same amount for support by April 1, 2023
- Signing bonuses (amounts vary by sector, minimum \$500)

Beyond these common increases and benefits, each of the sectors have achieved other gains in their respective agreements. While we can’t predict the outcome of our negotiations, we know one thing for certain: our members in allied health deserve and expect no less.

Contracts for nurses and support expired in 2017, one year prior to MAHCP’s collective agreements for the professional-technical or “allied health” sector which expired in 2018.\*

That contract cycle is why allied health typically follows the other unions in bargaining. However, the extreme delay that all unions experienced is anything but typical. It’s worth remembering that the Manitoba Government is squarely to blame for this delay that has affected all of our sister health-care unions.

The government dragged us through unnecessary representation votes as well as unconstitutional wage-freeze legislation that they were eventually forced to withdraw. Had the government not engaged in such delay tactics, all unions could have negotiated new contracts prior to the pandemic hitting in early 2020. The pandemic was always going to be tough, but the extreme hardship everyone in health care has had to endure, and continues to endure, is surely compounded by frozen wages and expired contracts, not to mention the cuts, closures, and consolidations.

Allied Health will remember.

*\*Some of our members who are former CUPE and MGEU members in the professional-technical sector are working under contracts that expired in 2017.*