

IRCC NVP Report June 2020

This time is tough for all of us. Suddenly being told to stay home and stay safe is rather surreal. I believe we were all encouraged to know that our paychecks were still coming to us mostly. Phoenix is still an issue but with much less cases to worry about at this time.

Life is slowly trying to return to “normal” but we must be vigilant and stay safe with masks and social distancing. To that end I and your National Executive have worked tirelessly to keep negotiations and deliberations respectful and constructive. The 699 leave provisions are still in effect for many of our coworkers and may still be in effect for some time to come. IRCC management has continuously indicated that the numbers of members returning to the offices are probably going to be up to 25% of our pre Covid population. So far they suspect more like 20% or lower but depending on the way Covid develops (or not develops) it could be up to 30%.

At IRCC this whole issue started with a meeting where Ottawa Management had let it be known that they intended to implement variable hours contrary to the Collective Agreement. With Eddy Bourque (President CEIU) and Crystal Warner (NEVP CEIU) filing a Policy Grievance where the decision was favorable for CEIU and its membership at IRCC. The decision was that Management was not correct in trying to implement this. After the decision the conversation became much more constructive and respectful. With actual consultation taking place at most if not all meetings until now.

I sit on the RMT Sub-Committee on worksites, related to re-integration of the work spaces by our members. With such discussions on plexi-glass and making paths of one way movement through work spaces (and public spaces within our offices) and social distancing and how to implement. Also I am on the Sub-Committee on Workplace Health. All related as well to PPE (Personal Protective Equipment) and some overlapping on site readiness. Of course I am on the active National Policy Health and Safety Committee and the Sub-Committee on Mental Health.

As part of the NPHSC we were informed that the worksites are slated to have AED's (Automated External Defibrillator) installed in all offices. The focus right now is the re-integration of the members into the work spaces as safely and

without incidents as possible. The discussion is still lively in relation to the implementation of the AED's. It is not forgotten (by Management) that we and IRB are going to have AED's in our workspaces as we remind Ottawa every time we meet. The NE are actively working towards Service Canada also deciding to implement the AED's.

The biggest issues facing us for the next while is the issue of virtual Citizenship and PR Final interviews. The overarching feeling is that integrity is not being maintained while the members are working tirelessly to make sure our Departments integrity is being maintained as much as is possible. Also the issue of classification is being discussed as it seems that management is leaning towards allowing PM-03 to do the Ceremonies and Clerk (already done) replacing the Judges by and large and the Order of Canada presenters with those people making well over \$110,000.00 and our members being paid up to \$60,000.00 Classification must be involved as these "emergency" situations were fine and were accepted as a temporary emergency gap covering. However if this is becoming policy, obviously this cannot be maintained as it currently stands. From the very beginning it became clear that there was no real direction Management was going as most people in charge really were flying by the seat of their pants and asking the members on the process and what to do and how to do it. This also meant that processes were extremely fluid with no stability in its guidance and management. At this point we are now finally getting to a semblance of order in the process and the understanding of its flaws and risks.

Prior to Covid 19 we were constantly demanding consultation and respectful dialogue where management was not interested and never really understood or wanted to understand what consultation actually means. I can tell you at this point that this atmosphere has lifted and the DM is respectful and cooperative and is very interested in dialogue and consultation as is evident with the AED issues and the current re integration of the members and the implementation of PPE and Health and Safety and Mental Health during this process.

Respectfully submitted,

Paul Croes (NVP IRCC)