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PLEASE CALL 204-786-8658 OR COME AND SEE US AT 244 CREE CRESCENT
Dear Brothers and Sisters,

If ever there was a time for us to come together in solidarity, it is now.

Some of our own brothers and sisters are under attack with recently introduced legislation that would effectively dwindle the number of bargaining units within healthcare.

Currently, several categories of people – doctors, nurses, paramedical, community support, maintenance, trades and facility support – all serve the greater healthcare clientele. The way legislation is currently worded does not actually recognize maintenance and trades as a separate health care sector. The proposed Bill 29 would officially roll maintenance and trades into facility support and render obsolete the collective agreement our brothers and sisters who work in maintenance and trades at healthcare facilities are accustomed to.

Our brothers and sisters, without exception, would be required to adopt the facility support agreement as proposed - a move that flies in the face of the historical relevance of trades being separate and apart from all the other sectors within healthcare.

Another problem with the Bill 29 is that it would pit union against union in a so-called ratification vote. If the bill passes, it would require all workers within each of the healthcare sectors to vote on their respective union representation from a pool of all existing unions (OE987, CUPE, MGEU, UFCW). Winner would take all.

Depending on the outcome of this rationalization vote, we could find ourselves in a situation where we gain many new members, who we would welcome with open arms. On the flip-side, we stand to lose about 1,000 of our current membership.

All healthcare unions are still in discussion with government officials in an attempt to find solutions that are not disruptive to the current union/collective agreement climate. We are also lobbying the government to do the right thing: avoid forcing a vote and respect the trades as a separate and distinct community within the greater healthcare field.

I will keep everyone apprised of the ongoing situation as we know a little more.

In solidarity,

MARC LAFOND
BUSINESS MANAGER
OE987 EXECUTIVE BOARD NEWS

We would like to thank everyone who attended the OE Local 987 Christmas Open House. Once again, it was a huge success with many more people than ever attending. Let’s make next year even better.

The Supreme Court of Canada refused to hear the Appeal of Merit Contractors Association regarding their constitutional challenge that forced unionization is unconstitutional. For those who remember, the unions that were named in that case won both the court of Queen’s Bench and the Manitoba Court of appeal cases. Now we can officially consider this matter closed.

A while ago, the Executive Board made the decision that all members making application for membership would have to take the new member course prior to being accepted. Unfortunately there hasn’t been a whole lot of uptake; therefore we have made the decision to incentivize the process. We will re-evaluate our policy sometime in the future when we get further data.

The lease at our old union hall location at 1008 Wall Street has been renewed for a one year term with a rental increase of 3%.

The Executive Board has been having extensive discussions on Bill 28 (Public Services Sustainability Act) and Bill 29 (The Health Care Bargaining Unit Review Act). Both are very concerning and will affect our public sector membership dramatically. We are still in discussions with the government and will update those affected as we know more.

On a monthly basis, we receive requests for support and or donations from a variety of community groups. We review each and every one of those requests at the executive board and support those groups that have far reaching positive impact to our communities.
DRUG & ALCOHOL POLICY MUST BE FAIR & EQUITABLE FOR ALL

BY OE LOCAL 987

Drug and alcohol testing has been and continues to be an issue in many of our workplaces. There are many reasons why drug and alcohol testing may be carried out in a workplace, the most common being that they are deemed to be safety sensitive. In other cases it is an employer-imposed policy brought about by incidents of employee impairment.

The issue of our human rights and what we do on our own personal time is certainly an important part of our personal privacy (one that all unions have fought hard for). However, at a time where employers are requiring either pre-site access, or post incident testing the issue gets a little more complex.

The Operating Engineers throughout this great land pride ourselves on our reputation for having the best trained, safest and the most productive workforce out there. In a time where a greater degree of scrutiny has been put on the positives of what we’ve been selling owners and contractors, expectations on our members have also risen substantially. Unfortunately we are encountering situations where more and more of our members are failing these tests. The fact that more people are testing positive isn’t because more people are choosing to use drugs or alcohol, however, more workplaces are testing for these substances.

In many instances the tests come back negative for intoxication. However they are coming back positive for use! At this point things get a little complicated. In the case of a positive pre-site-access test, we generally have to find someone to replace the person whose test came back positive. As a result, the person who tested positive loses out on a potentially lucrative job. On the other hand, when it is a post-incident positive, we either have to replace the person or fight for back-pay from the time the initial test came back positive and the member is suspended, to the time that the swab test comes back negative and the person is reinstated. Right or wrong, contractors are expecting a higher degree of professionalism for on and off the job conduct. This is a direct effect of the mature collective agreements we have bargained for over the years. We have an excellent wage, benefit and overtime package that comes at a high price to the contractors and owners. We would like to be able to keep the gains garnered over the years by confirming for them that we practice what we preach.

Choosing to forgo the use of drugs and alcohol in workplaces where testing is mandatory only makes sense. As an individual, you don’t put your employment at risk, and as a union, it doesn’t put us at odds with the positives of what we go out and sell to the owner/contractor group. Let’s all be mindful of this. Help us be the labour pool of choice and increase our market share in a time that more competition from the CLAC’s, Merit Contractors and other are pitching their tents in this Province.

Having said all this, this union will continue to fight for our members. Fighting back to ensure that when Drug & Alcohol policies are put in place they are fair and equitable. We will also fight to ensure that people who have to undergo testing are treated with dignity and that the testing is done fairly within agreed to proposals and standards. And we continue to oppose random testing and will always support our members who are dealing with addiction problems!

UPCOMING OE987 EVENTS

WINNIPEG DISTRICT MEETING
OE987 Head Office
7:00 pm
June 1, July 6, August 3, September 7, 2017
All members welcome.

BRANDON DISTRICT MEETING
Canad Inns Brandon
7:00 pm
June 8, July 13, August 10, September 14, 2017
All members welcome.

OE987 MEMBERSHIP PICNIC
OE987 Membership Picnic
Sunday, June 11
12:00 pm to 3:00 pm
OE987 Head Office
244 Cree Crescent

Join us for our 4th annual Family Picnic for members! Bring a lawn chair and join us for great food and company.

GENERAL MEMBERSHIP MEETING
September 17, 2017
1:00 pm - 4:00 pm
OE987 Head Office
244 Cree Crescent
NEWS FROM OETIM

OETIM welcomes spring and the challenges that come with a busy year. We started the year off busy and continue to be very busy. Training is needed and clients /employers/contractors are coming to us for quality training in the construction industry. With the announcement of upcoming projects and infrastructure work, there continues to be a demand for trained people. Years of experience is great, but having proof of training from a recognized training facility is a requirement for many jobs. Our Heavy Equipment Operator courses run every two months in the city and are full until mid June. Free assessments are delivered every month. We are currently delivering Heavy Equipment operating courses in the great white north for University College of the North. (Churchill, Thompson + The Pas) Training is needed everywhere and OETIM has a commitment to meet the demands of industry, providing quality training.

Level Two Mobile crane is currently taking place at Red River College therefore you will see some activity with OETIM’s cranes onsite. Tower Crane training will start next month at our office. Crane is compulsory trade therefore you must go through Apprenticeship Manitoba to attend.

OETIM continues to attend career symposiums throughout the province with our mini excavator. This year while at the Rotary Career Symposium we actually won Winner of the Most Interactive, Entertaining and Fun booth. We received a nice trophy, which we proudly display at the office. While at these career fairs we promote Mobile, Boom, Tower Crane as well as Heavy Equipment Operator. We also promote the importance of safety training too, especially Basic Rigging and Crane Awareness.

We have noticed attitudes towards people working in the trades has finally changed and recognizing tradespeople as actually having a successful career. Studies have looked at averages, which is where most of us are and will be in terms of our career, the paychecks for trades are either at or above other careers.

One study of the trades from the state of Michigan found the above to be true — that the ceiling was higher for white collar, but the median was actually higher for blue collar. Something to think about considering the time and cost of schooling.

We continue to deliver Basic Rigging, Crane Awareness, Skid Steer and Zoom Boom training at the office on Cree Crescent. Course dates are set a month in advance and are posted on our website www.oetim.com. GPS courses are scheduled between our regular heavy equipment operator courses and therefore posted less frequently.

MEMBERS WHO PAY INTO THE TRAINING FUND AND NEED TO TAKE TRAINING ELSEWHERE AND WANT TO BE REIMBURSED MUST REMEMBER TO CALL THE OETIM OFFICE AT 204-775-7059 FOR PRIOR APPROVAL.

REMINDER: Check your ticket expiration dates! The online safety courses are always available. Call to register. 204-775-7059

UPCOMING IN-CLASS COURSES:
Crane Awareness: June 21
Skid Steer: June 13
Basic Rigging: June 22
Zoom Boom: June 14 & 15
First Aid/CPR: June 21 & 27

Follow us on Facebook
Operating Engineers Training Institute of Manitoba
RESPECTFUL WORKPLACE POLICIES: AN IN-DEPTH LOOK AT HOW HARASSMENT IS HANDLED IN THE UNION

BY WILLIAM SUMERLUS

Every worker in Manitoba has the right to be free from harassment in the workplace. That does not only mean harassment by supervisors or bosses. It means that co-workers must behave respectfully towards each other. In fact, if an employer does not act to prevent one employee from harassing a co-worker, the employer will be in breach of the Human Rights Code of Manitoba. It is an offence under the Code for an employer to fail to take steps to prevent the harassment of one worker by another. Harassment is also dealt with in the Workplace Safety and Health Act and regulations of Manitoba.

According to section 10 of the Workplace Safety and Health Regulation 217/2006 every employer must develop and implement a written policy to prevent harassment in the workplace. Harassment includes objectionable and severe conduct towards a worker. Conduct is “objectionable” if it is based on race, creed, religion, colour, sex, sexual orientation, gender-based determined characteristics, marital status, family status, source of income, political belief, political association, political activity, disability, physical size or weight, age, nationality, ancestry, or place of origin. Conduct is “severe” if it could reasonably cause a worker to be humiliated or intimidated and is repeated, or in the case of a single occurrence, has a lasting, harmful effect on a worker. The regulation also includes written or verbal comments and physical acts, gestures or displays which may be included in the definition of objectionable conduct.

Employers still have the right to manage the workplace as the regulation also includes a provision that reasonable conduct by an employer or supervisor in respect of the management and direction of workers or the workplace is not harassment. However, this does not give an employer the right to display the kind of objectionable or severe conduct as described above, towards an employee.

Every employer must also develop and implement a written harassment policy and ensure that workers comply with it. The policy should be developed in consultation with the workplace safety committee or if there is no committee, the workers at the workplace. Each policy should contain statements that every worker is entitled to be free from harassment, that the employer will take corrective action in the event of harassment. The policy should also provide a process for filing and investigating a complaint of harassment. A copy of the policy should be posted prominently in the workplace.

Respectful workplace complaints can be difficult for the Union to handle because they may pit one member against another. While we do not condone the harassment of any member, we have a duty to fairly represent everyone in our bargaining unit, even those who are alleged to have harassed another member. While a single isolated incident may not result in discharge, repeated conduct like that described above likely will.
BUDGET 2017/18 HEALTH CARE CHANGES CONCERNING

BY MOLLY MCCracken

ARTICLE FROM THE CANADIAN CENTRE FOR POLICY ALTERNATIVES APRIL 24, 2017

Changes to Manitoba’s Health Care system are coming fast and furious. This will invariably impact key services we all rely on and limit access to needed services.

On April 7th, the Friday prior to the budget, the Winnipeg Regional Health Authority announced the closure of three Emergency Rooms (ERs): Concordia, Victoria and Seven Oaks and the closure of the Misericordia Urgent Access Centre.

Seven Oaks and Victoria’s ERs are slated to become Urgent Care Centres. The province directed the WRHA to reduce its budget by $83 million and this move will save $30 million. The closure of the three ER was recommended in the Provincial Clinical and Preventative Services Planning for Manitoba “Peachy Report” due to lower volume of emergency room visits in the ERs proposed to be closed.

The data used to make these closures is based on how many patients per day an ER doctor sees compared to a benchmark locally and in other Western Provinces. The rationale is that the three ERs are not needed as they are not reaching the benchmark and therefore not used to capacity. However Dr. Alan Drummond says closing ERs is “doomed to fail” as ER wait times are due to a backlog; more beds are needed to move people through ERs in a timely way. The Manitoba Centre for Health Policy found that high wait times in ERs stem from inadequate access to diagnostic testing. It is not clear these causes of wait times are being dealt with these changes to ER services.

THE QUESTION REMAINS: CAN THE VOLUME OF PATIENTS BE ACCOMMODATED BY HALF AS MANY ERS AND ATTEMPTING TO REDIRECT PEOPLE WITH URGENT BUT NOT EMERGENCY CONCERNS TO SEEK OUT URGENT CARE CENTRES?

It is not clear that Urgent Care centres can deal with the influx of demand. In Alberta, Urgent Care centres are struggling to keep up with patient demand and are understaffed and resourced.

It is also puzzling how people will get to care in a timely manner. Seconds count with emergency health concerns and the closure of ERs will undoubtedly limit access with life-threatening consequences. Winnipeg is a sprawling city and concentrating ERs in the centre and west of the City leaves the East, North and South far away from emergency care.

BY CLOSING THE ONLY CENTRALLY LOCATED URGENT CARE CENTRE, THE MISERICORDIA, THOSE LIVING IN THE HIGHEST DENSITY AREA OF THE CITY SEEKING URGENT TREATMENT WILL HAVE TO TRAVEL TO SOUTH WINNIPEG TO THE VICTORIA OR TO SEVEN OAKS.

The Peachy Report does not include an analysis of travel times to ER or Urgent treatment. The report does not acknowledge that some seeking treatment do not own a car, cannot afford a taxi and may have to rely on public transport to get to potentially unfamiliar parts of town. This will become a challenge particularly in the evenings and overnight as there will be little other option. Ironically, the closure of the Misericordia urgent care centre may encourage individuals who normally use urgent care centre to instead visit one of the two downtown ERs.

Quick Care Clinics are intended for non-emergency visits but are not open past 7:30 pm on weekdays and 4:30 pm on weekends and holidays. The new government already closed the
St. Mary’s Quick Care Clinic in January due to staffing shortages. None of the remaining five Quick Care Clinics are located in central Winnipeg.

Notably one private nurse practitioner (NP) service has opened in this time period, in which goes against the Canada Health Act’s principle of universality. Investment in NPs by the last government was meant to make our public system more efficient. Having these NPs move into the private realm weakens the public system and research shows that reduced access to publicly-available services increases demand, which can lead to increased privatization. Here in Manitoba, reducing ER & Urgent Care services could be a precursor to this pro-privatization government to open the door to privatization of health care. The WRHA admits privatization is on the table.

On the tax credit side, Budget 2017 caps the Primary Caregiver tax credit, which will pose significant disadvantages to families that have more than one dependent with a disability. This is capped now at $1,400 per family, regardless of how many members with disabilities, which means less money for low-income families for special equipment such as wheelchairs. The cap reduces expenditure on these equipment needs for families by $8.6 million.

The provincial health budget will continue to be the one to watch, at 39.2% of expenditures in 2017/18. With the end of the Health Accord in 2016, provinces can only expect 3 percent increases annually from the federal government, in comparison with 6 percent under the previous Accord. Premier Pallister has been holding out for the past four months for more federal health money on kidney disease and Indigenous health before signing an agreement.

Notably very little is being said from this government about preventative health measures. For example, improving food security and access to recreation would prevent the diabetes that leads to kidney failure. This would alleviate costly treatments down the road and improve quality of life for those impacted and their families.

This is a preliminary analysis of the situation early in this government’s mandate. CCPA Manitoba will look to provide more research on these issues in soon.

SEE MORE AT: POLICYALTERNATIVES.CA/MANITOBA
SCHOLARSHIP OPPORTUNITIES

OE987 BURSARIES AND SCHOLARSHIPS

CANADIAN CONFERENCE BURSARY APPLICATION DEADLINE
Reminder to members who have dependents attending university or community college that bursary applications must be in by August 1, 2017.

OE987 members are eligible for a number of bursaries and scholarships. Contact us to learn how you or family can benefit from a scholarship opportunity through OE987.

To see the list of available scholarships and download application forms, visit our website at oe987.mb.ca.

NEW SCHOLARSHIP OPPORTUNITY WITH BROADBENT INSTITUTE

The Broadbent Institute has announced that they will be establishing a permanent Scholarship Fund to provide emerging leaders with the skills, tools and resources they need to start making change in communities across Canada.

The Broadbent Institute’s Training and Leadership program supports the development of new and emerging Canadian leaders. Broadbent works with partner communities to provide training that improves the leadership skills of Canadians who are, or would like to be, engaged in advancing progressive ideas and building power.

Maybe now more than ever, investing in emerging leaders and grassroots organizing is so important. Since the Broadbent Institute launched in 2012, they’ve trained thousands of activists to become leaders in their communities.

TO LEARN MORE, VISIT BROADBENTINSTITUTE.CA.
SHOW YOUR UNION PRIDE AND SHARE PHOTOS OF YOU AND YOUR COWORKERS ON SOCIAL MEDIA WITH THE HASHTAG #OE987PROUD. YOU COULD BE FEATURED IN THE NEXT NEWSLETTER!

DUES INFO
Please be advised that Out-of-Work dues are $29.00/month effective January 1, 2017.

Out-Of-Work Dues for retirees and people who are sick are now $16.00/month. Please call our office at (204) 786-8658 to receive more information in order to advise us and to see if this would apply to you.

To maintain your position on the Out of Work list, remember to phone in once a month to check in and keep your dues in good standing.

IN MEMORIAM
EUGENE BIALKOWSKI, LOCAL 987B DECEASED SEPTEMBER 22, 2016
CYRIL CHARTRAND, LOCAL 987 DECEASED NOVEMBER 27, 2016
JEAN PAUL DUMONT, LOCAL 987B DECEASED JANUARY 6, 2017
TREVOR GREENHOW, LOCAL 987 DECEASED SEPTEMBER 29, 2016
WILLIAM HAYES, LOCAL 987 DECEASED DECEMBER 20, 2016
ROY MUNRO, LOCAL 987 DECEASED JANUARY 24, 2017
RYAN STONEHOUSE, LOCAL 987 DECEASED FEBRUARY 15, 2017
THOMAS ZASITKO, LOCAL 987 DECEASED OCTOBER 21, 2016

OE987 WISHES TO HONOUR & THANK OUR MEMBERS WHO HAVE RECENTLY PASSED AWAY.

MEMBERS’ CORNER

CONGRATULATIONS TO MICHAEL McMANUS, son of Sheryl McManus, employee of Misericordia Health Centre. He is the winner of one of the 987A/987D bursaries!

Also, congratulations to Cortney Quennelle, daughter of Tammy Quennelle who is employed at Winnipegosis District Health Centre. She is the winner of the Canadian Conference & one of the 987A/987D bursaries!

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