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Guardian

THE VOICE OF THE HOSPITAL EMPLOYEES' UNION VOL. 15 NO. 4 JULY/AUGUST 1997

PIKTO•GRAFIK ILLUSTRATION

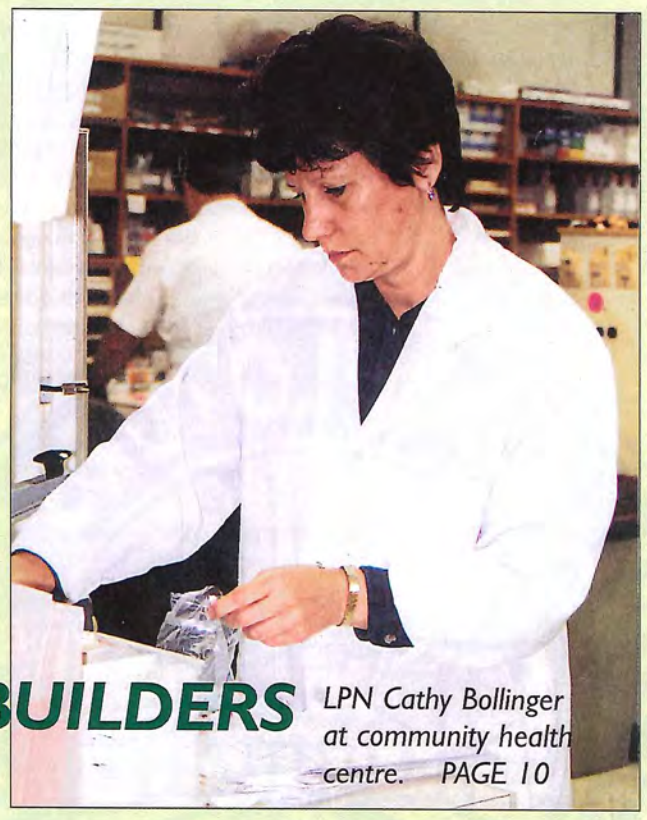
Checkup on Change

Six years after a Royal Commission drafted a blueprint for change, health care reform is finally on track.

PAGE 8

HAPPY BIRTHDAY!

HEU activists join in South African sister union's celebration and learn that the threat of privatization is international. *PAGE 13*



TEAM BUILDERS

LPN Cathy Bollinger at community health centre. *PAGE 10*

DOWN PAYMENT ON PARITY!

It took 15 months, but we did it! PAGE 3

COMMENT

Setting the stage for 1998 bargaining

by Chris Allnutt

HEU MEMBERS haven't rested one moment this summer in pressing for fairness and justice in health care and setting the stage for the critical 1998 round of bargaining.

With the passage of Bill 28 in the dying hours of the last legislative session, our members' rights to representation in the paramedical professional bargaining group are guaranteed. The law also provides a mechanism through which the line that divides the community and facility sectors can be reviewed.

Community caregivers are now voting on a hard-won deal with health employers that fundamentally alters the role of the community sector in B.C.'s health care system.

It narrows the gap by providing sizable adjustments to the lower end of the wage scale, comprehensive benefits and a shorter work week.

Access to labour adjustment programs and a process for fair classification means community caregivers can participate more fully in the whole health care system.

It all points to an exciting round of bargaining in 1998.

The union side of the bargaining table will be bigger than last time as smaller unions pushed out by Bill 48 reclaim their places. We'll have to work harder to build solidarity between the many unions.

'Then there's the bigger picture'

Then there's the bigger picture. The contracts of more than 150,000 unionized workers in the public sector expire around the same time as our community and facility agreements.

Victoria may attempt to further streamline bargaining in the broad public sector. This would both quench the government's thirst for fiscal credibility and provide an opportunity to fulfil commitments to assist workers in lower paid sectors such as achieving full parity in the community sector.

The Clark government has pitched the concept of reduced overtime as a means of job creation in the private sector and, most notably, in the Jobs and Timber Accord. Can we facilitate job creation in the health sector through limiting overtime and reigning in privatization of services?

This is the broad context that will challenge HEU delegates as they gather in late September for the 14th Wage Policy Conference. Not that our members don't already have a good idea where bargaining should go.

Delegates to the 1996 convention resolved that the 1998 round of bargaining advance the critical issues of protecting health sector wages from erosion and bargain injury prevention language that reduces the work place carnage so prevalent in health care.

That convention also identified the goal of achieving one collective agreement for all health and support workers.

If any union can do this, it's the HEU. And with a tentative agreement in the community sector, we've got the track record to prove it.

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.

She liked Berta's story

I very much was impressed with your March/April issue – I like the way the *Guardian's* coverage spills over into lots of areas, especially the Guatemala story about the burn victim. I am running that story in the next issue of the *STA Bulletin* (enclosed) which I edit. Keep up the good work.

LOUISE MACMASTER,
Surrey Teachers' Association

Give credit where credit's due

Thank you for the glowing report, in the March/April *Guardian*. I appreciate the comments but I have not done the things I have done on my own. The many courses I have taken through the union have helped me immensely to realize that I have the ability to do such things as run for council. The monetary support from my union and my own local along with the Labour Council made it possible.

The Women's March that passed through Quesnel to join the Vancouver marchers in Kamloops involved many people doing numerous jobs.

The march to Quesnel's hospital was organized by two pregnant women in the community who did not wish to be on stretchers in the hallway when they delivered. I assisted them as much as possible and along with many community members made a speech at this rally.

Unfortunately there is a discrepancy in the story you published. After being told by WCB I was "cured" and no longer eligible for compensation they then told me I could not go back to my janitorial job as I would re-injure myself. This resulted in me being unemployed! I did agree that I was not ready to go back to my former job as I knew one day working and I would be right back with my tendon injury but I did not agree that I wished to be unemployed. As WCB is not insurable under UIC I was not eligible for benefits so my only option was LTD until I could find clerical work.

This incident sparked my interest in WCB reform and I made a presentation at the WCB Ergonomics Hearing and just recently made another presentation at the WCB Royal Commission Hearings (I hope that one does some good.)

In June I attended the CLC Womens' Conference in Ottawa and found it to be an informative, uplifting experience. I appreciate being afforded the opportunity to attend this conference. I was involved in a workshop on "Coalitions in the Community" and found the varied input helpful in the coalition I am involved with in Quesnel.

The march through the streets of Ottawa at noon was an experience to be remembered. Our numbers increased as we marched. The protests were against the Treasury Board for not honouring pay equity agreements with PSAC, then on to Starbucks who close newly certified stores, then to Walmart who can only sell as low priced as they do because of children working in sweat shops in appalling conditions in Third World countries. By the time we got to our last protest at McDonalds the police were considerate enough to block the streets to traffic for us!!! We all returned to the conference with renewed spirits and determination to continue the fight. Thank you once again for the opportunity to attend this conference.

JEAN BIRCH,
Quesnel Local

The power of boycotts

If you could influence the "teen" market to withhold their enormous purchasing power until NIKE and other like manufacturers reduced profits and instituted fair labour practices you could also help decrease crimes related to the acquisition of these products by people unable to afford them or those who steal for profit.

Just that fact that Woods and Jordan would sell themselves to these exploiters of child labour has convinced me to boycott ANY product they endorse.

As to "the Bay, no way," I chopped up my Bay card three years ago. Approximately 20 years ago I did the same with my Woodward's card and look what happened to them! Be patient and consistent and you may move mountains.

Now retired but still an activist.

BARBARA A. HODSON,
formerly of the White Rock Local

Nurses' dialogue continues

The B.C. Nurses' Union welcomes HEU's continued interest in working together on common solutions to issues involving staffing and patient care. We value the close working relationship we've had with the HEU over the years, and we are prepared to work hard to keep that relationship strong in the difficult times facing B.C.'s health care system.

In response to re-printing the letters published in the *Kamloops Daily News*, we would like to point

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Guardian

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

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What we're up to

First Nations facility reaches agreement

On July 22, 14 HEU members at Skidegate ratified an historic agreement with the Skidegate Band Council. This is the first collective agreement between HEU and a band council. The new Skidegate collective agreement resembles the Master.

Band councils receive their funding from the federal Department of Indian Affairs. Because their funding had already been granted by DIA for other purposes, the agreement does not include increases in wages or benefits. However, a letter of agreement entitles the union to sit in on the employer's next funding negotiations with the DIA. Any increases will be applied to wage parity with other health care workers under the Facility Sector Collective Agreement in B.C.

HEU is negotiating with six other First Nations facilities. Chris Allnutt, the union's secretary business-manager, says, "We were successful in tackling the problem of First Nations facilities' distinctive funding mechanism. We hope we will be able to apply it to our other First Nations negotiations."

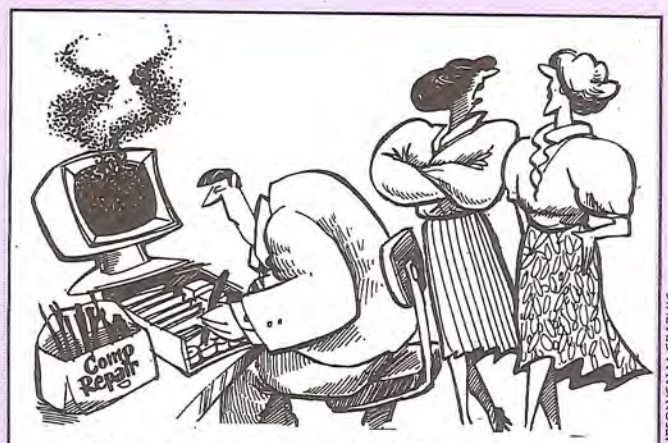
Board and council union reps meet

Thirty-five of the 42 appointed union representatives on the regional health boards and community health councils got together to hold a workshop on July 10 and 11 at the University of British Columbia. The workshop was facilitated by staff people from the BCNU, BCGEU, HSA and HEU.

Speakers at the workshop were Libby Davies, new MP and until recently an HEU staff person; Lorraine Dixon from the Information and Privacy Branch; and Leah Hollins, assistant deputy minister.

Objectives of the workshop were to enable participants: to identify the role of the CHCs and the RHBs and the role of the labour representatives on them; to identify a conflict of interest; to communicate the importance of public participation; to communicate between the health care unions; to identify and build allies in the community; and to access a network for support in this work.

All participants wanted to hold future workshops.



"The new software really does reduce our workload... Now nothing gets done."

CAROL SIMPSON/CALM GRAPHIC

Formal dates set for comparability hearings

HEU's long fight to achieve comparable wage rates with direct government employees inched one step closer to completion recently, when health employers agreed to formal hearing dates in early October.

Arbitrator Stephen Kelleher will hear arguments from the union and HEABC and then render a decision. HEU will argue that a 3.7 per cent comparability boost achieved in 1993 narrows some but not all of the wage gap. In addition to a number of procedural ploys

continued on page 4

Business intoxicated with sober second look

Labour is charging the business community with economic extortion as the B.C. government withdraws legislation amending the labour code.

Labour minister John Cashore withdrew the legislation July 16 in the wake of widespread criticism of the proposed amendments by the business community. "Our goal is to take a sober second look at the legislation," said Cashore.

But the union movement is crying foul. "The business community has used economic extortion to force the government to drop labour code changes that were modest, fair, and reasonable," said Georgetti.

"We are very disappointed that workers who need help from the government have been let down by the hysterical anti-union attitude of business."

When the legislation was introduced June 25, business focused its attack on provisions that would provide for sectoral bargaining in the unionized construction industry.

Business also targeted a provision which would have extended successorship rights to janitorial, security and food service workers and their unions where these services are contracted to a building owner or manager.

Cashore has opted to send the proposed changes to a construction labour relations panel. The remaining proposals will be considered by a committee struck under Section 3 of the labour code. He expects to introduce labour code changes in the next session of the legislature.

"Labour has absolutely no fear that a full public debate will show the changes proposed are modest, fair and balanced," said Georgetti. "And a full examination will also show the employers' true agenda is opposition to workers' rights to unionize."

AT THE FRONT DOOR Often during the 15 months of negotiations, when HEABC wouldn't move in its position, community sector workers took to the street outside the HEABC offices to use some noisy persuasion.

We've got a deal at last!

THE PROVINCIAL Executive and bargaining committee are recommending acceptance of a tentative contract settlement for the community health sector that provides for significant wage gains, extensive new benefits coverage, and labour adjustment safeguards for all community caregivers.

The agreement, which represents a significant step towards parity, was reached July 17 after 15 months of tough negotiations between the three-union bargaining association of HEU, BCGEU and UFCW on one side, and the Health Employers' Association of B.C. on the other.

The first step in creating a master collective agreement in the community sector, the tentative agreement would expire April 2, 1998. It contains a number of language provisions from the facility sector master contract, further weakening the labour relations line dividing the two sectors.

"Community sector workers have made major inroads with this agreement," says HEU's bargaining spokesperson Zorica Bosancic. "But the battle for full parity isn't over yet.

"We consider this settlement a down payment on complete parity which we will press to achieve in the next round of community bargaining."

Community sector health workers whose contracts were covered in the talks will cast ballots on the agreement in ratification votes that start Aug. 11 and conclude Aug. 22.

'But the battle for full parity isn't over yet'

The tentative settlement provides for a variety of targeted and retroactive wage increases, based on the expiry date of each community local's contract plus a series of general wage increases towards the end of the agreement.

Finally, on April 1, 1998, some significant increases, based on the existing home care standard agreement, will be applied at the low end of the community wage scale.

The pay rates will be based on a community caregiver's contact with clients and will range from $13.50 an hour to $16 an hour.

On April 1, 1998 community caregivers gain a benefits package with overtime premiums, vacation entitlement, sick leave, a pension/RSP plan, health and dental coverage, extended health and long term disability.

Caregivers also have a 37.5 hour work week with no loss in pay effective April 1, 1998 and after all pay boosts have been implemented.

Locals with existing shorter work week provisions retain their current arrangements.

Community caregivers will have access to all programs of the Health Labour Adjustment Agency including priority placement within both the community and facility sectors.

Labour adjustment coverage is a milestone for community workers, but the 12 months of employment security coverage in the facility sector will have to wait for the next round of bargaining.

WHAT WE'RE UP TO

continued from page 3

to block comparability, employers are expected to argue that the 3.7 per cent boost eliminated wage differences and satisfied comparability.

HEU first won the right in the 1970s to address wage discrimination against women health workers by achieving common wage rates with BCGEU members.

Members from the Canadian Mental Health Association, Vancouver/Burnaby branch, cast their ballots in the community sector ratification vote.

Members ratify at Imperial Place

Workers at Imperial Place in Surrey voted Aug. 5 to accept a mediator's recommendations securing a first agreement with the biggest operator of independent-living facilities in North America after 16 months of tough negotiations.

After defeating a labour board ordered vote on Holiday Retirement Corporation's last offer by a margin of 24 to one, HEU members at Imperial Place voted 100 per cent in favour of an agreement which provides for significant wage increases and resolves outstanding language issues.

"It's a significant agreement for Imperial Place workers," said HEU secretary business-manager Chris Allnutt. "Our members have said no to a minimum wage workplace and have provided an important foothold for organized labour in the operations of this major U.S. company."

Rideau Manor members ratify

On June 16 the Rideau Manor local members ratified their first collective agreement. This was reached only after a strike vote was taken and non-binding mediation invoked. The local was certified in November 1995. Bargaining began in March 1996.

The contract includes improved vacation entitlement and special leaves with pay for marriage, citizenship hearing, serious illness of spouse or child and paternity leave. The wage increases, ranging from $1.38 to $4.98 per hour, are retroactive to May 1, 1997.

The contract in this for-profit facility for independent living will expire on Dec. 31, 1999.

Wage Policy set for September

In 1998 health care unions in B.C. will be negotiating their new Master Agreement. In order to prepare for that round of bargaining, HEU has polled its members on what they want to see at the bargaining table. As is traditional, delegates at a wage policy conference will decide what is to be negotiated.

All the health care unions under the Master Agreement will also have to reach a consensus on what is to be presented to the employer.

Expected at HEU's 14th Wage Policy Conference are 426 delegates and 21 Provincial Executive members, eight of whom are part of the 13-member bargaining committee. Observers can watch the proceedings in a separate room with a video link.

(Almost) everyone is going surfing

The union's recently-completed membership poll reveals some interesting news about HEU members. They love to surf – on the internet at least.

Surprisingly, the poll – designed to provide information about bargaining – found

Koreans struggle for democracy

Their fight is waged on several fronts: in the workplace, in their country, and abroad in Central America

by **Dale Fuller**

SERAPINA Cha Mi-kyung became involved in the Korean labour movement as a student in the 1980s. She worked in a garment factory and was instrumental in organizing a union there. This was a crucible of learning for her, and she has been active in the labour movement ever since.

She continued her activism in Hong Kong, where she lived for a few years, returning to Korea in time to participate in the 1996 general strike. She is now one of the leaders in a movement of international solidarity that has sprung up in her country.

BALANCING

IT ALL

As such she visited Vancouver and HEU's summer school in July.

Koreans are engaged in a dynamic struggle for democracy. People the world over know of their fight and offer support and solidarity. Korean workers are concerned not only with their own working conditions, but those of the Central American *maquiladora* workers who are working for South Korean companies.

After the Korean War, South Korea was deeply divided ideologically, and the country was colonized culturally by the United States. These factors impeded the development of a strong labour movement.

Employers were often cruel and dictatorial. If anyone protested or tried to effect a change in working conditions, the reaction was swift and harsh.

In the 1970s the seed of a new labour movement was planted. Women in the garment industry started to organize.

By the early 1980s, student activists became involved. The labour movement had become a forum for the fight for democracy. They started to conduct classes for workers, and many of them ended up joining the labour movement themselves. Mi-kyung was one of them.

'It was the first general strike in Korean history'

Workers took to the streets in 1987. Employers had enjoyed the support of the military government for many years and did not want to give it up. In the 1990s, the government became even more repressive.

The general strike of 1996 was the culmination of many years of struggle. It was first general strike in Korean history and involved more than 400,000 workers. It forced the government to withdraw repressive legislation.

Canadian Labour Congress president Bob White and vice-president Jean-Claude Parrot visited Korea soon after the general strike. They praised the Korean workers and their courage and lauded the revoking of the legislation. Parrot noted that the support of the international labour movement was important.

After the general strike, the Korean government recognized the Korean Confederation of Trade Unions as a legal organization. This was a significant victory for the labour movement; however, teachers and public employees are excluded from the KCTU.

Because the arena of labour relations was influenced, as it is here, by the concept of "globalization" and "competitiveness," a new organization was created called Korean House for International Solidarity (KHIS), which "is responsible for the protection and promotion of human rights and international solidarity on behalf of People's Solidarity for Participatory Democracy (PSPD)."

The PSPD in turn is an organization which works with trade unions, grass-roots organizations, expert bodies, and individuals.

KHIS is concerned about the working conditions of the *maquiladoras*. Mi-kyung is on the executive committee and is a project coordiator with KHIS. PSPD has designed a code of conduct which they are encouraging trade unions to use in bargaining for their collective agreements.

AP PHOTO/YUN JAI-HYOUNG, CANADA PRESS PHOTO SERVICE

KOREAN WORKERS **More than 10,000 members of South Korea's labour unions wave protesting flags during an anti-government rally at a Seoul park Monday, Jan. 6, 1997.**

KHIS would then be able to take the same code of conduct that is in the collective agreement of a company with a *maquiladora* in Central America and pressure it to adopt the same code for that branch plant.

"The problem," says Mi-kyung "is that Korea and Central America are very far away from each other. So I hope that we can set up a dialogue with the people who are working in solidarity with Latin America."

She was eager to make those contacts in Canada. While here she met with non-governmental organizations which work in Central America with *maquiladora* workers.

HEU members march in the 1997 Gay Pride Parade on August 3. The day was beautiful and 80,000 people lined the streets to watch this annual celebration.

that close to 20 per cent of union members use the World Wide Web on a regular basis.

With such high popularity numbers in hand, HEU's communications department is fast-tracking plans to use the internet for member communications for 1998 bargaining.

At press time the broader results of the membership poll are being reviewed by the Provincial Executive. Watch for details in the next issue of the *Guardian*.

Facility shutdown affects HEU members

The closure order issued recently to the owners of two Vancouver long-term care facilities should spark a debate about what role for-profit operators should play in service delivery, says HEU's president Fred Muzin.

About 110 HEU members will be affected when the doors to the Trout Lake and Lakeside facilities close in Aug. 1998. The move was made by the Vancouver Richmond Health Board after the facility owners refused to act on clear instructions to deal with a variety of problems that ranged from dangerously low staffing levels to improper training.

Muzin said the union was pressing to ensure that HEU members, who are covered by employment security, received the required training as soon as possible so that they could be quickly placed in new positions.

Muzin said the quick action by the VRHB is a good sign that the board will take seriously it's new responsibility to make long-term care providers accountable on staffing levels and quality of care issues.

Learn to make a difference

The B.C. Federation of Labour is looking for people who are interested in advancing progressive change. The best way to accomplish this is to develop organizers.

The B.C. Fed is offering training and inspiration from some of the best people in the field.

"This Organizing Institute," says HEU secretary-business manager Chris Allnutt, "is part of a centralized program by the B.C. labour movement to organize a huge number of non-union workers in our province."

After completing the program, participants join a pool of trained B.C. Fed organizers that affiliates will draw from. Any HEU member who participates will learn a great deal and have opportunities to be involved in organizing drives with other unions.

HEU does not pay wage loss, benefits, per diems or other costs.

"However," says Allnutt, "participation will be an asset to any HEU member who applies to become an HEU organizer through the annual job posting, although other selection criteria must also be considered."

Health equals good working, living conditions

British Columbia provincial health officer John Millar released his 1996 annual report, *A Report on the Health of British Columbians*, in April 1997.

He concludes that the most effective formula for good health is good working and living conditions. That means clean air and water, uncontaminated food, suitable housing, good educational opportunities, full employment, job satisfaction, and good wages.

Inequities in certain segments of the population need to be addressed, he asserts, for the population as a whole to be considered a healthy one. These include the aboriginal community, women, children, the elderly, youth and people with disabilities.

The report also stresses the importance of the prevention of injury and disease to the health of British Columbians and to the health care system itself. Research, dissemination of information and education about healthy practices all contribute to prevention.

'A commitment to the principles of Medicare is of utmost consequence'

Millar used the best available evidence on what factors contribute to a healthy population, gathering information through a province-wide consultative process between 1995 and 1996.

He presented his report as a framework for action with recommendations on a number of fronts.

Very importantly, Millar emphasizes that a commitment to the principles of Medicare is of utmost consequence to the health of British Columbians.

An ongoing analysis of the health care system is also paramount, and it should be done by all of the participants in the health system: academic researchers, health care providers, ministry representatives, and representatives of regional health boards, and community health councils.

Millar's recommendations are presently being considered by the provincial cabinet.

Hopefully, it will consider the high cost to society of an unhealthy and uncared for population and implement the medical officer's recommendations.

LI

Seven-year fight pays off

Li Zhu Zhang's own determination and HEU's support won the day

by Dale Fuller

LI ZHU ZHANG worked as a housekeeper at Children's Hospital until July 1990. That was when she was assaulted by an intern who threw a cup of hot coffee at her, burning her hand. She has not been able to work since then. After an uphill struggle that lasted seven years, the Workers' Compensation Board sent Li a cheque for $130,000.

Injuring yourself at work, applying for workers' compensation and wading through the mountain of paperwork is a task that would daunt anyone. If you are from another country and English is not your first language, the mountain of papers is a virtual Mt. Everest.

Li is a strong and determined woman, and she had a lot of help along the way, for which she is very grateful.

'But Li couldn't move her arm; she couldn't work'

When she was injured, she went to the former Shaugnessy Hospital, a hop, skip and jump away. Nurse Shelia Chan took her in hand, steering her through the jungle of forms and also translating into Chinese what Li did not understand. Chan took a personal interest in Li, who was able to rely on Chan's support many times in the coming years.

The HEU was also there to help, in the persons of Myrna Poisson and Bruce Elphinstone. And she needed their assistance.

Less than a month after being injured, her compensation was terminated.

Although the original burn had healed, Li found it too painful to move her arm. The Workers' Compensation Board ruled that there was no objective evidence that there was any continuing injury.

But Li couldn't move her arm; she couldn't work. So, gathering all her forces about her, she decided to fight. It took seven years.

Her first appeal was heard by the review board on July 18, 1991. She won a claims acceptance there and WCB paid her for two weeks.

But she still couldn't work, and she still didn't quit.

There was no hearing for the second appeal in February 1993. She was found eligible to be paid for only three more weeks.

Elphinstone attempted to appeal this decision to the Medical Review Panel, but this was denied. The review board reversed this decision in August 1995, and the Medical Review Panel proceeded.

The panel found that Li was still disabled and required treatment. She received this in writing in March 1996. But the story doesn't end here.

A decision made by the panel is final. In order to get a case reviewed at this level, a doctor must confirm that there s a *bona fide* medical dispute. However, the WCB contested the right of doctors to make this determination.

But in August 1996, the panel upheld its own decision.

By this time HEU's Poisson was acting for Li, Elphinstone having retired. There was no action forthcoming by WCB, despite repeated requests by Poisson to send Li a cheque.

Paul Gill, of HEU's workers' compensation department, finally contacted the WCB ombudsman and vice-president, and that seems to have done the trick.

Li comes from a supportive family. Her mother especially was a big help.

She is very proud of her two children, who she says are very good students. Their school helped them to go on field trips and take music lessons when she had no money to pay.

Now what she really wants is to be able to go back to her work; she misses it.

PRESIDENT'S DESK

International solidarity our answer to globalization

by **Fred Muzin**

SINCE ITS founding, HEU has recognized the importance of forming alliances with progressive trade unionists in other countries. We understand that the struggle for dignity transcends borders. Now, we are also actively participating in the CUPE Union Aid program. It allows us to expand our efforts and provides HEU with additional contacts, resources and new opportunities to join with others to build even greater international solidarity.

Union Aid is a CUPE national initiative that receives financial support in several ways. Some CUPE locals and individuals make direct donations (eg. this year's HEU budget provides for $15,000). Other locals have negotiated contract language that requires their employer to contribute 1¢ per member per hour worked to the fund; in some cases this contribution matches worker donations. CIDA, the Canadian International Development Agency, often contributes matching support through the CLC.

Our struggles are global. The world economy is controlled by the IMF (International Monetary Fund), banks and corporations whose objective is to maximize profits. There is no regard for the consequences of rampant privatization and the destruction of public services and jobs.

HEU is involved in international solidarity in many ways. We have developed links with and support a Guatemalan health clinic project. Codev Canada facilitates our funding for a three-year Women's health project in Nicaragua. We actively opposed the Apartheid regime in South Africa. We refuse to bow to the U.S. Helms-Burton Act that seeks to impose an embargo on Cuba.

'When we reach out to others and share, we become stronger'

We continually lobby against human rights violations. The existence of *maquiladora* "sweat shops" in countries like Mexico and Guatemala also threatens us. Child labour in Thailand and Indonesia creates a more cruel, unfeeling world.

We reject trade agreements, such as NAFTA and the MAI (Multilateral Agreement on Investment) that do not mandate justice and dignity for workers or human rights protections for social activists.

During this summer HEU, through CUPE's Union Aid Fund, sent members from our International Solidarity Committee to both South Africa and Cuba. Our sister union in South Africa, NEHAWU, is engaged in the battle to oppose privatization, as their country restructures in the aftermath of Apartheid. They are rapidly understanding that even friendly governments only remain effective if workers and their social partners continue to set the agenda and keep politicians accountable. The August International Meeting of Workers in Cuba is addressing worldwide issues of privatization, unemployment, cutbacks to health and social security, attacks on union organization, discrimination, child labour and the unfair distribution of wealth.

When we reach out to others and share, we become stronger. When we recognize that our struggles go beyond personal grievances, beyond the four walls of our workplace, beyond the boundaries of our province and country, we truly take our place in the never-ending global movement to entrench justice, dignity and respect for all.

OUT STANDING IN THE FIELD Anne Wiebe is an HEU member with a powerful talent for expressing her feelings in poetry.

A poet in our midst

Anne Wiebe grew up in Alberta and moved to Vancouver at the age of 18.

Although the older children in her family learned their mother's native Cree, Wiebe did not. She attended a Catholic boarding school, and received little education in her First Nations heritage.

In 1988 she began her present job as a laundry aide at Three Links long-term care facility.

About seven years ago her mother fell ill, after there had already been some deaths in the family. She began to put her feelings down on paper, in the form of poetry.

"That way I told my brothers and sisters and my mother how much I cared for them. And I told those that had died all the things I didn't say to them when they were alive."

Wiebe says that she is not a vocal person, especially at union meetings.

She joined the First Nations equity caucus when it was created and a whole new world opened to her. Her reticence disappeared in the circle that is part of the First Nations caucus meetings.

"I had never been around that many Native people, although I am Native. But in the circle, I was just so comfortable. I learned so much about myself and my people," she says.

This poem expresses her gratitude towards the caucuses.

"It's not only the First Nations caucus. It's all of them. They have taught me a lot."

Wiebe likes to write poems to her two daughters, aged 25 and 21, and sometimes writes short stories for her four year old grandson.

Gratitude

(dedicated to all HEU members, especially those of the equity caucuses)

I have pride in my voice when I say who I am;
No more a secret, blocked in minds dam.
A few years ago, I sat perched on a fence;
Not knowing where I came from or whence.
Now I see beauty at who I've become;
To shame and ridicule I will not succumb.
My past and my present have become one,
I know who I am, this struggle is done.
My future I see, has no boundaries for me:
I am proud and happy because I am Cree.
This struggle I see is not mine alone;
We all must continue until we are one.

NOTEBOOK

Hardline doctors out-of-step

by **Mike Old**

The ongoing debate over privatizing health care will shift to Victoria in mid-August where doctors will gather for the annual meeting of the Canadian Medical Association.

At last year's get-together, doctors narrowly defeated a call for a two-tier system of medical care where those who could afford it could purchase their care privately.

The CMA will tread more carefully on the issue of two-tier medicine this year, especially given the spectacle that followed the B.C. Medical Association meeting in June when newly elected president Granger Avery pronounced that he would make the promotion of private health care a top priority of the BCMA.

The public, politicians of all stripes, newspaper editorials and health care workers – including some doctors – roundly condemned Avery's comments.

Canadians know that a parallel private system means American-style two-tier medicine that metes out medical care in proportion to income.

In early August, the *American Journal of Public Health* published a study of 130,000 low income patients on both sides of the border. The researchers concluded that poor Canadians had better cancer survival rates than poor Americans. Why? Because earlier detection, faster treatment and better health care are available to Canadians through Medicare.

'A parallel private system means American-style two-tier medicine'

In the U.S., your health depends on your income. It's an equation that doesn't add up for the vast majority of Canadians.

Elsewhere in this issue of the *Guardian*, we're reporting on the results of an HEU opinion poll showing that the majority of the public supports using public hospital labs over private labs for blood tests.

When informed of the profit nature of private labs and the ability of public labs to recirculate health care dollars, the public option has the nod of almost 80 per cent of the public – sharply up from two years ago.

There's growing awareness in the public that every measure must be taken to preserve Medicare.

At their Victoria meeting, some CMA hardliners will point to shortcomings in our health care system and advance a parallel system as the solution.

Doctors must reject this notion absolutely and join with other health care workers in finding solutions that will strengthen, not weaken, our universal health care system.

Labour

NOTEWORTHY NEWS ABOUT ISSUES AFFECTING WORKING PEOPLE HERE AND ABROAD

Organizing young people critical

Youth are the key in the growing service sector

by Mike Old

HIGH profile organizing successes at Starbucks in B.C. and McDonald's in Quebec have put a spotlight on the role of young people in unions. On the surface, it appears as if young people are taking control of their workplaces across the service sector.

But the reality for most young people are bleak job prospects and grim working conditions in non-union workplaces. Real unemployment for those under 25 years stands at over 25 per cent or more than two and a half times the rate for those 25 years and older.

Since the 80s, youth income has plummeted and dependence on part-time work has increased.

The trends are even more pronounced for young women.

"Canada's economic policies over the last two decades have pushed youth to the margins of the workforce," says Nadene Rehnby, co-author of a recent report on youth in the economy.

"Young people's dependence on low-wage service sector jobs means they have less contact with unions than ever before."

It's a serious situation for many unions whose memberships in traditional areas like resource extraction, manufacturing and the public sector are aging and declining in total numbers.

Even in B.C.'s health care sector, where employment security agreements have preserved jobs, the number of young people is low. Over the last two years, the percentage of HEU members under 35 years fell from 24 per cent to 16 per cent, only two per cent of the HEU membership is under 25 years.

Rehnby says that's a problem for trade unions. She refers to one youth who commented that if young people have no experiences or bad experiences with unions, there won't be a labour movement in 10 or 20 years.

HEU secretary-business manager Chris Allnutt agrees. "Employment security means a stable but aging membership," he says. "Our lack of young members is reason enough to continue aggressively organizing in the community and private sectors. It's in these workplaces we'll find the young people who depend on part-time shifts and earn low wages. Keeping our union relevant and dynamic in the 21st century means organizing young people today."

According to Rehnby, the key to organizing sectors of the economy dominated by youth is for unions to take a leading role in addressing youth issues and to more actively involve youth in their activities. Pressing for legislation that removes organizing barriers in the service sector is also a crucial step.

• *Rehnby's study,* Help Wanted: economic security for youth, *is co-authored by Stephen McBride, and published by the Canadian Centre for Policy Alternatives. You can obtain a copy by contacting HEU's communication and research department.*

A WALK AROUND THE BLOCK Albertans stayed away in droves from Safeway stores, behind picket lines such as this one at the Cromdale store in Edmonton.

Alberta Safeway strike settled

The 11-week strike by more than 10,000 United Food and Commercial Workers members and a few hundred members of the Bakery, Confectionary and Tobacco Workers' Union against Safeway stores in Alberta ended on June 8 with a vote on a mediated agreement.

The workers went on strike against the multinational food giant on March 26, bringing most operations to a virtual standstill despite scabs being used by the stores.

Even in relatively busy locations in southern Alberta, store business was down to as low as 10 per cent of normal.

"The support of the public was absolutely tremendous," says Doug O'Halloran, president of the UFCW Local 401. "There is no doubt that we won what we did based on the sympathy and solidarity of consumers throughout Alberta and across western Canada."

At the height of the dispute, an independent poll showed that more than 65 per cent of regular Safeway customers were shopping elsewhere, and a strong lawn-sign campaign in Alberta threatened to overcome the federal election signs.

The Safeway workers had been hit in 1993 when the employer asked them to make concessions totalling $45 million. Unemployment was the alternative. In return, Safeway promised workers they would share in the wealth once the company was back on its feet.

Instead, with Safeway poised to make nearly $1 billion U.S. this year, the California-based firm reneged and sought still more concessions.

In the end, Alberta workers won a five-year agreement, retroactive to March 1996, that includes none of the concessions – such as a two-tier wage system – sought by Safeway. What it does include is a four per cent wage increase and increases in benefits. Part-timers won a minimum 12-hour week for those who want it.

Getting it right on the Kamloops Bay

A story in the last issue of the *Guardian* provided out-of-date information about the efforts of unionized Bay department store workers in Kamloops to obtain decent wages and working conditions.

In fact, the Bay workers, members of the United Steel Workers of America, accepted the recommendations of a mediator to settle their strike over their first contract in May 1995. That contract expired in January 1997, but the Bay is appealing the 1995 mediator's decision in the B.C. Supreme Court.

Meanwhile, the Bay workers continue to face a hostile employer at the bargaining table. Talks for the second contract began in January and are proceeding very slowly, but the first contract remains in force while bargaining continues.

Steve Hunt, chief negotiator for the Steelworkers local of the Bay, said, "We tabled a mature agreement with little change from the first collective agreement."

But the Bay wants a clawback on all of the concessions the workers won in their first contract: language protecting employees from racial and sexual harassment and work assignments based on seniority rather than favouritism.

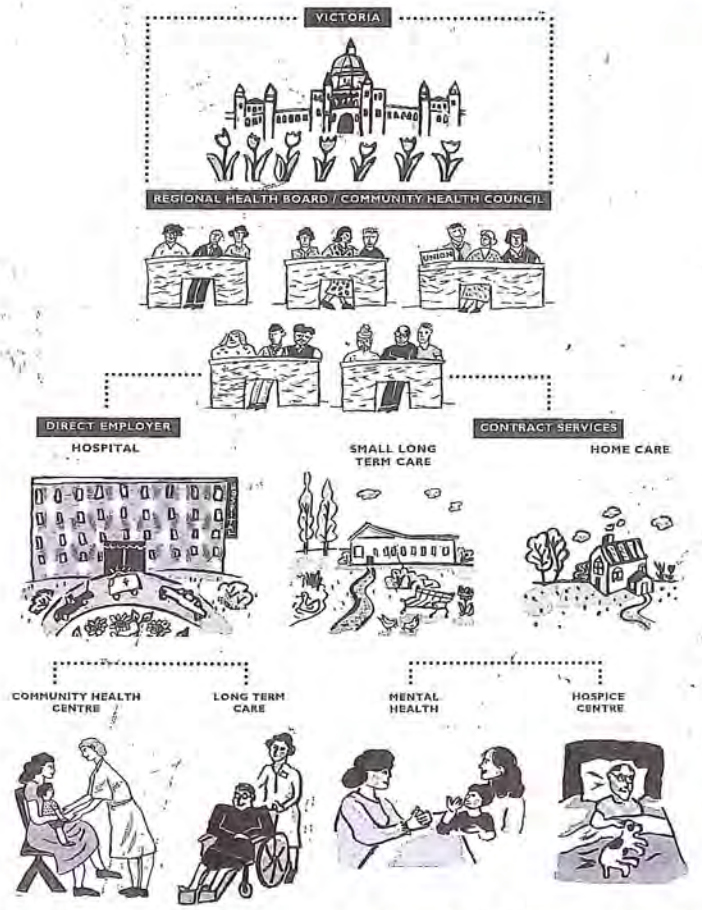
The employer also wants its part-time employees to pay back the part of their vacation pay that was negotiated in their agreement. Most of the workers at the Kamloops Bay are part-time employees.

"These issues were at the heart of the original labour dispute," says Hunt. "We went on strike once to win those clauses in our contract. We aren't about to give them up now."

HEU members – particularly those in the Kamloops area – provided picket line support and solidarity during the Bay workers' job action to achieve a first settlement.

Checkup on Change

Six years after a Royal Commission drafted a blueprint for change, health care reform is finally on track



Not long ago, the health reform plan of B.C.'s NDP government was floundering in serious trouble. But recent moves by health minister Joy MacPhail have breathed new life into Victoria's plan and provided opportunities to implement changes that preserve and expand our public medicare system.

Soon after being given the health portfolio in May last year, MacPhail moved swiftly to put a hold on all health care changes pending a review by a team of MLAs. Their analysis was reflected in a new plan called *Better Teamwork, Better Care*, which reduced the number of regional boards and community councils, and set timelines on transferring decision-making power to them.

MacPhail also put in place measures to make boards and councils accountable and to ensure that quality care is provided. Another breakthrough was giving health union representatives a seat at the decision-making table, with voice and vote, in each of the 45 councils and boards.

While many were already up and running prior to MacPhail's announcement last November, regional boards assumed formal decision-making and budget authority April 1. Community councils will legally take over the reins in October. The later start means that the councils won't have any input into financial decisions until the next budget year.

The first hurdle the RHBs had to clear was reaching amalgamation agreements to assume control over the hospital and long-term care facilities in the region. The transition went smoothly, save for the antics of less than two dozen hospital boards which refused to come under RHB control. Victoria moved swiftly, firing a number of boards and appointing a public administrator to facilitate amalgamation. Community councils are dealing with the same challenge now.

Other tasks on the start-up list for councils and boards include hiring new administrators, and developing operational policies and labour relations structures.

With governance under control, some boards have now moved on to deal with a host of issues – many of which pose great challenges and opportunities for the union. These include amalgamated and shared services plans, pulling together new seniority lists on a regional basis, a multi-site workforce, and new health service delivery models with an emphasis on primary health and illness prevention.

Surprisingly, for the most part the move to new regional and community structures has been free of funding flashpoints. One exception is the Mid Island Health Region, where, after some controversy, the government opened its cheque book and provided close to $7 million, which will go to the Nanaimo Regional Hospital and fund more long term-care beds in the area.

For HEU members, the most immediate and noticeable change is in employer status. Before the end of the year, more than 90 per cent of union members will be direct employees of RHBs and CHCs. Some smaller long-term care facilities and most community services will provide care on a contract basis and will remain as the employer for union members.

And the union is hard at work in a number of different ways to safeguard the interests of members and ensure that the goal of progressive health reform is achieved. On the labour relations front, HEU is working with other health unions to make the new labour/management structures more effective and consultative.

To spearhead the union's efforts to protect members during a period of significant change and promote progressive reform, HEU's Provincial Executive has created a special regionalization and restructuring task force to coordinate research and communications, develop resource tools and education initiatives and make policy recommendations to the executive.

Again in concert with the other health unions, HEU is working to develop guidelines on how the health union reps on the CHCs and RHBs will represent the concerns of all health workers. And the union is developing ways to provide ongoing support for the 15 HEU activists who serve on boards and councils.

One of those reps is long-term care aide Gale Detta who sits on the Arrow Lakes/Upper Slocan Valley CHC in the Kootenays. A 16-year veteran of the Halcyon Home in Nakusp, Detta says the union rep has a high profile, and her own members follow health council issues closely.

"I'm really glad we're able to have a union position," she says. "It makes for a good balance, and I think you get a better board."

In Vancouver and Richmond, HEU's Sheila Rowswell represents health workers on the regional board. For Rowswell, the challenge is to protect caregivers' interests and play a role in expanding public service delivery in the health system.

"I'm sure HEU members recognize that it's difficult to affect change when you're one of 15 votes around the table," says Rowswell. But there are a number of other members on the board who are of like mind when it comes to health issues, and that makes it easier for me."

Contrary governance models emerge

Vancouver-Richmond board sets the standard

Community councils and health boards may still be in their infancy, but signs of contradictory governance approaches are clearly evident.

For example, the Nelson CHC promotes public involvement and openness, while the neighbouring Trail CHC conducts its business behind closed doors like old-style hospital boards.

In urban areas, most regional boards have adopted a "corporate" governance model. But not the Vancouver/Richmond Health Board.

B.C.'s largest health region is doing it differently, setting the standard for safeguarding our public Medicare system, promoting public involvement and creating consultation mechanisms for front-line health workers.

In its guiding statement of principles, the VRHB is on record in support of universal Medicare, where "the elimination of profit making from illness," is fundamental to equitable access.

When physicians at the recent BCMA convention pressed forward with their bid to bring U.S.-style two-tier health care to B.C., board vice-chair Robyn Woodward responded with a letter highly critical of the doctors' stand.

On the consultation front, the board has a human resources and health policy committee with full union representation. In addition, its operating guidelines clearly spell out the necessary role caregivers have in the development of proposals for change.

Further, if a restructuring project involves displacements, a comprehensive labour adjustment plan must first be presented to the board for approval.

by Stephen Howard
pikto•grafik illustrations

What are the major events in health care reform in B.C.? Here's the story so far of restructuring highlights.

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We're getting our acts together locally

To keep pace with health restructuring, HEU has launched an internal campaign to build stronger, bigger union locals. The goal is to merge smaller groups of 50 or fewer members – which make up half of HEU's total number of locals – to create more effective units. The move is HEU's response to new health care governance structures. The goal is to create a new local structure that fosters and supports activism so that HEU can meet the challenges of change. So far, a number of merger agreements have been reached, and the union's Provincial Executive is confident the merger pace will speed up this fall to meet the January 1998 deadline.

Here are the key issues we're on top of

A plan by Vancouver Hospital to set up a **new patient information system** is the battleground in the key area of technological change and job loss.

Working with BCNU in a joint campaign, HEU has warned the Vancouver Richmond Health Board that the plan – a multi-million dollar public-private partnership involving B.C. Tel – could be a costly blunder. Worse, the scheme ignores the need to create a region-wide system to provide the comprehensive data required to backstop progressive new community health services.

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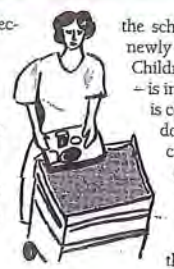

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Also in Vancouver, a major integration of **logistics services – stores, purchasing, warehousing, printing, transportation and CSD** at 13 hospitals – is on the agenda. While the scheme – to be centred by the newly combined B.C. Women's, Children's and Sunnyhill hospitals – is in the preliminary stages, HEU is concerned that it will open the door to the private sector. Crucial to the privatization concern are the players on the management side who are identified as avid private sector supporters. Also in the mix as a consultant is Roger Bernatski, the "driving force" behind the failed shared food service mega project.

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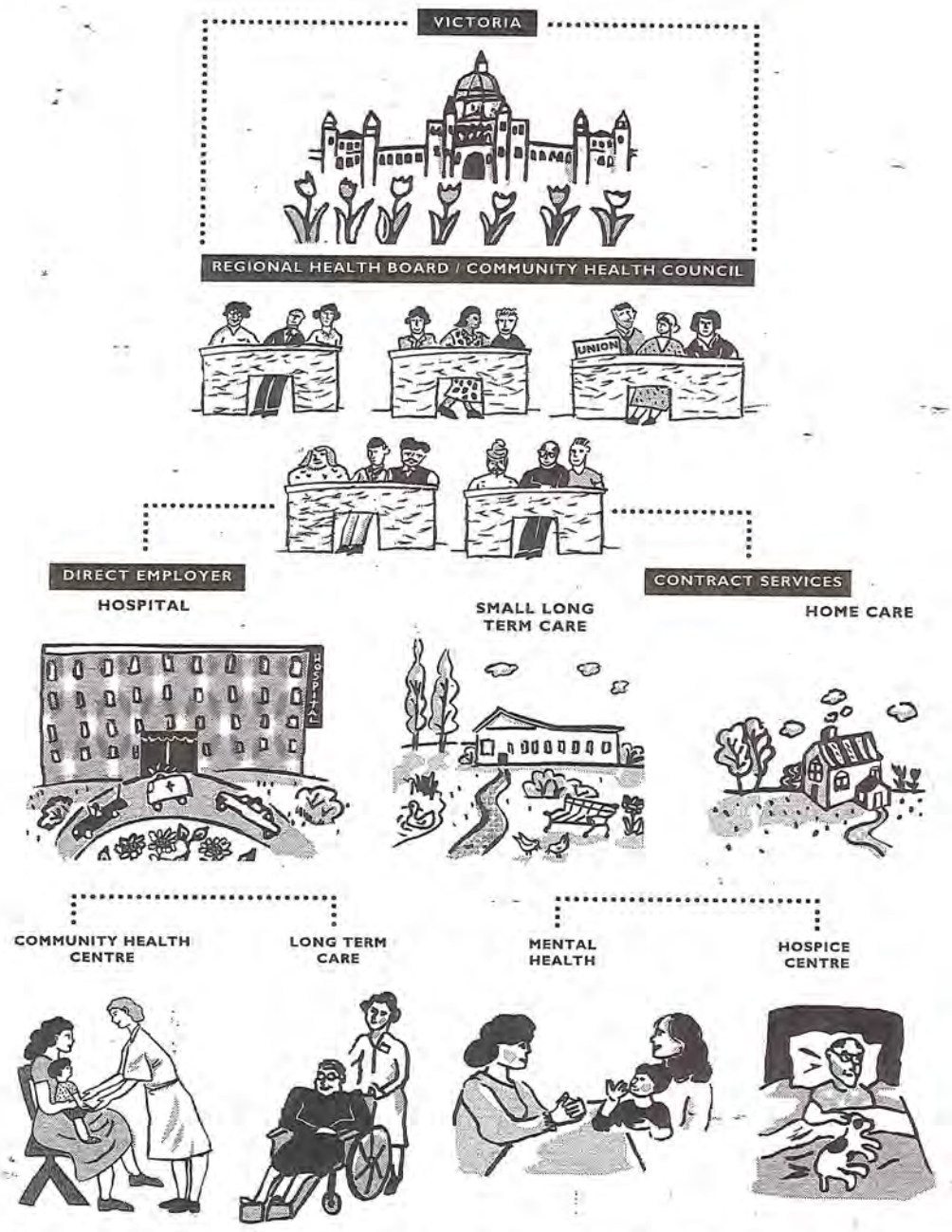

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A SMILE IS GOOD MEDICINE Margaret Macdonald and Penny MacLeod are two of the adult care attendants at the centre. They are an integral part of the team of workers at the community health centre, going out each day into the homes of the most disadvantaged people in the city.

Downtown health centre model for integration

WORST FOOT FORWARD LPN Beverly Barker assists a health centre doctor with a patient's foot care. The LPNs like the variety of work that they are able to perform at the DCHC.

THE DOWNTOWN Community Health Centre has been providing health care for the residents of Vancouver's downtown eastside for 20 years, and exemplifies the type of integrated health care delivery that HEU has been proposing for some time. HEU is especially interested in the way the centre utilizes their licensed practical nurses and homemakers. A team of LPNs, adult care attendants, a pharmacist, doctors, a dentist, and a podiatrist dispense medical care to their patients. Like HEU members, the unionized workers at the centre are part of CUPE.

Those who cannot access mainstream medical services or who don't have medical insurance are welcomed at this drop-in health centre. They are a vulnerable population and can be volatile, but they are always treated with respect.

Although it has no members working there, HEU is interested in the successful way DCHC has integrated its delivery of services. The way that LPNs and homemakers are utilized at the centre exemplifies what HEU advocates for its nursing team members.

The centre has used LPNs since the mid-eighties. They are allowed to work to a wide scope of practice: packaging blood to courier to St. Paul's Hospital's lab, applying sterile and non-sterile dressing changes, helping the podiatrist, assisting in suture removal, sterilizing instruments, monitoring glucometers, handing out medication and lancing wounds.

LPNs Cathy Bollinger, Beverly Barker and David Lovering consider their clients to be an interesting and lively bunch of characters. "There is a comfort level here. You have time to chat with the patients, you can give them emotional support," said Lovering.

'Those people had family, these people don't'

Centre administrator Louise Pollock and her staff meet regularly to discuss their patients. She says a vital link to the patients is the adult care attendants, which are equivalent to HEU's homemakers. Their patients are high risk and may be palliative. The care attendants visit them at least once each day. They bathe them, make sure they have eaten a meal, shop for them, ensure that the rent is paid. If a patient needs emergency care they call an ambulance. They scout around for accommodation if a patient has been evicted from his premises.

Care attendant Penny MacLeod worked for a community service that sent her out to people's homes before coming to DCHC. She notes the differences, "Those were homes, these are rooms. Those people had family, these people don't."

The care attendants work under the supervision of a nurse and, like all staff members at the centre, they are part of an integrated team, but to a large extent manage their own caseloads. Pollock says the centre's employees must be creative. "That's the nature of our work."

Margaret MacDonald is another one of DCHC's care attendants. "At other places if you go to a patient's room and he's out, that's it. You don't go back that day. And if it happens three times, never again." She says the DCHC is more flexible. If her patient is not in, she knows where he is likely to be.

The DCHC works in partnership with St. Paul's Hospital, the B.C. Centre for Excellence, the UBC Faculty of Medicine, TB Control, Home Care – North Unit, AIDS Vancouver and the Oaktree Clinic. All of them provide personnel or material to the centre. It also coordinates its operations with other service providers in the neighbourhood.

Barbara will be a bachelor

HLAA helped Barbara Dennis complete her first two years towards a bachelor of commerce degree

Three years ago Barbara Dennis was a clerk in the food and nutrition department at Vancouver Hospital. Next year she will receive her bachelor of commerce degree from Royal Roads College on Vancouver Island. The road between those two points has been paved with quite a bit of determination and the helping hand of the Healthcare Labour Adjustment Agency's retraining program.

Dennis started working at VH in 1978. She suffered job-related injuries to her shoulder and was off of work for quite a while. She went back to work, but because her injuries had left her unable to return to her old position as a clerk in medical records, she accepted the clerical job in food and nutrition.

About a year and a half after she returned to work, health care restructuring in British Columbia began in earnest. Many of the employees from the old Shaughnessy Hospital were being seconded to VH.

"People at VH were feeling a little unsure about their job security. I had a lot of seniority, so I wasn't too worried. Still, the idea of retraining interested me," says Dennis.

Her injuries limited the scope of positions she could move into, so she decided to apply for retraining. Her application was turned down because it did not meet the criteria of the HLAA; she was not being displaced.

However, when her job was deleted, she decided to apply again. Bill Rolfe of HEU's workers' compensation department knew Dennis from the time she had sustained her injuries. He encouraged her to apply for retraining.

HLAA sent her to Corporate Career Development for an assessment. They determined that she would do well in public relations, human resource management or communications. When she was accepted in Kwantlen College's public relations program, HLAA approved the funding for her retraining.

"For the first six months that I was at Kwantlen, I got the same salary that I had earned at Vancouver Hospital. HLAA also paid my tuition and books for the whole two years that I was at Kwantlen," says Dennis.

She is very proud of what she has accomplished. Royal Roads accepted the two years at Kwantlen as credit towards her bachelor of commerce degree, which she plans to finish in one more year.

Dennis encourages anyone who is eligible to take advantage of HLAA's retraining. "It takes a lot of planning. You have to be very sure about where you are going and what you are doing."

She sees herself working in public relations for international technogical firms, but there will be many avenues open to Barbara Dennis when she has a bachelor of commerce degree in her hand.

DENNIS

Blood collection to stay in province?

The new blood collection agency is expected to scrap the Red Cross plan to move to Calgary

Red Cross workers are calling on Victoria to maintain B.C.'s capacity to collect, test and distribute blood and blood products in the wake of news that the Red Cross will be stripped of its role in the Canadian blood system.

On July 30, federal health minister Allan Rock told the Red Cross that they will no longer have a role to play in the blood system. It's expected that a new agency responsible for blood collection, testing and distribution will be announced in the fall by the provincial and federal ministers of health.

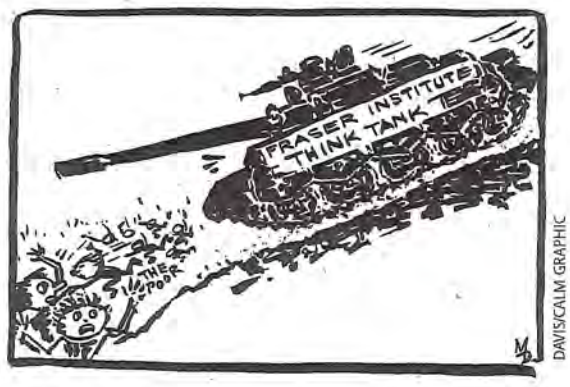
"The provincial government must take all necessary steps to guarantee a public, self-sufficient blood supply in B.C.," says HEU secretary-business manager Chris Allnutt. "This means blood and blood products used in B.C. must be collected and tested in this province. We expect the skills of current Red Cross employees will be preserved in whatever agency replaces it."

Front-line workers from the three health care unions have been meeting with provincial ministry of health officials to discuss ways of improving B.C.'s blood system. It was Red Cross workers who told management two years ago that closing interior clinics would have disastrous effects on blood collection. The Red Cross recently announced that it would reopen these clinics.

Another Red Cross plan that has come under fire from its workers is the planned transfer of B.C.'s blood testing facilities to Calgary in 1998. With the Red Cross now stripped of its role in the blood system, it is expected that this plan will be scrapped.

"The transition of the Red Cross' operations to a new agency provides the province with an opportunity to more closely integrate the blood system with the rest of B.C.'s health care system," says Allnutt. "The fact that Red Cross workers have access to the programs of the Health Labour Adjustment Agency can assist in this transition.

"The main goals in this transition must be to preserve the blood system as a publicly operated enterprise, to maintain the skills and experience of Red Cross workers and to achieve a self-sufficient blood supply in B.C."



DAVIS/CALM GRAPHIC

Two-tiered system equals disparity

The right-wing Fraser Institute has issued the latest volley in the fight between those favouring two-tier medicine and those supporting universal health care.

The corporate-backed think tank released its annual waiting list study declaring that B.C. had the longest waiting lists for surgery with median waiting times of nine weeks. But B.C. health minister Joy MacPhail thinks the Fraser Institute should put its study back on the shelf.

"Consider the source," said MacPhail. "The Fraser Institute's bias against our province's Medicare is well-known."

MacPhail says surgery waiting lists in B.C. have remained stable against population growth, and in some cases, have declined.

'The Fraser Institute's bias against Medicare is well-known'

She says that general surgery waiting lists stand at about three weeks and that 60 per cent of people receive surgery in under four weeks.

HEU secretary-business manager Chris Allnutt joined MacPhail in criticizing the motives of the right-wing think tank. "They have targeted health care for privatization efforts and have committed considerable resources towards this end," said Allnutt.

"In Canada, B.C. is head and shoulders above other provinces in its commitment to universal public health care," he said.

The Fraser Institute's waiting list report comes just one month after B.C. doctors met for their annual meeting in Kelowna where new B.C. Medical Association president Granger Avery said that the public health care system is broken and pointed to private health care as a solution.

Allnutt says that the views of hardline doctors are in the minority, pointing to the reaction to Avery's comments from all quarters including doctors and politicians of all stripes.

In a statement issued by the Vancouver/Richmond Health Board, vice-chairperson Robyn Woodward said, "Most health care workers and professionals believe in the public system and do not support two-tiers.

"They know that private health care will downgrade the public system and lead to even greater disparity in health status between those with wealth and those without, between privileged health status and poor health status."

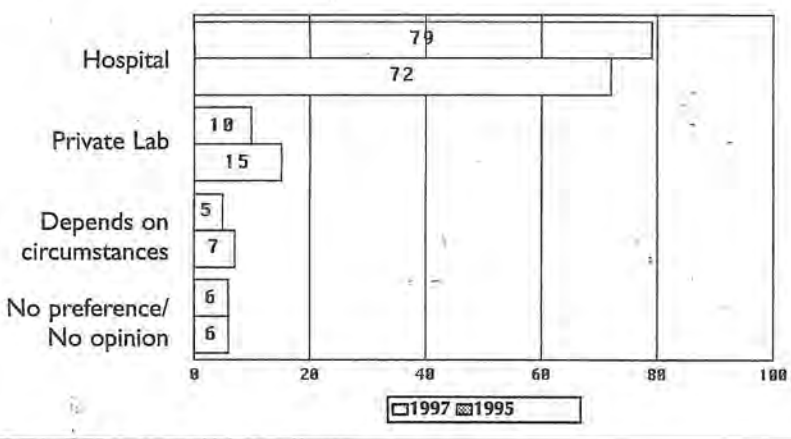
The HEU has joined with other health care unions, and with representatives of seniors, the poor and AIDS activists to map out a strategy to oppose American-style, two-tier medicine in Canada.

"We're in this fight for the long haul," said Allnutt. "The Fraser Institute, private insurance companies and BCMA hardliners want to shake Canadians' confidence in their health care system.

"The HEU is committed to working with other groups to make sure the two-tier agenda fails."

INFORMED CHOICE

"As you may or may not be aware, private labs generate a profit for their owners, whereas hospital labs use the revenue its labs generate to pay for other health care services. With this information, do you think you would be more likely to choose a hospital laboratory or a private laboratory?"



Source: HEU/McIntyre & Mustel poll, July 1997 and February 1995

Poll results show strong support for public labs

HEU is pointing to a recent public opinion poll as evidence that the B.C. government should bring laboratory testing into the public health care system.

The July 1997 poll shows that the public's off-the-cuff preference for using hospital facilities for lab tests is 54 per cent – up from 41 per cent two years ago.

But when the public is told that private labs generate profits for their owners while hospital labs recycle revenues in the health care system, the choice of a public system rockets to 79 per cent from 72 per cent two years ago.

Only one person in 10 would still choose a private lab, down sharply from 1995.

"The government is on excellent ground to bring lab testing back into the public system," says HEU secretary-business manager Chris Allnutt. "The public wants health care dollars to circulate in the health care system rather than on the floor of the Toronto Stock Exchange."

Allnutt says the poll numbers should provide food for thought for provincial politicians and ministry of health bureaucrats who are hammering out a government position on the regionalization of lab services. These services are currently provided on a fee-for-service basis by private labs and public hospitals.

The two biggest private labs, MDS/Metro-McNair and B.C. Biomedical, pulled in about $90 million in revenue from the province's Medical Services Commission in 1995/96.

"The lack of government direction to regional health boards undermines efforts to bring lab testing into public hospital labs," says Allnutt.

HEU points to the presence of private labs on lab regionalization committees in the Lower Mainland, Fraser Valley and Okanagan as proof that the private sector is trying to guarantee their access to lab revenues.

"The payoff to the health care system from making lab testing public is immense," says Allnutt. "The public supports such a move. The missing element is a strong signal to the regional health boards from Victoria that testing will be public."

Education HEU-style

Activists gathered at the University of British Columbia to learn how their union fits into the "big picture"

THE ORGANIZERS of HEU 1997 Summer School aimed to provoke discussions among union activists on the challenges and contraction they face. Approximately 210 of them gathered at the University of British Columbia from July 2 to 10. In their workshops they reflected on how their locals' struggles are connected to the struggles of others, learned to identify ways to work together more effectively, scrutinized democracy in the context of the HEU, and learned new skills for their union work.

Workshops were complemented with presentations by Neil Brooks, tax expert from Osgoode Hall Law School; Maude Barlow, director of the Council for Canadians; Libby Davies, new member of parliament and former HEU staff person; Fay Blaney, of the National Action Committee on the Status of Women; Linda Moreau, of End Legislated Poverty; and Barbara Binns, an instructor in gender, race and class at Langara College.

Each presentation was preceded by workshops which examined issues relevant to it.

Neil Brooks spoke about the inequities of the economic situation with large corporations paying next to nothing in taxes. This followed a day of discussion on changes being proposed by governments and corporations for our health care system.

Serapina Cha Mi-kyung spoke the next afternoon on the struggle for democracy and labour rights in South Korea. This was a continuation of the previous day's theme of looking at the "big picture."

The panel discussed the effects of poverty after participants had examined their own attitudes towards the poor.

Libby Davies talked about her new role in Ottawa as the NDP critic on children, post-secondary education and social policy. That day, participants had addressed the problem of making their voices heard on health care and other issues.

Maude Barlow followed on the same night, concentrating on the Multilateral Agreement on Investment and APEC, how governments are losing ground to multinational corporations, and how this is so dangerous to us all.

Skills workshops focused on such practical concerns as public speaking and getting the message out to the media.

A practical application of both was learned as students headed out to demonstrate in front of the HEABC offices in the (as it turned out) final stages of negotiations of a contract for the community sector.

It wasn't all so intense. Every day a newsletter came out with messages, poetry, and other tidbits. Visits to the Museum of Anthropology, a brunch, cabaret, dinner and a dance alleviated the seriousness of the proceedings.

David Huespe of Western Human Resources and Giegie Skovgaard of Garden Manor were two of the participants at the summer school.

Huespe said, "Summer school was really an eye-opener for me. There are a lot of things that I didn't know about. I want to make sure everyone at my local understands what is going on."

Skovgaard agrees. "We as a union have achieved so much. It is important activists educate their members. We cannot take these things for granted."

ZIPPING IT UP Class composes its "zipper song" for presentation at the final session. Zipper songs originated in the early part of the century when organizers would stand on street corners urging people to join the union. They were often arrested, so they began to stand next to the the Salvation Army bands and "zip" other lyrics into the songs – lyrics about the union.

American labour conference report

by Fred Muzin

The Labor Notes Conference in Detroit is the major gathering of progressive trade unionists in the United States. This year, with representation from 90 unions, 44 states and 11 countries, the focus was on organizing, the Detroit newspaper strike, and health care.

Fourteen per cent of Americans now belong to a union (10 per cent in the private sector), as compared to 35 per cent 60 years ago. The result of this is mirrored in economic disparity. The American labour movement is committed to reversing this injustice through renewed organizing efforts.

The Detroit newspaper strike is two years old. When the six newspaper unions offered to unconditionally return to work in February, they were locked out. The strikers are producing and selling the *Detroit Sunday Journal* to circulate their message and to defray expenses of the strike.

During the conference, there was a huge support rally for the strikers.

In health care, merger mania continues. As corporations and hospitals frantically combine resources in an attempt to maximize their share of the lucrative health care market, workers become vulnerable. Employers are attempting to impose gag rules to prevent health care providers from publicizing problems.

There are few laws to control health management organizations, and competitiveness overrides service considerations. An HMO is automatically funded according to the number of patients it has registered. Therefore if referrals are limited and services are not provided, profits increase.

Health coverage is tied to employment. Many employers provide no coverage, and many Americans do not have a permanent job. Forty-one million people have no health coverage, another 22 million have inadequate insurance. The richest country in the world has adopted a model that we should strongly oppose.

Upgrading opportunities for members

Two years ago HEU initiated a pilot project to bring basic skills upgrading to the workplace.

The classes at Vancouver Hospital and Surrey Memorial have been a great success and with the help of the Healthcare Labour Adjustment Agency the program can now be accessed across the province.

Although college and community based adult education programs are meeting the needs of many workers, too many are not accessing these programs. This may be because of the time commitments of their work and family or because of geographic isolation. For many workers school still produces feelings of anxiety and inadequacy. To go back to school as an adult is often difficult.

'To go back to school as an adult is often difficult'

Our program offers workers the opportunity to upgrade their skills in reading, writing, math and communication, in a context that is relevant to their daily lives, with the support and encouragement of their peers.

A college instructor along with peer tutors selected from the workplace helps participants meet their education goals.

Classes of about 10 students are offered on-site, four hours per week, and the program runs for 24 weeks. Classes are held during work time without loss of wages for participants. The program is coordinated at the local level by a joint union and employer committee with the help of the college and the HLAA.

Earlier this year, when Burnaby Hospital was looking at offering an upgrading program, the local convinced the employer to try this new approach.

This fall, classes will again be offered at Vancouver, Surrey and Burnaby as well as St. Paul's, Richmond, B.C. Women's, Children's, Nanaimo Regional and Northcrest, and planning is underway at five other sites.

To find out how to bring this program to your workplace, contact Sylvia Sioufi at Provincial Office 734-3431 or 1-800-663-5813, or Gordon MacDonald at the HLAA, 660-2180

STEPHEN HOWARD PHOTOS

TAKING PRIDE It was a big party, at left, as NEHAWU members celebrate their 10th anniversary July 5. Meanwhile, above, three days later another huge NEHAWU crowd take their demands for a fair contract to the streets of the country's capital, Pretoria.

Happy birthday!

There to share privatization experiences, four HEU activists helped our sister South African union celebrate 10 years of struggle

"WE NEVER learned to crawl," boomed Fikile Majola, a leader of South Africa's largest public sector union, to wild cheers of 10,000 activists from the National Education, Health and Allied Workers' Union in a Johannesburg stadium July 5. "We never learned to walk – we immediately learned to fight with the monster called apartheid. Out of all those struggles we have emerged victorious."

For thousands of NEHAWU activists, the day marked 10 years of struggle to win basic rights for public sector workers to organize, to improve living standards for the black majority, to transform the public sector, and to end apartheid. And for four HEU activists, the anniversary celebration kicked off a three week tour of South Africa to share expertise in combatting privatization and to strengthen links to HEU's sister union of health care workers.

'It was unforgettable to be there and feel the history and experience it firsthand'

"It was unforgettable," says HEU's Robert Dunn, of the Crossroads local in Victoria, "to be there and feel the history and experience it firsthand. We can't grasp what they've been through. But to be able to hear the stories, it was inspirational because they're fighting for something."

Dunn was joined on the tour by Maddie Singh of Vancouver's Three Links local, Ruby Hardwick of the Kimberley Special Care local, and Stephen Howard, HEU's director of communications. All four are members of the union's international solidarity committee. Funding from the trip came through CUPE's Union Aid Fund.

On the privatization front, Dunn was "flabbergasted by the similarities," between South Africa and Canada. The HEU activists participated in a special national conference of NEHAWU members, where they exchanged details on the privatization agendas of provincial governments in Canada, and our experience here in B.C. in winning significant controls on private sector inroads into health care.

While the legacy of apartheid has given the private sector a role in the South African hospital sector, global economic forces have put privatization at the top of most unions' agendas within the last 18 months. Three years ago the vast majority of South Africans had high hopes that the newly-elected African National Congress government would press forward with a plan to redress the economic discrimination of apartheid. And for a time expectations were met: more money was pumped into health care, social services, and infrastructure projects for non-whites, hundreds of thousands of new housing lots were developed, and union rights expanded.

But then the hopes and aspirations of most South Africans ran smack into the International Monetary Fund, which has turned the screws on the government to make good on the huge foreign debt racked up by the apartheid regime. Instead of standing up to the IMF, or simply refusing to pay the debt, President Nelson Mandela and the ANC have taken a right turn with hotly contested plans to reduce the role of government, privatize and downsize the public sector.

It's also created challenges for NEHAWU members at the bargaining table, where it's embroiled in an escalating battle with government. For the unions the critical issues are a new entry level wage of $6,500 a year, up from the current rate of about $5,500, a nine per cent pay boost, a new training fund, and a classification system.

The stage has been set for a showdown, and the HEU delegation joined with 8,000 NEHAWU members in the first protest rally – called with three days notice – July 8 in Pretoria. "Til the day I die, the march to me is the most memorable," said HEU's Maddie Singh. "I kept saying to myself, 'I am really here doing this.' It was totally incredible."

In addition, the HEU delegation toured close to a dozen health facilities in different parts of the country. These visits provided insights into how overburdened caregivers struggle to provide health services. "They really do incredible things," says Singh, with limited or outdated medical equipment.

Health workers "have pride in their institutions and they want to show it off," says Dunn. "Even though their caring conditions are poor, they still want to show what they can do with limited resources. They're saying 'this is who we are and we can still do the job despite what we're up against.'"

Take NEHAWU shop steward Makgatha Malesela for example. As he leads the HEU delegation on a tour of the Thambamoopo Care Centre – a mental health institution for the psychiatrically ill – he speaks angrily about the huge private company that operates the government-owned 1400-bed facility.

Some of the 15 metre by 10 metre dorm buildings hold up to 70 residents. One nurse is on night duty in each dorm. There's no staff doctor, he says. Worse, charge local union leaders, the treatment plans are designed to keep the mentally ill institutionalized, "to maintain a 'market'," says Malesela.

Near the Indian Ocean, it's mid-morning and already the waiting room of Community Health Clinic Nine in Mdantsane – a huge black township outside East London – is overflowing with some of the 300 or so patients clinic nursing staff will see that day.

Along with five other RNs and four LPNs – all members of NEHAWU – Christina Mzongwana provides a variety of primary health programs for neighbourhood residents. The biggest health threats they face, she says, are diarrhea and vomiting in young children because of living conditions, and poor nutrition that's a reality in a community with high unemployment and poverty.

Looking back on her experience, Singh says it's the duty of unions like ours to build links internationally. "I think that this trip was important because the world is getting smaller. It's important that workers make connections to strengthen our rights as workers."

BROADER LINKS Leaders from public sector unions from across Southern Africa attended NEHAWU's celebration. At right, Robert Dunn and Maddie Singh share experiences with Namibia's Petrus Iilonge. Above right, HEU's Ruby Hardwick with nurse Florence Ndlovu.

SEPTEMBER 9/10

HEU intro OH&S course, Northern region, Prince George.

SEPTEMBER 16/17

HEU intro OH&S course, Kootenay region, Cranbrook.

SEPTEMBER 22/23

HEU Wage & Policy Conference, Lower Mainland, Vancouver.

SEPTEMBER 24/25

Nursing Team Conference, Lower Mainland, Vancouver.

OCTOBER 6–10

CUPE National Convention, Toronto, Ontario.

OCTOBER 7/8

HEU intro OH&S course, Lower Mainland, Vancouver.

OCTOBER 8/9

HEU bargaining preparation meetings kick off in the Kootenay region, Nelson.

OCTOBER 15/16

HEU intro OH&S course, Okanagan region, Kelowna.

letters

continued from page 2

out that Cathy Ferguson also publicly invited LPNs to contact her to further clarify our campaign. She also offered to make available copies of research studies that demonstrate a clear link between the ratio of registered nurses in the workplace and the incidence of complications, injuries and death.

We would hope that all of our members, if making public statements, would show the same respect and consideration for fellow workers that Cathy Ferguson has done.

We would also like to comment on your description of our campaign to defend and enhance the role of registered nurses. Our campaign is about registered nurses' work. It is not designed as an attack on LPNs, care aides or any other health care worker. It is designed to inform the public about the valuable work our members bring to patients in facilities and in the community, work that's not always visible to people using the system and to their families.

Health employers in the United States and in parts of Canada have been engaged in a full-scale effort to cut labour costs by replacing registered nurses with lower paid employees. As trade unionists, we are not prepared to sit idly by and let it happen here. Furthermore, in many cases LPNs have also been replaced by cheaper workers in this employer-inspired effort to satisfy right wing politicians and big business by reducing public spending.

Our campaign is designed to inform the public that these practices are dangerous to the well-being of patients and the integrity of our Medicare system. We are not implying, as Chris Allnutt's letter suggests, "... that the only thing between the patient and death's door is an RN."

As I have pointed out before, nobody wins in a turf war instigated by management between RN's and LPNs. The fact is, the people of B.C. need more RN's, more LPNs, and more care aides throughout acute care, in the community, and in long-term care. No labour union wins improvements for its members by offering them as a lower cost alternative. It's a position that can come back to haunt them. Together we must develop and promote a vision of what quality health care should be.

IVORY WARNER,
President,
B.C. Nurses' Union

Bill 31 has heart

My spouse Bob and I were celebrating our 29th anniversary by watching the debate in the legislature on Bill 31 and praying that young gay and lesbian people would have a little easier life than us because of what was about to take place. As I listened to the debate on the amendments I believe the feeling I was having could be compared to a black person being told by a white man, "Sure we want you to ride on the bus with us, but you are only allowed to sit in the back seats."

Like (NDP MLA) Tim Stevenson I don't want to introduce Bob as my domestic partner or friend. He is my spouse and if people can't accept it, that is their problem to deal with. Perhaps a new amendment should be considered. Eliminate the term "spouse" and make all married couples domestic partners. I doubt if this would be taken seriously.

As I watched (Liberal MLA) Ted Nebbeling waffle his way through the debate I felt it would have been the best if he had said nothing. He reminded me of the old slave-master relationship of the Southern States. It was interesting to see some Liberals behind him applauding, happy that he was following his script and wishing all gay and lesbian people were so easy to control. Human rights is not something that is brought about by a consensus of the population, because if that were the case minority groups would have no rights.

Human rights are obtained by people with a heart, who are in government and take the leadership role to introduce and pass this type of legislation. I again thank all those who supported the legislation for the strength, courage and sense of what's right.

LLOYD THORNHILL/BOB PEACOCK

• *This letter was printed originally in the* West Ender *on July 24. Bob Peacock is a member of the Broadway Pentecostal Local and the co-chair of HEU's Gay and Lesbian Standing Committee.*

Coffee break

All stories guaranteed factual. Sources this issue: CALM, Financial Times, Latin Trade, Staff Nurses Assoc. of Alberta, Vancouver Sun, Sunday Times

What a country!

"Coming from the Soviet Union, I was not prepared for the incredible variety of products available in American grocery stores.

"I saw powdered milk – you just add water and you get milk.

"I saw powdered orange juice – and you just add water and you get orange juice.

"Then I saw baby powder and thought, What a country!"

Who's wearing the pants?

Why would anybody recommend custom-made pocketless uniforms for mass transit workers?

Ask Massachusetts Transportation secretary Jim Kerasiotes. He came up with the idea for Boston transit workers because, he said, "transportation workers steal" and the trousers would increase revenues.

Indignant transit workers shot back – with a fashion statement.

While reporters looked on, they delivered a pair of pants, complete with free alterations, to governor William Weld and challenged him to wear the pocketless pants for a week – or force an apology from Kerasiotes.

Union targets paper carriers

Newspaper carriers at the *Winnipeg Free Press* could become the first in Canada to be unionized, says an official with the Communications, Energy and Paperworkers Union of Canada.

A majority of the 700 or so carriers employed by the morning paper have signed cards, said Adolph Setek of the Media Union of Manitoba, the local name under which the CEP operates. The union has applied to the Manitoba Labour Board for certification.

Gail Lem, a CEP vice president, said the drive was a first in Canada.

"Newspapers have always tried to convince their carriers that they are independent contractors," she said.

Sit-in wins better chairs

Pat Hirschberg, health and safety director at Oshkosh B'Gosh, replaced plush chairs with factory stools during a board of directors discussion of worker health problems caused by poorly-designed seats.

"They got the point right away," she told the *Chicago Tribune*.

"I scheduled the meeting for all day, but they were squirming around, trying to get comfortable within an hour. It didn't take long for them to agree to get adjustable chairs for our workers."

Get a job

This "job search jargon" is one interpretation of the secret labour code that always appears in classified ads, cover letters and resumes:

- "Some public relations required" – If we're in trouble, you'll go on TV and talk about it.
- "Duties will vary" – Anyone in the office can boss you around.

HEU people

Kelowna facility loses two members to retirement

Colleen Arthurs and **Joe Bastian** have both retired this year from the Crossroads Treatment Centre Society in Kelowna.

Bastion plans to travel and to enjoy his hobbies now. He joined the HEU in November 1988 and worked as a night attendant for the nine years he was at Crossroads. He retired in January 1997.

Arthurs was a counsellor the almost 13 years that she was at the centre. She served as secretary of the local during her employment there. She retired in June.

Retiring member appreciates union

September 1 is **Rosie Tot's** official retirement date. She has worked at Kelowna General Hospital for 22 years in the dietary department.

Although she never held office in the union, she has always been an active member. She says, "People really need to support the union. If you don't have that, you don't have anything."

She notes that work in hospitals has changed a great deal since she first started at KGH: the way food was prepared, the heavy work that you were expected to do, the low wages – all that has changed.

Tot plans to garden and to fulfill a long-time dream – travel to the Yukon!

Union reps on RHBs and CHCs

Each regional health board and community health council in B.C. has a board member who represents the provincial health care unions. The number that each union was allocated on boards and councils across the province was based on the number of members that make up each union. HEU has the largest membership, therefore they have the most representatives on the boards and councils. However, each union member on the boards is there to represent all members of all of the health care unions.

Here's how you can get in touch with your CHC/RHB union rep:

North Okanagan
Mary Malerby, BCNU
250.558.1200, L 280

South Okanagan Similkameen
Barb Burke, HEU
250.492.4000

Thompson
Cathy Ferguson, BCNU
1.800.663.9991

Northern Interior
Karla Staff, BCGEU
250.565.7300

Fraser Valley
Diane Hundseth, BCGEU
250.792.8166

South Fraser
Lakh Bagri, HSA
604.581.2211, L 2520

Simon Fraser/Burnaby
Helen Greenaway, BCNU
604.463.4111, L 212

North Shore
Judy Kendel, HSA
604.988.3131, L 4400

Vancouver/Richmond
Sheila Rowswell, HEU
604.737.6237

Central Vancouver Island
Dan Hingley, HEU
250.754.2141

Capital Regional
David Ridley, HEU
250.370.8706

Elk Valley and S. Country
Shelly Wedderburn, HEU
250.425.6212

Cranbrook
Patt Shuttleworth, BCNU
250.426.5281, L 492

Kimberley
Sharon Rakebrand, BCNU
250.427.2215, L 10

Columbia Valley
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- "Seeking candidates with a wide variety of experience" – You'll need to replace three people who just left.
- "Problem-solving skills a must" – You're walking into a company in perpetual chaos.
- "Competitive salary" – We remain competitive by paying less than our competitors.
- "Some overtime required" – Some time each night and some time each weekend.
- "Self motivated" – Management won't answer questions.
- "Competitive environment" – We have a lot of turnover.

The shredder

The new employee stood before the paper shredder looking confused.

"Need some help?" asked a passing secretary.

"Yes," he replied. "How does this thing work?"

"Simple," she said, taking the fat report from his hand and feeding it into the shredder.

Totally puzzled, he asked, "Thanks, but where do the copies come out?"

Dental repair

A woman and her husband made an emergency visit to the dentist.

"I need a tooth pulled, and I don't want any Novocain because I'm in a big hurry. We're leaving for vacation, so just pull the tooth and we'll be on our way."

The dentist was impressed, "It certainly takes courage to want a tooth pulled without any Novocain. Which tooth is it?"

The woman turned to her husband and said, "Show him your tooth, dear."

Photographic evidence

A motorist was unknowingly caught in an automated speed trap that measured his speed using radar and photographed his car. He later received in the mail a ticket for $40, and a photo of his car.

Instead of payment, he sent in a photograph of $40.

Several days later, he received a letter from the police department that contained another photo – of handcuffs!

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VOL. 15 NO 4 THE VOICE OF THE HOSPITAL EMPLOYEES' UNION JULY/AUGUST 1997

Down payment on parity

Fifteen months of negotiating with a recalcitrant employer finally produced a tentative agreement.

PAGE 3

Change – where we're at

How restructuring health care in B.C. is proceeding, how it will affect the union, and some areas that we are working on.

PAGE 8

Model health centre

The Downtown Community Health Centre has been up and running for 20 years, and could be a prototype for integrated delivery of health care.

PAGE 10

Sister union celebrates

HEU activists travel to South Africa to help celebrate 10 years of struggle.

PAGE 13

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