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# Guardian



THE VOICE

OF THE HOSPITAL EMPLOYEES' UNION

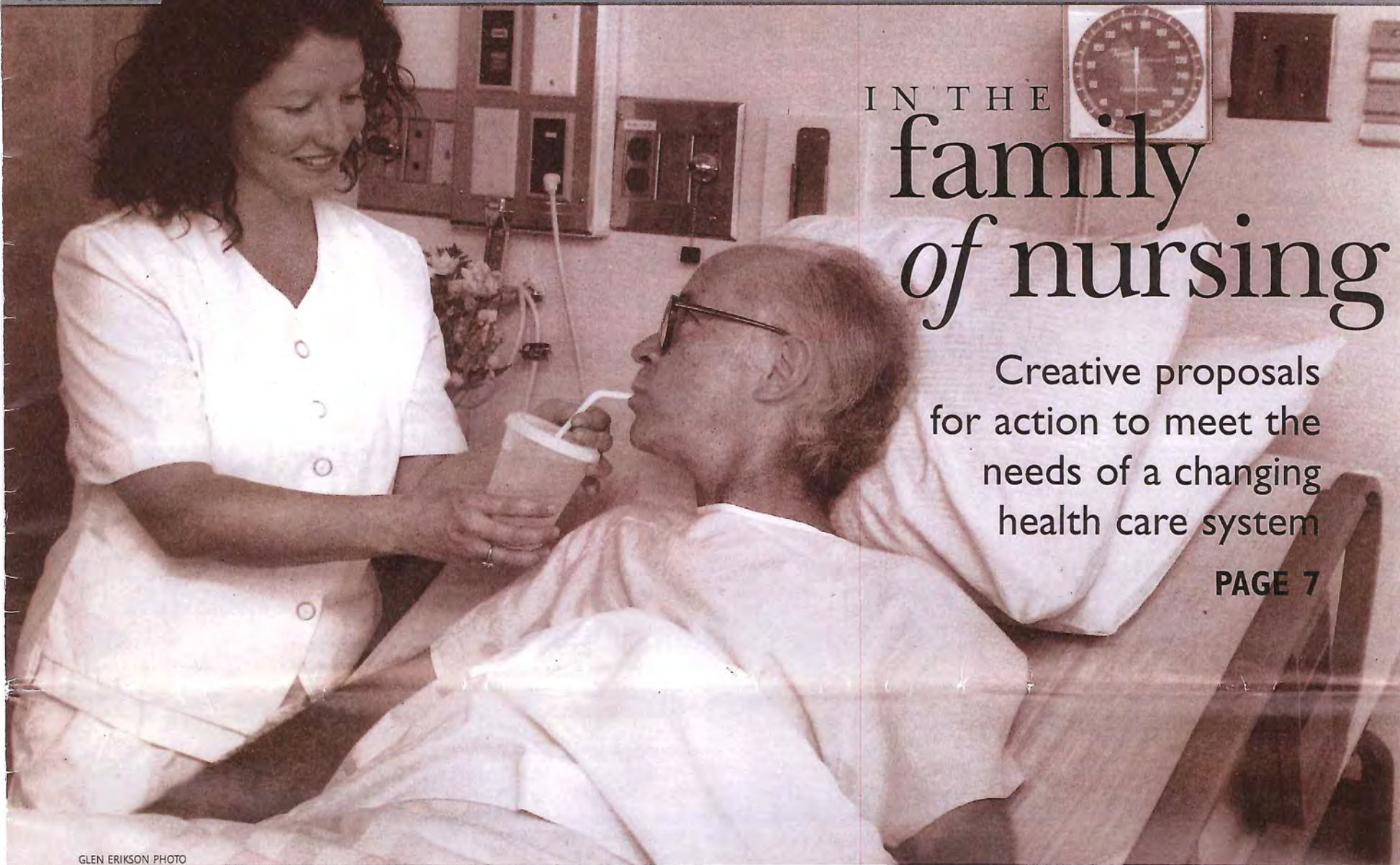
VOL. 15 NO. 6

NOV./DEC. 1997

## IN THE family of nursing

Creative proposals  
for action to meet the  
needs of a changing  
health care system

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GLEN ERIKSON PHOTO

**HEALTH  
BOARD  
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GETS AN  
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THE 1997

**PEOPLE'S  
SUMMIT**

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**LABOUR: PRESENTE! PAGE 13**



## COMMENT

# South Okanagan fight sets the tone

by Chris Allnutt

ON JAN. 15, HEU is scheduled to begin bargaining with the Health Employers Association of B.C. Our members will be among the 240,000 public sector workers expected to negotiate with government and various employers for better wages and conditions in new collective agreements for 1998. We'll also be uniting to find ways to improve public services that are an important part of the lives of all British Columbians.

To prepare our members for this campaign, we recently conducted a series of regional bargaining preparation workshops. At the same time, the Provincial Executive approved \$1.8 million of HEU's 1998 budget for bargaining support.

The challenge ahead of us can not be overstated. What we are seeking is nothing less than a collective agreement that takes down the wall dividing community and facility-based health services. Only through a united and mobilized membership can we achieve this goal.

In recent weeks, we saw that kind of unity in the Okanagan (see article, page 12), where job action by nearly 200 members prevented wages and job security protections from being threatened throughout the region.

Hospital employees at Kelowna General, Penticton Regional, and



other facilities covered by the regional health board were facing a corporate restructuring plan that would have carved out material management positions from the facilities subsector. Working under a separate certification in the communities subsector, transferred employees would have been placed with union brothers and sisters earning lower wages under poorer conditions.

How did our members respond to this threat? By organizing within the workplace and out in the community, finally taking job action on Nov. 12 – the day before mediated discussions between HEU and the regional board. The result? The jobs were kept under an existing certification in the facilities subsector, and no wages or working conditions were sacrificed – proving once again that when we fight, we win.

It's this kind of commitment we'll need from all our members as our bargaining committee tables our opening position: one contract for all, safer workplaces with strong language on workload, a fair wage increase, better leave conditions and benefits for members in

## 'Only through a united membership can we take down the wall dividing community and facility based services'

crisis, higher utilization of the nursing team, and broader input into decisions surrounding health care restructuring.

We'll also need to work with others in

the coming months. At a time when public services are under attack across the country, it's essential that unions representing public workers join together to coordinate our bargaining efforts and issues.

Turning, for a moment, away from bargaining ... on behalf of the Provincial Executive, I would like to wish you all a happy and restful holiday season.

## 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.

### LPN lauds centre's scope

Thanks for the *Guardian*. It really does show what MY union is doing for me and my brothers and sisters.

The article on the Downtown Health Centre intrigued me. Where can I get more information on the centre? Do you know if there will be others created?

What a joy it must be to be an LPN who is utilized to the fullest scope of his or her skills and abilities.

IRENE CAWSON,  
LPN, MSA General

### Sarcasm, not sympathy

"No fair, Nike!" was a good expose of the working conditions endured by Nike workers overseas. However, surely your caption writer jests when saying of basketball multimillionaire Michael

Jordan, "To be fair to Mr. Jordan, he IS forced to wear Nike shoes when he appears on TV." (the *Guardian*, May/June 1997)

This sympathy would seem to be somewhat misplaced, given the inadequate wages, mandatory overtime, medical neglect and managerial abuse of Nike shoe workers in Indonesia.

Unlike them, the fabulously wealthy Mr. Jordan is not forced to do anything and could easily afford to turn down a contract renewal with Nike. Chris Webber of the Washington Bullets has already done so.

Union members should save their sympathy for Nike assembly line workers in Indonesia. Or for the 400 unionized Bauer skate workers in Cambridge, Ontario (Bauer's new owner, Nike, is moving most of their jobs offshore). Or for the 125 workers of the Nike-owned York Manufacturing of Toronto. York was pressured to drop its other sewing contracts and invest heavily in infrastructure in the 1980s in order to sew garments exclusively for Nike.

By 1994, York had devoted 95 per cent of its production capacity to Nike – then it, too, was dumped.

Let's save our concern for the Nike workers – not for the overpaid athletes who live off their sweated labour.

LOUISE MCMASTER,  
Surrey Teachers' Assoc. Bulletin

### Support for nursing team appreciated

On Oct. 1st our local staged a rally in support of the nursing team. Despite the weather, all the invited guests arrived on time and spoke eloquently.

We want to thank our president, brother Fred Muzin for his speech. We now know that you understand our issues.

Sister Doreen Plouffe from Vancouver General spoke from her heart on what it has been like to work as a member of the nursing team.

Sister Susan Hargreaves from Lions Gate spoke on behalf of the LPNABC.

Our own chairperson, sister Vicki Bertram, spoke out about the awful waste of limited health care dollars at the Nanaimo Hospital. She did so despite the fact her family's pet had just been hit by a car.

The media gave very good coverage – both radio and television. Fred made the CHEK 6 Canada AM section the next morning. We want to thank the support staff of the Provincial Office for contacting the media for us.

However, those who deserve the most credit are the Island locals who showed not only their support

but the commitment amongst the membership to raise the profile of the nursing team which provides quality care from the four corners of our province.

The next stage of our lobbying efforts should gain us the respect we deserve as we promote our vision for caring within the context of the skilled nursing team and our great union.

NANAIMO LOCAL NURSING TEAM

### Course expenses should be paid

I question why HEU dollars are being put into B.C. Fed organizing courses at Harrison Lake Resort Oct. 17, 18, 19/97 and no dollars put in the budget for our members to attend.

I am one of four that were selected and am being told to pay my own expenses.

I understand HEU staff are going as paid instructors. Being a weekend, does this pay them overtime too?

Anytime HEU dollars go for any courses, whether HEU sponsored or not, there should be a budget set up for HEU members to go too.

With the threat of HEU members being made part of the community sector from facility sector we are going to need organizing.

MINNIE DENNIS,  
Penticton, B.C.

• Correction – in the last issue of the *Guardian*, newly elected bargaining committee member Barb Burke's title was reported in error as OR booking clerk. Her job title is admitting clerk. Our apologies.

## Guardian

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

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# What we're up to

## Laurel House workers back on job

After five weeks on the picket line, 16 full-time and 23 part-time workers at Laurel House have convinced the employer and the Community Social Services Employers' Association (CSSEA) to resume bargaining, the union announced Oct. 22.

"These members are showing their faith in the bargaining process by going back to work during this round of talks," said Peter Wegener, president of CUPE Local 3999. "CUPE has

been pressuring both the board and CSSEA to consider some changes to the bargaining structure and to be more flexible in some of the contentious areas."

Union members decided to return to work when the Laurel House bargaining committee agreed to move on a number of important issues that had previously been sticking points.

Members of the local provide services for 200 children with autism in the Lower Mainland and Victoria. The Laurel House employees have been without a contract since July 1994.

## CLC holds first gay and lesbian conference

The Canadian Labour Congress is the first North American labour organization to hold a national conference of gay and lesbian trade unionists.

Solidarity and Pride, held in



Ottawa from Oct. 15 to 17, drew 340 delegates from all over Canada to share workplace experiences, pass measures on contract language, and build bridges within and beyond the trade union movement.

Several motions were passed, including one that called for the CLC to develop suggested contract language on same-sex benefits and equality.

Delegates also agreed that homophobia issues should be dealt with under contract language pertaining to workplace health and safety.

HEU equity officer Raymond Liens, who attended the conference, told Xtra West newspaper

that the gathering may help build bridges between the labour movement and other equality-seeking groups. The gay and lesbian liberation movement, he

said, is ready to link economic and equality issues in a common front.

Liens was joined at the conference by seven members of HEU's equity committees.

## HEU activists selected for unity panel

HEU staff director Emil Shumey and (on leave) HEU member Erda Walsh are among five trade unionists appointed to Premier Glen Clark's national unity panel.

Shumey, a director in Nelson, and Walsh, current MLA for the Kootenays, were named to the

22-member panel which will solicit public input on national unity issues.

Before entering provincial politics, Walsh was an ambulance paramedic with 20 years experience as a clerical and accounting worker.

Other trade unionists on the panel are co-chair Alice McQuade, past president of the B.C. Teachers Federation; Cache Creek mayor and Greyhound bus driver John Ranta; and Nanaimo-Duncan District Labour Council president Cheryl Tellier.

## St. Paul's Mulchey bags \$200,000 Ontario job

Less than a year after leaving St. Paul's Hospital with a \$500,000 golden handshake – including a pension deal that will pay him \$3,250 a month for the rest of his life – former St. Paul's administrator Ron

continued on page 4

# Petition opposes bed closures in community

Government proposals to close beds have spurred a petition campaign by workers in the affected facilities

by Mike Old

**R**ESIDENTS IN the West Kootenay communities of Trail and Rossland are uniting in an effort to protect long-term care beds following a government move to close 22 intermediate care beds at Trail's Kiro Manor and completely close down Mater Misericordiae extended care facility in Rossland over the next two to 10 years.

Ami Dosanj, chairperson of HEU's Kiro Manor local, says a petition opposing the bed cuts has already attracted 4,000 signatures from Trail area residents. A petition campaign spearheaded by the Mater Misericordiae local has attracted similar numbers.

"We still have them out in the community," says Dosanj adding that many

local banks, pharmacies and other businesses have posted the petition in their establishments.

"Trail is a close knit community and they don't want to see the beds go."

The campaign to keep long-term care beds in this mining community has also gained the support of the community health council, local city and town councils and Local 480 of the Steelworkers' Union.

"We have lots of seniors in our community – we should be adding on," says

**'We have a lot of seniors in our community'**

Dosanj, whose conclusion is supported by a report from the Greater Trail Community Health Council which states that 86 people are waiting for a long-term care bed.

There's a 12 to 24 month waiting period for these spaces.

The report also says there's "an enormous waste of financial resources as a



BY THE LAKE Rossland/Trail members Margie Anderson, Kevin Flanagan, Ami Dosanj, Merilyn McKerracher, and Karen Johnston discuss campaign strategies.

result of intermediate care and extended care people occupying acute care beds." The CHC report says the Kiro bed reduction will eliminate the positions of up to 15 caregivers.

The government's plan is to shift funding for the 22 beds to Castlegar and Boundary. That will mean shifting funds into private, for-profit facilities, says Dosanj. "People are concerned about the cost difference between public and private facilities."

And moving beds to Castlegar will be a major hardship for seniors whose

spouses are in care, says Dosanj. "Most seniors don't like long drives in the winter around here."

The CHC and the health care unions have been waiting for the Ministry of Health to address their concerns about the bed closures, but so far, there's been no response. But Dosanj says when ministry officials show up in Trail, the community will be ready to make their case.

"We're not willing to give this up and we're willing to keep on fighting if we have to," says Dosanj.

# Women are big losers with Bill C-2

Changes to the Canada Pension Plan being considered by Parliament contain potentially disastrous implications for Canadian women. Bill C-2 will affect the future of all Canadians, but will be particularly onerous for women.

Government analysis of the implications of the bill, which was tabled in February, ignored its possible impact on women. Alarm bells went off all over the country, but government only listened to big business and high-income earners, who will be the big winners in this legislation.

Economic consultant Monica Townson disputes the Liberal government's con-

tention that the CPP is in economic trouble, and states, "Ultimately, these decisions are not driven by economic imperatives. They are political decisions."

The bill will eventually cut benefits by 10 per cent and cap indexing of pensions. These measures would affect women most because they live longer.

Government says that since more women are now working, spouse benefits can be reduced.

This ignores the fact that women are still discriminated against in the job market, with lower wages and often with no workplace pension plans.

Women have always been allowed to

subtract the years they stayed home with young children from their calculation of average earnings over their working lifetime. Bill C-2 will reduce the number of years allowed. Caring for elderly parents, most often done by women, is not even in the equation.

Disabled women will be affected by reductions on combined pensions.

The bill will hand over the administration of the CPP funds to the private sector. The National Action Committee on the Status of Women is dismayed that the composition of the investment board is an unknown. Will beneficiaries be able to elect members to the board

to represent their interests, as happens with workplace pension plans?

Finance minister Paul Martin has appointed a nominating committee which consists entirely of men "who are heads of large private corporations or senior officials in provincial finance ministries," points out NAC in its position paper on the proposed pension changes.

Private administrators profit from control of pensions; they can make up to 10 per cent of investment earnings in fees and commissions. That's a lot of money when it comes to a country's pension funds.



continued from page 3

Mulchey has accepted a one-year position in Ontario that will pay him \$200,000 plus a \$10,000 housing allowance.

Mulchey, who also receives \$7,000 per month from B.C.'s municipal superannuation pension fund, is the new CEO of Grand River Hospital in Kitchener. Including his pension benefits, his 1997/98 income will be \$333,000.

Mulchey's severance package from St. Paul's includes two pension plans that cost almost \$500,000 that can be inherited by his wife. That deal prompted the government to introduce changes in severance rules to prevent other public officials from taking hefty buyouts at the expense of a system strapped for cash.

Ironically, Mulchey was hired by Grand River to tackle the hospital's growing deficit problem.

### LTD alert

During a recent appeal of the severance of a member's LTD benefits, a request for full disclosure brought an unsettling revelation. Great West Life had videotaped the member over a period of three days from early morning until the evening.

HEU plans to grieve this "violation of the long-term disability addendum." In the meantime, anyone who is on LTD should be aware that this is a practice of the LTD insurer.

### What to do when injured at work

- Fill out an incident report immediately. This should be done within 24 hours. Fill it out even if you think you are going to be okay. Some injuries take time to reveal their seriousness.

- Write down names of any witnesses in the log described below.

- See your physician as soon as possible for attention and documentation of the injury.

- Keep a log/diary with treatment and rehab dates such as appointments with physiotherapists, doctors, or any other medical treatment. Log your symptoms and pain level.

You can be disqualified on a technicality if you do not do the paperwork within the official time limits.

Do not let your supervisor/manager/health unit nurse "help" you fill out the incident report.

### Richmond local donates \$500 to transition house

HEU's Richmond Hospital local has donated \$500 for Christmas presents to Nova Transition House, a shelter for battered women that houses up to 10 residents.

"Many of these women are in



Sunita Nand, Diane Michaels, and Karen Fediuk, G.F. Strong local, attended the Dec. 6 unveiling of the Marker for Change monument commemorating the 14 young women murdered in Montreal eight years ago and all women who are victims of violence. The three were there to remember their friend, co-worker, and HEU member Sharon Misir, murdered by her husband on Nov. 9, 1995.

no position to buy presents otherwise," says local chair Vivian Love. "They've just escaped abusive situations at

home, they're not working, and they don't have money."

Richmond local had previously donated \$1,000 to build

# Once an activist, always an activist

## Cheryl Young is disabled but not idle

by Dale Fuller

**C**HERYL YOUNG has been on long-term disability for two years. A union activist while she was still able to work, she has extended her activism into the realm of fighting for the rights of the disabled within her union.

Those who are old enough to remember the 1950s will recall the incredible fear that surrounded the spectre of polio. When Dr. Jonas Salk discovered the vaccine for this dreaded disease, there was a great collective sigh of relief.

Many children had already contracted polio, of course, and survived.

They went on to lead normal lives, with minor or virtually invisible residual effects. Lately, however, polio survivors, as they begin to age, are showing that the damage done by this disease was not so minor.

Young is one of the survivors. Polio struck her as a baby, but growing up in Manitoba, a slight weakness in one arm did not prevent her from doing much.

By the early 1970s, she was working as a licensed practical nurse in a rehab centre in Winnipeg. Like a lot of health care workers, she got involved in her profession because she enjoys helping people. Not a union activist at first, she became involved because of a gross inequity.

"The centre decided that LPNs should get paid less than orderlies, and yet we were in charge of orderlies on the afternoon and night shifts. That didn't make a great deal of sense to me. That's when I became active," says Young.

It wasn't long after that that she decided to move to the West Coast. "After I stirred up the pot, I came out to B.C.," she laughs.

Her first job in Vancouver was at Vancouver General Hospital. She moved to Dogwood Manor when it opened in 1974. Her new employers assured her

that she would be "working under the HEU contract." Young soon learned that what they meant was that they followed the contract in determining their wages. When she asked about the portability of her seniority and benefits, it became evident that Dogwood was not unionized.

Young contacted HEU and asked how to go about organizing a union. Very soon she had 85 per cent of the employees signed up.

Hans Brown of HEU and Young, representing the employees at Dogwood, sat down with the employer to hammer out the first contract.

"Hans made you feel that what you were doing was important," Young says. "He's probably the reason why I stayed involved in the union, and I was either the chair or the vice chair for 20 years."

Negotiations were tough. Young feels that the representatives from Dogwood were not the problem. The Health Labour Relations

Association, predecessor of the Health Employers Association of B.C., was at the negotiating table, and they were very

aware that they were breaking new ground.

This was one of the first long-term care facilities that had been organized in the province. Contract talks ended in an arbitrated settlement.

In the mid-seventies Dogwood cut back on its LPNs, and Young became a senior activity aide. She did not find it as difficult to adapt to her new job as it had been to adjust to the difference in the Manitoba and B.C. scopes of practice for LPNs.

"In Manitoba LPNs do a lot more — all the medications, running wards. So I felt like I'd already lost a lot."

Young loved her new job as an activity aide, coor-

### BALANCING



### IT ALL

**'After I stirred up the pot, I came out to B.C.'**

DALE FULLER PHOTO



**READY, WILLING, AND ABLE** Young has transferred her energy to winning more rights for the disabled. However, energy, or lack of it, is a major problem for members of her standing committee.

dinating volunteers and working with the seniors. She says that now the activity aide job is a lot different than when she started, primarily because the patients and their needs have changed drastically. Before, the residents ran a garden, and there were social activities like dances and parties.

Young was able to enjoy her job for a few more years before she became disabled. When that happened, she decided that she didn't want to give up her activism, but to stay involved. After all, it was just a continuation of her natural inclination to help people.

"When people become disabled, they lose so much," she says. "They lose the continuity of the everyday contact with their co-workers."

One of her goals is to somehow make it possible for people to maintain that contact, although she is quite aware that local executives already have a full plate.

She is pleased that one of the 1998 bargaining demands is improving the LTD rates.

"Two-thirds of your salary when you became disabled is usually not a liveable amount. Even my payment, and it's based on my salary just two years ago, is very difficult to live on. Imagine if you were disabled 10 years ago."



## WHAT WE'RE UP TO

playground equipment for the children of residents. The playground areas will be completed by the spring.

The local is also providing \$500 in groceries and presents for a needy family referred by the provincial government.

### Hawthorn Park and Courtyard Gardens ratify agreements

Hawthorn Park and Courtyard Gardens locals both ratified their new collective agreements with Diversicare.

Hawthorn Park members ratified their new three-year agreement on Oct. 17 by a vote of 90 per cent.

It provides for a wage increase of 7.5 per cent over the life of the agreement, which will increase current wage rates by about \$1 per hour.

Benefit improvements include 100 per cent employer paid

premiums for medical, extended health, and dental plans.

Members at Courtyard Gardens voted on their agreement on Oct. 29. It expires on Aug. 31, 2000 and contains improvements in the language on grievance procedures, a seven per cent wage increase over the term of the agreement, plus a signing bonus; an option for members to increase their pension contributions to three per cent, matched by the employer; improvements to the dental plan; 100 per cent of premiums paid for medical, extended medical, and dental plans; and increased vacation entitlement.

### Return to work fund now available

A \$150,000 Return to Work Fund is now available for HEU members currently on LTD or those in the three-to-six month

LTD waiting period who wish to return to work.

The fund, a joint project of HEABC and HEU, BCNU, HSA, BCGEU, and IUOE, helps workers make a successful, safe return to work through equipment purchases, modification of the workplace or work station, or the provision of career counselling and vocational training for those employees prepared to return to work.

The first deadline for application is Jan. 15. The maximum amount available per application is \$10,000.

Return to work initiatives are voluntary, and accessing the fund will not affect normal entitlement to benefits for an employee.

"It is important to understand the union's assertion that the employer has the responsibility on job modification to return workers to a safe workplace," said HEU secretary-business

manager Chris Allnutt. "This fund should not limit the employer's obligation. The employer is also encouraged to match the monies received from the return to work fund."

Please see your secretary-treasurer for an application.

### Choose not to swoosh

CUPE local 474 of Edmonton has produced "anti-swoosh" buttons in their campaign against Nike's overseas labour practices. If interested, contact Eugene Plawiuk at CUPE 474,



#102-10654-101st Street, Edmonton, AB T5H 2S1, Phone: 1-403-424-9696.

### Deadline looming

The deadline for the implementation of a resolution passed at the 1996 convention is fast approaching. By the end of January 1998, all locals with 50 members or less must merge with another local or locals to bring the total membership to over 50.

At the time the resolution was passed, there were 145 locals that fell into this category. There was a provision made for exceptions – for geographical or other reasons making it impractical. The Provincial Executive exempted 28 locals from merging.

By the end of November, 68 of the remaining locals had either merged or made the decision to merge. Others are in the process of finding a suitable partner.

## Nursing team scores victory in Nanaimo

by Daniel Gawthrop

An HEU campaign calling for increased use of the nursing team has paid immediate dividends at Nanaimo Regional General Hospital (NRGH).

An Oct. 1 HEU rally reported in the last *Guardian* revealed how management spending on overtime and workload could have been put to better use by hiring more LPNs and care aides. Following a union-management meeting Oct. 6, the employer agreed to several changes.

First, a full-time and a part-time position in the pediatric ward have been retained with full benefits. The FTEs will be maintained between two part-time positions. As well, three permanent long-term care aides have been added to the discharge planning unit, and housekeeping has converted two casual relief positions into permanent positions.

"I believe this is another step toward getting benefits for relief staff," said local chair Vicki Bertram, adding that the employer has acknowledged that LPNs have not been used to their fullest scope of practice throughout the hospital.

Meanwhile, the union is awaiting results of a government audit of the hospital following an operational review that recommended an increase in porter positions where registered nurses are currently being used and a reassessment of current management personnel.

Several management positions were supposed to be eliminated with the hiring of new directors, but some of those positions still remain.

"We were told that we would be kept abreast of the changes, but they're not answering questions on that," says Bertram. "We have no idea how long this is going to last."

Bertram anticipates more of a struggle on the portering issue.



DALE FULLER PHOTO

**SOMETHING HAPPENING HERE**  
Capilano College instructor Robert Wedel shares a light moment with peer tutors-in-training Tim Anderson and Kathleen Baldwin of VGH local.

## Literacy training is a first step

**H**EU MEMBERS are facing tremendous change in their workplace. Training has become a key to employment security. However, without basic education skills, some members cannot access the training funds that its union has negotiated.

As reported in the July/August 1997 *Guardian*, HEU initiated a two-year basic skills pilot called BEST (Basic Education Skills Training) in 1995, run jointly with the employer and with the help of a community college.

The pilot was very successful and this fall classes are running at 10 health care facilities.

The program facilitates access to basic education by offering a program in the workplace, during the day, at no cost to participants, and without loss of wages.

Curriculum is based on participants' needs and goals, and learning resources are relevant to their lives and work.

The use of peer tutors contributes to a supportive and comfortable learning environment.

The program is run jointly by the employer and the union, through a local coordinating committee that includes the community college. Classes are offered in two-hour sessions; twice a week for a period of 24 weeks.

On average, there are 10 to 12 participants in each class, with four peer tutors and a college instructor.

Tutors attend a four-day training session delivered by the college instructor, and then learn on-the-job. The instructor spends more time in class at the beginning of the program, and as the program progresses the peer tutors take on more responsibility.

In August and September, 20 staff members from Edith Cavell, a facility which was closing its doors, were given a group vocational counselling session.

They were "walked through" the process of job loss, retraining, and given academic and English language skills assessment.

The majority were placed into comparable jobs at other sites. Two of them were referred to a basic skills program at Trout Lake/ Lakeside.

At that site 54 people were enrolled in the basic skills program, many of them having attended the same counselling session as the staff at Edith Cavell.

There were three peer tutors, three tutors from Douglas College, and two instructors from the college.

Forty of those people are registered to start an residential care aide upgrading course to begin at the end of November. They were given a prior learning assessment to determine their work skills, education, and experience prior to their present employment. This assessment sometimes results in college credits being granted for work skills, prior education, and experience.

The project is now funded and promoted through the Healthcare Labour Adjustment Agency. The agency and the employer cost-share the wages of students scheduled to work during class time, so that students can participate without loss of wages.

*Note: If you are interested in starting a basic skills program at your facility, have your Labour Adjustment committee contact Gordon MacDonald at HLAA or Sylvia Sioufi at HEU.*



## PRESIDENT'S DESK



### Renewed activist pledge tops list of resolutions for 1998

by Fred Muzin

**T**HE LACK OF public accountability and social responsibility throughout 1997 provides fertile ground for planting our New Year's resolutions. The Krever report into Canada's tainted blood scandal clearly shows that the disaster that infected 1,200 people with AIDS and left 12,000 others with Hepatitis C, was almost entirely avoidable. Government bureaucrats and Red Cross administrators sat by passively, worrying more about budget shortfalls than public safety. Then, when confronted by the inevitable conclusion of negligence, both the Red Cross and its friends in the multinational pharmaceutical companies wasted millions in a vain effort to prevent justice Krever from naming names.

In Plymouth, Nova Scotia, 26 miners needlessly lost their lives in the Westray mine. Justice Peter Richard blames the disaster on incompetence, mismanagement, bureaucratic bungling, deceit, ruthlessness, coverup, apathy, expediency, and cynical indifference. Again, the explosion was entirely preventable. Government regulators were asleep at the wheel. The workers were left in a pressure cooker situation, reacting to management's imperative for them to increase production; thereby making an intolerable situation even worse.

The federal government ignores its mandate to serve Canadians but chooses to reward friendly bureaucrats and transnational corporations. It's no wonder that people mistrust politicians. From 20 year drug patent protection, the gutting of UIC, reducing public pension benefits to both the disabled and women, slashing transfer payments for health, education, and social services to negotiating the Multilateral Agreement on Investment (MAI) behind closed doors, the government is clearly not standing on guard for Canadians.

These facts don't surprise HEU members – we face the consequences daily. Our health care crisis is a result of the lack of accountability of administrators and managers who build their own empires while violating the public trust placed in them. Again, inadequate health and safety highlights the problem.

Workload overload and injuries to health care providers cost the Workers' Compensation system \$83 million a year. This level of injuries is a disgrace.

Most employers are too busy fighting workers' claims to listen, learn, or implement effective prevention programs. They squander our commitment, energy, and the public's investment in our skills by decisions that promote stress, burnout and a loss of morale. At the same time the WCB is allowed to issue employer rebates under the guise that the board operates independently from government!

We must resolve in 1998 to turn this grievous situation around.

Public sector bargaining will be one major opportunity to educate the public and present workable, front-line solutions. But this is not enough.

Progress must include the restoration and improvement of Canada's social programs. We cannot continue to accept legislated poverty, homelessness and children with no future. We can prevent the signing of the MAI, which facilitates the privatization of Canada's \$72 billion health care industry.

With intelligence, determination, and militancy we can reverse this deplorable state of affairs before it's too late. THEREFORE BE IT RESOLVED!

## NOTEBOOK

### Beware of surgeons bearing waiting lists

by Mike Old

Last June, B.C. Medical Association chief Granger Avery faced a PR donnybrook when he said doctors should exploit patient contacts to achieve a two-tiered health care system.

Avery miscalculated the depth of public support for Medicare – a factor which led, for the third year running, to the defeat of a motion supporting two-tiered medicine at the Canadian Medical Association meeting in August.

But after a summer of wound licking, the BCMA has opted for plan B – a more subtle advancement of two-tiered health care. First, shake the public's faith in the public system. Then, down the road, argue that access to private medical services will save Medicare.

The weapon of choice is the surgical waiting list – a measurement of health care performance peddled by the corporate-backed Fraser Institute and showcased in a new BCMA leaflet.

The right-wing think tank says waiting lists could be shortened by allowing the market to regulate access to surgical procedures. That theory belongs in the Hall of Shame along with the Fraser's big lie that there is no global warming crisis.



**'Victoria should not treat waiting lists as the primary measure of Medicare's performance'**

In New Zealand, surgical waiting lists grew by 50 per cent in the 1991-1996 period of health care privatization. One observer notes that because specialists work in both the public and private sectors, they are well-served by longer waiting lists in the public sector, which increase the demand for services in the private sector.

A recent consumers' group's study of Alberta's cataract surgery waiting lists supports this view. Surgeons practicing only in public hospitals had waiting lists of between two to eight weeks – six weeks on average. Surgeons practicing in both public hospitals and private clinics, however, had public sector waiting lists of up to a year.

The B.C. government has countered the Fraser Institute/BCMA numbers with its own waiting list survey. While it's important to counter oversimplified waiting list numbers produced by the health care privateers, Victoria should not be suckered into treating waiting lists as the primary measure of Medicare's performance.

Take it from the head of the British Medical Association: the drive to reduce waiting lists in the U.K. distorted priorities so badly that emergency patients had to wait on trolleys while non-urgent patients received operations in order to meet waiting list targets.

And the National Forum on Health says that waiting lists are unstructured, often padded, rarely standardized and therefore useless. Victoria should instead focus on measuring broad population health outcomes that assist in allocating health dollars wisely.

Let's not let the BCMA and their Fraser friends define this debate.



SERIOUS BUSINESS, BUT ... Queen Alexandra local chair Diana Bertrand and Merv Schmit find an opportunity for a smile at 1997 Wage Policy Conference.

### Fighting city hall's stalls

Go-getter grounds keeper Merv Schmit became a community activist after many years of serving on the executive of the Queen Alexandra local. Both his mother, Maria, and his late father, Joe, retired from Queen Alexandra. Schmit's brother Gary is also a member of HEU; and a grounds keeper at Royal Jubilee.

Schmit was following in his father's footsteps when he was elected to the executive of the local. He estimates that he served 12 years as secretary treasurer and seven years as chair.

"After all those years, I was 'Mr. Union.' I decided I should step down and encourage other people to get involved. But I'm still the chief shop steward," says Schmit.

About three years ago, he began to get involved in his community as a board member of the Fairfield Community Association. Fairfield is a residential community in Victoria. The board oversees the programs of the association, which include after school care, adult education, counselling services, youth groups, etc.

He serves on two committees of the association: the constitution committee and the environment committee.

The main thrust of the environment committee is to control use of pesticides in the community. Right now they are mounting a campaign to have home-

owners declare their property pesticide-free and to get the school board to declare their policies on the use of pesticides and implement them.

The Tenants' Action Group, called TAG for short, takes up a lot of Schmit's time and energy. Sixty per cent of the residents of Fairfield are tenants, and many of them live in secondary suites.

As in other municipalities, there are bylaws that regulate secondary suites, but the city usually turns a blind eye.

"That is unless, someone complains. Too many cars on the street or something. Then the city has to react, usually by closing the place down," says Schmit.

What TAG would like to see is that the standards of maintenance that are in the bylaws are followed. Now, if there is a complaint about that, the person in charge of the bylaw just ignores you, Schmit maintains.

"We are just trying to get secondary suites made legal and safe. It's a very complicated issue. We have support from some surprising quarters, but we are truly fighting city hall on this one."

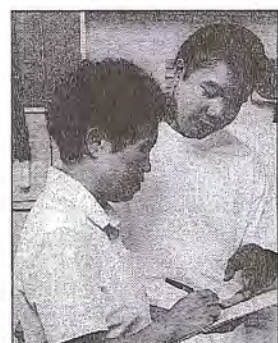
Two grown children and one grandchild live within walking distance of Schmit and his wife, Teddii. Schmit is a music lover. "Anything but the opera," he says.

## AFTER



## THE SHIFT





# IN THE family of nursing

GLEN ERIKSON PHOTOS

Nursing team activists are using this special HEU report to lobby regional health boards and community health councils, employers, and government on the contribution LPNs and care aides can make in providing better care for British Columbians



**part of the team**  
we propose more utilization of LPNs under health care reform. PAGE 7

**workload crisis**  
injury rates in long-term care are too high and add to health care costs. PAGE 9

**training for reform**  
caregivers upgrade their skills to deliver better quality. PAGE 10

**part of the team**  
the goals of health care reform are served by the full utilization of LPNs

Licensed practical nurses are an under-utilized resource in British Columbia. The 1991 Seaton Royal Commission recognized this, recommending a broader use of LPNs in the acute, long-term care and community sectors of the health care system. The commission report – the blueprint for health care reform in B.C. – maintained that this would support the goals of change in the province's health care system.

At the time the commission's findings were published, B.C. had the lowest ratio of LPNs to registered nurses in Canada. This has not changed in the intervening years.

In the 1970s there were many more LPNs working alongside RNs in B.C. Then in the 1980s a new model of nursing came into vogue which

advocated using RNs to the exclusion of LPNs in some substantial areas where their scopes of practice overlap. The recently completed *National Nursing Competencies Project* (Canadian Nursing Association, Ottawa, June 1997) estimated that by 2001 there will be a 65 to 70 per cent overlap in competencies among LPNs, RNs, and registered psychiatric nurses.

The Seaton Commission pointed out that the gap between the wages of LPNs and RNs has grown considerably since the 1980s. As a result, the substitution of RNs to perform work that could competently be performed by LPNs has become very costly to the health care system.

This is similar to the situation between RNs and physicians. Work done by physicians that could be done by RNs is another unnecessary expenditure of public health care dollars.

There is no research to show that the use of LPNs to perform work that is within their scope of practice lowers the standard of care. Yet, the num-

**HOW THEY CARE**  
LPNs Ellen Chan and Tony Zapanta and care aides Lois Lorimer and José Arellano on the job.

continued on next page



## ellen chan LPN

**"mothers who have just left hospital will phone nurses on the ward they were in to ask for help. They can't stay long enough to learn anything."**

ellen chan came to Canada in the 1970s. Trained as a registered nurse in her native Hong Kong and with 20 years of working experience there, her credentials were not recognized in Canada.

She began working as an LPN in the maternity ward at Vancouver General Hospital.

In 1982 she was transferred to Grace Hospital, along with 25 other LPNs.

Since that year the number of LPNs has dwindled down to two. Grace Hospital (now

B.C. Women's Hospital) has replaced all departing LPNs with RNs.

Chan's work used to be centred around the nursery.

But now the nursery is reserved for babies with problems and has become the sole domain of the RNs.

Babies who are well stay in the same room as their mothers. LPNs do bedside nursing and teach the mothers how to care for their new babies.

"This is difficult because the mothers have to leave hospital so soon now. They don't

absorb too much. They are still in a state of excitement," says Chan.

Chan sees a role for all nurses in home care under this regime. She says the original plan was for a team of nurses to go out and do home care, to visit the mothers after they leave hospital.

The nurses were even going to receive training for this, but that hasn't happened yet.

It is a shame, she says, that that seems to have been set aside for the time being.

"Mothers who have just left hospital will phone nurses on the ward they were in to ask for help," says Chan. "They can't stay in hospital long enough to learn anything."

Chan hopes the plan to train nurses to go out into new parent's homes will get back on track in the future.





## carolyn unsworth CARE AIDE

**"this is a health issue; many staff are injured when they are working short or on the sixth day of a six-day schedule."**

**care aide** Carolyn Unsworth has witnessed many changes in her 13 years working at Queen's Park Care Centre in New Westminster.

While most facilities are seeing an increase in the number of older patients with dementia, at Queen's Park many new residents are younger.

bers of LPNs working in B.C. dropped by almost 600 between 1981 and 1996, while the numbers of RNs rose by 8,186 during the same period.

Even in the one-year period between 1995 and 1996, the number of RNs rose by 1,222 while the number of LPNs continued to drop significantly.

LPN training is extensive and, in recognition of health care reform, there is an increased emphasis in their education on providing preventive care services "close to home." The College of Licensed Practical Nurses regulates their practice and training criteria.

### acute care

The change in nursing philosophy in the 1980s heralded massive layoffs for LPNs.

In acute care the ratio of LPNs to RNs fell from 1:3 to 1:6. Where did they all go? Many of them still work in health care, but in other jobs where they have little chance to utilize their skills.

The number of working LPNs dropped by 25 per cent between 1981 and 1995, with a 42 per cent increase of LPNs working in other positions.

As LPN Don Sinclair says, "RNs come out of their training fully expecting to use it. LPNs learn many skills and competencies that they will most likely not be allowed to use."

Across B.C. there is no consistency in how acute care facilities utilize their practical nurses. Some are able to practice close to their full scope of practice, while others' work resembles that of care aides.

Lions Gate Hospital in North Vancouver is an example of how a facility can make good use of its LPNs. In the late 1980s the practical nurses at LGH began organizing to gain recognition and enhance their status. They lobbied a supportive administrator and were able to convince the hospital to assess the skills of the LPNs on an ongoing basis and to provide upgrading when necessary. The hospital eventually hired more LPNs.

There is a high degree of cooperation between LPNs and RNs, who sit on a joint committee to develop new job descriptions and training programs. Administrators look at patient needs and what staffing mix can best support cost effective quality care on each unit.

### long-term care

According to the recent *Canadian Study of Health and Aging* the number of Canadian seniors with dementia is likely to more than triple by the year 2031. This will create new challenges particularly for long-term care facilities to find viable care solutions that are equitable and cost effective.

As Carolyn Sams, executive director and registrar of the B.C. College of LPNs points out, "The public would best be served by utilizing more LPNs in long-term care because they have the education and experience in gerontology, psycho-gerontology and more recently in geropharmacology needed to provide residents with cost effective quality care."

But very few LPNs work as LPNs in long-term care facilities in B.C. The reality is that care aides make up about 80 per cent of nursing staff at these facilities, with RNs making up the remaining 20 per cent.

Faced with rising care needs, other governments have developed unique approaches. For example, in New Brunswick the RN to care aide ratio used to be identical to B.C.'s current ratio.

Several have MS or are mentally ill patients with serious physical disabilities. The nurses work with people in their 30s all the way up to 102 years old.

The administration acknowledges that patients are much more demanding than before and has increased staffing levels accordingly. However, Unsworth says, nursing staff numbers have not changed since she first started working at Queen's Park. This represents a tremendous increase in their workload. It is common to work short.

Unsworth says, "This is a health issue; many staff are injured when they are working short or on the sixth day of a six-day schedule."

She contends that it is dangerous to work short or tired.

## Number of LPNs per 1,000 RNs in Canada



The province's health ministry decided to change that to 40 per cent care aides, 40 per cent practical nurses and 20 per cent RNs.

Rather than laying off care aides, the government kept their expertise in the system by offering them the chance to upgrade to become LPNs, giving them government assistance for a full one-year course.

This could serve as a model for B.C. In fact, it is easier to do here because the care aide program in B.C. is recognized as equivalent to the first semester of the LPN program, reducing the training time and cost of upgrading care aides.

Moreover, some facilities here are working with B.C. community colleges to develop bridging programs so that care aides can take steps to become LPNs if they wish.

### community

More and more care is now being provided in the community and at home. And while the training of LPNs has changed to accommodate this growing need, the delivery of health care has not.

While there are 5,000 home support workers and 800 registered nurses providing care to people and families in their own homes, only 200 LPNs work in home care in B.C.

In other community agencies, 1,700 RNs and only 90 LPNs are employed. Most RNs who work in the community hold bachelors degrees. This means that there is a large gap in community services between a homemaker with five months of training and the RN with a four-year degree.

This gap could be filled effectively by using more LPNs in the community. In Ontario, for example, close to 50 per cent of the home nursing offered by the Victoria Order of Nursing is now done by practical nurses.

In B.C. we have a limited number of services where LPNs are utilized as part of a multi-disciplinary team in a community setting. For example, the Downtown Community Health Clinic in Vancouver uses LPNs, registered nurses, home support workers, physicians, a pharmacist, and a nutritionist to deliver top-notch health care to a

"But it's a double-edged sword," says Unsworth. "You want to help people, but you hate to set the precedent. Next week they may lay someone off because we were able to do the work with less staff."

The care aide is often the person closest to the patient. They care for them in every sense of the word, although patients can be combative and even abusive.

Many times patients hire paid companions to provide services that the care aides cannot give.

"Residents get mad at us because we don't read to them, take them for walks, etc. We would love to do those things, but we are not given the time," says Unsworth.

very disadvantaged population. As well, LPNs at William Rude House provide care to severely disabled young people. The approach there is based on a wellness model of caring within a home-like setting.

### research flawed

In recent months the unions and professional organizations representing registered nurses in B.C. and across Canada have used literature on nurse staffing in the United States to argue that any move away from an all-RN model will jeopardize the quality of care available in the Canadian health care system.

It is not so easy, however, to make generalizations based on American research and apply it uncritically to Canada and in particular to B.C.

Staffing patterns, training, and regulations are quite different than in the U.S. This point is made quite strongly in a review of the literature on the *Impact of Nurse Staffing on the Quality and Cost of Health Care* prepared by the Centre for Health Studies at York University for HEU.

They argue that "just as the wholesale substitution of American-style health care restructuring is not appropriate, it may also be inappropriate to generalize from research in what we know to be a very different health care setting."

**More and more care is now being provided in the community and at home. And while the training of LPNs has changed to accommodate this growing need, the delivery of health care has not.**

This review points to several other shortcomings in the literature linking higher mortality rates for hospitals with a lower proportion of RNs on staff. Because these studies do not isolate the impact of staff mix from other factors such as staffing levels and measures of organizational performance (i.e. the training and competencies of the non-RN staff and decision-making processes), it is impossible to say specifically how the number of RNs on staff affects mortality rates. Nor is there evidence to indicate an increase in mortality rates with increased LPN utilization.

In fact, the research on staffing models is quite contradictory. Separate studies come to very different conclusions about the impact of the various staffing models (i.e. primary care or team nursing) on the cost and quality of care.

The literature is limited in other ways as well. There are, for example, no studies that analyze the impact of staffing mix across different patient populations, acuity levels, and speciality areas within the hospital, long-term care, or community settings. The limitations and the contradictions in the findings prompted the reviewer at York University to agree with other academic research which argues that "no single delivery system is ideal to address the various intensity and case mix of patients."

This point is made quite strongly in the United States Institute of Medicine publication, *Adequacy of Nurse Staffing in Hospitals and Nursing Homes*.



GLEN ERIKSON PHOTO



## workload crisis

cutting injury rates in long-term care would add needed beds and caregivers to the system

Changes in health care delivery are dramatically escalating the financial and human cost of the workload crisis in long-term care. This is what HEU hears from members working as care aides and licensed practical nurses in extended and intermediate care facilities around B.C. It is also what we hear from many of the administrators and directors in these facilities.

The magnitude of workload problems is clear from a recent HEU membership survey (McIntyre and Mustel, 1997). Next to issues related to job security, workload topped the list of HEU members' concerns.

Seventy-six per cent of our members reported increasing workload pressures due to changes in health care delivery. It is expected that this finding will be confirmed and expanded on in another survey on emerging trends in health care delivery conducted by the Health Management Resource Group for the provincial ministries of health, and education, skills, and training.

Specifically in terms of long-term care, why is there this link between the workload crisis and the changes in health care delivery?

It is the combination of providing more care to older adults in their own homes and the earlier discharge policies of acute care hospitals. People who enter long-term facilities now are frailer, have more complex needs, and are more likely to suffer from dementia.

A 1995 survey of continuing care services in Vancouver confirms this point. It shows that the assessment level of people requiring residential care increased significantly over the previous five years. It is also confirmed by the experience in other provinces (i.e. New Brunswick and Ontario) where similar changes in care needs for long-term care residents have been linked to health care reform initiatives and "closer to home" strategies.

### impact of rising workload

Not surprisingly, rising care needs for long-term care residents translates into heavier workload demands on care aides, LPNs, and orderlies. The result: skyrocketing injury rates and deteriorating caring conditions.

Because the majority of residents in long-term care facilities are more socially isolated and economically disadvantaged than the average seniors population, they rely very heavily on front-line caregivers to provide for all of their care needs and social supports.

As Carolyn Unsworth, a care aide at Queen's Park Hospital, puts it, "We are their family. Some of them get no more than two visits a year. We know everything that happens to them. We do everything for them."

Unsworth says rising workload pressures make it more and more difficult to provide the care and social supports that residents require.

"Increasingly, we are reporting incidents of residents missing activities because there is no one available to take them to these activities. When you are working short and running just to keep up, you do not have the time to stop and talk, or do the little extras that make life bearable for



**AN APPROPRIATE SKILL MIX**  
LPNS are an under-utilized resource in British Columbia – a reality pointed out by the 1991 Seaton Royal Commission Report on Health Care and Costs. Here, LPN Tony Zapanta dresses a wound.

GLEN ERIKSON PHOTO



STEPHEN HOWARD PHOTO

**LPNS HAVE THE skills to meet higher acuity levels in long-term care, says Rossland LPN Ila Douglas.**

people living in a long-term care facility."

For front-line staff like Unsworth, the consequence of heavier workload pressures have been unacceptably high injury rates.

According to a recent report from the Workers' Compensation Board, LPNs, care aides, and orderlies have by far the highest number of injuries and the greatest variety of injury types of any group working in long-term care.

Overall health care injury rates are 30 per cent above the provincial average and, within health care, the injury rates in long-term care are higher than those in the acute care or community sectors.

These injury rates are very costly in financial and human terms. The most up-to-date figures are from 1994 and show that the total cost of health industry injuries was \$87 million. Cutting 1994 injury costs in half could add 1,161 full-time equivalent jobs to our health care system or buy 1,231 extended care beds for B.C. facilities.

### finding solutions

Facing up to the workload crisis in long-term care is critical to the future of health care reform.

If workload issues are not addressed, injury costs will continue to spiral out of control and the quality of care will continue to deteriorate.

In the immediate future there are three recommendations that regional authorities, health care agencies and government can take to alleviate this crisis.

### workplace injury prevention programs

As a consequence of enforcement from the Workers' Compensation Board and pressure from the health care unions, some workplace injury prevention programs have been established in extended care facilities.

For example, at Surrey Memorial Hospital and the Cottonwood Pavilion in Kelowna, HEU and employers worked together to introduce ergonomic reforms, including the introduction of mechanical lifts, additional staff, and training for front-line staff in injury prevention strategies.

These programs have resulted in significant savings in both human and financial terms.

Similar programs introduced at a regional board/community council level throughout the province would free up additional monies that could then be used to further reduce the workload pressures.

### enforcing minimum care levels at provincial guidelines

The provincial government has guidelines on hours of care required by residents based on an assessment of their functional ability.

Funding has recently been increased to cover 97 per cent of these guidelines. However, no enforcement mechanisms have been put in place to ensure that the funding provided to facilities is actually spent on direct care. Large discrepancies exist across facilities in terms of the amount of money spent on administration and facilities costs as compared to direct care.

To begin to improve the level of care available to residents, regional boards/community health councils should work with us to pressure the provincial government to fund long-term care facilities to 100 per cent of the guidelines.

In addition, enforcement measures should be established by RHBs and CHCs to ensure that the funding provided to facilities for direct care is actually spent on direct care.

## our recommendations

### training

- upgrade the skills of existing LPNs and care aides to the level of current graduates
- provide bridging programs for care aides to practical nursing to meet the need for higher level of nursing care to look after our elderly
- offer continuing education for LPNs to ensure full LPN utilization in facilities and the community

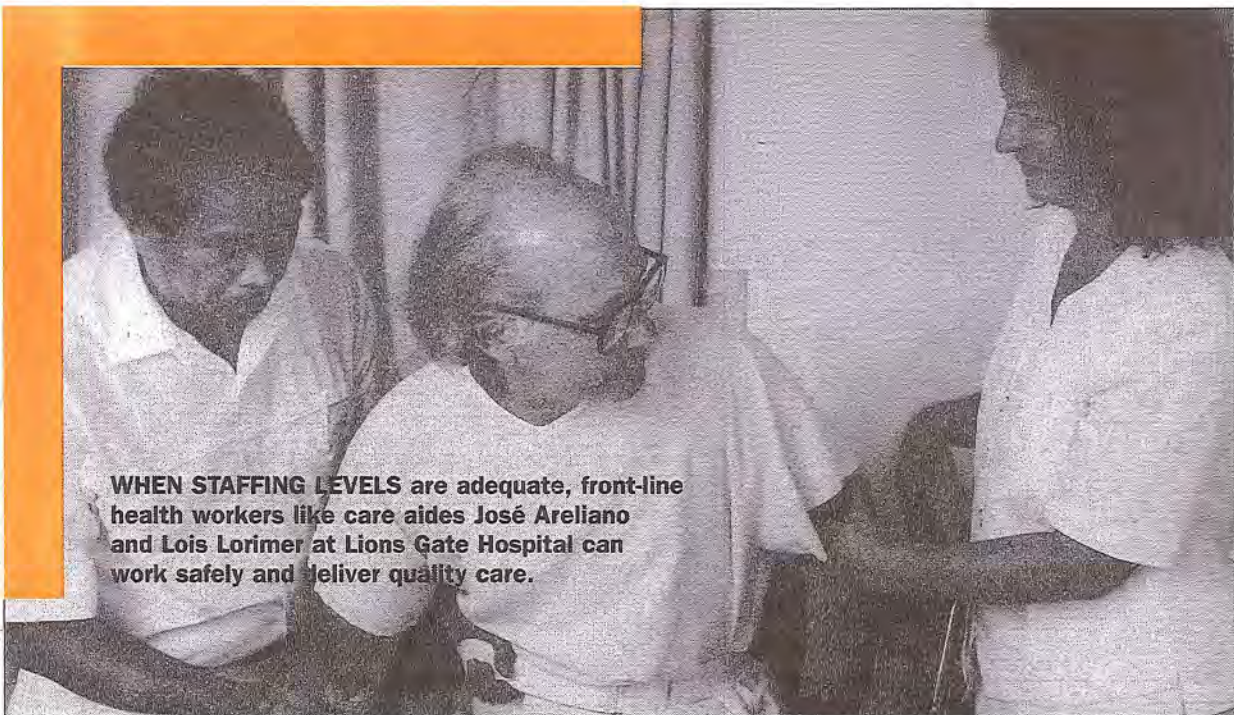
### utilization

- in acute care, establish LPN use based on patient needs and LPN skills
- in the community, fund pilot models that use nursing occupations in a multidisciplinary team
- in long-term care, use staffing ratio of 20 per cent RNs, 40 per cent LPNs, and 40 per cent care aides

### workload

- immediately implement workplace injury prevention programs
- ensure that minimum care levels set by provincial guidelines are enforced
- pressure for government review of funding levels in long-term care





**WHEN STAFFING LEVELS** are adequate, front-line health workers like care aides José Areliano and Lois Lorimer at Lions Gate Hospital can work safely and deliver quality care.

GLEN ERIKSON PHOTO

### reviewing the funding levels and assessment processes

Funding levels for long-term care are based on a functional assessment of residents and not workload. More funding is provided to non-ambulatory residents than ambulatory residents.

This creates a financial disincentive to keeping people active and mobile. It also ignores the reality that a mobile resident with dementia often requires more care than a mentally stable person who is bedridden.

Given the rising care needs for residents, funding levels and assessment processes for long-term care should be reviewed by a provincial committee composed of the relevant employer, academic, consumer and union groups. Minimum care levels should then be established to reflect actual workload levels based on input from front-line caregivers.

As a union we want to work with the RHBs and CHCs to push for a provincial review of funding levels and assessment processes in long-term care.

## training for reform

new opportunities and resources are available to update and build caregivers' skills

Health care reform involves significant organization and administrative change. But most importantly, to achieve the objectives of reform, a sound human resources plan must be developed to update skills of front-line providers like care aides and licensed practical nurses.

While the education and training programs for LPNs and care aides have been updated to meet health care reform objectives, very few working care aides and LPNs have had access to the training needed to keep their skills current. Most employers have not made training a priority.

Undoubtedly, limited funding has contributed to the lack of a training culture. However, with the establishment of the Healthcare Labour Adjustment Agency, new opportunities exist and funds are now available to support training with health care reform purposes.

### care aide, LPN programs updated

B.C.'s Resident Care Attendant Program is the only provincially approved and standardized curriculum for care aides in Canada. Graduates complete 20 weeks of full-time studies including a 60-hour course on caring for people with a cognitive impairment and a 30-hour course in wellness and personal health issues. Many B.C. community colleges now offer an RCA upgrade to update the skills of care aides to the level of the new program.

Similarly, in the early 1990s, the training program for LPNs was lengthened and revised. Practical nurses now complete 12 months of full-time studies, with an emphasis on community health promotion and prevention, gerontology, and secondary level acute care. The program



**CARE AIDES FROM** Minoru Residence in the classroom

MIKE OLD PHOTO

includes 447 hours of practicum experience in all three settings. Specific topics added to the standard program include administration of medication, adult assessment, leadership, and communications skills. In addition, the training includes more critical thinking, decision-making and teaching skills.

### uniquely positioned

Care aides and LPNs are in a unique position to meet the changing care needs of British Columbians.

They are trained to work both in institutional and community settings. Their education addresses the core needs of a growing segment of our population — seniors. It makes sense to plan for regional or community-wide training initiatives to strengthen care aide and LPN skills and build new ones.

The Healthcare Labour Adjustment Agency can provide funding and planning assistance for training that supports health reform. Agency executive director John Mabbott says two-thirds of HLAA training funds have supported restructuring plans which utilize the skills of existing staff. So far, the HLAA has funded upgrades for over 125 care aides and LPNs in 10 facilities across the province.

Training proposals submitted to the HLAA must be supported jointly by the employer and the union. The HLAA covers most direct costs like tuition, books, and childcare. Employers will be reimbursed for 50 per cent of the wages of participating employees.

### recommended training initiatives

With this comprehensive assistance at hand, employers can work with health reform/labour adjustment committees to put in place training initiatives at a local, community or regional level. Here are three areas of training to be considered.

#### upgrade to level of current graduates

Keeping care aide and LPN skills current should be a priority training initiative. Following an assessment of current skills to identify education needs, an RCA or LPN upgrade can easily be put in place. For example, Juan de Fuca Hospital is one of a number of facilities which have set up an upgrading program. LPNs can update their nursing knowledge to the current level of a grad-



### donald sinclair LPN

**"I wear a lot of hats, and I work my butt off. But I know what I'm doing. I hate it when someone says, 'you're just an LPN'."**

**donald sinclair** enrolled in a course to become an LPN in 1986. When he started, LPNs were in demand. By the time he finished the tables had turned. It would be 11 years before he would get a permanent, full-time job.

He was always able to work as a casual, however. He moved all over the province during those years. One of his casual jobs was as vacation relief for an orderly at the Vancouver branch of the B.C. Cancer Agency. When there was an opening for an LPN at the Fraser Valley branch, Sinclair got the job.

"I run the patient review department at the agency," Sinclair says. Working with patients who come in for prostate cancer treatment, he sets them up for radiation: advises, monitors, assesses, and follows them through the treatment period of five to six weeks.

The Cancer Agency is going through a period of "re-engineering." There is a fair amount of consultation going on with staff.

Sinclair appreciates that but he isn't taking any chances. He upgrades his skills and takes courses whenever he can.

Part of the re-engineering plan is for the agency to have two full-time LPNs in the Victoria, Vancouver, Fraser Valley, and soon-to-be opened Kelowna clinics by the year 2000. Naturally, Sinclair welcomes this.

Sinclair also works as a casual LPN at Surrey Memorial Hospital's emergency ward. There he utilizes the expertise he has gained through advanced courses in trauma treatment and his experience as a soldier in the Vietnam War.

Sinclair says, "I wear a lot of hats, and I work my butt off. But I know what I'm doing. I hate it when someone says, 'you're just an LPN.' They don't really know what they're talking about."

uating LPN through a new distance education course offered by the Open Learning Agency.

### bridge care aides to practical nursing

In New Brunswick, to meet the need for higher levels of nursing care in long-term care, the government changed the staffing mix to 20 per cent RNs, 40 per cent LPNs and 40 per cent care aides. In a unique approach that can serve as a model for B.C., the government upgraded 700 care aides to LPNs.

Over the last year care aides around the province have begun to lobby their employers to provide them with LPN upgrade opportunities.

In response, the provincial government has recently provided funding to several colleges and employers in the Lower Mainland to develop a new curriculum to assist care aides to bridge into the third semester of the LPN program.

### offer post-basic courses for LPNs

Post-basic courses are designed to enhance LPN skills in specific topics to ensure LPNs are broadly used in existing and new settings, such as the community.

To this end, a number of community colleges offer continuing education courses such as foot care for the elderly, head to toe assessment, and palliative care.

In addition, B.C. Rehab offers a Tracheostomy and Ventilator Management Certification Program for LPNs to work in community-based and long-term care settings.

This course should be made available in other parts of the province and could be a part of a post-basic rehabilitation nursing course similar to that offered by the Practical Nurse Association in Ontario.



# Labour

NOTEWORTHY NEWS ABOUT ISSUES AFFECTING WORKING PEOPLE HERE AND ABROAD



DANIEL GAWTHROP PHOTO

## Hillside campaign provides backdrop for labour code review

*Layoffs expose need for successor rights, HEU tells panel*

by Daniel Gawthrop

HEU's fight for a fair labour code — outlined in a major submission to a Kelowna review panel Oct. 30 — gained new urgency with the following day's layoff of 11 group home workers at Nanaimo's Hillside residence program.

The workers, members of HEU's Mid-Island Caregivers local, provided extended care for mentally and physically

challenged adults no longer living in large institutions.

Since 1994, the program had been administered by O'Connor Resources under a collective agreement between HEU and the Ministry of Children and Families. But last summer O'Connor dropped the contract and a new services contractor took over, paving the way for the October layoffs.

Under the current Section 35 of the B.C. labour code, the new contractor's decision to retain only three part-time workers from the previous staff was entirely within the law.

HEU and other unions are arguing that this arrangement undermines the

**SUCCESSORSHIP RIGHTS** HEU members in Nanaimo turned out in force Nov. 6 to support laid off Hillside workers and lobby for changes to B.C.'s labour code.

collective agreement while creating instability for group home residents.

"We must have successorship rights, or our lives and the lives of our clients will never be stable and trustworthy," Mid-Island local chair Dennis Bailey told a labour board review panel in Nanaimo Nov. 6. "We serve the most vulnerable people in our society, who, of all of us most need stability and trustworthiness in their lives."

Lori Harvey, who works in one of three Nanaimo-area group homes under contract, pointed out that the Ministry of Children and Families information package contained a clause that said "successorship rights may apply" under HEU-certified residential services.

"We were hopeful that the district supervisor would take into consideration the applicant's intent to honour successorship when selecting the new service provider," Harvey told the review panel. "HEU received several inquiries from applicants. Most confirmed verbally that they support successorship rights in this sector of health care, as do many employers."

Bailey and Harvey were part of an HEU delegation that met with Nanaimo MLA Dale Lovick Oct. 30 to discuss the issue. Meanwhile, on the same day in Kelowna, HEU secretary-business manager Chris Allnutt presented the union's main submission on labour code changes to the government-appointed review panel.

In addition to successorship rights, HEU is calling for improved first contract negotiation provisions, stronger sectoral bargaining structures, and entrenchment of the union's right to arbitrarily refer bargaining disputes to arbitration.

## Medicare Week rally lampoons Fraser Institute

More than 100 activists gathered in front of a luxury Vancouver hotel Nov. 4 as a coalition of public health advocates held a Medicare Week rally to protest the destructive health care ideology of the ultra-right wing Fraser Institute.

The rally, which took place outside a Fraser conference promoting two-tier, American-style health care, included a satirical 'auction' in which the entire Medicare system was sold to the highest bidder.

Earlier in the week, the coalition released background information on some of the companies sponsoring the Fraser conference. The list included dozens of multinational drug giants, insurance corporations and health information providers currently profiting from the public system.

Ben Swankey of the B.C. Old Age Pensioners Organization urged the crowd not to be complacent about the Fraser's attack on Medicare. "We're telling the Fraser Institute, and all those business interests behind them, that we don't intend to let them get their greedy fingers on our medical system."

HEU secretary-business manager Chris Allnutt painted a chilling portrait of two-tiered health care in one New York hospital, where wealthy patients in the luxury wing can order freshly-slaughtered goat for dinner and silk pajamas from Brooks Brothers.

The rally ended with an 'auction' led by a mad Fraser 'economist' who took bids from the crowd.

Local actor Sandra Norris auctioned off food services at Children's, the entire St. Paul's Hospital and the B.C. Ambulance Service. The "showpiece" item, Canada's Medicare system, was "pre-sold" to the Disney Corporation.

## Out west, out east, in the streets



**SOGGY BUT SOLID** Hundreds of striking pulp and paper workers rally outside an Oct. 28 Fletcher Challenge shareholders' meeting in Vancouver. HEU sponsored a solidarity soup kitchen at the event. CEP and PPWC members have been on strike since July 14.



MIKE OLD PHOTOS

**TEACHING HARRIS A LESSON** Teachers rally at Queen's Park Nov. 8 against the Ontario government's education reforms. The teachers maintained strong public support throughout their strike.





DALE FULLER PHOTO

**NEED TO KNOW** Anxious members listen to secretary-business manager Chris Allnutt outline the union's strategy at a special meeting held at Cottonwood Pavilion long-term care facility on Oct. 30.

## Okanagan health board retreats on corporate services restructuring plan

### Job action made the difference in Kelowna, Penticton

by Daniel Gawthrop

Thanks to a wildcat protest involving nearly 200 HEU members, the South Okanagan/Similkameen Regional Health Board has radically altered a corporate services restructuring plan that would have threatened the wages and job security protections for health care workers throughout the region.

As reported in the September/October *Guardian*, the board had been pondering a decision that would have carved out five positions in material management from the facilities subsector to a separate certification in the communities subsector.

This would have placed transferred employees in a position of working beside union colleagues earning lower wages under poorer conditions.

In response, HEU filed a Labour Relations Board submission requesting that transferred members remain in the facilities subsector beyond the current agreement.

On Nov. 12 – the day before mediated discussions between HEU and the regional board – 150 HEU members at Kelowna General walked off the job, occupying the cafeteria. Another several dozen at Penticton Regional also staged job actions.

"The effect it had was to have the employer reflect on their position," said HEU's Kelowna servicing rep Katherine Kreller. "They backed right off from their position the next time we met."

In a framework agreement signed Nov. 14, HEU and the health board agreed that all material management services will be provided through a single department operating under an existing HEU certification in the facilities subsector.

On Nov. 28, the two parties signed a transfer agreement that will maintain the central site at Kelowna General, with separate warehouses in Kelowna and Penticton.

The agreement took effect Dec. 12.

## Security workers are in jeopardy

by Mike Old

Two recent attacks on HEU security staff at St. Paul's Hospital have highlighted the need for health care facilities to put in place comprehensive policies to deal with violence in the workplace.

On Nov. 5, a security worker sustained head injuries after being thrown down a stairwell in the hospital's parkade. Two days later, two security workers were slashed with glass after cornering a man who had stolen computer equipment from the hospital.

"Incidents like these are all too common in health care and not restricted to security staff," says HEU secretary-business manager Chris Allnutt. Workers' Compensation Board statistics show that practical nurses, care aides, and orderlies lost over 60,000 days of work between 1991 and 1995 due to acts of force or violence on the job.

"St. Paul's has been slow to adopt a comprehensive violence in the workplace policy," says Allnutt. "These incidents underline the need for the WCB to more stringently enforce their regulations." WCB regulations passed in 1993 require policies to minimize the risk to workers of violence in the workplace.

The Capital Regional Health Board has just adopted a violence in the workplace program, but Duane Grabia of the GVHS Fire Security local says the program won't be effective unless workload issues are addressed.

"We're a big part of the violence in the workplace program," says Grabia referring to the role of security workers. But he points out that only one security worker is on day shift at Victoria General Hospital compared to three at any one time Royal Jubilee.

Training is key to preventing workplace violence, says Grabia. "We're the ones taking the licks – we should get proper, ongoing training."

Over the next two months, selected staff working in the Capital Region and at St. Paul's will receive special training in violence intervention techniques along with instruction on how to pass these skills along to other workers.

## Health centre a boon to street kids

### DSCHC provides much needed care to marginalized downtown residents

by Dale Fuller

**T**HE DOWNTOWN South Community Health Centre opened its doors two years ago to provide care to people that might otherwise not access medical help at all.

Since then, the patient base has grown by leaps and bounds. One hundred new patients a month walk through the doors, bringing the total up to 7,000.

"Walk through the doors" is the operative phrase. This is largely a drop-in centre, although some people do call ahead for appointments. Saturday is dedicated to off-the-street walk-in patients. Word of mouth, ads posted in hotels, and referrals from St. Paul's Hospital bring people to this health centre on Seymour Street. Once patients do walk through the door, they are likely to keep coming to the centre for their medical care. This is not, however, a 24-hour clinic. A youth clinic, much needed in this community, operates out of the same space from 8:00 to 11:00 p.m.

Thirty per cent of the clients are young people. Many of them are not covered by medical insurance; the centre helps them access their right to tap into

universal Medicare.

Other people who are marginalized from the medical system, like those who have not lived in the province long enough, are nonetheless cared for at the DSCHC.

Catherine White, a community counsellor at the centre, feels that the reason people come to DSCHC is that they are not judged, but accepted for who they are, whatever that may be.

"You can come in here with five-inch transparent heels, with fish swimming in them, and I promise you, we won't bat an eye," she says. "We will just ask you what you need in the way of health care."

The clinic works in partnership with St. Paul's Hospital; the Gathering Place, a community centre for the neighbourhood which is right next door; the Greater Vancouver Mental Health Society; Alcohol and Drug Programs; and the Vancouver Richmond Health Board.



**CENTRE OF ATTENTION** Catherine White and Daisy Mairena discuss the day's schedule, while figures in a Carma Rogers painting dance around a heart.

The DSCHC serves as a training clinic for St. Paul's, and so contributes teaching family practice residents.

In addition, there are three doctors on staff. Nursing staff is in the centre on a daily basis, and there are home care nurses who work out of the centre, as well as nurses on call. A nutritionist can be found at the centre once a

week, and a reflexologist twice a week (people in the community are very big on "complementary" medicine). A manager, alcohol and drug counsellor, a mental health team, community counsellor, and support staff round out the centre's team.

Carma Rogers, a talented local artist, has lent a multitude of bright colourful paintings to the centre. They can be found throughout the surprisingly spacious facility, giving it an air of optimism, which is sometimes in short supply for the people of the downtown south community.

All in all, the centre is the kind of health care facility, delivering primary care by an integrated team of caregivers, that HEU promotes and supports.



## South African trip fosters solidarity

by Robert Dunn

Dunn is chairperson of the Crossroads local, a member of HEU's International Solidarity Committee, and part of an HEU delegation to South Africa. This is an edited version of his report.

Brothers and sisters often ask: why is HEU sending four members to South Africa when they could be spending their efforts closer to home? Ordinary people should get the opportunity to do extraordinary things. We got the chance to talk to working people in another part of the world and realize that we are fighting the same fight – that culture, history, and prosperity may divide us, but labour unity and a common struggle bring us into the same arena. I feel very fortunate to have been given that opportunity.

... Soon after our arrival, we met two comrades from Malawi, Samuel Ernest Banda and Hastings Kachikopa, who spoke volumes on the need for international solidarity. They were imprisoned for two weeks without any food because they were trying to stand up for public sector rights in Malawi. Samuel spoke about being beaten by police during a demonstration and how he would die for his cause, if necessary.

The most memorable part of the trip was our march in Pretoria.



**'Ordinary people should get the opportunity to do extraordinary things'**

We joined our comrades from the National Education Health and Allied Workers Union (NEHAWU) and walked from downtown Pretoria to the Union Buildings, formerly the Parliament Buildings of South Africa, passing through a gauntlet of union members to arrive at the front of the march. To look back and witness the sea of humanity was truly inspiring. The NEHAWU members mobilized for this march in under three days and estimates were at more than 5,000 participants.

Another day that sticks out was our trip to Bisho, a township near the Indian Ocean where the freedom fighter Stephen Biko is buried. After meeting with NEHAWU members at a public hospital in Mdantsane, the second largest township in South Africa, we passed by an accident on the highway. There were bodies strewn all over the road; some living, some dead. I mention this because there is no transportation infrastructure for Blacks to go between work in the city and home in the townships; they pack themselves into minivans in order to commute. Later that day, we learned that there are no resources in South Africa to care for quadriplegic and paraplegic accident victims. These people are discharged without wheelchairs and often end up dying.

After visiting the unassuming gravesite of the fallen hero Stephen Biko, we thought we had seen it all. But another cemetery marked 28 fallen comrades who were gunned down by South African army helicopters at the stadium in Bisho. Our host, Andile Somi, was there on that day in 1992. He did his best to pull wounded people to safety and had to drag out dead bodies as well. None of us could begin to imagine what Andile went through on that day.



DALE FULLER PHOTO

## Conference hears women's testimony

by Dale Fuller

Canadian women joined others from across the Pacific region at the Women's Conference Against APEC to discuss and expose the effects that APEC measures have on women in their countries.

Many Canadian organizations were represented at the conference, including HEU. Provincial Executive member Louise Hutchinson was involved in the organization of the conference and facilitated one of the workshops.

At the opening forum, featured speakers told what it is like for women living in some APEC countries.

Yayori Matsui, a journalist and director of the Asia-Japan Women's Resource Centre, spoke of rural families in Thailand having to sell their daughters in order to survive. "Many of those daughters are sent abroad. I am ashamed to admit it," she says, "but many of them end up in Japan."

Tania Suarez from Mexico's Zapatista Front for National Liberation addressed the issue of the maquiladoras. She said that the environment and women workers are the big losers since Mexico signed the NAFTA treaty.

Khushi Khabir from Bangladesh and Irene Fernandez from Malaysia both concurred that the environment is suffering. "The protection of the environment is not a luxury, and women must lead in the movement," stated Khabir.

Other concerns that connect women were identified: oppression, birth control side effects, undernourishment of children, and health.

A hot issue of the conference was whether or not to endorse the inclusion of a social clause in any APEC agreements. A workshop reached a consensus on fighting for workers' and human rights, whether or not there is dialogue with APEC.

## Stealing their thunder

**Labour groups, human rights activists preempt APEC business agenda with high-profile People's Summit and protests condemning exploitation in the Pacific Rim**

by Daniel Gawthrop

Having learned from previous meetings of world leaders in which human rights issues were all but ignored by the media, organizers of the Nov. 17 to 24 People's Summit joined forces with a broad network of activists to guarantee that issues affecting workers, women, and the poor would receive plenty of coverage in the week leading up to the fifth meeting of the Asia Pacific Economic Cooperation in Vancouver.

Activists staged press conferences, panel discussions, and high visibility protests to raise public awareness about the economic exploitation inflicted by free trade agreements and the abuse of human rights by APEC countries like China and Indonesia.

"APEC is a cooperation of governments and big business to legitimate exploitation," said Indonesian activist Tati Krisnawaty, at a press conference to open the Summit.

At an International Tribunal on Workers' Human Rights, held at the Plaza of Nations Nov. 20, a crowd of 300 sat in horrified silence as eight labour activists described a litany of workplace abuses in so-called APEC "economies."

Cheung Lai Ha from Hong Kong testified on behalf of workers from the Zhili teddy bear factory in China where a 1993 fire killed 87 people and severely injured 46 others. Workers were caged in the factory

– with bars on the windows and no way of escape – working 12 to 14 hours a day for less than minimum wage.

As one video presentation revealed, Canada is by no means exempt from human rights abuse criticism. The audience was reminded of the Sept. 10 arrest in Toronto of 20 Thai women who had been brought to Canada by an international sex trafficking ring. Instead of being treated like victims of exploitation, they were charged with violating Canadian immigration and prostitution laws, vilified by the media, and treated as criminals by the Canadian police and justice system.



CHEUNG

MIKE OLD PHOTO

This testimony was observed by an international tribunal of judges including former federal NDP leader Ed Broadbent and Amnesty International Secretary-General Pierre Sané. "After hearing such moving stories, we find it completely unacceptable that any of the leaders of the APEC countries would dare to [claim] that nothing can be done to stop these abuses," concluded Broadbent. "If governments can hire dozens of lawyers to apply all their sophisticated reasoning to international trade agreements, to ensure in infinite

detail the protection of commercial rights associated with intellectual property, surely those same governments could hire 10 lawyers and put in, with the same rigour, a minimal set of workers' rights."

The next morning, the tribunal released its final report based on the testimony. Among the rights violated, the judges cited freedom of association and collective bargaining, freedom of speech and assembly, the right not to be subjected to forced labour or slavery, the right to health, social security, and unemployment benefits as well as to an adequate standard of living.

Several non-governmental organizations, including Amnesty International, demanded that APEC formally recognize labour rights by introducing: statements of business principles that incorporate international human rights standards; an APEC Investment Charter to reflect business responsibility for human rights protection and support; the ratification and implementation of all ILO conventions; and common standards for the treatment of migrant workers.

**WE WERE THERE** (above left) HEU members from the First Nations caucus listen to presenters at the opening session of the Women's Conference Against APEC. Left to right, Faye Edgar, Joanne Foote, Trudy Erickson, Linda MacNamara, and Sue Hawkins. Left, HEU shows its colours at Nov. 23 Walk for Global Justice.



MIKE OLD PHOTO



## NOVEMBER 30

One per cent wage increase for facilities subsector takes effect.

## DECEMBER 25

Christmas Day, all HEU offices closed.

## JANUARY 1

New Year's Day, all HEU offices closed.

## JANUARY 5

Resolution submission deadline for provincial NDP convention.

## JANUARY 21-23

Provincial Executive meetings, Vancouver.

## JANUARY 23

Vancouver and District Labour Council's Robbie Burns dinner. Six p.m. at the Maritime Labour Centre, Vancouver.

## JANUARY 31

Local with less than 50 members must merge. Elections must be held by this date.

## FEBRUARY 25-27

Provincial Executive meetings, Vancouver.

# B.C. unions launch campaign against the use of child labour

by Mike Old

**H**EU HAS JOINED the B.C. Federation of Labour and the United Nations Children's Fund (UNICEF) in calling for Christmas shoppers to take child labour off their shopping lists.

"It's time for Canada to take a world leadership role in ending child labour," says B.C. Federation of Labour president Ken Georgetti. "If Canada can help the world ban land mines, surely we can place even more priority on ending the exploitation of children working in terrible conditions around the globe."

Georgetti says child labour is intertwined with the increasingly aggressive expansion of many North American corporations. "Whether it's the production of Nike running shoes in Indonesia, the sewing of designer label fashions in Guatemala, or the manufacture of Disney toys in Thailand, the use of child labour has become a brutal fact of international trade and production strategies for many large, multi-national corporations."

According to UNICEF there are an estimated 250 million children under

the age of 14 working in the world.

Georgetti and Nancy Dickson, UNICEF B.C. chairperson, unveiled the first component of the campaign on Nov. 21 at the Joyce Street Skytrain station in Vancouver.

The B.C. Federation of Labour and affiliates including HEU have co-sponsored 26 billboards throughout the Lower Mainland and Victoria that will appear in transit shelters and on buses during the Christmas shopping period.

Delegates to the B.C. Federation of Labour convention participated in a

Dec. 4 "malling" where Christmas cards demanding action from the federal government on child labour issues were distributed in downtown Vancouver malls.

UNICEF and the B.C. Federation of Labour are calling on the federal government to adopt a labelling system that would let consumers choose goods that are produced without the use of child labour.

You can see the HEU-sponsored billboards until Dec. 22 at the Surrey Place Skytrain station and on the side of a Vancouver B.C. Transit bus.



MIKE OLD PHOTOS



**COMMUTERS** (above) in Vancouver get message to take child labour off their shopping lists. (Left) UNICEF B.C. chairperson Nancy Dickson and B.C. Federation of Labour president Ken Georgetti launch campaign Nov. 21.

## HEALTH CARE ON WORKING TV

### Global issues and the B.C. Fed highlighted in December and January on WTV

The People's Summit Against APEC and the B.C. Federation of Labour Convention will be highlighted during December and January.

Working TV's first showings are on Friday at 7:30 p.m., repeated on Monday at 1:30 p.m., and Thursday at 4:00 p.m. on Rogers Community 4 Network for Lower Mainland viewers.

Campbell River: Wednesday, 6:30 p.m. and Monday, 8 p.m. on CRTV 10.

Revelstoke: Wednesday, 9 a.m. and Thursday, 11 a.m.

Call 253-6222 or 1-800-562-1622 if interested in any of the videotapes from WTV for your community.



## Coffee break



All stories guaranteed factual. Sources this issue: Vancouver Sun, CALM, Atlantic Monthly, No Borders (B.C. TUG)

### Suing me, suing you

Only in America ... a new organization called Citizens Against Lawsuit Abuse has compiled a monthly index of "Loony Lawsuits." In the state of California - America's most litigious jurisdiction - there's even a Lawsuit Abuse Awareness Week. Among the looniest of cases:

- An author was sued for \$88 million after writing a book about a convicted killer on death row who claimed the book "defamed his good name" and would make it hard for him to find a job. (The case was thrown out after the publisher had incurred \$44,000 in legal fees.)

- A student is suing his university after falling from his dormitory window while hanging out to "moon" passers-by. He claims the college should have warned him of the dangers

of living on the fourth floor.

- A surfer sued another for taking his wave. After several days, the case was dismissed because the jury was unable to put a price on the pain and suffering endured by watching someone ride the wave "intended for him."

### Check the small print

Nineteen-year-old Jeffrey J. Pryciach isn't much of a criminal.

Police in West Lafayette, Indiana arrested Pryciach and an accomplice, charging them with theft and fraud after Pryciach cashed cheques that he had written with disappearing ink, apparently believing the cheques would be blank by the time they were presented to the bank for collection.

Traces of ink remained, however, and he was eventually apprehended.

Police said Pryciach would have had a better chance of getting away with his crime had he not used cheques pre-printed with his name and account number.

Earth to Jeffrey: leave the criminal life behind. It's definitely not for you.

### Jenny Craig for hunters?

Animal rights activists now have a new, ahem, weapon in their longstanding battle against hunting: convincing new evidence that the sport can be dangerous to your health, especially if you're out of shape.

According to a recent study conducted by the William Beaumont Hospital in Royal Oak, Michigan, poorly conditioned hunters are at risk for cardiac complications, including heart attacks, sparked by "buck fever," or the excite-

ment felt while hunting.

The study found that heart rates increased drastically when subjects killed or simply sighted a deer.

One hunter's heart rate rose from 78 to 168 beats per minute after a buck came into view.

Even several days after hunting, arterial plaque dislodged by the rigours of hunting - such as dragging your kill to the truck - may cause blockage, or a heart attack.

In response to these findings, doctors in Sioux Falls, South Dakota have set up screening centres outside sporting goods stores to try to identify hunters at risk.

### Laws rule

- Bedfellows rule: The one who snores will fall asleep first.
- Law of indignity: No one is so dignified that a photo cannot make him or her look foolish.



# HEU people

## Traveller's Lodge bids 'happy trails' to retiring four

It's been a year of goodbyes for Nanaimo's Traveller's Lodge local, where four employees (three full-time) have recently retired.

Local chair **Muriel Schmidt** spoke for everyone when she bid a "heartfelt thanks and best wishes" to four dedicated co-workers:

**Ramona Davidson** (18 years) plans to spend time knitting and enjoying the company of her grandchildren; **Phyllis McNabb** (17 years) will enjoy the "Three G's": golfing, gardening and grandchildren; **Brigitte Korsch** (16 years) is currently on LTD but plans to spend her retirement by challenging 'Lady Luck' in Reno; and **Jean Johnston** (1992-1997) plans to keep busier than ever.

## Retired VGH activist Ricketts dies at 70

A memorial service was held on Oct. 24 for **Wanda Ricketts**, a retired HEU member who passed away on Oct. 18 after a lengthy illness.

Ricketts, who was born in Rossland in 1927, was an active member of her HEU local before retiring from Vancouver General Hospital in 1987. Fondly remembered by her union, Ricketts is survived by her husband of 38 years, Stan, her daughter Lynda, and extended family.

## Sister MacMullen wins kudos for 'outstanding service'

HEU has sent a framed certificate and a letter of commendation by president Fred Muzin in recognition of the "outstanding service" of **Halle MacMullen**, who retired in October from St. Joseph's General Hospital in Comox.

"Your longstanding commitment and dedication to the cause of working people has helped to create a brighter future for all," wrote Muzin.

## IMPORTANT NOTICE

## HEALTH CARE SCHOLARSHIPS

from the Ministry of Education Skills, & Training

These \$3,500 scholarships are for health care workers who are upgrading/retraining within the health care field. As of Nov. 25 HEU members have received these bursaries. Application deadlines are:

- May to August school term: March 15
- September to December school term: July 15
- January to April school term: Nov. 15

Applications can be obtained from your local or at the student financial office of the educational institution where you are enrolled. For more information, call:

**660-2610** (in the Lower Mainland)  
**387-6100** (in Victoria) or  
**1-800-561-1818**

## EQUITY PHONE LINE

1.800.663.5813, ext. 514  
Lower Mainland 739.1514

### press 1

## Ethnic Diversity

One union, many colours! Working across our differences! To participate, please call and leave us your name!



### press 2

## First Nations

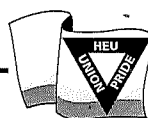
First Nations members would like to hear from you! Please call if you would like to help educate our union brothers and sisters on issues that affect First Nations people.



### press 3

## Lesbians and Gays

For support: afraid of being identified, feeling isolated, want to know your rights? Call for information on same sex benefits, fighting homophobia and discrimination.



### press 4

## People with disabilities

We'd like to hear from you, if you are on WCB or LTD. Or if you are invisibly or visibly disabled in the workplace, let us know how the union can better meet your needs.

People with Disabilities

ALL CALLS ARE CONFIDENTIAL

## HEU video club

## ON VIDEO FROM HEU

3 of HEU's 1997 distinguished summer school speakers were captured on video and are available to HEU members for loan.

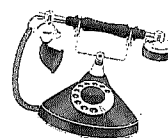
**NEIL BROOKS**, a tax expert from Osgoode Law School in Ontario, addresses the fact that large corporations pay next to nothing in taxes.

**LIBBY DAVIES**, new member of parliament and former HEU staff person, talks about her role in Ottawa as the NDP critic on children, post secondary education and social policy. **MAUDE BARLOW**, volunteer chairperson, Council of Canadians, concentrates on the Multilateral Agreement on Investments (MAI) and the Asia Pacific Economic Cooperation (APEC), how governments are losing ground to multinational corporations, and why this is so dangerous. Each video lasts exactly 27 minutes, 30 seconds.

Tapes are also available for community access television broadcast for only the price of shipping and the tape. Call 604.253.6222 or 1.800.562.1622.

Call **604.734.3431** and ask for **Gail Paquette**, HEU communications department, to order a copy on loan

## TALK TO US ... TOLL FREE!



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

### PROVINCIAL OFFICE

Vancouver site  
1-800-663-5813

### PROVINCIAL OFFICE

Abbotsford site  
1-800-404-2020

### VANCOUVER ISLAND OFFICE

Victoria  
1-800-742-8001

### NORTHERN OFFICE

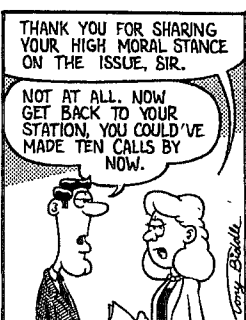
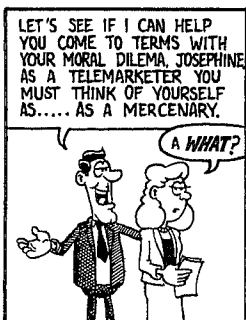
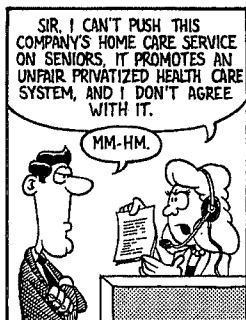
Prince George  
1-800-663-6539

### OKANAGAN OFFICE

Kelowna  
1-800-219-9699

### KOOTENAY OFFICE

Nelson  
1-800-437-9877



BIDDLE/CALM GRAPHIC

- Witten's law: Whenever you cut your fingernails, you'll find a need for them an hour later.
- The queue principle: The longer you stand in line, the greater the likelihood that you're standing in the wrong line.

## Labour weaves its web

Connected to the Internet? Here are some sites pertaining to the labour movement that you can browse. And be sure to click onto the HEU website at the beginning of 1998: [www.heu.org](http://www.heu.org).

The Union of Needletrades, Industrial, and Textile Employees (UNITE!) has a new site at [www.uniteunion.org](http://www.uniteunion.org). It includes a page on Stop Sweatshops at Home and Abroad Campaign.

Public Citizens' Global Trade Watch, a Ralph Nader organization, can be found at [www.citizen.org](http://www.citizen.org). It contains reports on NAFTA, GATT, and the WTO.

Challenging Free Trade in the Americas at [www.web.net/comfront](http://www.web.net/comfront) is the site of the

Canada-Chile Coalition for Fair Trade.

CUPE's international news page is found at [www.solinet.org/solinet.html](http://www.solinet.org/solinet.html). Stories are updated every Tuesday.

Also an important site for HEU members is the new Healthcare Labour Adjustment Agency's site: [www.hlaa.org](http://www.hlaa.org) with up-to-date program information. An e-mail link offers a convenient opportunity to forward questions or comments concerning its programs or services.

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# This holiday season, take child labour off your shopping list.



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# Guardian



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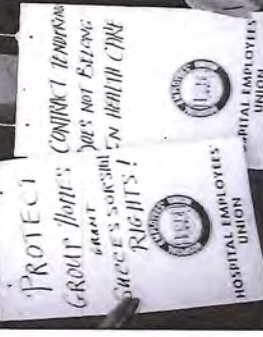
NOVEMBER/DECEMBER 1997

## An HEU report on nurses

This report outlines important issues that face LPNs and care aides under a changing health care system, with creative proposals for action.



PAGE 7



## Hillside's slippery slope

Workers at this Nanaimo facility demonstrate the effects of omitting successorship rights from the Labour Code.

PAGE 11

## TLC for street kids

They get respect and attention to their health problems at this downtown health centre.



PAGE 12

## People have their say

Women, environmentalists, and human rights and labour activists descended on Vancouver, the People's Summit, giving the lie to APEC leaders' rhetoric.

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