

# Guardian



THE VOICE OF THE HOSPITAL EMPLOYEES' UNION

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Working in cooperation, registered nurses and LPNs are upgrading their skills and expanding their roles in a unique plan to change how health services are delivered. Read about their efforts on page 13.

## Ashcroft's model for change

LPN Sharon Thompson with patient Derek Edwards at Ashcroft and District General Hospital.

**S** Health workers in Ontario are set to fight Mike Harris' bid to cut \$1.3 billion in health funding, axe jobs, and close hospitals.  
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DALE FULLER PHOTOS

## MacPhail's medicare vision

In a wide ranging and exclusive Guardian interview, health minister Joy MacPhail tackles privatization, the community sector, and outlines her plan for progressive change.

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## COMMENT

# Two steps forward, but two steps back

by Chris Allnutt

**S** EVEN MONTHS ago at HEU's convention, delegates made a crucial decision to help chart our health reform path. They said give us the tools to deal with restructuring issues in the workplace, so we can challenge employers by outlining progressive options to deliver better public health care services.

That mandate has been met in April and May in a series of special workshops that have brought together hundreds of union activists. They've shared experiences – both good and bad – on a range of issues: from strategies for dealing with the new employer to concrete ideas for integrating community and facility services.

I've participated in the workshops and I've been impressed by members' commitment to quality health services, and the new and creative ideas we have to influence the process of change now going on in health care. The workshops send a strong signal to employers and government about HEU's proactive approach to progressive reform. Health workers have the expertise, front line knowledge and ideas to make medicare better.

We've also made headway with the recent arbitrator's decision on monetary issues in the facility sector. It's the final piece in the new contract that will cover all 44,000 acute and long-term care workers



in the sector. We're the only jurisdiction in North America where long-term care workers enjoy the same wages, benefits, and protections as their acute care counterparts.

Years ago HEU set a goal: to win one contract for all caregivers in acute and long-term care. Achieving it is a significant milestone that should allow the union to focus even more energy and resources on health care reform.

But two significant obstacles remain in our way. One of them is community sector negotiations. A year ago HEU, BCGEU and UFCW began talks with HEABC for a contract that would bridge the significant parity gap for community caregivers. While the unions' broader public campaign to achieve recognition and a fair settlement has made inroads, we've marked a year's anniversary with no progress at the bargaining table.

We're now entering a crucial stage. Two days of talks set for late April with HEABC will determine whether a settlement is possible

**'We need to achieve a community settlement and neutralize the LRB decision so that we don't take two steps backward'**

or if we'll have to take a strike vote and job action to achieve it. The other significant barrier that's just emerged is the recent Labour Relations Board ruling that could move more than 5,000 union members who provide innovative facility-based services into the community sector. It was another

wonky LRB edict that will cause chaos for health reform and threatens contract standards.

We're pressing government and employers to eliminate these two barriers. With our proactive approach on health reform and the new contract in the facility sector, we've taken two steps forward. But we need to achieve a community settlement and neutralize the LRB decision so that we don't take two steps backward.

## voice/mail

THE GUARDIAN WELCOMES YOUR FEEDBACK. SEND LETTERS TO 2006 WEST 10TH AVE., VANCOUVER V6J 4P5 OR PHONE 1-800-909-4994. PLEASE BE BRIEF.

### Union funding helps women's equality

The Vancouver Status of Women thanks the Hospital Employees' Union for its continued support of our organization and our work for women's equality.

Your financial contributions go a long way in assisting VSW to provide necessary services to women in the community.

We greatly appreciate your vote of confidence.

AUDREY JOHNSON,  
Vancouver Status of Women

### Progressive think tank says thanks

We are writing to thank HEU for becoming a sustaining member of the Canadian Centre for Policy Alternatives. Your support of the new B.C. office means a lot.

The research work of the new office is now well underway. B.C.

coverage of the Alternative Federal Budget was unprecedented. CCPA spokespeople provided extensive commentary in response to the Liberal budget, and CCPA articles on public pensions have appeared in numerous newspapers.

No question, the opening of the CCPA B.C. office is an important step in re-shifting public opinion, and the Fraser Institute's near-monopoly on public-policy debate is effectively challenged!

ALICE MCQUADE (BCTF),  
BERNICE KIRK (CUPE B.C.),  
CCPA,  
Vancouver

### Activist outlines plan to utilize LPNs in the community

I am writing to you regarding the articles you have researched and written about licensed practical nurses.

I am a LPN, HEU member and supporter of expanding the duties within our scope of practice. Since 1994 I

have been involved in expressing to the

Ministry of Health and Community Health Councils the need to utilize LPNs. I also have been involved with the "New Directions" and have attended council meetings.

Myself and another LPN developed a proposal to the community health councils to utilize LPNs in the community. We researched and collected data from the Ministry of Health and the B.C. Council of Licensed Practical Nurses.

It soon became clear that the health councils were not able to make any decisions regarding change to nursing practices. Our goal was to pilot a project in the Kootenay area to introduce and utilize LPNs in community nursing.

The LPN council and association supported our idea and in March

1995, they funded a flight down to Vancouver to meet with a Ministry of Health official from the continuing care division, Mrs. Lee Frost.

She told us our ideas are good, but we are ahead of the times – she explained that in her opinion it will be very difficult to get LPNs into community nursing because there have only been RNs in that area and the RNABC will fight against it because of the threat of job loss to the RNs.

We are still very interested in expanding LPNs' role to include community nursing. We would like to become involved with HEU to assist in achieving this important step for LPNs.

KATHIE MOORE,  
Kimberley



"When do they start downsizing greed?"

## Guardian

"In humble dedication to all those who toil to live."

EDITOR  
Stephen Howard  
ASSOCIATE EDITORS  
Dale Fuller  
Mike Old  
DESKTOP PRODUCTION  
Carol Bjarnason  
DESIGN CONSULTATION  
Kris Klaasen,  
Working Design  
PRODUCTION & PRINTING  
Broadway Printers

The Guardian is published on behalf of the Provincial Executive of the Hospital Employees' Union, under the direction of the following editorial committee:  
Fred Muzin, Chris Allnutt, Mary LaPlante, David Ridley, Colleen Fitzpatrick, Sheila Rowswell, Della McLeod

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Provincial Executive

UNION OFFICES  
Provincial Office:  
Vancouver Site  
2006 West 10th Ave.  
Vancouver V6J 4P5  
734-3431  
e-mail: heucomm@web.net  
Solinet: heucomm  
Abbotsford Site  
2702 Ware St.  
Abbotsford V2S 5E6  
852-6571  
Okanagan Office  
100, 160 Dougall Rd. S.  
Kelowna V1X 3J4  
765-8838  
Kootenay Office  
745 Baker St.  
Nelson V1L 4J5  
354-4466  
Vancouver Island Office  
310-2750 Quadra St.  
Victoria V8T 4E8  
480-0533  
Northern Office  
1197 Third Ave.  
Prince George V2L 3E4  
564-2102

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# What we're up to

## Swan Valley local lends a hand in Creston

HEU's Swan Valley local in Creston has stepped forward to help keep a local youth centre open while the bureaucracy in Victoria dickers over which government ministry will pick up the funding tab.

Earlier this year the ministry of children and families announced that it would no longer fund the staff coordinator position at That Place.

So the 50 members of the local voted to donate to the

centre the equivalent of a month's salary for the position to buy some time until the government makes a decision.

The town has many children living on the street, vulnerable to such influences as drugs and neo-nazi groups which recruit street kids (see November/December *Guardian*).

An average of 23 youths stay each night at the centre, and it helps to keep them well and safe.

Betty Fehr, HEU local vice-chair, said employees wanted to show HEU is at work in the community.

## Oops! Burke is south not north

Last issue we reported that HEU activist Barb Burke had been appointed to the North Okanagan Regional Health Board. Wrong. She sits on the South Okanagan-Similkameen Regional Health Board.

Forgive us for the filth

WE ARE WORKING SHORT STAFFED

Yucalta local members launched a workload sticker campaign. They won!

## Workload campaign wins at Yucalta Lodge

Recently, Yucalta Lodge workers took action to give their employer a gentle reminder that saving money compromises care. Management at the Vancouver Island long-term care facility decided to economize by not calling in replacements for sick staff. Instead they pulled housekeeping staff and had them fill the vacancies.

The result? There was a period of three weeks with minimal cleaning of residents' rooms.

The residents naturally noticed and blamed the staff. So, staff decided to wear stickers that declared they were working short-staffed. Within 24 hours of the stickers' first appearance, management did an about-face and called in replacement staff when needed.

The members of the local feel gratified that they were able to act as the residents' voice. The Lodge residents weren't aware of the underlying problem; they just knew their rooms weren't cleaned.

## Ramp fight helps with transition to community

Perseverance by members of the Mental Patients' Association (MPA) local has paid off to help Riverview Hospital residents make a transition to the community.

Last year, MPA began plans to convert a cottage on the hospital grounds into a two-bed transition residence to help residents adapt to life in the community. The first person selected to live in the cottage has a physical disability and needed a ramp.

"Simple," said MPA members, "we'll have one built."

But the government agency, BCBC, that owns the building, quoted \$5,000 to build it. Victoria said, "No money."

So, the resourceful caregivers decided to find it.

Home Depot offered to donate the materials and to build it. BCBC said no.

After three months of negotiating, BCBC agreed to donate the labour and to allow Home Depot to donate the materials.

The resident is looking forward to moving in soon.

continued on page 4

## HEU presses for WCB changes

by Dale Fuller

HEU activists were on hand to press labour's demands for change as the Royal Commission on Workers' Compensation kicked off its public hearings on April 2 in Powell River.

Joan Lewis, from the Powell River local, and Jean Daly, from the Olive Devaud local made presentations at the commission kickoff. Like all health workers, they know their worksites are the most unsafe in the province in terms of numbers of injuries on the job.

HEU is interested in focusing the commission on the promotion of occupational health and safety, and the prevention of injury and disease.

More broadly, at these and other hearings that are scheduled for communities across B.C. until July, the labour movement is pressing the commission to enshrine workers' health and safety rights in law. As difficult as it is to believe, currently there is nothing in the law to enforce WCB regulations.

If you wish to make a presentation, contact HEU's health and safety department at Provincial Office.

## Local merger plan brings quick results

Phase one of HEU's plan to build a stronger union and deal with the new employer in health by merging smaller locals is up and running. Servicing representatives and Provincial Executive members are attending local membership meetings to address concerns about merging locals, as well as to outline the procedures.

Recently, there have been two mergers: one between Port Alberni and St. Jacques locals which will be known as the Port Alberni local, and the other between Quesnel (which is itself a merged local of the former G.R. Baker Hospital, and Quesnel Drug and Alcohol locals) and Amata Transition House which will be known as the Quesnel local.

# LRB edict will cause chaos

Bill 48-linked ruling a setback for reform, will impact 5,000 HEU members

OVER 200 HEU activists paid a "courtesy call" on health minister Joy MacPhail's Vancouver constituency office April 10 to express their concern about a labour board decision issued only days earlier that could move up to 5,000 HEU members from facilities into the community sector and throw health reform into chaos.

The good-natured event is part of HEU's plan to prevent health employers from implementing the ruling, which HEU is appealing. At press time the union was seeking top level meetings with Premier Clark and key cabinet ministers, and a membership information campaign was underway.

"We agree with HEABC," determined the board, "that the proper interpretation of the definitions of facilities subsector and community subsector require that community care services, even when delivered in a facility, be included in the community subsector."

As a result, all caregivers in innovative facility-based programs like, adult day care, alcohol and drug counselling, and mental health programs will be in the community sector.

"What it means," says HEU secretary-business manager Chris Allnutt, "is it



**COURTESY CALL** More than 150 union activists delivered to health minister Joy MacPhail's Vancouver office their concerns about a recent LRB decision.

doesn't matter where you work. It doesn't matter who your employer is, it doesn't matter that you've been in one bargaining unit for years. If you deliver community care services, you are out of the facilities contract and in the community sector."

Allnutt estimates that 250 worksites across B.C. — almost every hospital and long-term care facility in the province — will be destabilized.

"Up to 5,000 HEU members who are covered by the facility sector contract and employment security are at risk of being wrenched from existing wage rates and contract protections," he said, "and put into the community sector, which HEABC wants to be a low wage ghetto."

HEU says there is a simple solution for Victoria to head off the crisis: elimi-

nate the line that separates community caregivers from their facility counterparts.

"The implications of this decision will have far-reaching consequences," Allnutt said. "It undermines health reform by placing a major obstacle in the way of better integrated services."

At the center of the decision is Aurora House, a special drug and alcohol treatment centre at B.C. Women's Hospital, and Bill 48, Victoria's legislation that created the line dividing community from facility.

HEU applied to the labour board to have Aurora workers covered by the facilities agreement. HEABC applied to transfer Aurora caregivers, along with those in 23 other facility-based programs, to the community sector.

## Ruling on pay rates the final piece in one contract puzzle

An April 15 ruling on monetary issues by arbitrator Stephen Kelleher has finally established a ground breaking new agreement covering more than 40,000 health workers in the facility sector.

Highlights of the decision are:

- the master agreement classification system which will set common wage rates for classifications across the sector;

- former CUPE caregivers who are now part of HEU will receive pay equity plus other provisions like super stats, pensions and a 36 hour week;
  - \$100 a month more for biomedical engineering technologists as a down payment on a classification wage gap.
- Further details on Kelleher's decision will be sent to all locals April 17.

## WHAT WE'RE UP TO



Premier Clark, CUPE's Jim Lamb, and David Ridley of HEU at the March 25 opening of Victoria's new labour centre.

continued from page 3

### Victoria opens new Union Centre

HEU members joined 500 other trade unionists at the opening ceremonies for the new 30,000 square foot union centre in Victoria March 25. Premier Glen Clark and numer-

ous cabinet ministers and MLAs also attended the festivities.

The building incorporates some portions of the former union centre on Quadra Street including a newly refurbished auditorium.

"This building is for workers," Bill Fowler of the Victoria Labour Council told those gathered. "It's

for their meetings, their socials and their weddings."

And for their offices. HEU's Vancouver Island regional office will be the new centre's largest shareholder and tenant occupying 4,000 square feet on the centre's third floor, which is shared with CUPE.

The centre also contains a central library, several meeting rooms and a lounge.

HEU first vice-president David Ridley is a director of the Victoria Building Cooperative which directed the building's construction.

### Phamis last words

The unions and management at Vancouver Hospital have different ideas on the role of unit clerks with the introduction of Patient Care Information Systems using software from Phamis Inc.

Management says PCIS supports the work of doctors, nurs-

es and allied professionals and that the primary responsibility for the interface with the system should be with them and not the unit clerks.

HEU takes a different view. Right now unit clerks play a key role in coordinating the processing of clinical, administrative and patient information and communicating it to the appropriate caregiver. This function will continue, the union contends, to be essential to support the efficient and effective utilization of the professional caregiver when PCIS is introduced. There is a continuing and significant role for unit clerks in the new technology.

### Bargaining 1998: What do you think?

Bargaining in 1998 may be many months away, but the union's preparations for talks in the community and facility

sectors are already underway.

A key element of the bargaining preparation plan is an internal membership poll to identify your priorities for 1998 talks. The poll, to be completed in June, will be carried out by the firm of McIntyre and Mustel.

Members will be randomly selected to offer their opinions in the poll in a two stage process. In late May about 4,000 members – whose names will be randomly generated – will receive a letter from union president Fred Muzin indicating that they could be part of the survey and outlining how the poll will be conducted.

From this list, the polling company will randomly contact about 800 members to participate in the poll, which will involve a 30 minute telephone interview.

The interview process is strictly confidential, and members can decline to participate.

# Not all quiet in Quesnel

Like many union activists, Jean Birch carries her activism into the community

**T**HERE WERE six men on Quesnel city council, and Jean Birch thought that wasn't good enough. There should be at least one woman on council. So, naturally, she decided to run. Did she win? No. There are still six men on council. Is she giving up? No. She's going to run again!

**'Her experiences taught her a valuable lesson: that with a union you are not alone'**

This is not the first time she has ventured onto the hustings. After she served as president of the local school district's Learning Disabilities Association and on its committee for special needs children, it was only a natural progression for her to run for school board. Although she did not win, it was a learning experience. Jean continues to be a woman committed to her community.

How did this all start?

She left her native England as a toddler, her family settling in Australia.

And, as young Australians are wont to do, she took off into the wild blue yonder when she was 21. The year was 1968 and the wild blue yonder was Canada.

She alit in Vancouver and worked there between trips to Europe. On the second trip she met and married a Canadian, and back they came to the Lower Mainland.

In 1975 they moved to Quesnel, where Jean's husband had been offered a forestry job. The couple adopted two children, now 18 and 21, and separated in 1987.

Jean began working at the G.R. Baker Memorial Hospital in 1981 as a casual, on-call payroll clerk and in timekeeping. She was not at all an active union member.

She changed jobs at the hospital, becoming a janitor. Ten months later she was injured on the job and was unable to work. She went on workers' compensation. When the WCB cancelled her claim, saying that she was not, she appealed with the help of her union. She lost the appeal and filed for long-term disability, which was denied.

The union backed her on another appeal, and this time she was successful.



INTERNATIONAL WOMEN'S DAY Jean Birch and others march down the streets of Quesnel on March 8. Inset, Jean Birch, local activist extraordinaire.

In the meantime a clerical job was posted; she applied for it and got it. Since then she has moved back into payroll, right where she started.

Her experiences taught her a valuable lesson: that with a union you are not alone, you have all of your brothers and sisters with you in your fight. She came to understand that unions are important to workers and started going to meetings. It was a short step to becoming an active member and from there to be elected to the executive. She has served as shop steward, warden, and now she is the secretary-treasurer of her local.

This is the only union job that Jean has ever had, but she has worked in non-union environments. She knows that workers have very little protection in those places.

"In a union job you are more secure, because you can deal with problems without fear of being fired. There is the security of knowing there is something there to protect you."

Jean's social commitment is not limit-

ed to her union brothers and sisters. She is a social activist *par excellence*.

She is a member of the Quesnel Coalition for Social Justice, a group that was formed to raise funds, select marchers and do community organizing around the cross-Canada march organized by the Canadian Labour Congress and the National Action Committee on Women in June 1996. Jean fondly remembers selling hundreds of hot dogs to raise funds on the day that the marchers came to Quesnel. But the coalition did not disband after the march; they are still an active group.

She is secretary-treasurer of the Quesnel Labour Council, a member of the board of directors of the Women's Resource Centre and a nominee for the Quesnel Community Health Council.

And, oh yes, those of you HEU members who live in Quesnel, don't forget to vote for Jean Birch in the next municipal elections. You can be sure she'll be there with bells on!

## BALANCING



## IT ALL

## WHAT WE'RE UP TO

### Not hospitable?

Crofton Manor isn't part of the hospitality industry according to an arbitration board that established the long awaited terms of a new collective agreement for HEU members working at the private long-term care facility in Vancouver.

"The element of a clear and persuasive health care component distinguishes (Crofton Manor) from a hotel operation," the board penned in response to employer arguments to the contrary.

The arbitration board's March 10 decision includes healthy pay increases, pay equity adjustments and an expiry date comparable to the terms of the Health Accord.

"It's a significant victory which positions us well for upcoming negotiations with other private facilities," said HEU secretary-business manager Chris Allnutt.

Next up are Diversicare's Hawthorn Park in Kelowna and Courtyard Gardens in Richmond where hard fought battles resulted in first contracts over two years ago.

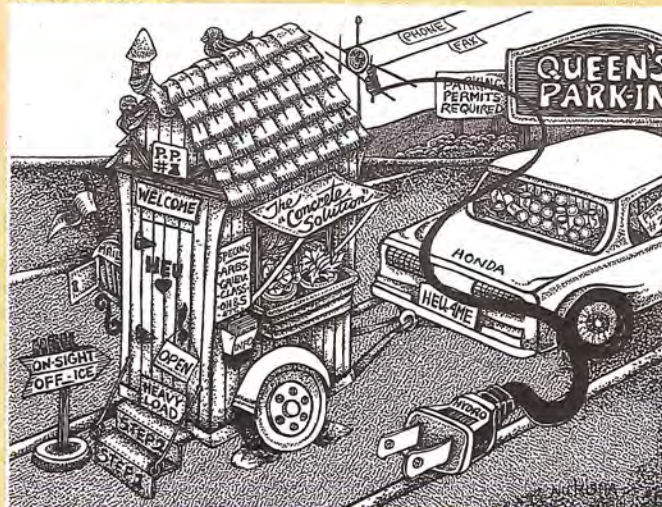
Crofton Manor is associated with British corporate giant P&O, operators of the 'Love Boat' and Princess Cruise Lines.

### Retraining scholarships offered

Offering scholarships of \$3,500 to assist health workers to retrain in specified fields, the British Columbia Health Care Scholarship Fund is a good resource for HEU members to study in new fields or to upgrade existing skills.

Scholarships are offered for the normal fall and winter/spring semesters at recognized public training institutions. The scholarship application deadline for the September to December school period is July

TRISH MCLEAN GRAPHIC



Queen's Park activists are launching a novel campaign to win space for a union office from their boss so that they can provide better services for members. They plan on building a portable "shack" office in the parking lot. Stay tuned for details.

15; and Nov. 15 for the January 1998 to April period.

If you are interested and require further information, you should contact the Health Care Scholarship Fund at

(250) 387-6100 in Victoria, 660-2610 in the Lower Mainland, or toll free 1-800-561-1818. Or phone HEU's retraining specialist Sylvia Sioufi in the Provincial Office.

### Workshops provide the tools for change

To keep ahead of changes in health care, more than 300 union activists are participating in special workshops on restructuring in April and May.

The workshops provide a forum to share experiences from health reform, concrete proposals for progressive change as well as identify problems.

Special sessions help develop strategies to deal with the new employers – the 45 community councils and regional boards that are now the boss for about 85 per cent of union members.

In other sessions, activists share the positive experiences of HEU-developed proposals to improve food services, and opportunities to adapt health services provided by HEU members to new settings in the community.

## Long-time LTD recipients get special lump sum payments

A concerted 1996 bargaining effort by HEU to improve benefits for long-term disability recipients has finally paid off, as hundreds of HEU members on LTD prior to March 31, 1988 received special lump sum payments as high as \$6,000.

The \$1.5 million in lump sum payments to 730 health care providers in the facility sector – of which 580 are HEU members – flow from last year's industrial inquiry report of Vince Ready. The size of the payments is determined by the length of time of continuous LTD claims and the recipient's net existing monthly LTD benefit. Payments are restricted to those on Health and Benefits Trust LTD.

"We're pleased that we've been able to achieve a small measure of justice for our members on LTD," said HEU secretary-business manager Chris Allnutt.

"But there is still much to be done and improving the LTD plan will continue to be a priority for HEU in 1998 facility sector negotiations."

Under existing LTD provisions, which HEU is battling to change, LTD benefits are determined by the injured worker's pay rate at the time of injury. Benefits are not indexed to take into account increases in the cost of living.

On a related union demand to improve LTD payments for all injured caregivers, Ready also set aside an additional \$2 million to allow for some improvements in the basic payment structure for LTD recipients. Talks between the health unions and HEABC on how to allocate the \$2 million for improvements in LTD are ongoing.



COMMUNITY CAREGIVERS are making their case with NDP MLAs that the time is now for a contract settlement. Lobbying Vancouver MLA Jenny Kwan, centre, are from left Ryan Bouchard, Marty Norgren, Judy Shirley, and Mark Roberts, all from HEU, and BCGEU's Maureen Topping and Dani Demetlika.

## Heat turned up to win community contract settlement

by Mike Old

IT'S BEEN ONE long year for health care workers in the community sector. They've been in bargaining for a new collective agreement since April 12, 1996 with the Health Employers' Association of B.C. (HEABC). Union reps haven't even seen them at the table since December.

"It's a farce," said HEU bargaining spokesperson Zorica Bosancic. "I have witnessed nothing in the last year that indicates that the employer is serious about reaching an agreement."

But HEU members, determined to kick start negotiations and achieve parity with their colleagues in acute care facilities, have taken their message directly to the politicians.

They pushed hard at the NDP policy convention in March where delegates overwhelmingly supported a motion calling on the government to "eliminate the inequity between acute and community care health workers by ensuring

that equal compensation for work of equal value is enforced throughout health care."

Glen Clark told delegates that respect for the work of women in community and home care "must be reflected in access to training, decent working conditions and appropriate pay." And on March 19, health minister Joy MacPhail announced a five per cent increase in community health service funding.

Without skipping a beat, HEU members partook in a flurry of meetings with MLAs from across the province throughout March to enlist their support for a fair settlement in the community health sector. HEU community health activists' next targets are the new regional health boards and community health councils.

"We have a broad political commitment to equity in the sector and some new money in the pot," said Bosancic. "All we need now is a clear directive to the HEABC from Victoria that says 'enough is enough.'"

## Patent drug verdict soon

Amid growing opposition to legislation protecting drug company profits, a House of Commons committee reviewing Bill C-91 is set to report in the next few weeks.

On March 14, health minister Joy MacPhail joined the outcry against Bill C-91. "Drug costs are out of control, a situation made worse by bad legislation in the form of Bill C-91," said MacPhail.

MacPhail will testify to the Commons committee on April 17 to detail how Bill C-91 has led to rapidly escalating costs in the province's pharmaceutical program.

Bill C-91 extended patent protection for brand name drugs to 20 years, preventing the market entry of lower cost generic copies.

HEU president Fred Muzin testified



MUZIN

in front of the Commons committee via closed circuit television on March 18, saying Bill C-91 would cost B.C. consumers and taxpayers \$30 to \$50 million in each of the next 13 years.

Muzin reminded Liberal MPs of their opposition to Bill C-91 when

Brian Mulroney's government introduced it in 1993. "In 1997, with hundreds of millions of dollars of continuing cuts to medicare transfer payments, and a complete flip-flop on C-91, the Liberals seem quite comfortable with Mulroney's policy of profits before health care," Muzin said.

B.C. Federation of Labour vice-president Jef Keighly told the committee that Bill C-91 lets pharmaceutical giants make huge profits at the expense of the health care system.

He said, "The only place to get a better return on investment than the drug industry is in the illegal drug industry."

## PRESIDENT'S DESK



### Election '97 key to Canadian distinctiveness

by Fred Muzin

**T**HIS YEAR'S federal election will be key in determining whether Canadians can maintain a distinct type of society. The 1993 general election was the beginning of a four year competition between the Liberal, Conservative and Reform parties to see who could adopt the most conservative, anti-people, pro-corporate agenda. The NDP, who lost official party status by electing only nine MPs rather than the required 12, has lacked the resources necessary to effectively demand alternatives.

The threat to Canadians is that, in effect, we are on the verge of replicating the American two-party system where no party represents our social conscience or those who are not wealthy.

What has also become very clear is that the personal integrity of those we elect is even more critical than policies or campaign promises. The Liberal record is

**'The deficit hysteria meant more to them than job creation'**

clear. By laying off 40,000 public sector and 10,000 postal ad mail workers, they clearly indicated that the deficit hysteria meant more to them than job creation. Our rate of unemployment has not improved

and UIC protection has been gutted to the point where less than half of those out of work are eligible for "employment" insurance. It's a cruel deception.

Politicians previously critical of NAFTA, and of Mulroney's drug patent protection legislation that gave 20-year exclusive rights and exorbitant profits to the pharmaceutical companies, quickly sold out Canadians once elected. Prime Minister Chretien signed NAFTA without the promised renegotiations. The current review of the drug patent law lacks meaningful consultation with those most severely affected by needlessly high drug prices — seniors, the disabled and the poor.

Not only has the commitment to a national childcare program been abandoned, but child poverty, unacceptable in a rich country like Canada, has risen to 20 per cent. Overseas, human rights violations and child labour issues are routinely ignored by our government in their efforts to secure foreign investment.

We all remember the promise to scrap the dreaded GST and Chretien's subsequent amnesia attack. Current proposals are for an even worse replacement tax.

At election time, we cannot anticipate all of the issues that will confront our elected officials over their term. The personal integrity of those we elect is a crucial indicator as to whether Canadian's interests will be served.

On election day 1993, we didn't vote for the Canada Health & Social Transfer payments to be cut, jeopardizing medicare, education and our social programs.

In 1993, we didn't vote for the gutting of the CBC.

In 1993, we didn't vote for the racist Immigration Landing Fee (head tax).

In 1993, we didn't vote for the destruction of our fishing communities.

In 1993, we didn't vote to provide Conrad Black with a monopoly over our newspapers in order to spew out right wing propaganda.

In 1993, we didn't vote to privatize CN Rail, Petro Canada or the CPP.

On election day 1997, we have the ability and the responsibility to vote for a government that will work for Canadians.



SMILING NOW but not before, Trygge Renmass and Marty Terpenning outside Victoria General Hospital where a VRE outbreak quarantined a ward.

## TV news not good

by Dale Fuller

In February there was an outbreak of vanomycin resistant enterococci (VRE) at Victoria General Hospital. Vanomycin is often used to treat seriously ill patients. Enterococcus, a bacteria which everyone has in their bodies, is not a threat to a healthy person. A sick person, however, is vulnerable.

To compound the problem, VRE is highly contagious, spread even by touch. When it is discovered in a hospital, immediate steps must be taken to quarantine the area where it has been found, to do an immediate investigation of who and what has been in the area, to inform and instruct all persons who have and will come into contact with the person or persons, and to restrict the flow of patients and visitors into the infected area.

Cindy Devlin is an LPN who works on that ward. She had been working with the infected patient in ward 6A/B all the preceding week. On Monday, Feb. 3 she turned on the television to listen to the news and found out that the ward had been placed on quarantine.

Marty Terpenning and Trygge Renmass found out the same way. Both were at their homes, sitting down to

dinner when they heard the news. Renmass, a physio rehab aide who worked in the ward, said, "You don't know exactly what to do. You think, should I wash my hands? Take a hot shower? That was extremely disconcerting, you can imagine."

### ON THE



### JOB

Terpenning works as a carpenter in plant services and performs his duties throughout the hospital. He wondered if he had brought something home that would endanger his father-in-law, a cardiac patient.

The hospital contends that they informed the people who needed to be informed when it was necessary, that VRE is no threat to healthy people.

But did they know if all of the staff were healthy? Did they know everyone the employees had come into contact with?

These workers feel they were treated unfairly, that the hospital administration did not take them and their well-being into account when they were making their decisions. They want reassurance from the hospital that that won't happen again.

"Nothing serious happened because of this, but that was pure luck. We might not be that lucky next time."

## NOTEBOOK

### Pharmacare will be a federal election buzz word

by Dale Fuller

Talk of a federal election is in the air. Enumerators are knocking at our doors, and all signs point to an early June election date.

Health care reform will be an important plank in each party's platform, and pharmacare — a universal, publicly administered drug insurance plan — will be a buzz word.

The federal government is in the midst of holding teleconference hearings on the controversial Bill C-91, which extends drug patent protection to 20 years for multinational drug companies, effectively eliminating the existence of lower cost generic equivalents during that time period.

President Fred Muzin made his presentation to the hearings on behalf of HEU's 42,000 members on March 18, along with representatives from seniors' groups and other unions. He proposed a pharmacare plan and suggested that Bill C-91 is the biggest barrier of all to universal drug insurance.

He explained that as lower income earners often cannot afford the prescription drugs that doctors prescribe, many of them end up hospitalized or institutionalized. This is costly for our health care system, a cost that would decrease significantly under pharmacare.

B.C.'s pharmacare program with reference-based pricing for



**'Lower income earners often cannot afford the prescription drugs that doctors prescribe'**

seniors will result in savings of \$44 million this year alone. If the federal government were to adopt this same plan, the country could lop half a billion dollars off of its health care costs.

In making pharmacare part of its platform, the Liberal party will be heeding one of its own National Forum on Health recommendations. But at the same time that the Liberal party is considering campaigning on a national pharmacare program, the Chretien government is doing everything in its power to maintain the drug patent protection. This is legislation they ardently opposed when the Tories first introduced it immediately preceding the last election.

For its national convention in mid-April, the New Democratic Party penned its own document, *A Framework for Canada*, in which it advocates pharmacare. The party also promotes the prescribing of generic drugs over more expensive name brand drugs, and it follows that it opposes Bill C-91.

In its document *A Fresh Start for Canadians*, the Reform Party only addresses health care by way of the national debt: if the debt is reduced, money that is spent on interest can go to social programs.

So, keep an eye on the upcoming campaign. Pharmacare is essential to health care reform in this country. And once the election is over, we must pressure elected officials to keep the promises they have made.

# Labour

NOTEWORTHY NEWS ABOUT ISSUES AFFECTING WORKING PEOPLE HERE AND ABROAD

SUZANNE AHEARNE PHOTO



**STARBUCKS** coffee shop employees are the newest members of CAW Local 3000. Lori Bonanb (left) is on the bargaining team. Here she's with local president Denise Kellahan in front of the Hornby outlet in downtown Vancouver.

## CLC "justice" day promises May 3 rallies

Union and community activists across Canada are preparing for rallies and public protests on May 3 to put the demands of working people on the federal election agenda.

"After three years of the Liberals' broken promises, it's time for some changes," said CLC president Bob White. "Political and business leaders have to acknowledge that human needs are more important than the marketplace. People in Canada deserve more than the tired assurances they've been hearing."

The protests on May 3 are about making other voices heard in national debates. Unemployment remains close to 10 per cent for the sixth straight year. One in three families is touched by job loss every year. Youth unemployment is at 17 per cent.

More than 700,000 Canadians have been pushed into poverty since the Liberals took office. One in five children lives in a poor family.

The federal government has taken \$14 billion out of social spending. They're cutting 50,000 federal public service jobs. Cuts to the provinces have caused health care, education and welfare services to shrink and hundreds of thousands of public sector jobs to disappear.

Putting these issues on the election agenda is key to preserving health care services in B.C., says HEU secretary-business manager Chris Allnutt.

"We've shown in B.C. that there are alternatives to cutting and privatizing health care services," says Allnutt. "On May 3 we need to join with other workers and tell federal politicians that they will not undermine everything we have fought for in this province."

The following May 3 rallies are planned for B.C.:

- Prince George, Fort George Park, 1 p.m.
- Prince Rupert, Prince Rupert Fishermen's Hall, 1 p.m.
- Victoria, Centennial Square, noon
- Vancouver, Library-Square (Main Library), 11 a.m.
- New Westminster, Westminster Quay, 1 p.m.

## Service workers unionize

**L**ocal union activists are leading the way by organizing the seemingly impenetrable U.S. food and retail giants. The Canadian Auto Workers' inroads at Starbucks (see story below) have been followed by recent organizing victories at Wal-Mart and McDonald's in Central Canada. They show that workers in the burgeoning service sector are eager for union help in defending and improving their jobs.

A recent decision of the Ontario Labour Relations Board (OLRB) means that the 209 employees at Windsor's Wal-Mart store will be members of the United Steelworkers. This is the first of Wal-Mart's 2,600 stores around the world to be unionized.

And in the Montreal suburb of Saint-Hubert, the Teamsters have applied for

certification for 62 workers at an outlet of burger giant McDonald's. They have 950 outlets in Canada.

In Windsor, 91 Wal-Mart employees signed membership cards last April. But in May, they voted 151-43 against having a union.

The United Steelworkers went to the OLRB, saying that the vote was tainted by excessive employer influence and was therefore not a true reflection of the workers' wishes. The board agreed.

Tom Collins of the Steelworkers' retail wholesale division says, "It was so tainted in fact that the board did not even order a second vote."

Since the union had signed up 44 per cent of the workers, the board decided

it had enough support for bargaining. Wal-Mart workers earn about \$8.30 an hour. In unionized department stores, the wages range from \$10 to \$12.

**'I'm there, I'm going to work, so I'm going to get some respect'**

Low wages also topped the list of grievances which led to a Feb. 18 application by the Teamsters

to represent workers at a Saint-Hubert outlet of McDonald's restaurant. Certification is usually automatic but MacDonald's will argue at a hearing in mid-April that the certification should include five other area outlets.

The Teamsters are confident of success at the labour board, especially given that 80 per cent of the workers at the Saint-Hubert location signed cards. The union thinks the workers will stand firm, even in the face of employer intimidation.

"These workers have nothing to lose," said Teamsters Local 973 president Rejean Lavigne. "They know what they're challenging. They're proud of that."

Lavigne said the recession of the early '90s and continuing high unemployment means many depend on 'McJobs' for their livelihood even though wages are in the \$6.90 an hour range.

"The McDonald's workers have said, 'I'm there, I'm going to work, so I'm going to get some respect.'"

If the Saint-Hubert workers succeed, they will work in the only unionized McDonald's restaurant in North America.

## Starbucks plays dirty

Workers pressing for a first contract with U.S. java giant Starbucks are crying foul at the labour board after the company announced April 7 it would close its newly unionized Burnaby distribution centre this summer.

"Starbucks' management is negotiating like it wants a strike," said Canadian Auto Workers' union rep Roger

Crowther. "Closing the distribution centre is provocative and is clearly an unfair labour practice."

Mediated talks are producing few results and the employer has yet to put a monetary position on the table but workers have assisted their negotiators with a 92 per cent strike mandate.

In addition to the distribution centre, the CAW has added two more Starbucks Vancouver outlets to its certification for a total of 120 members.

Get your caffeine fix and show your support for the newly unionized workers at the 1641 Davie St. and 1015 Denman St. locations.

**We're out for**

**Justice**



In an exclusive *Guardian* interview, health minister Joy MacPhail outlines her plans for progressive health reform. She tackles privatization, workload, and says health bosses have to be more accountable.



# Macphail's medicare vision



**First question. Better Teamwork, Better Care has replaced New Directions as the plan for health reform. So, why will Better Teamwork work when New Directions didn't?**

Joy MacPhail New Directions wasn't abandoned completely by any means: The basic principle of moving the planning authority and resource allocation closer to home was the underpinning of *New Directions* and continues to be the underpinning of *Better Teamwork, Better Care*. *New Directions* had too much bureaucracy, wasn't focussing necessarily on the integration of services and didn't recognize the foundation of certain aspects of health care delivery. *Better Teamwork, Better Care* does all of that.

**You have resolved the issue of governance. Now, what's the government's blueprint for progressive health reform?**

JM There will be a continuum of care from the time one is a baby right through the time a senior woman needs a continuing care facility. The planning for those services will be fully integrated. That is my vision and my goal for the turn of this century. We also need to deliver our health services in a much more family friendly, more community friendly way. I don't envisage the future of health care being done in big hospitals by physicians only. People are crying for community health centres, for a multi-disciplinary approach by all of our health care providers to health and well-being. So, that's the future, that's the direction of the reform.

But I also expect there to be much greater accountability, but a philosophical commitment for a strong publicly funded health care system. That kind of commitment has to be entrenched at the decision making level.

**One way our government can prevent the privatization of health care services is to simply say no to it.**



**You announced a big increase in hospital funding. What are your expectations?**

JM I expect hospitals to continue to provide, in a cost efficient, very patient-oriented way acute care services. They are to manage their resources in a way that meets the needs of the community. If that means making hospitals more community friendly in the way of post-operative discharge, or all discharge planning into the community, working with the community sector, then that is what they are supposed to do.

**How?**

JM Each regional health board will have to sign a contract with us before authority is transferred and we have agreed on performance guidelines. The guidelines cover areas such as wait lists, length of stay, quality care indicators such as readmissions, availability of appropriate services such as communi-

**RECOGNIZING OUR COMMITMENT**  
Health workers like HEU members have expertise, commitment and a vision of the whole system, says MacPhail. That's why she created positions for health workers with voice and vote on regional boards and community councils.



DALE FULLER PHOTOS

**On the community side, a five per cent increase was announced. Is that going to deal with two important issues in the community sector: the necessary expansion of services and the wage gap for the community sector caregivers who are paid significantly less than their counterparts in hospitals and long-term care?**

JM Our premier has made a commitment to pay equity for community health care providers, and that commitment stands. I'm hopeful that the money, the five per cent, will go towards pay equity. But if you try and balance the need for an expansion of health services in the community with the issue of the wage gap, do you think five per cent is going to be able to satisfy it?

JM I'm not going to comment on the negotiations that are going on, but it is a lot of resources to work with and I am encouraging the parties to do that.

**Health employers have established parity in their own pay rates between community and facility but have said no to front line health care workers in their bid to achieve parity.**

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**There have been some problems in a number of communities with bed shortages. Has our acute care system become too under-resourced in terms of beds and services? Is there a limit to how "efficient" you can make hospitals?**

JM Yes, I think there are limits to efficiencies. At some point there has to be a recognition that the acuity of patients is at such a high level that there is no more room to reduce the number of beds in hospitals. I think we are almost at that point now but I do not in any way believe we are under-resourced. There has to be a recognition that many people are being admitted to hospital that shouldn't be. We recently released a report that showed 50 per cent of admissions to acute care beds were inappropriate. Health care was needed, but it wasn't an acute care bed that was needed. So, while we certainly have enough resources now, I think some resources are being under-utilized.

**Are adequate community services in place?**

JM There are many community health services. We need to recognize that acute care facilities are needed in very specific circumstances of illness treatment and that it's more appropriate to have people treated in the community for illnesses which don't require admission to the hospital. But more needs to be done. And we are doing it.

**The public sector is making a case that it would be more efficient to bring all lab testing into the public sector. What is the government's position on this?**

JM Certainly, I believe there is over-utilization of lab services, both in the public sector and the private sector. There is also over-capacity. So rationalization in lab services has to take place.



**COMMITTED: MacPhail and Premier Clark have delivered on the NDP's election commitment to medicare. In the face of sharp federal cuts, Victoria is boosting health funding by \$300 million in 1997/98.**

**What if it's not?**

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**Looking at the delivery of health care services across the country, how are we doing it differently in B.C.?**

JM First and foremost, our government is truly committed to the principles of medicare and to a single-tier, publicly funded system where you get health care regardless of the size of your wallet. That distinguishes us from pretty well every other jurisdiction in Canada. But we are also leaders in innovative health care delivery. Three examples that stand out are: reference-based pricing on drug costs, our capping of doctors salaries (fees) and the labour accord. The Health Labour Accord recognizes the value of health care providers on a continuing basis in the system. We have approached entrenching a strong health care system through cooperation rather than confrontation.

**What kinds of pressures do you deal with as a woman in politics?**

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Where possible, I think health care services should be delivered in the public sector. But I also know that there are arguments to be made that there are cost efficiencies in the private sector. That would need to be demonstrated to me, and it would need to be demonstrated to me that somehow the delivery of private lab services is better for the patient. I have not been convinced of that. There are great savings to be made in how we spend our lab dollars ... savings that can be ploughed right back into the health care system. The goal for me, and it should be done, in the context of the Health Authorities Act, is it should be not-for-profit as well.

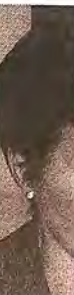
**You have been quite angered by severance settlements for administrators. How is the government dealing with the severance question?**

JM My greatest disappointment is the lack of regard that some senior administrators have for the taxes the little guy and women pay into the health care system. That somehow it is acceptable for the administrators to get golden handshakes that are outrageous and unwarranted. I commissioned a review of CEO compensation packages and was disappointed to find that the Ron Mulchey golden handshake was outrageous but legal. The second part of the report is due any day now and I am told it will have some very interesting details in it. When I release that report I will release some plan of action on how to legislate against golden handshakes that are outrageous, unwarranted and beyond the guidelines.

**WCB statistics are quite clear that health care facilities are the most dangerous workplaces in B.C. in terms of injury. What kinds of measures can be taken to reduce injuries on the job for health care workers?**

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But I also expect there to be much greater account-

ty care and patient satisfaction. All of that will be monitored and audited. I'll actually have the authority to intervene to force corrective action if necessary.

**The Health Authorities Act says the government must ensure health services are provided predominately on a not-for-profit basis. Are the performance guidelines going to deal with issues of privatization?**

**JM** The Health Authorities Act provisions stay and will be honoured. One way our government can prevent the privatization of health care services is to simply say no to it. We are committed through legislation – the first ever government in Canada – to a publicly funded single tier health care system that incorporates the five principles of medicare. We back that up by putting our money where our mouth is. We have funded health care at a rate that is unprecedented in North America.

**You've made provisions for representation on boards and councils for front line caregivers. Why was that important for you?**

**JM** When our MLAs toured the province to review *New Directions* last summer, it became clear front line health care workers had a great deal of expertise to offer – the vision of the whole system – and had a great deal of commitment. Not just a workplace com-

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ability. I, frankly, have been surprised at how little accountability there is. When I was Minister of Social Services we ensured that a person who receives \$500 a month was held accountable each and every month. Health facilities receiving a \$100 million a year are not held accountable to that extent. And they will be.

**How?**

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## Shell spills blood, oil in Ogoniland

Imagine a beautiful river. A people who farm its valley and fish its waters. A way of life that has existed since time immemorial. Then imagine air and water pollution, exploitation of the people and the land. This is Ogoniland in Nigeria.

The 400 square miles of Ogoni territory is rich in oil, which Shell Oil began exploiting in 1958. Now it owns all but two of the hundreds of oil wells.

There have been countless oil spills

onto Ogoni farm land. Gas flares have created eternal daylight. Celebrated Ogoni poet Ken Saro-Wiwa wrote that there were children alive who had never experienced night time. Pollution has created a hell on earth.

In 30 years Shell has extracted \$30 billion in oil. The Ogoni have not benefited; to the contrary, they have suffered substantially.

**'An environmental issue soon became a matter of human rights'**

But they are not passive victims. They organized the Movement for the Survival of the Ogoni People. In standing

up to Shell Oil, they attacked a close ally of Nigeria's repressive military government.

An environmental issue soon became a matter of human rights. Two thousand Ogoni have died and many more have disappeared. And there was the infamous execution of Ken Saro-Wiwa and others, which brought the plight of the Ogoni people to the world's attention.

Shell supports the Nigerian government, but it pulled out in the wake of the controversy following the executions. However, it has announced a new \$4.5 billion project for the near future.

On Feb. 27 the Children's Hospital local of the HEU hosted a presentation by Scott Pegg and Jaggi Singh of the Ogoni Solidarity Network. Union members asked how they could make a difference. Pegg and Singh urged them

to write letters to Shell and to boycott Shell gas stations.

The City of Vancouver buys six million litres of gas from Shell every year. The contract is up for renewal. "Lobby city council to vote against it," said Singh.

Members expressed concern about Shell stations being owned by Canadians. Mightn't this hurt them more than the multinational Shell Oil? Pegg answered that other gas stations are run by Canadian franchisers.

When asked what the Ogoni want Shell to do in the end, Singh said they want Shell to get out of Ogoni territory or negotiate with the Ogoni themselves, compensate the Ogoni for the land and water damage, clean up the mess, and stop supporting military repression.

## SNAPSHOTS FROM THE GLOBAL ECONOMY



DEIDRE KELLY PHOTOS

**WORKING DANGEROUSLY** Berta shows her burns to her Canadian visitors. Unenforced or no health and safety standards at the maquiladoras often result in such severe injuries, many times to young women or girls like Berta.

The insurance from the plant paid to restore the burned room. The girls were treated by social security. Berta's burns were so severe she had to have 10 operations. "The hospital said there was

**'Berta's burns were so severe she had to have 10 operations'**

nothing more they could do. They knew that we didn't have any money."

Berta's 14-year-old sister is still at the plant. The small amount she makes provides the family's only income. Social security doesn't pay for medicine. Berta's mother asked if I would like to take some photographs. I asked Berta if it was okay. She nodded. I forced myself to not show my horror as huge areas of her body — with all the rough redness and disfigurement characteristic of burns — were revealed.

I snapped away, meeting her eyes as if to say we will do what we can, this is not fair, you, so young!

We told her we would work with the Guatemalan human rights groups to alert the international community about what happens when there are no workers' organizations and no safety regulations. We would try and find the owner in the United States. He is only licensed for textiles. He is not supposed to be using lead, and the plant needs ventilation.

As Berta slowly put her clothes back on, her mother told us she spends days



in her room, crying from the pain and trauma.

Forty-five children from 11 to 16 work in this plant. Their work brings much needed money to their families. Yet, is it not our responsibility in North America to ask questions about the conditions of workers in places like Guatemala?

With the new trade agreements that include no mechanisms for establishing labour rights, are we not aiding and abetting a return to conditions of slavery and child exploitation?

The goodbyes were warm as much had been shared. As we walked back, I wondered about the true cost that some of our consumer items really exact.

• This article originally appeared in Network News in fall 1996.

# Berta's Story

by Deidre Kelly

**W**E WOUND our way up the hill, then down the footpath. A woman waved to us, motioning us to come inside her home. We sat in a circle on the dirt floor. We had come to see 16-year-old Berta.

The room fell silent as she began her story about working in the maquiladora. She spoke in a soft voice. "We make weights for sports fishermen. We sand the wooden fish, then paint them. The lead weights are made into molds, and then we put them on racks. Eighteen

lamps speed the drying. That day [Dec. 8, 1995] we had just finished lunch and were putting on our coats. We tried to take one of the racks down. When we took it down, it bumped into one of the lamps, and that caused sparks to fly. There were seven workers in that room, which measured just three metres square. People jumped up — everything

went flying — the acetone and paint. The fire spread rapidly. It was hard to get out of the room. The strongest got out first."

Berta and her co-worker Wendy were on fire. They had washed their hands, shoes and clothes with acetone. Four workers were taken to the social security hospital with critical burns.

Berta was affected the worst. "I lost consciousness because of the pain. I came to when the doctor started to wash off the burns."

She was in the hospital for 15 days. "The doctor would come and see us sporadically. There were two older supervisors, aged 20 and 29, with less serious injuries," Berta said. "They would call me a

baby because I was crying from the pain. The boss came frequently to look in on them, but didn't ask about us. He only paid attention to the supervisors."

The workers do not know who owns the plant, just that he lives in the United States. The pay for a day's work is just under \$2 Canadian. They work from 7 a.m. to 8 p.m.

## AROUND



## THE WORLD

DEBRA ROONEY GRAPHIC



# THE END OF THE LINE

Health policy expert Carol Kushner says the dividing line between community and facility health workers promotes exploitation and impedes health reform

by Carol Kushner

**I**N JANUARY 1995, the B.C. government established the Dorsey Commission to recommend new bargaining structures in the health sector (Bill 48). In its recommendations, [Dorsey] established separate bargaining associations for health service and support workers, one in the facility sector and one in the community sector.

It's worth noting that for other types of health workers, including nurses and paramedical professionals, the commission recommended bargaining arrangements that span the community and facility sectors, tacit acknowledgement that what really counts is the work, not the setting.

The dividing line between community and facility sectors promotes inequity. First, it serves to entrench lower wages and poorer working conditions for those working in community-based services, mostly women. Second, it affords an opportunity for exploitation. Already some facility employers have moved to recertify facility workers as community workers to capitalize on the cost advantage that will kick in when current contracts expire.

It seems reasonable to ask that community health service and support workers receive equitable treatment, especially because they care for some of the most vulnerable and disadvantaged people in the system: the frail elderly, those with cognitive impairments, and those with drug and alcohol problems.

Historically there have been enormous cultural differences between the community and facility sectors in health care delivery. Unfortunately, drawing a line between these sectors will likely reinforce these differences. Current arrangements have the potential to entrench and expand the existing low-wage ghetto in the health sector.

Generally, community care workers have had lower wages, fewer benefits and poorer working conditions than workers in hospitals and long-term care facilities. While many people may enjoy the relative lack

of hierarchy and greater freedom in community care work, the price is smaller pay cheques, a longer work week and far less job security.

Compared to those working in institutions, they have poorer access to training and retraining opportunities and limited labour adjustment options as they are not covered by the Health Labour Accord. When their jobs get replaced by new technology, they're out of luck. For example, one might expect that over time some services delivered in the home today will be offered in congregate settings in the future. Another example is the growing use of lap-top computers with client-specific information to ensure that in-home workers have relevant and timely information.

And because many community sector jobs depend on agency contracts, there's no job security when contracts are not renewed.

Within facilities, workers are protected with respect to job security, wage parity, and labour adjust-

**'If the system can address disparities among its best paid employees, surely it can show a similar commitment to equity for those at the bottom of the scale'**

## Research promotes a broader public debate

While working on our number one Bill 48 priority of gaining access to the paramedical bargaining unit, HEU continues to press Victoria to remove the line segregating community and facility health workers.

This HEU-commissioned report is part of the union's efforts to broaden the debate on the health policy implications of the line. HEU secretary-business manager Chris Allnutt says Kushner's report provides useful recommendations to government and unions for resolving fundamental issues of fairness and justice for community caregivers.

This is an excerpt of Kushner's paper. For a full copy, contact HEU's communications department, 734-3431 or 1-800-663-5813.

ment. This has helped address inequities between the acute and long-term care sectors as well as for nurses and paramedical professionals working in the community sector. It means, for example, that nurses and OTs and physiotherapists can move from hospital-based employment to new jobs in long-term care facilities or continuing care. If they require priority placement because of institutional job cuts, it means they also have access to the training they require to make the move.

The failure to extend similar protection to health service and support workers in the community creates a significant barrier to workers shifting to community care jobs, a shift which will be necessary as institutions continue to downsize and budgets increasingly flow to develop better community services.

Another compelling reason to remove the line has to do with health reform. With its policy announcement Better Teamwork, Better Care, British Columbia signalled the need to refocus on the objective of expanding care in the community. It is now clear that the regional health boards and community health councils will be expected to develop an array of new and integrated community-based services.

To support these innovations, RHBs and CHCs will be keenly interested in securing highly motivated, well-trained staff to work in community care. [They] will need a broad range of health, social service, support, and community workers, willing to work in multi-disciplinary teams.

**W**HERE will this new staff come from? As long as wages and benefits continue to lag, many workers will favour the better pay and job security available to them in facility care. What's more, facility workers have access to job security provisions and to training and retraining opportunities unavailable to their counterparts in the community. All these factors hinder labour mobility and will impede the pace of health reform if not corrected.

It's ironic that the HEABC has moved to equalize differences in compensation for administrators working in the facility and community sectors. If the system can address disparities among its best paid employees, surely it can show a similar commitment to equity for those at the bottom of the scale.

The government review of Bill 48 provides an opportunity to review the bargaining arrangements for community-based health service and support workers in a new light. [It] allows an opportunity for all parties to agree on an approach to achieve parity between sectors, a plan for bridging the wage and benefits gap. This plan, however, cannot be used as an excuse to limit the development of new community-based services.

Eliminating the line by creating a single, province-wide bargaining association for community-based and facility-based health service and support workers will promote health reform objectives, address disparities, and protect and enhance quality of care. It is an opportunity too good to miss. The premier has already stated his commitment to parity noting that it is really just a matter of time and money.

• Carol Kushner is a health policy analyst, author and consultant providing policy advice and analysis to governments and health care organizations.

# Ontario hospital workers take to the streets

by Catherine McLeod

**W**ITH PREMIER Mike Harris' early March announcement of \$1.3 billion cut in hospital funding and the closure of 60 acute care facilities, the fight for Ontario's hospital system is on as members of CUPE's Ontario Council of Hospital Workers (OCHU) are planning escalating province-wide political protests and job actions against the Tory government.

In his much-touted Common Sense Revolution election manifesto, Harris promised that he wouldn't touch a penny of health care funding. But now, to pay for huge tax reductions, the same man is calling for the biggest health care cuts in Canadian history, cuts that will kill the jobs of up to 50,000 hospital workers. And CUPE, which represents more than 20,000 registered nursing practitioners, laundry, housekeeping, dietary, ambulance and laboratory workers is organizing for a battle.

OCHU president Michael Hurley says, "We haven't walked off the job to send a message in many, many years. But we have to convince the government that these cuts are wrong for community health standards, wrong for hospital workers and wrong for our economy. They not only downgrade community

access to health care, they also decimate the health of local economies right across the province."

Ottawa hospital locals were the first to act by walking off the job for five minutes on March 5. At the Montfort Hospital, members protested the idiocy of closing the region's only French-speaking facility. Metro Toronto joined Ottawa members on March 13 and walked out for 10 minutes to protest the more than 10,000 jobs that could be lost in the city if the government isn't stopped.

At Toronto Hospital, CUPE local 2002 president Nancy Tossavainen and members had just been issued pink slips and told that water

would no longer be supplied automatically to patients because of cutbacks. They chanted "water, water everywhere, and not a drop to drink." Around the corner, at Women's College Hospital, angry protesters decried the loss of the top women's health centre in the province.

Leaders from CUPE hospital locals across the

**'Leaders from CUPE hospital locals across the province voted overwhelmingly to expand the job actions'**



**NOT HAPPY AT ALL** CUPE Hamilton hospital workers let Premier Mike Harris know what they think about his plans to close 60 acute care facilities in the province, axing 50,000 hospital workers' jobs in the process.

province voted overwhelmingly to expand the job actions. They resolved to go back to their locals for mandates to fight for a complete moratorium on Ontario hospital cuts, closures and layoffs.

By early April, Kingston health care workers in a number of cities held emergency mass membership meetings and voted to join the protests with simultaneous 10-minute walkouts. A 10-minute province-wide walkout is set for later in April.

Even if the Harris government likes to think democracy in Ontario is dead, CUPE hospital workers are proving him dead wrong. And the message is getting out. A recent poll shows hospital worker actions are making a difference. Hurley cites a new study done for the Harris government by Summit Strategy Group. "The study reveals that when Tories speak about health care, they rate 'zero' in believability. Hospital administrators are the same. 'Zero,'" he said.

## Women's work study a "painful reality check"

by Sheila Rowswell

"Tired of fighting the good fight on your own? So are lots of other women. Isn't it time we joined forces?" That's the theme that runs through a major new study by the Canadian Labour Congress (CLC) on women's work in Canada. The *Report on Women's Work* was written by Winnie Ng who researched and compiled the statistics and travelled across Canada talking to hundreds of women, including HEU members. Their stories, observations and views on what unions need to do form the heart and soul of the report.

"The myth of women's equality is everywhere," said the CLC's Nancy Riche at the report's release in March. "You see women on TV in ads who are making real choices and change in their lives. This report offers a painful reality check to these images."

What's the real state of women's working lives across Canada?

Despite women's gains over the last generation, the vast majority remain stuck in low-paying jobs with little hope for advancement. Women represent 70 per cent of workers in the lowest paying jobs.

In February 1997, women lost 30,000 full-time jobs. Since December 1994, women have gained only 10,000 full-time jobs and 140,000 part-time jobs, according to StatsCan.

Only 20 per cent of women have full-time, full-year jobs which pay more than \$30,000 per year; 40 per cent of men do.

In the last 20 years the number of women holding part-time jobs has increased by 200 per cent. Over a third of those women want full-time work. One in 10 jobs is now temporary.

In 1996 all the growth in jobs held by women was in part-time jobs! The largest number of full-time women's jobs lost was in banking, where CEOs and

shareholders reap obscene profits. Part-time work no longer involves regular hours. Trying to arrange family lives with no sense of when you will be called in raises the stress level of women working part-time.

Growth in part-time, casual and just-in-time work is most pronounced in the service sector (food and beverage industry, hotels, retail trade). Only seven per cent of women in this industry are unionized.

There is a clear and widening gap between working women in Canada. This report lays out the fact that women with disabilities, aboriginal women and women from visible minority groups have suffered the most from downsizing and restructuring.

These facts can leave one feeling quite hopeless. But the report brings new hope in the form of success stories where women and men have taken on corporate greed, increased exploitation of working people and

the war against those who are poor or marginalized.

It's very clear that women want and need unions. One in three working women in Canada belong to a union. Women in unions and those not yet unionized offered suggestions on how to attract women to the labour movement and how to tap into the activism of women already inside.

The report sets out clear proposals for unions and the labour movement — some of them already implemented here and there across the country, some of them under debate. Many are proposals that challenge unions' traditional ways of operating.

The CLC *Report on Women's Work* is available from the HEU Provincial Office communications department.

• Rowswell is 3rd vice-president on HEU's Provincial Executive.

**'One job in 10 is now temporary'**

**BASIC STRUGGLE** South African community health care activist Zandile Gumede met with HEU activists in Vancouver March 4 to tell of her struggles for basic health services in the Durban suburb of Amaoti. Recounting her story with HEU president Fred Muzin, left, and Miriam Palacios of Oxfam, centre, Zandile's has been at the heart of many battles for basic health care and sanitation. Her talk was sponsored by the HEU women's committee, OXFAM-Canada and the Vancouver/Richmond Health Board.



# Ashcroft project could be prototype for expanding nurses' roles, duties

by Dale Fuller

**L**IKE MANY small rural communities in B.C., Ashcroft has been unable over the past years to recruit enough physicians to provide around the clock coverage for its hospital. This resulted in RNs being at times the de facto first access point to health care. The situation reached a crisis point in the summer of 1996, when physicians' schedules rendered them unavailable for long periods of time. They had threatened to be available for emergency support only.

The crisis forced the hospital to examine the role of its nurses and to consider formalizing and expanding their actual scopes of practice. Nurses needed to have the authority to independently provide care in the emergency room when physicians were unavailable. Using the security of the Health Labour Accord, and the resources it provides to promote positive change in health care, the key stakeholders were able to develop a model for change that expanded the roles for both RNs and LPNs.

To deal with the 1996 crisis, hospital administrator Sylvia Gerwien and the nurses began to investigate the protocols necessary for patient care under those circumstances. A committee, which has been holding regular meetings since 1996, was struck and includes

**'We will have to be ready for the responsibility that will come, but we welcome that'**

representatives of hospital administration, RNs, LPNs, the Registered Nurses Association of B.C., the B.C. Nurses' Union and HEU. Gerwien has assured those on the committee that there will be no changes to the nursing budget and no staff cuts. The high degree of cooperation has been fruitful and has produced a plan – set to be implemented in May – that will enable the hospital to meet the needs of the community.

It is examining the expansion of the role of registered nurses, or in reality "merely reclaiming what is already within the current scope of practice." They will be able to independently triage and provide minor treatment for patients presenting in the emer-



DALE FULLER PHOTO

**ASHCROFT HOSPITAL** patient Derek Edwards, surrounded by photographs of his loved ones, receives a quiet word of reassurance from LPN Sharon Thompson.

gency room. This may hail the emergence in British Columbia of nurse practitioners. Appropriate training needs are being addressed by the committee.

Although the committee seems to be concentrating on the role of the registered nurses in this process, two LPNs that sit on the committee, Fusa Teshima and Loreen Martin, are both enthusiastic about the changes. They see that this can only have a positive effect on their own role in the provision of health care. They think that when the RNs begin working to the full scope of their own practice, and in fact expanding it, that LPNs will be able to use their own skills to their full extent.

Teshima, who has been working at Ashcroft and District General Hospital (and its earlier incarnation, the Lady Minto Hospital) for 38 years, said, "Our skills are not being used enough. The only skill we don't have right now is in pharmacology, and I feel that that will come."

Martin, with 17 years of service, adds, "We will have to be ready for the responsibility that will come, but we welcome that." She said that often in the past LPNs assisted with minor surgery, such as vasectomies. That has been discontinued, but often RNs rely on their know how and experience.

Surprisingly, local doctors are supportive of this

initiative. They see it as a way for them to avoid burnout. They attend some of the meetings to review the protocols from their perspective.

The committee has held information sessions with the hospital board and plans further sessions to inform the public in the near future. The emergency ward will not always have a doctor around, and the public will need to be reassured and educated about this.

In order to shift some of the emphasis onto the role of LPNs in this innovative plan, Katherine Kreller, the HEU regional representative who sits on the committee, urged the other members at a recent meeting to consider having at least one LPN on shift at all times. She stressed that their changing role should also be recognized as they will make a valuable contribution to this process.

Lois Krumm, chief steward with the BCNU at the Lytton hospital, attended the March 10 meeting as an observer. Lytton is a rural community with some of the same problems as Ashcroft, and they are watching this process with keen interest. The plan could prove to be a breakthrough. And on an issue where HEU and BCNU have had some disagreements it shows cooperation can promote positive outcomes for nursing staff and patients across the province.

## Marriott may soon get the chop at Children's

*Workers' campaign aim to improve and expand food services*

by Dale Fuller

HEU members at Children's Hospital are on the verge of victory in their battle against the giant Marriott Corp. which may soon be officially removed from the privatized food services management contract they were first given three years ago.

In a classic case example of perseverance and creativity, local activists have made great inroads with their employer. They've used their front line expertise to show the boss that they have creative solutions to improve and expand services, and to better working conditions for food service workers which were horrible under Marriott.

The union activists' first step was to meticulously document Marriott's deplorable track record and its

failure to comply with clearly specified contract standards.

The company went through three on-site managers, provided inadequate leadership, and were overly confrontational. In addition, there were serious concerns with Marriott's record on sanitation, training, quality improvement, and service levels.

Children's local members were determined to show the board it was not in the best interest of anyone (except Marriott) to renew the contract, which just recently came open. But, in the second part of their strategy, they did not simply go to the board and say, "We want Marriott out." Instead they offered workable alternatives. They reasoned that they were the people on the floor doing the work; they should be able to devise a plan on how the work could be done in the most efficient manner.

Although the local went into high gear around the issue of the contract renewal, the members had been handling problems as they cropped up all through Marriott's tenure at Children's. When one of Marriott's managers attempted to deal with the com-

pany's abysmal cost overruns by laying off 18 full-time employees, the union local staged a sitdown and threatened another. That brought management to the table to listen to the union's solution, in which work was reorganized effectively with only one full-time position eliminated by attrition. These were positive changes, and everyone came out a winner, with the possible exception of Marriott.

Originally, the contract was up on March 31, and it seemed like the hospital was going to renew it. The union local approached management and asked for the opportunity to present its alternative plan. The proposal included ideas on how to manage work schedules, work routines, cooking procedures, hours of operations and a coffee kiosk. The members stated that there was no trust of Marriott, the winner of several "awards of dubious distinction" in the U.S. for such things as food poisoning and huge cost overruns. Blair Thomas said, "We took our anger and used it to develop positive alternatives. That's why we are where we are today."

Where they are today is that hospital management has made a decision not to renew Marriott's contract. This is a victory for the local, and it can be attributed to all the work that their committee did. It resulted from a combination of knowing their jobs, some nitty gritty research and real creativity. The Children's Hospital members developed positive alternatives in response to the problems created by Marriott management. For once management listened.

#### APRIL 12

First anniversary of the commencement of talks for a contract in the community sector.

#### MAY 5/6

HEU regionalization and restructuring workshop, northern region, Prince George.

#### MAY 8/9

HEU regionalization and restructuring workshop, Kootenay region, Nelson.

#### MAY 19

Victoria day holiday, all union offices closed.

#### MAY 28-30

Provincial Executive meeting, Vancouver.

#### JUNE 11-14

CUPE B.C. convention, Victoria.

#### JUNE 24

Deadline for receipt in Provincial Office of Wage Policy Conference credentials.

#### JULY 2-10

HEU summer school, UBC campus, Vancouver.

## The point for sharp safety

by Dan Keeton

**L**ife at the End of a Dirty Needle is a provocative title. But despite how the header above Elton Nordmarken's circular reads, it isn't about the confessions of a junkie.

Nordmarken is a housekeeper at Eagle Ridge Hospital in Port Moody who since 1990 has been jabbed an estimated 12 to 13 times by used hypodermics that turn up in regular hospital garbage. It has made him ill and has cost him hundreds of hours in time off work.

So Nordmarken wrote up his experiences and has taken to lecturing other health care workers about the importance of proper disposal of used needles.

"I do this so that people understand there's a person on the other end," said the HEU member in an interview.

There have been an estimated 192 needle prick or puncture injuries at three hospitals in the Simon Fraser health region since March 1995, according to statistics compiled by the region. Eight of these were in house-

keeping at Eagle Ridge.

The last three times Nordmarken was poked by a discarded needle, he underwent treatment on the anti-HIV drugs, AZT and DDC. The most recent treatment was six months ago. The drugs, designed to stop the virus from replicating, have taken a heavy toll. "When I take that medicine I'm super sick: diarrhea, nausea, headaches."

But worse is the effect on his liver and kidneys. Back in 1993, he contracted the debilitating hepatitis C after being jabbed, and the anti-HIV drugs exacerbate

the effects of the ailment.

The treatment takes 28 days. But it's a full six months before the final diagnosis is in, and that period "is a living hell," states Nordmarken in his circular.

"It affects your health physically and emotionally," he writes. "Your family, friends and fellow workers seem to treat you differently. It is hard to explain to your children, partner or spouse why you have to take so much medicine and all the safety precautions."

Used needles are supposed to join items such as discarded blood tubing and gauzes in the specially marked, yellow bio-hazardous materials bags. But too often, they're found in the ordinary green garbage bags. It's the house-

keeping staff that discover this, sometimes in the form of an unexpected jab. The worst result has been contracting a strain of hepatitis.

But since a worker recently contracted HIV, testing for the virus that causes AIDS is now mandatory.

"This could have been prevented if someone could just have taken the time and precaution to discard needles properly," states Nordmarken in his circular.

"So on behalf of myself and all my fellow workers, I would like to ask you to please take the time and caution to do your job safely and properly and dispose of those needles correctly."

**'Please take the time and caution to do your job safely – dispose of those needles correctly'**

### HEALTH CARE ON WORKING TV

#### Two health care issues highlighted in May on WTV

Watch Working TV in May for shows on two important health care issues. The first is a feature, funded in part by HEU, on Bill C-91, the federal law that extends highly profitable patent protection for multinational drug companies.

And the joint HEU/HSA campaign to expand the role of public labs will also be spotlighted.

Call 253-6222 or 1-800-562-1622 for exact program times, or check the Vancouver and District Labour Council

web site: [www.vcn.bc.ca/vdlc](http://www.vcn.bc.ca/vdlc).

Working TV is now weekly, beginning Thursdays at 6:30 p.m.; repeated Friday at 7:30 p.m. and Monday, 1:30 p.m. on Rogers Community 4 network for Lower Mainland viewers.

For Campbell River, it's seen Wednesdays at 6:30 p.m. and Monday at 8 p.m. on CRTV 10.

In Revelstoke it's Wednesday at 9 a.m. and Thursday at 11 a.m.



### A welcome to new members

HEU continues its organizing efforts, welcoming 12 new locals since the beginning of the year. New locals include: Barriere and District Health Centre, a home support unit with 16 members; 21 members at Victoria's Care-a-Minium, a retirement condominium complex with two sites, Minton and Rose Bank Gardens; and Cordova House, a Vancouver long-term non-profit facility with 40 members. Formerly with CUPE, the Cordova members have affiliated with HEU.

Also new are the 11 members of the Cranbrook Society for Community Living, a mental health/residential care/

group home. Roderick St. Jacques Society, also known as Fir Park, is in Port Alberni and has four new members.

Long-term caregivers at two Vancouver facilities have joined: Renfrew Care Centre in Vancouver with 55 members and Villa Carital, with 62 members; rounding out long-term care are 17 members at the Shelmarie Rest Home in Victoria, and St. Crispins Villa, in Abbotsford, with nine members;

There are two new locals at a private for-profit Vancouver long-term care facility. Royal Ascot represents care aides. Graystone represents housekeeping, laundry and dietary staff.

## Coffee break



All stories guaranteed factual.  
Sources this issue: CCPA  
Monitor, CUPE FastFacts,  
Guardian Weekly, CALM

#### First it was RoboCop, now it's RoboCareAide

The giant Japanese electronics firm Toshiba has developed a "human friendly" robot that's so advanced that corporate executives are poised to market it for use as a high tech care aide in long-term care facilities.

The company has started a pilot project to deploy the robots to carry and clear food trays in facilities and in seniors' homes. Equipped with a navigation unit to direct it from bed to bed and room to room, the robot also has a video display of menu choices and a mechanical arm to lift and remove the trays.

The RoboCareAide will be paid at the R2D2 rate.

#### Just pull the pin

At a recent fire extinguisher course held by Northern Telephone in Kapuskasing, Ont., the trainees had to extinguish

some oil burning in a steel drum. When one trainee panicked in front of the fire, the trainer yelled, "Think of a grenade!" The trainee immediately pulled the pin, then threw the fire extinguisher into the fire. More training was recommended in the classroom before attempting the hands-on session.

#### CUPE member skips to victory as Canada's top women curlers

CUPE member Sandra Schmirler has again led her foursome to the top of the heap in women's curling in Canada.

Schmirler's Saskatchewan rink swept to victory in the final of the Scott Tournament of Hearts – the most prestigious women's bonspiel – held in Vancouver at the beginning of March.

A long time member of CUPE local 21 in Regina, Schmirler works as a recreation centre supervisor.



Shovel to dig out from under windfall profits.

#### Registered nurses eye CLC membership

BCNU members will be voting on membership in the 2.2 million member Canadian Labour Congress at the union's June convention.

Leaders of the union say the move is necessary to defend medicare and to take the view-

point of registered nurses "into the heart of Canada's labour movement."

The move by B.C.'s registered nurses to finally join the mainstream labour movement is a growing trend in the RN ranks across Canada.

HEU and HSA members are already part of the national labour congress.

# HEU people

## Yucalta's activist retires from kitchen

For 18 years Janet Amberson worked at Yucalta Lodge. And a year after she started working, the Yucalta local was founded. She's been an active union member, having served as chairperson, vice-chairperson, trustee, warden and conductor. In the community she's a member of Kiwanis.

Amberson will be missed in Yucalta's kitchen where she worked as a cook, but her retirement will be filled with fun things like traveling, gardening, crafts, and sewing.

## Gibsons' local founder overtaken by long illness

Sister Iris Harrison passed away in February after a long illness. She started the Gibsons local of HEU at Kiwanis Village Care Home in February 1982. Harrison was chair of the local for many years and remained an active union member until she went on long-term disability in 1987.

## Mount St. Mary local loses long-time member

Brother Gary Clements was a fixture at Mount St. Mary Hospital in Victoria for the last 25 years. "Clem," as he was known to his friends, succumbed to a long illness during the holiday season. He'd been on LTD since 1992.

Local members report that Clements brought a sense of adventure to his work as a

stationary engineer and was always up to the challenge of making things work.

Clements is survived by his wife Ruth and sons Matt and Todd. He will be sorely missed by his sisters and brothers at the Mount St. Mary's local.

## HEU activists take their seats on CHCs

It's official - 13 HEU members have been appointed to community health councils (CHCs) as health care union representatives. As the largest health care union in B.C., HEU has the lion's share of CHC and regional health board appointments, holding 17 of 45 positions.

Gail Detta from the Nakusp local sits on the Arrow Lakes/Upper Slocan Valley CHC and Mount Nelson local member Fern Hall hold HEU's seat on the Columbia Valley CHC. Golden CHC's health worker rep is Susan Drown (Golden local) while Petra Schiebe, Mount St. Francis local, will take the spot on the Nelson and area CHC. Ruby Bone of the Pioneer Villa local and Shelly Wedderburn from the Sparwood local round out HEU's southeast B.C. contingent as reps on the Creston and District and the Elk Valley and South Country CHCs respectively.

On the island, Heidi Oburne, Campbell River local, will sit on the Campbell River/Nootka CHC.

North along the coast, Faye Edgar from the Bella Coola

local sits on the Bella Coola Valley and District CHC while Prince Rupert local's Colleen Fitzpatrick takes a seat on the North Coast CHC. Health care workers in the far northwest CHC region of Stikine receive representation from Dick Johnsen of the Dease Lake local.

Moving inland, Charles Smith of the Hazelton local is the health workers' voice on the Upper Skeena CHC.

Finally, in the far northeast, HEU receives two CHC appointments: John Barrett, Fort Nelson local, sits on the Fort Nelson/Liard CHC and Margaret Rurka of the Pouce Coupe local will attend Peace River South CHC meetings.

HEU members are slated to be appointed to the Nisga'a Valley and Snow Country CHCs.



HERMAN



LIENS

## New faces in union offices

You'll be seeing a few new faces in HEU offices.

Raymond Liens has been appointed to the new position of equity officer. He comes from the provincial government, where he worked on Canada's first community bank, Four Corners Community Savings. Previously, he was constituency assistant to then minister of finance Glen Clark. Liens moved to Vancouver from Winnipeg where he helped the UFCW organize and negotiate a contract in a non-English speaking workplace. He moved to Vancouver in 1992.

And Ruth Herman joins the Provincial Office in Vancouver as a staff rep responsible for workers' compensation appeals. Herman is a lawyer who comes to HEU after seven years with the United Food and Commercial Workers' union and 10 years before that in private practice. A former Vancouver school board trustee, Herman is a leader of the Vancouver civic party, COPE.

There's also some fresh faces providing key clerical support for the union. The Vancouver Island regional office welcomes Denise Day who hails from OTEU. In the Provincial Office's Vancouver site three new clerical staff have been spotted: Susan Bevans (Mapleridge local); Elizabeth Hubick (Lions Gate local); and Catherine Jeffrey (VGH local).

Welcome all.

## Davies earns Van East NDP nod

In a hotly contested nomination in Vancouver East, HEU staffer Libby Davies has won the right to carry the NDP banner into the next federal election.

At the nomination meeting held March 13, Davies told party members that the federal Liberals have abandoned Canadian values.



DAVIES

"I believe in a Canada that places the needs and values of people and communities above the profits of corporations."

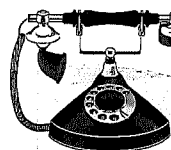
She also paid tribute to her husband and long-time civic activist Bruce Eriksen who died three days later after a long illness.

## PEOPLE WITH DISABILITIES ... TALK TO US

We're working hard to make our union better for HEU members with disabilities. We'd like to hear from you. If you are on WCB or LTD, or if you're invisibly/visibly disabled in the workplace, let us know how the union can better meet your needs.

LEAVE A MESSAGE AT 604-530-9493 AND WE'LL GET BACK TO YOU. ALL INFORMATION IS CONFIDENTIAL.

HEU People with Disabilities Caucus



## TALK TO US ... TOLL FREE!

You can call any HEU office toll free to deal with a problem or to get information. It's fast, it's easy, and it's free.

### PROVINCIAL OFFICE

Vancouver site  
1-800-663-5813

### PROVINCIAL OFFICE

Abbotsford site  
1-800-404-2020

### VANCOUVER ISLAND OFFICE

Victoria  
1-800-742-8001

### NORTHERN OFFICE

Prince George  
1-800-663-6539

### OKANAGAN OFFICE

Kelowna  
1-800-219-9699

### KOOTENAY OFFICE

Nelson  
1-800-437-9877

## Blooper ads

- Four-poster bed, 101 years old, perfect for antique lover.
- We do not tear your clothing with machinery. We do it carefully by hand.

## Auto workers earn early retirement certificates

Starting this year, 130,000 autoworkers employed by Volkswagen in Germany are able to take their overtime pay in the form of interest-bearing certificates that can be accumulated and traded in towards early retirement.

The program was introduced as a bid to create new jobs as Germany struggles to deal with a rising unemployment problem.

Under the plan, the workers could retire as early as 55 if they work to put in enough overtime and accumulate the required certificates.



## Health reform comic strip style

If you read the comics, you know that nurse June Gale and doctor Rex Morgan got married this past year. They have been working together for decades, and neither one has lost their youthful appearance. They still look like they are in their thirties. Amazing. But the big story is that June has decided to expand her scope of practice and become a nurse practitioner. Good for you, June. Now all you have to do is get some LPNs in your office. You can't do all the work!

# Guess who's cashing in on your health care?

MDS

LIBERTY HEALTH

EXTENDICARE

RAXTER

BITOVE

CARA

VERSA

CORPORATE  
Cash-In

Does a corporation run, or is it about to take over, one of your public services? Find out about the corporation. Use this information to fight back. Build a campaign to keep services public.

Corporate Cash-In Cards give the facts on corporate privatizers. USE THEM IN YOUR FIGHT.

To get your corporate cash-in cards, contact HEU's communications department in the Provincial Office.



Canadian Union  
of Public Employees  
21 Riverside Street  
Ottawa, Ontario K2P 0V6  
FAX: (613) 237-5509

CEO: J.W. Marriott

Salary/Bonus: \$US 1,742,790 (1995)  
Average CUPE Marriott Salary: \$22,921 (1995)  
Profits: \$56 million in Canada (1994)  
\$US 247 million for U.S. parent corp. (1995)

Canadian income taxes paid: not publicly available

Labour relations record: 126 employees fired at Alberta Hospital after Marriott wins contract, 86 hired back at reduced wages and benefits, provoked seven-month strike at Queen's University, no unionized Marriott Hotels in North America.

Legal complaints: Paid \$US 43.3 million to settle class action discrimination suit filed by 3,000 women in food services.

1997

# Guardian



VOL. 15 NO. 2 THE VOICE OF THE HOSPITAL EMPLOYEES' UNION MARCH / APRIL 1997



## A bad decision

An April 7 labour relations board ruling determines what are facility and community services. The outcome? 5,000 HEU members could be impacted and health reform imperiled.

PAGE 3

## May 3 is justice day

Across Canada, union and community activists are set to rally as the Canadian Labour Congress presses to get the demands of working people on the federal election agenda.

We're out for

# Justice

PAGE 7



## MacPhail's vision

B.C.'s health minister on privatization, community bargaining, employer accountability, and her plans for health care reform. A candid and exclusive *Guardian* interview starts on

PAGE 8



## The end of the line

Renowned health policy analyst Carol Kushner says the dividing line between community and facility health workers promotes exploitation. Read an excerpt from her ground breaking study on

PAGE 11

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