

Guardian



VOL. 16 NO. 3

THE VOICE OF THE HOSPITAL EMPLOYEES' UNION

SEPTEMBER/OCTOBER 1998

The Nursing Team convenes

At the best nursing team conference yet, LPNs and Care Aides spent two days discussing the new contract, workplace stress, injuries and violence.

page **8**



DALE FULLER PHOTO



Nisga'a make history

Chief Joseph Gosnell on the new treaty. A Guardian exclusive! Page 12

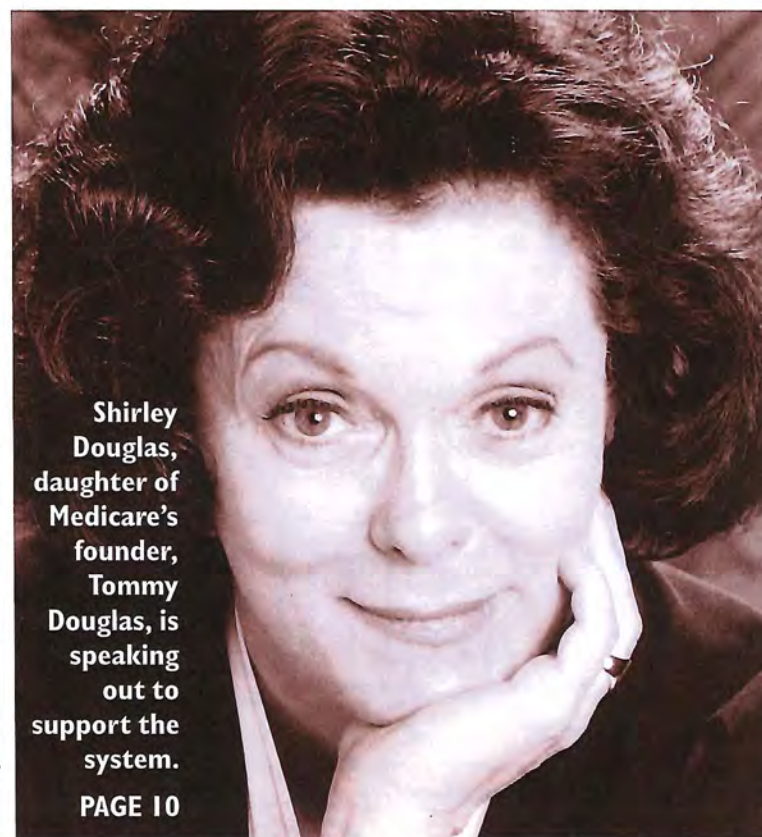


PAY UP!

Members of the Public Service Alliance of Canada were out in force protesting the federal government's appeal of a major ruling on pay equity. PAGE 7



GARY FIEGELH PHOTO



Shirley Douglas, daughter of Medicare's founder, Tommy Douglas, is speaking out to support the system. PAGE 10

COMMENT

Our balancing act with the NDP

by Chris Allnutt

AS THE GUARDIAN goes to press, hundreds of HEU delegates – representatives from your workplaces – are gathering for the union's 21st biennial convention. And along with the important task of setting the union's agenda into the next millennium, they'll also be celebrating the significant victories we've made over the last two years.

These victories are a direct result of the energy and commitment of HEU activists from across the province. But we must acknowledge that much of what we've achieved as a union since 1991 would have been more difficult, or in some cases impossible, without an NDP government in British Columbia. One need only witness how determined right-wing governments in Alberta and Ontario have undermined Medicare and decimated the ranks of health care workers.

In stark contrast, Victoria has weathered billions in federal transfer payment cuts and increased the health care budget in every one of the last seven years.

But with popular support for the NDP dipping below 20 per cent and economic growth stalled, it's clear that this government is under considerable pressure from big business, the B.C. Medical Association and others to make compromises that would imperil workers' rights and undermine Medicare.



'We have a pivotal role in the outcome of the next election'

You can read about some of these compromises in this issue of the *Guardian*: proposals for more private investment in seniors' care, employment standards take backs for hi-tech workers and surgery queue jumping for WCB recipients.

As B.C.'s largest health care union, 44,000 members strong, we have a pivotal role in the outcome of the next election. We must constantly remind our friends in government of those issues that make a difference for our members and for Medicare.

HEU will be impressing upon Premier Clark and his government that working people want a clear choice in the next election. Working people have a right to expect a better life for themselves and their families after eight years of a social democratic government.

That election is being fought right now. And it will be won or lost over the next two years, long before the writ is dropped for next election campaign.

Over the next two years, we will not shy away from criticizing the NDP when they fall short. But at the same time, we will continue to build on past successes and propose workable solutions for the

problems facing our health care system. We will praise the NDP when they advance progressive policies and

contrast their performance with that of other provinces. And we'll continue to be strategic in our approach and avoid unnecessary confrontation.

We will remain true to our principles – we know whose side we're on. We'll make certain the NDP does the same.

It's a delicate balance – but it's critical that we strike that balance if we are going to have a third term of government that protects Medicare and defends workers' rights.

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.

Smoke and mirrors

Stating in a newsletter that the *Vancouver Sun's* coverage ignores physical abuse borne by caregivers is a disservice to the thousands of caregivers who are well aware of the fundamental difference between abuse by caregivers towards individuals in their charge, and physical injury inflicted on caregivers by individuals that are suffering from severely impaired memory and reasoning ability.

The smoke and mirrors you so clumsily disguised as the other side to the issue is an obvious attempt to draw attention away from the issue of patient abuse.

Thumbs up to the *Vancouver Sun* and its reporter, Stewart Bell, for exposing the condition that many elderly and mentally ill residents of care facilities face everyday.

Thumbs down to the HEU leadership for challenging individuals to get out of the safe confines of

the newsroom to broaden their perspectives on this issue when they, themselves, have refused a similar request by countless members.

JAY D. JOHNSON,
Life Skills Instructor,
False Creek Residence

Ratification vote protested

I am writing to express serious concerns in regards to the ratification votes held at VGH local on June 25th. I asked why we had the vote at the Plaza 500 on 12th Avenue (not in the nurses' ballroom, the usual practice). I suspect it was because the union didn't want a high turnout, and it would be less convenient for the members to come and vote.

The most serious concern I have is that members were threatened, that if they voted NO the bargaining committee would have to go back to the table and all the concessions would still be on the table, and it could mean a long strike. The Provincial

Executive, the bargaining committee members, and our Provincial Office

reps used coercion to intimidate the members how to vote. (Members came to me and other shop stewards and expressed this concern.) I believe Chris Allnutt gave strong orders to all reps to sell this to the local executives. This is wrong. I know it will be denied.

I also mentioned pay equity and how this is dividing the membership. Chris only nods his head and agrees but doesn't offer any suggestions on how to rectify the problem. I suggested they take the pay equity and divide it up among all our members so everyone could have a little bit. I can't stress to this union enough, how it shows special deals are made for some members of this union and others are being left behind. Bio-meds, system analysts, and many of our trades have been left behind for years now, and I wouldn't blame them one bit if they opt to move into another union which would represent them better. These trades members have gone to school for many years to get a diploma, certificate, etc. and deserve proper representation. Instead our leadership scoffs at them if they suggest it's time for a decent wage increase (implying they are greedy.)

Using coercion to convince our members is a serious offense and it is a sad day for this union. Our leadership should remember we delegates at convention elect them to represent all of us. Most importantly it is our dues that pay their wages, and they certainly will not suffer at their salary levels. How could they even imagine what it is really like, not to get an adequate pay increase?

You can be sure I will bring this up at convention, making every delegate I can aware of what our union is doing, and how destructive this can be to the membership.

NISHA BUKSH,
Sterile Supply,
Vancouver General Hospital

Troubled employee

I've been working for Trillium Lodge for 16 years, 13 of them full-time. Then I decided to go casual for health reasons, and to take a break from the stress of the workplace. So now with the agreement I'm out of a job – that's real nice! I would have liked the opportunity to exercise my seniority, if I had the chance. You see I have over 27,000 hours in at the lodge. I was in the top 10 in seniority, in the whole lodge everyone included, until now. You have people with under 500 hours working part-time four-hour shifts, ahead of me in call-in rights. That's not right. Is there not any grandfather clauses that would help me out? We were not informed by our executive until after the deal was done. Why do we not have bumping rights? In this special circumstance have you sold us out? Why do we pay union dues if we have no rights?

The casual employees of Trillium Lodge are not happy with the agreement. Please get back to me and let me and my fellow casuals know if we have any rights, or resource action that can be taken, or are we all heading for EI?

SHELBY KIRK,
Long-Term Care Aide,
Trillium Lodge

Guardian

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

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

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

PROVINCIAL EXECUTIVE
Fred Muzin
President
Chris Allnutt
Secretary-Business Manager
Mary LaPlante
Financial Secretary
David Ridley
1st Vice-President
Colleen Fitzpatrick
2nd Vice-President
Sheila Rowswell
3rd Vice-President
Sandy Harper
4th Vice-President
Maurice Smith
5th Vice-President
Della McLeod
Senior Trustee
Linda Hargreaves
Senior Trustee Elect
Louise Hutchinson
Trustee
Margaret Cavin
Member-at-Large 1
Dan Hingley
Member-at-Large 2
Iris Reamsbottom
Regional Vice-President
Fraser Valley
Merilyn McKerracher
Regional Vice-President
Kootenays
Kelly Knox
Regional Vice-President
Lower Mainland – Coastal
Leo Bibb
Regional Vice-President
Lower Mainland – Centennial
Blair Thomas
Regional Vice-President
Lower Mainland – Central
Nancy Zacota
Regional Vice-President
North
Ken Robinson
Regional Vice-President
Okanagan
Gordie Logan
Regional Vice-President
Vancouver Island
Barb Burke
First Alternate
Provincial Executive

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



What we're up to

HEU member wins scholarship

HEU care aide Marva Vidal is this year's winner of the Marianne Gilbert Scholarship, awarded each year by the B.C. Government and Service Employees' Union to a female trade unionist in B.C. to attend B.C. Fed's Summer Institute for Women. The scholarship was set up in memory of Marianne Gilbert, a dedicated feminist and BCGEU activist.



VIDAL

Vidal, who works at George Derby Centre, attended the summer institute at BCIT in July. Featured speaker was Dr. Suzanne Franzway from the University of South Australia who researches sexual politics in union organizations.

"The courses were very beneficial, and I will certainly be able to use what I learned at the summer institute," said a pleased Vidal.

Cheque, please!

Show your commitment to organized labour and support HEU by proudly using Union Label/Canadian

Labour Congress Affinity personalized cheques. Produced by unionized labour, these cheques are offered to meet the needs of trade unionists throughout Canada.

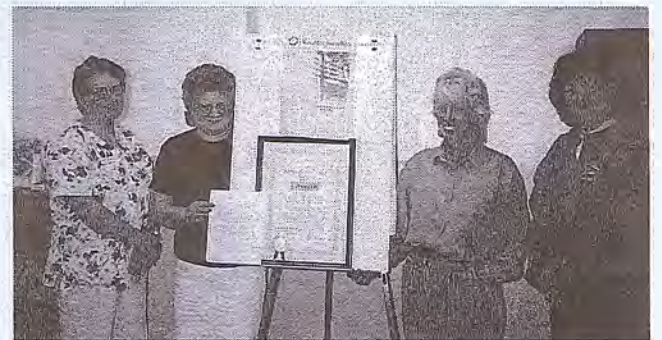
You can support the goals of

the labour movement by sourcing your cheques from a certified union supplier. Each order is unconditionally guaranteed by Western Cheque Printers and is valid at any bank or financial institution. You may personalize your cheques with a "proud to be union" slogan. This initiative is endorsed by the Union Label Committee of the CLC and trade unionists throughout Canada. Cost is \$16.75 for 200 cheques, and that includes shipping and handling.

Order cheques from: Western Cheque Printers, #2-410 Duchess St., Saskatoon, SK S7K 0R1, or call toll free: 1-888-94-UNION.

Skidegate tries for agreement

The Skidegate local was back at the negotiating table, looking for its second collective agreement, but bargaining broke off on Aug. 13 after six



HEU members in the Kootenays are proud of the recent merger of the Willowhaven Private Hospital, Jubilee Manor and Kootenay Lake Regional Hospital locals into "one stronger and more effective local," which will be called the Nelson local. The chairpersons of each participating local are pictured here with Della McLeod of the Provincial Executive (second from right) at the official signing: Candy Gagnon (Willowhaven), Eleanor Schmidt (KLRH) and Kelli May (Jubilee Manor).

days of limited progress. The bargaining committee of Marie Sawyer, Dorothy Russ and Ruth Gladstone-Davies decided to recommend all outstanding demands be resolved through a binding tribunal. That recommendation was accepted by

local members at a meeting on Aug. 25.

The committee is not only negotiating for its second collective agreement; it is also seeking wage parity with the facility sector.

continued on page 4

VGH security to come in-house

IN A MAJOR win for the union, HEU and Vancouver General Hospital have agreed to bring contracted security services in-house.

According to the agreement, mediated by Don Munroe, the structure of the reorganized security service including job descriptions and wages will be hammered out by the two parties by the end of 1998.

Munroe will be brought in if necessary and should the parties continue to disagree, will make binding recommendations. Whichever process is used, the security officers will become VGH employees by the end of 1998 and be covered by the HEU facilities sector collective agreement with all its benefits and protections.

This settlement closes a stormy conflict over security services at VGH that began last February, right on the heels

coincidentally, of the Labour Relations Board Feb. 20 certification of HEU as the security officers' union.

In support of these new members, HEU made presentations to the Vancouver Hospital and Health Sciences Centre Board and the Vancouver/Richmond Health Board advocating for an in-house security force.

HEU members rallied, leafleted and signed petitions. The security staff worked tirelessly to bring their specialized protection work under the umbrella of the health care system.

The parties are in discussions throughout the fall to establish the hospital's new security force. Having these members and this service move back into the health care sector is a positive example

of how the new collective agreement language on privatization can be used to contract-in health services.

In the Simon Fraser Health Region HEU members highlighted the work of



HEU SECRETARY-BUSINESS MANAGER Chris Allnutt, VGH security officer Norm Kelly and Canadian Auto Workers' Jef Keighley celebrate victory outside Vancouver Hospital.

their security members during Security Week Sept. 14 to 18.

Local activists raised the awareness of health care colleagues, the health board and the public regarding the realities of on-the-job incidents of force and violence, and the integral part security workers play ensuring safe health care facilities, by wearing stickers, leafleting and conducting information sessions.

They also lobbied the Simon Fraser Health Board to bring security services in-house rather than maintain the current practice of contracting-out using the VGH agreement as the example.

\$78 million more in pay equity gains

HEU and our facilities sector bargaining partners have inked an agreement with HEABC for \$78 million in pay equity adjustments over the next three years, which brings the cumulative pay equity payments won by health care workers to \$500 million since HEU won its historic settlement effective in 1991.

The agreement targets \$64 million in wage boosts and \$14 million to cover payroll costs. "Our goal was to target increases for as many members as possible and address the worst gaps for food service supervisors, LPNs and care aides," said HEU's Chris Allnutt. "And 85 per cent of HEU members will receive an adjustment in 1998."

But despite progress, Allnutt says there are still huge equity gaps which won't be eliminated for at least another 10 years. For example, a care aide is being paid 15 per cent less than the target equity wage rate. It's expected the new rates will be implemented by HEABC before year's end. For full details watch for a special HEU publication that will be distributed in workplaces soon.

HSA's raid on HEU goes to next step in CLC dispute process

Canadian Labour Congress president Bob White has determined that HEU's charge of raiding against the Health Sciences Association warrants referral to the next stage in the CLC's process to deal with situations where one union tries to take members from another.

The issue now goes to an independent umpire who will meet with the two sides later in October and make a final, binding decision soon after. A

union found guilty of raiding faces penalties that include being tossed out of Canada's national labour organization.

At the heart of the dispute - which comes at a time when bargaining for 10,000 paramedical professionals, including a number of HEU members, is reaching a critical stage - relates to an application to the B.C. Labour Relations Board by HSA earlier this year to have more than two

dozen perfusionists taken from HEU and given to HSA. Both unions are legally entitled to represent paramedical professionals.

HEU's Chris Allnutt called HSA's raid attempt troubling and extremely unfortunate. "Instead of having one union raid a sister union," he said, "we should really be concentrating on building the unity that's needed to win a strong paramedical contract and press forward on lab reform."

WHAT WE'RE UP TO

continued from page 3

Law to increase organ donations

Members of the public must now be more proactive if they wish to become organ donors. It is required to fill out a registration form and send it in to the B.C. Transplant Society.

The provincial government tabled legislation in July which will ensure that opportunities for organ donations are not missed.

The new rules will require that health professionals and hospitals notify the B.C. Transplant Society of the death or imminent death of an individual to allow the society to determine if that individual has previously registered their wishes by signing up to the organ donor registry. The protocols will outline the process for seeking consent from the next of kin if the potential donor is not registered.



The Socialist International Women's Committee held their 1998 regional meeting in New Westminster's Canadian Auto Workers Hall on Sept. 12. HEU women Gulzar Lalani, Iris Reamsbottom, Kristina Vandervoort, Patricia Charter, Suze Kilgour and Darlene Bown flank Alexa McDonough (third from right).

Health minister Penny Priddy stressed that it will only be mandatory for health professionals to ask for consent for an organ donation. "Whether consent is given or not is still a matter of individual choice," she added.

But ideally, it would be better for individuals to make their own wishes known ahead of time — on paper. It could make all the difference to the many people who are waiting for donated organs.

Forms are available from

London Drugs pharmacies and Motor Vehicle Department offices.

Wedgewood back on track

The June closure of Wedgewood Manor, as reported in the last *Guardian*, resulted in staff layoffs and the displacement of all of its senior residents, but the facility is being reopened under another name and with a new owner, and the staff is being rehired.

Anne-Margaret Tait, who owns Parksville's Halliday House, bought Wedgewood and renamed it Balmoral House.

The former owner, Pat Liberatore, had his facility closed because of such issues as failure to buy food and pay the gas bills.

To add insult to injury, he stripped the facility of everything that was detachable, "up

to and including fire extinguishers, light bulbs and batteries," according to Tait.

The facility was vacant for more than two months after it was closed by the Vancouver Island Health Unit. Elderly residents were given only one day's notice to leave.

Tait renovated the facility and says she will staff it more adequately than Liberatore did.

Former Wedgewood staff — some of whom were taken on as casuals at Halliday House — will be called back to work at Balmoral in order of seniority.

Maquila workers of the south, unite!

An organization that represents Nicaraguan women who work in foreign-owned export processing factories called *maquilas* have scored a significant victory for workers' rights. *Maquilas* are factories in Mexican and Central American free



AFTER 50 YEARS of working at Alameda Hospital near Oakland, California, former laboratory aide Lizzie Johnson says she doesn't really miss her job — just the people she worked with.

Laboratory aide says 'so long' after 50 years

She's a no-fuss activist from way back

by Dale Fuller

Lizzie Johnson, a laboratory aide at Alameda Hospital in California's San Francisco Bay Area, retired in May after 50 years of continuous service. She is one of five members who organized Alameda Hospital into Local 250 back in 1952.

She had been working for four years as a housekeeper in the hospital, when a co-worker approached her about joining a union.

Lizzie Johnson did not shy away. She talked to a couple of more friends and before you know it there were five of them working on an organizing drive. It took them a few months and a short strike to win their first contract.

She had never belonged to a union, but, she says, "I always was a union person because my husband was a union person." He worked in the shipyards and later belonged to the Carpenters' Union.

Then, as now, Johnson was an inveterate reader, and she knew from reading what a union could do for working people. She realized that it could improve working conditions and help them earn enough to raise their families with dignity.

The decade of the 1950s was not an easy time to be organizing a union in the United States. To even mention the word "union" could mean being banned from many jobs and professions. But Johnson shrugs off the difficulties.

She says it wasn't easy, you had to be pretty tough, hang in there — the employer tried his best to intimidate the workers.

"Sometimes not all of your co-workers were with

you, and they would go say something to management," she says. "And then you would get hauled into the office and interrogated. But they didn't scare me — I just don't scare easy."

Johnson had made up her mind, and so had her friends. They stuck with it and organized the first health workers' union in the Oakland area. "Local 250 is in all of the hospitals now, and the nursing homes. But back then I think there were only unionized hospitals in San Francisco."

The organizing drive was carried out department by department: first the housekeeping aides, then cafeteria workers, then nurses aides. They eventually got the ward clerks on board, but even to this day the other clerical staff are not organized. There are no unionized laundry workers at Alameda Hospital — laundry services have been contracted out since at least the 1950s. The cooks already had their own union, and they still do.

"The X-ray technicians and the pharmacists, the lab people, they didn't want to join the union. They were against us, but later they organized their own union," she chuckles.

After working as a housekeeper for about 10 years, Johnson transferred to the lab. She started there before the widespread use of disposable items in hospital laboratories. Her job consisted of the sterilization of all the tubes, needles, syringes and slide plates.

"We didn't throw anything away — we saved everything," she says. She remembers even having to sharpen needles. The quality of her job improved significantly with the advent of disposables.

Johnson had good reason to be thankful for a union job a few years later when her husband died. "That's why I stayed so long," she says. She had three children to raise. She never took one day off sick in 50 years. "I never was a sickly person," she says. "And I can't fib — so I just went to work everyday."

Today Johnson takes pride in the fact that Local 250 of the Health Care Workers' Union at Alameda Hospital is still going strong. She says that she mellowed over the years, but stayed active in the union and was a shop steward many times over.

She continues to find pleasure from books and to enjoy going to her church, where she is a charter member.

She plans to spend her retirement watching her favourite soap opera, *The Young and the Restless*, doing whatever she wants whenever she wants, and enjoying the company of her three children, three granddaughters, a grandson, two great granddaughters and a great grandson.

• *BALANCING IT ALL* is a regular *Guardian* column about the challenges facing women activists.

WHAT WE'RE UP TO

trade zones which are exempt from the labour regulations that prevail in the rest of the country.

The Movement of Working and Unemployed Women, which is supported financially by HEU and other B.C. unions, convinced their minister of labour after months of lobbying to implement employment standards for *maquila* workers, who are mostly women.

The new regulations protect pregnant women from dismissal; prohibit verbal, physical and mental abuse and sexual harassment; ban child labour, and guarantee basic health and safety standards. Last, but not least, they now have the freedom to organize.

Compliance, at least on paper, from *maquila* owners was swift. Almost all of them signed a paid newspaper ad promising their cooperation.

The Trade Union Group (TUG) supported and encouraged this



On July 5 HEU members, staff and friends took up the Lesbian & Gay Standing Committee banner and marched through the sunny streets of the provincial capital in the Victoria Gay Pride Parade.

group in their work. It is backing similar groups in Guatemala, Honduras and El Salvador. TUG unites several B.C. unions, including HEU, in promoting worker-to-worker solidarity in B.C. and Latin America.

Meanwhile in Tijuana, Mexico, workers at the Han

Yung plant are making history in their struggle to have a union free of government control and corruption.

HEU finances in top shape

HEU's auditors have given the union a clean bill of finan-

cial health for 1997. The statements show revenue for 1997 exceeded expenses for the year by \$414,013 in the general fund and \$535,599 in the strike fund.

The reserve in the general fund for the accumulated years totals \$2,656,302 and the strike fund has an accumulated balance of \$10,553,223. This gives a combined reserve amount of \$13,209,514 for 1997.

This year's job action of May 26 was a resounding success and the settlement of the facilities sector contract talks followed close on its heels.

With a price tag of a little over \$400,000 for the 10,000 members who were directly involved in the organization of the walkout, it was a fruitful investment.

Members can obtain a copy of the audited statements by contacting the Provincial Office.

Douglas House next for Ishtar

HEU is bargaining with Ishtar Investments yet again. Twenty-eight health care workers at Douglas House, an intermediate care facility in Victoria, are negotiating their first collective agreement. These workers, members of the Beacon Hill Villa/Douglas House local, are not covered by the main master health care agreement and therefore must negotiate a separate contract.

Most language articles have been agreed to including a complaints and investigation process; recognition of a union shop and stewards; grievance, trouble-shooting and arbitration mechanisms; employee status; evaluation reports and personnel files; compassionate, education and union leaves; an improvement in statutory holidays and most wording regarding job postings and job descriptions.

Accord heralds key lab, rehab service changes

With the signing of a special accord with Victoria, HEU and HSA have moved one step closer in the campaign to win important changes in the delivery of laboratory and rehab services and build a stronger public, not-for-profit Medicare system in B.C.

"This is an important initiative that's consistent with sound policy development and previous government commitments," said HEU secretary-business manager Chris Allnutt. "It will strengthen Medicare and help Victoria fulfill its legal commitment to provide health on a primarily not for profit basis."

The accord commits government to "seriously examine" a new global funding system for regional boards and community councils to replace the costly fee-for-service regime. Control over licensing of collection sites would also transfer to regional boards and community councils. Health authorities would be legally required to deliver lab services on a primarily not-for-profit basis.

On the rehab side, the agreement establishes pilot projects with ICBC and the Workers' Compensation Board to expand their use of public rehabilitation services to treat car accident victims and injured workers, who now receive care primarily from for-profit services.

HEU and HSA will begin efforts to press forward with lab reform through a joint committee with government.

SARAH LLOYD and Cameron Dougan from the Progressive Housing Society (PVP local) in New Westminster cast their votes on Sept. 29. Results of the vote were to be announced on Oct. 16.



Community caregivers cast votes

Without an ironclad commitment from government to achieve parity in the future, HEU's Provincial Executive and Bargaining Committee recommended that community members reject the tentative collective agreement reached in late July. Voting began on Sept. 28 and will conclude on Oct. 16.

"There are some important improvements contained in the agreement," said HEU secretary-business manager Chris Allnutt. "But for the PE, a firm government commitment on a full parity timetable was critical, and it's one the NDP refused to give in the crucial,

final stages of bargaining.

"A concrete pledge for full equality is an issue of justice and dignity for community caregivers and necessary to recognize their important contribution to Medicare. It's not in the deal, so we're asking members to cast a vote to protest the lack of commitment."

Meanwhile, HEU fared well in the process established in the tentative agreement to deal with existing contract provisions for locals that are superior to the community master.

As reflected by decisions made by arbitrator Vince Ready Sept. 14, union

members maintained most of the superior conditions.

On the important issue of implementing new vacation and benefit plan coverage, Ready agreed with HEU that members should be able to decide on whether they want the new provisions or maintain existing ones.

Special local meetings to deal with these issues will be scheduled right after the ratification vote concludes.

Allnutt recognized, respectfully, that with other unions in the bargaining association recommending acceptance, the deal will likely be ratified.

HIGHLIGHTS OF HEU'S 21ST BIENNIAL CONVENTION:

October 19

- Solidarity greetings, Judy Darcy, National President, CUPE
- Solidarity greetings, Geraldine McGuire, Nat'l Secretary Treasurer, CUPE
- Equal Opportunities Committee, Equity evening event

October 20

- Women's Committee breakfast
- Guest speaker, Glen Clark, Premier of B.C.
- Meet the candidates
- International Solidarity Committee evening event

October 21

- Guest speaker, Chief Joseph Gosnell, Nisga'a nation
- Commencement of nominations and elections of Provincial Executive

October 22

- Solidarity greetings
- Continuation of nominations and elections of Provincial Executive
- Banquet/dance

October 23

- Regional vice-presidents elections
- Installation of officers
- Presentation of convention gavel

PRESIDENT'S DESK



Convention is a time to refocus and recommit

by Fred Muzin

THE HEU BIENNIAL Convention provides a unique opportunity for over 600 of our activists, staff and friends to share experiences, celebrate hard won victories, re-energize and recommit to the struggle for social justice.

This year, many of the submissions to convention from the locals focus on more union paid time off the job – for local servicing and to better represent health care workers on the regional health boards and community health councils.

As well, members are demanding expanded education and preparation in order to continue to be effective stewards. Their union jobs are increasingly more complex, given the employment security agreement, the OH&S Accord, and new language on long term disability and contracting out/privatization.

Uncertainty and our continually changing health system are made even worse by underfunding and excessive workload, leading to high injury rates. The result is massive stress, burnout and resentment. It is essential that convention fully debate these issues.

'Our convention provides the finest interactive education, geared to exploring solutions'

However, delegates will also be electing a Provincial Executive to lead them to the year 2000 and it

is important that the convention provide clear direction and a vision for the HEU of the future.

We will not be bargaining new facilities or community master agreements before our next convention. This will provide new opportunities to refocus our resources, enforce our bargaining gains, and solidify and expand our community and political connections.

We need to allow time for debate about the role of leadership. Whether at a local, provincial or national level, it is unrealistic to demand that leaders fulfill our expectations unless we are ready to actively participate and work with them. No one group of people has all the answers.

Activism at all levels results in pressure for officers to attend more and more meetings.

As our membership grows and the complexity of issues increases, executive workload expands. These additional responsibilities mean that less time is available for networking with grass roots members, which results in a fear that our elected representatives are isolated and less accountable.

Our convention provides the finest interactive education, geared to exploring solutions, while remaining aware of fiscal limitations.

The energy, thirst for knowledge and innovative ideas of our many first time delegates, combined with the insight of experienced activists can lead to creative answers and guidance.

We must develop structures to ensure that the democracy that we cherish extends beyond convention week. By both reaching out and reaching in, we can guarantee that our union remains relevant and responsive to members' needs into the next millennium.



STEVEN BECKER-POS helps staff at Children's Hospital communicate with each other and the outside world with their e-mail systems.

High tech worker disputes proposed code exemptions

In a little cubbyhole office (but with a window) on the third floor of the old Shaughnessy Hospital Steven Becker-Pos sits in front of a computer. He is one of those workers in the burgeoning high tech sector – and he is a member of HEU.

The provincial government thinks that high tech workers do not need the protection that others enjoy. It thinks that the industry is full of energetic young people who work long hours when they are on a project and then are able to take it easy for awhile. Therefore, the government reasons, Labour Code overtime provisions should be relaxed for them (see story, page 13).

Becker-Pos is appalled at this idea. "I do not know anyone who works on a high tech job that ever puts in less than a 40-hour week – and the expectation is that you do more than that."

He says that as a union worker he is paid double time on anything over eight hours a day, and he finds the government's proposals patently unfair. "It should be equal, across the board for everyone. Period," he says.

Becker-Pos is one of two e-mail ad-

ministrators at Children's Hospital. Anyone who is experiencing a little glitch will call him or colleague Inderjeet Sidhu to solve the problem.

The other part of his job is to help set up 1200 to 1500 workstations at the hospital within the next six months.

"Our jobs are constantly evolving," he says. "And as the hospital becomes more reliant on computerization, our skills will have to be correspondingly upgraded."

Becker-Pos counts himself lucky to have been able to break into his job five years ago as a 20-year-old with little experience, learning his skills on-the-job. He says now you have to have experience and credentials right off the bat.

He was hired as a troubleshooter. "And that's where you learn how you want to develop your skills – and in what direction," he says. But, he adds, his whole department is performing tasks beyond their current classification, so there is a reclassification request in for all of them.

He and Sidhu have already been reclassified, and graduated to e-mail administration.

ON THE



JOB

NOTEBOOK

Lab leak helps Medicare opponents block change

by Stephen Howard

Within the health care community, opponents of change have pulled some dumb stunts in the past to derail progressive reform. But none has been as potentially consequential as the damaging move by someone within that community to leak to a hostile media the government-union accord on progressive lab reform before the parties themselves could outline the agreement which is vital to protect our public health system.

Ironically, the leak poses a serious problem for a number of forward looking employers who've embraced lab reform and supported the concepts the union-government accord will address. These employers have worked with HEU and HSA in joint projects to expand hospital lab use for outpatient testing to challenge the lucrative monopoly held by the two main lab companies.

In spite of the leak though, health minister Penny Priddy remains committed to investigate opportunities for positive change in how lab services are delivered to British Columbians.

But clearly, the interests that oppose any kind of reform – B.C. Bio, MDS and the B.C. Medical Association – have had much early success in defining the issue and scaremongering. They've deter-



'Why should Medicare be forced to subsidize the private labs to the tune of \$25 million a year?'

mined that anything but the status quo is an attack on the private sector, and a doomed measure that will only result in declining service quality. These special interests are highly skilled in the art of hard ball political lobbying, having already killed a 1993 government report that called for significant lab changes.

The challenges we face to win progressive lab reform are significant. But they're surmountable if we can pull together, activate members and launch a community-based campaign to get the real facts out. Let's not forget that when we make our case for progressive change we have a lot of arguments on our side, including:

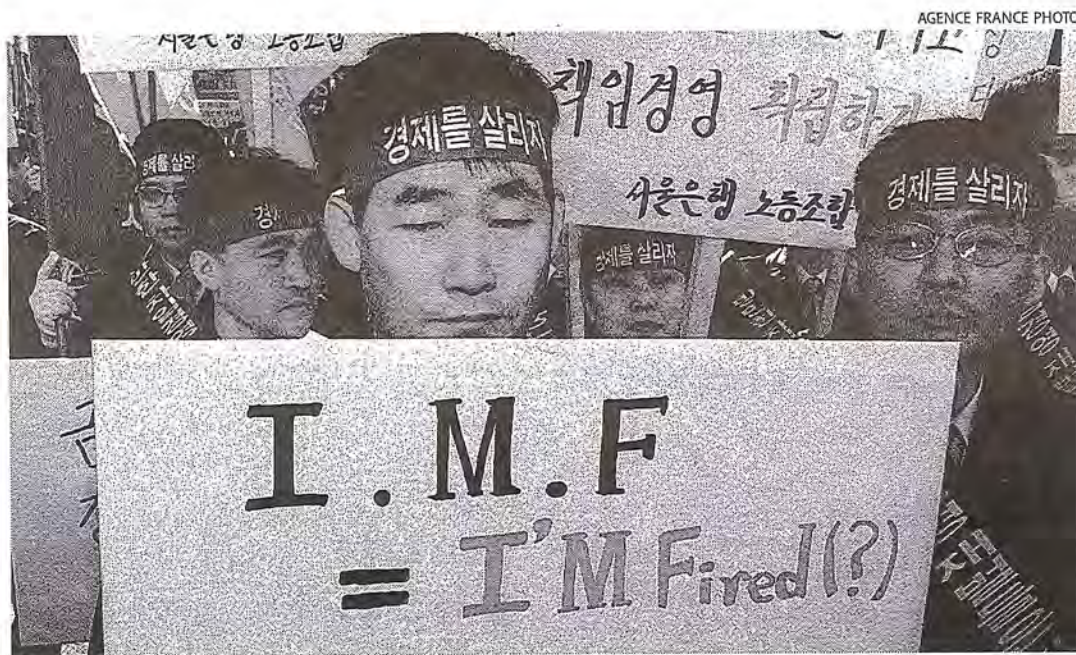
- cost savings of 30 per cent that could be achieved by cutting out the profit margin, and use the savings to expand Medicare services;
- public opinion surveys show British Columbians support the use of public labs to recycle health care dollars within the system;
- hospital lab outreach programs prove the public sector can meet the same service quality standards as private labs.

Another advantage for us is that a 1993 government study outlines widespread conflicts of interests involving private lab interests, physicians and the BCMA. It's a fact that will eventually affect the credibility of their opposition to change.

After all, the real issue is why should Medicare be forced to subsidize private sector labs and doctors who have a piece of the action to the tune of \$25 million or more a year? If we can frame the issue like that, and continue to build confidence on the question of service quality in a publicly operated system, then we still can win.

Labour

NOTEWORTHY NEWS ABOUT ISSUES AFFECTING WORKING PEOPLE HERE AND ABROAD



AGENCE FRANCE PHOTO
A SOUTH KOREAN unionist protested last December against policies imposed by the International Monetary Fund. The slogan was prophetic: unemployment is now over seven per cent and continues to climb.

PSAC blasts government

Treasury Board president Marcel Masse and justice minister Anne McLellan announced on Aug. 27 that the government will appeal the Canadian Human Rights Tribunal ruling that 200,000 current, former and retired federal government workers, all members of the Public Service Alliance of Canada, be back-paid with interest for doing work of equal value to higher-paid, male-dominated jobs.

The Liberals' continued refusal to deal with pay equity has driven costs up, demoralized workers and indicated to other governments and the private sector the issue may be neglected.

PSAC national president Daryl Bean said the decision to appeal proves the Liberals do not believe in women's equality.

When Chretien implied that settling pay equity would be to the detriment of Canada's health care system, the Canadian Health Coalition made it clear that they would not allow the Liberals to "pit the right of Canadians to free, publicly funded health care against the rights of the lowest paid women workers in the federal public sector."

Angry government workers reacted immediately to news of the appeal by demanding its withdrawal and walking off the job or calling in sick to protest. They kept up the pressure and on Sept. 21, the day the House reconvened, staged sit-ins, study sessions, and rallies across the country, including Vancouver.

And, on Sept. 20, talks broke off at the bargaining table for a new collective agreement when Treasury Board attempted to link wage increases for the affected workers, 90 per cent of whom are women, to any pay equity settlements. Infuriated members called on their executive committee to authorize a strike vote, and now PSAC members will be casting ballots mid-November.

Outlook is bleak for Asian workers and their families

With no social safety net in many of the affected countries, dismissed Asian workers face disaster

ACCORDING to an International Labour Organization report, the social impact of the Asian crisis could be disastrous for millions of workers and their families because of the lack of any meaningful social protection.

Indonesia, whose economy is likely to contract by five per cent in 1998, is facing the prospect of 10 per cent unemployment, compared to five per cent in 1986. More than one million workers will be affected. In Thailand, which has had full employment, the employment rate is expected to rise to 5.6 per cent by the end of the year,

affecting two million workers. In South Korea, unemployment rose from 2.3 per cent in October 1997, to 4.7 per cent in February 1998, and could reach seven per cent by the summer.

According to the ILO, "the mass dismissals over the last few months prove that a high rate of job creation means little if the sustainability of those jobs is not guaranteed." It concludes that the Asian economies hit by the crisis could adopt "a development model with better social provisions" (unemployment insurance, social assistance, minimum pensions).

School-attending children of workers are among the worst hit victims of the present financial and economic crises.

This was one of the key findings of the Workshop on the Impact of Financial and Economic Crises on Women and Young Workers, organized by the International Confederation of Free Trade Unions-Asia Pacific Region Organization (ICFTU-APRO) in collaboration with the Japan International Labour Foundation and the FNV of Netherlands and held in Bangkok, Thailand this summer. APRO has pledged to secure a contribution of U.S. \$100,000 as seed money for setting up a Workers' Children Education Fund to support children of retrenched workers to continue their studies.

• ICFTU Trade Union World/CALM

McHistory in the making?

The Canadian Autoworkers' news release announcing the certification of 83 workers at the Squamish, B.C. McDonald's restaurant, the first successfully organized site in North America, noted that the newest heroes of the Canadian labour movement could be contacted through their mothers.

Tessa Lowinger, 17, and Jennifer Wiebe, 16, the two young women who led the drive, have set an example for other young people to step forward, not only at McDonald's but throughout the service sector. The reasons that sparked the unionization — health and safety concerns, scheduling of shifts and lack of respect for workers — are the same reasons voiced by others who are contacting unions about organizing their worksites.

"We wanted to be treated the way we treated management — with respect. We didn't yell at them and call them stupid," said Wiebe. "We also felt strongly that safety had to be improved. We have been getting lots of respect in the restaurant now."

"Just because we're teenagers doesn't mean we have to take all the garbage thrown at us," Lowinger said. "We didn't organize because we hate the management or something stupid like that. It was because we didn't like the way we were being treated."

It is estimated McDonald's has 13,000 restaurant outlets in Canada, employing 70,000 people, but McDonald's has refused to confirm this. There are some European unionized outlets.



"WOW! WE MADE IT!" say the smiles of Jennifer Wiebe and Tessa Lowinger after they won the Labour Relations Board's Aug. 19 ruling on the Squamish McDonald's, the first in North America.

Contract gains for HEU's nursing team

Last fall delegates at HEU's Wage Policy Conference said that they wanted the issues of licensed practical nurses and care aides addressed during bargaining for a new contract. They elected two LPNs to sit on the Bargaining Committee. When the new Master Agreement was ratified in July, the nursing team had reason to be optimistic about the future.



Within 90 days of contract ratification, a joint union/management committee which will examine the role of LPNs and care aides will be formed. It will select three facilities for review and will analyse the impact on the quality of health care services and efficiency resulting from changes in the utilization of LPNs and care aides. In the past some facilities used LPNs appropriately, but the savings were not reported. The committee will look at



them. It will examine the LPN benchmark and make other recommendations for effective LPN and care aide utilization. The benchmark will recognize and identify the duties of LPNs. The process will take 12 months and the study results will be presented to community health councils and regional health boards. Health care workers in B.C. sustain the highest rate of injury and sickness in the province. In recognition of the resulting

TEAMING UP!

Third Nursing Team Conference explores key workplace issues



AT THE WORKSHOP on aggression in long-term care, Penticton care aide Judy Wilson learned that others share her experiences.

LICENSED practical nurses and care aides from across the province came together on Sept. 21 and 22 to meet, talk, exchange ideas and listen to a wide range of speakers and presenters. This was the third Nursing Team Conference, and, it was widely agreed, the best so far. Last year's conference gave participants the tools to educate the public about their jobs. This was vital during contract negotiations, and also at a time when health care workers were under attack.

This year's conference, *Contract Gains for Workplace Change*, looked at how the nursing team can utilize the new Master Agreement to help them deliver better health care. Violence in the workplace, ergonomics, building the nursing team, community health, educational opportunities, protecting Medicare and health and safety were explored.

To start out, Mavis Gibson and Marg Jackson talked about how staff and management at Surrey Memorial Hospital set up an effective health and safety program. Gibson, workplace health services manager, sold it to management because it saved money, but in the process she enabled the staff to make decisions about changing their work according to their own safety and the needs of the patients. Jackson, a recently retired HEU member, said that the solutions to workplace injuries at Surrey Memorial were not just band-aids. "Surrey has a genuine commitment to reduction of injury," she said.

Aleck Ostry, in his research in UBC's health care and epidemiology department, found what most people intuitively know – that stress can cause injury. More specifically, he says, it can cause musculoskeletal damage and heart disease. What causes stress at work? Unreasonable demands, job insecurity, exposure to hazardous work conditions, shiftwork. What can be done to alleviate stress on the job? The worker can be given more control, for one thing. "Stress is a health and safety issue, and should be treated as such," said Ostry.

One of the victories of the new contract is the establishment of a new agency whose goal is to reduce work-



DALE FULLER PHOTOS

The new contract calls for a committee to look at effective utilization of the nursing team. One way to do that is to look at facilities that have already moved in that direction.

LPN Kathie Anderson and nursing supervisor Rosemary Watt, both of Lions Gate Hospital, were actively involved in reorganizing the work of LPNs there. They reviewed the steps that the nursing team committee used to expand the role of the LPNs. The workshop participants identified barriers they might encounter in their own workplaces and how to overcome them.

There are going to be new opportunities for nursing team members as health care continues down the road of restructuring. Many regions are developing new sub-acute, multi-level and transitional services. Marilynne Convey, manager of the extended care unit at Priory Hospital on Vancouver Island, related how her facility is building a new 75-bed facility, designed for caring for people who are either

frail and cognitively well or ambulatory with dementia.

To move into the jobs needed at this level of care, care aides can take additional training. They can upgrade to residential care aides – which teaches them to care for those suffering from dementia. There will also be a need for activation aides to work with residents to guide them in doing daily tasks. Another area where there will be



WORKSHOPS were lively and spirited, with participants learning from each other and from the conference presenters and guest speakers.

many new opportunities, especially for LPNs, is in sub-acute and transitional care.

The workshop on community health centres explored this model of care delivery and the potential for new and expanded roles for LPNs and care aides. Sheila Rowsell, HEU executive and member of the Vancouver/Richmond Health Board, introduced a BCNU video about Victoria's successful James Bay community project, a 22-year old health centre that has shifted and changed in response to community needs. Linda Tripple, an LPN from East Vancouver's REACH Centre, shared her working experience as one person in a multi-disciplinary team in one of the most recognized and innovative centres in the province.

Participants reviewed the large and growing role of private, for-profit companies in health care, particularly in continuing care facilities, supportive housing and home care. Participants shaped the sessions by identifying privatization issues and HEU executive Dan Hingley and HEU research analyst Irene Jansen crystallized the problems with current examples of inadequate staffing levels, mismanagement of facilities and unequal access to housing and care in facilities.

Participants left at the end of two days with a good grounding in how the new contract will affect their work – and lots of material to take back to their locals.

"The workshop participants identified barriers they might encounter in their own workplaces and how to overcome them"

place injuries and promote a safe and healthy work environment through healthy workers, safe workloads and work practices. The structure of the new agency will be modelled on the Healthcare Labour Adjustment Agency, governed by health care unions, employers and the provincial government. It will establish a process for developing ergonomics programs in the workplace.



high costs of this carnage, the Health Employers Association of B.C. and HEU agreed to an

Occupational Health and Safety Accord. Under this accord, the provincial government will fund a new agency to promote safe work environments and reduce the

incidence of accidents and occupational diseases.

An aggressive patient/resident clause gives a worker the right to refuse work if she/he deems it unsafe.

The employer is now required to inform a worker if a patient is aggressive, provide in-service training on dealing with aggressive patients, and provide sufficient staff for caring for aggressive patients – regardless of the cost.



Vaccinations and inoculations will be given to health worker who are at risk for infectious diseases, and in-service seminars on preventing the spread of disease will be available.

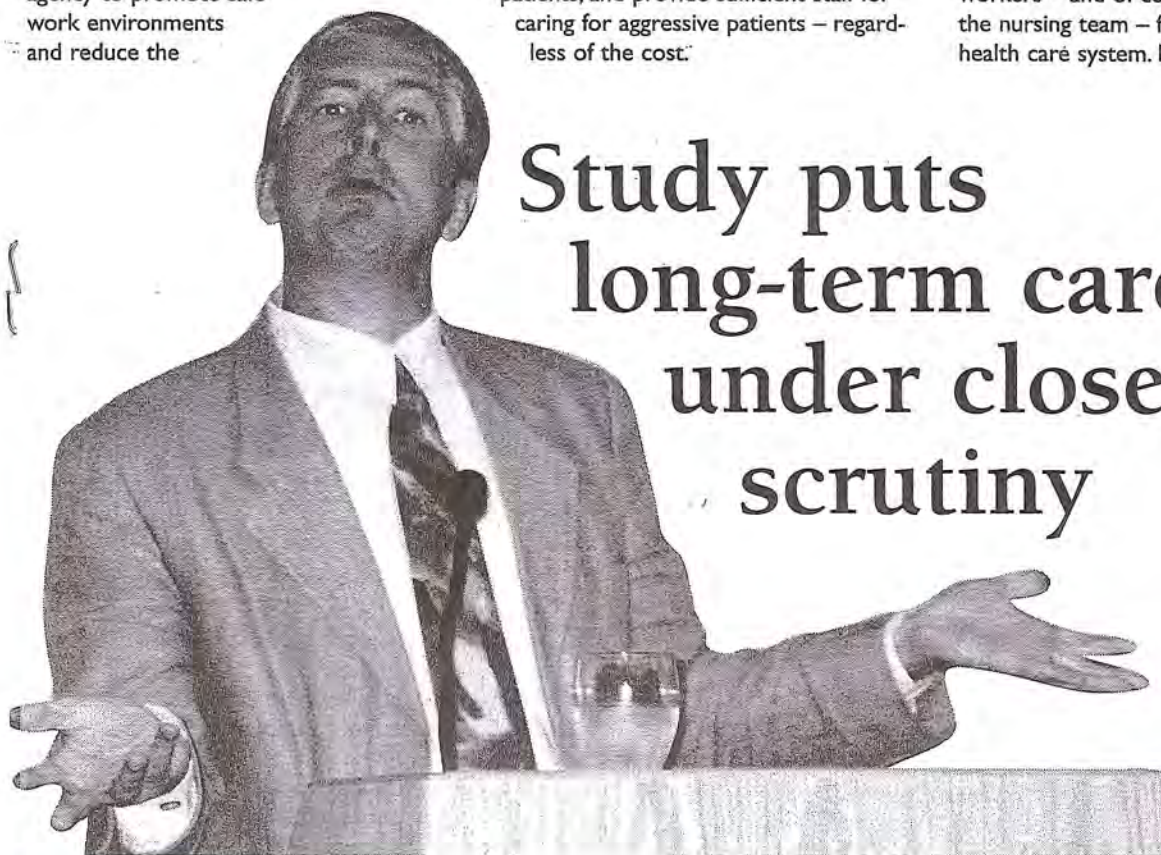
The contract also recognizes the critical role education and training play in preparing health care workers – and of course this includes the nursing team – for change in the health care system. It addresses the long-



PIKTO•GRAFIK GRAPHICS

standing issue of paid leave for occupationally required certifications. Workers will now receive regular wages if this training is scheduled by the employer. HLAA's yearly funding has been stabilized.

Taken together, these new education and training provisions will recognize the importance of maintaining the skills and experience of all front-line caregivers.



DALE FULLER PHOTO

by Dale Fuller

Study puts long-term care under close scrutiny

Language

Residents and workers often experience communications problems. B.C.'s significant immigrant makeup is reflected in both the residents and the workers. The residents can get frustrated and lash out. One care aide at the workshop told the story of an elderly woman at her facility who had reverted to her first language. There are so many configurations possible – and racism is not absent from the scenario.

Procedures

In any given facility, males are three times as likely to be aggressive as female residents, and only a very small percentage of residents, male or female are aggressive. Establishing procedures for dealing with these residents would help to ameliorate problems. The care of these residents, once they are identified, should not be left to one person only – there should be at least two people present when an incident is apt to occur.

Many families will be reluctant to inform a facility of a parent's or a relative's past history of aggression or violence. They are fearful that they won't be accepted.

The issue of the unwanted resident must be dealt with to solve this problem. If there is a coordinated framework for dealing with aggressive residents, if this

SIMON FRASER University criminology professor Neil Boyd was shocked by the results of his 1993 study on workplace violence for the Ministry of Women's Equality. He had expected police officers to have the highest rates of time off work as victims of aggression, but in fact, care aides working in long-term care facilities were taking at least

as much time off work as victims of aggression.

This intrigued Boyd, and he thought that the problem warranted further study. The Workers' Compensation Board funded his research, and he launched into a study that would take him three years. What he found further astounded him. *Gently into the Night: Aggression in Long-term Care* summarizes his findings.

"I turned up a very significant problem with acts of aggression and force in health care," he said. "The LPNs and care aides are the ones that are taking the brunt of the aggression – they know that – and they know that is not the public perception. It is more likely that a care aide or an LPN will be hit by someone in their care than vice versa. The media don't portray it that way. We have to help people understand."

Boyd applied principles used in criminology to carry out the study. In crime detection, he said, you look at the physical evidence – not so much what people say.

The study uncovered a high rate of injuries on the job among care aides – injuries caused by aggressive residents in their care.

Even these rates are just the tip of the iceberg. "Many incidents go unreported," Boyd said. This was supported by participants in the workshop on aggression in the workplace at the Nursing Team Conference.

Population has changed

The nature of residents in long-term care facilities has changed, and the care aides' work has become correspondingly more complex and difficult. The problem of aggression has grown out of this change. "Residents are more liable to exhibit the aggression characteristic of psychogeriatric disorders than they were 15 years ago," says Boyd. Over 50 per cent of the care aides that Boyd and his researchers spoke to had been working at their jobs for 10 years or more, and most of them did not receive formal training in caring for the elderly with dementia.

Workload

Licensed practical nurses, care aides and registered nurses have said consistently over the last few years that WCB claims would decrease if staffing levels increased. Boyd says it is time for the Ministry of Health to put this to the test. He proposes hiring additional care aides on a two-year trial in 100 facilities of 50 residents or more and then examining the results – what were the economic and social costs and benefits of these added resources – and to take appropriate action in relation to the employment of care aides.

The study also found that under staffing in some facilities is so extreme that workers are able to provide only the most basic levels of care for the residents: personal hygiene, feeding and medication. There is no time for social interaction between the people living in these facilities and those who care for them.

Space

Most buildings that house extended care residents were not designed to meet the needs of today's level of care. Workers are injured on the job doing tasks for which there is not adequate or appropriate space. Today's residents are less independent and architecture should reflect this through renovation or new construction.

"I turned up a very significant problem with acts of aggression and force in health care"

was simply accepted as part of the picture of long-term care, then there wouldn't be any need to hide that information, says Boyd.

Boyd was impressed with the people he encountered during his study. "The people who work in long-term care, five to 10 years or more, don't do so without a real commitment – a real caring. It is such a difficult job – emotionally and physically. It is not pleasant and nobody wants to hear about it in our culture."

He welcomes the opportunity to speak out about this issue, to get others to understand that the more significant problem is not one of abuse perpetrated on residents by care aides and other health care workers, but one of how the workers deal with physical demands placed upon them by residents and their workplace.

Here are the key recommendations

In *Gently into the Night: Aggression in Long-term Care*, violence expert Neil Boyd offers concrete solutions to make our workplaces safe:

- A two-year trial project of increased funding for five care aide positions at 50 facilities of 100+ residents with high WCB claims
- A trial program of mandatory employer-paid in-service training of four hours, four times a year
- Provincially standardized care aide education in dealing with aggressive behaviours
- Systems to match language capabilities of care aides and residents

- Renovation of facilities – with input from caregivers – to reduce injuries and improve residents' quality of life
- Develop procedures in dealing with potentially aggressive residents and ensure that all staff are aware of which residents are aggressive
- With admission, obtain and communicate residents' medical and social history
- Increase socialization and improve residents' quality of life by utilizing students going into some branch of health care to spend individualized time with residents, for a trial period

Douglas defends Medicare legacy



DOUGLAS

Medicare. We fought to get it; we'll fight to keep it – for actor Shirley Douglas, the fighting's in the blood.

Actor and activist Douglas remembers her father, Tommy Douglas fighting to get Medicare in the early 1960s. She said he always warned Canadians not to

take it for granted, that we had to keep an eye out because the same people and institutions that were opposed to the creation of Medicare would always be trying to take it away. That warning was prophetic and now Douglas, a spokesperson for the Canadian Health Coalition (CHC), finds herself, along with other defenders, fighting to keep Medicare because some would see it taken away.

On Oct. 14 in Victoria and on Oct. 15 in Vancouver, the B.C. Health Coalition, of which the Hospital Employees' Union is a partner, sponsored a free, public forum – *Medicare. We fought to get it; we'll fight to keep it.* Douglas was the keynote speaker joined by Dr. Isaac Sobol, an outspoken opponent of two-tier health care.

The evening event was in support of a comprehensive CHC national campaign to save Medicare. It focuses on five demands: enforcement of the Canada Health Act; investigation of Health Canada's Health Protection Branch; restoration of \$5 billion to health care funding; expansion of Medicare to include home care, community care and pharmacare; and a moratorium of health care privatization.

'Contracting in' is now an option

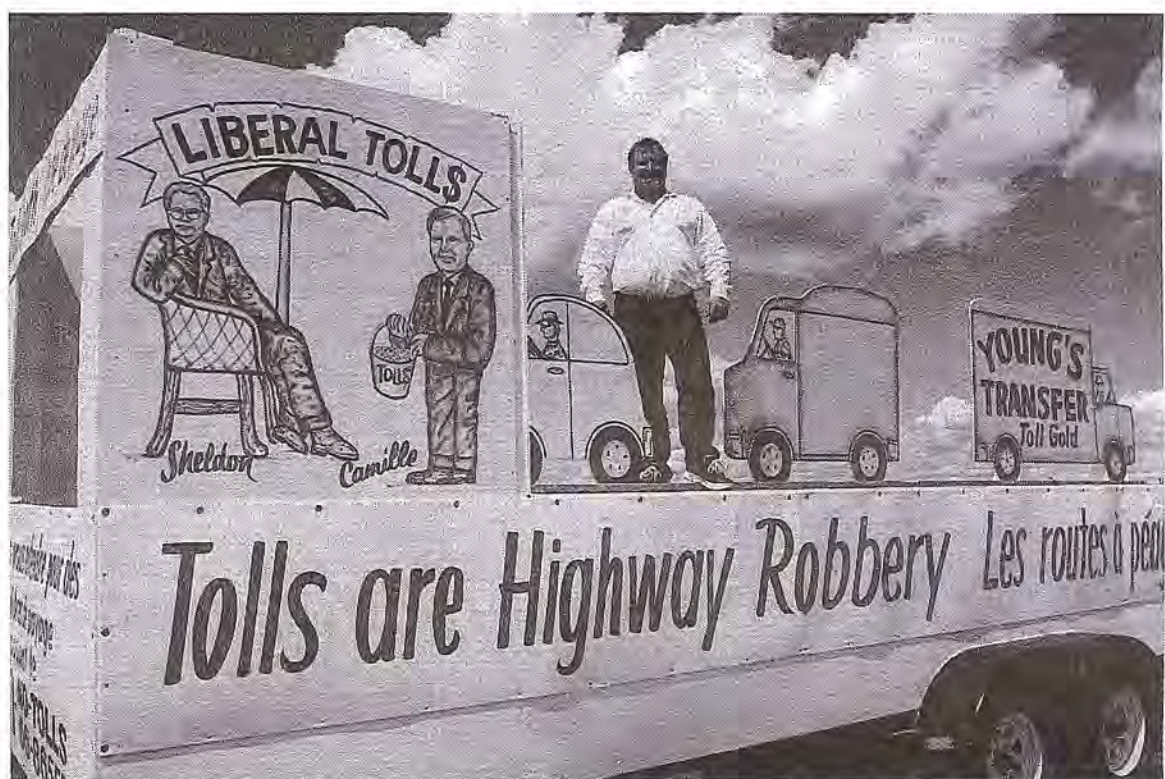
The new facilities sector contract contains a new letter of understanding that for the first time gives health care workers more opportunity to bring contracted out work in-house.

The current contracting out provisions contained in Article 17.12 are bolstered by an agreement that spells out the structure of union proposals to bring work in-house. The employer must give the union's proposals due consideration and provide reasons for their acceptance or rejection. Both sides agreed that:

- the union may submit a proposal for work to be done by bargaining unit employees where such work is currently being contracted out or which the employer intends to contract out;
- the employer will provide the union with tender documents and other information associated with the work to be performed;
- the union's proposal shall address a wide range of factors including availability of qualified employees, availability of equipment and resources necessary to complete the work without incurring unjustifiable costs; and operating and capital costs;
- the union's proposals would include a plan for using new or existing employees.

If the union's proposal is accepted, the following shall apply:

- positions for work which is of 12 months duration or greater shall be posted pursuant to the collective agreement, and workers will be covered by the full employment security protections;
- positions for work which is either specific projects or pilot projects for new services or types of work etc., or term assignments where an applicant, at the time of applying for the position is aware of the expiry date of the assignment (provided such assignments are less than 12 months duration) will be posted pursuant to the collective agreement, and workers will return to their former positions.



THIS FLOAT traveled around the province to build opposition to the privatization of a stretch of the Trans-Canada Highway between Fredericton and Moncton, New Brunswick. "Young's Transfer" refers to the former minister of transport, Doug Young.

CUPE calls for toll-free highway

This summer CUPE members in New Brunswick expressed their outrage and concern at their government's plans to privatize 195 kilometres of the Trans-Canada Highway between Fredericton and Moncton. They put together a float and took it to the community fairs around the province.

Members have set up a toll-free number and have mounted a direct mail campaign. Signs are sprouting up along the affected stretch of highway. There is concern about public safety once the roadway falls

into the hands of the private sector and the bottom line becomes the determining factor for repairs and upkeep.

The affair has all the makings of a public scandal as Doug Young, former minister of transport, is now fronting for several multinational corporations who have contracted to build and operate a section of the highway.

Over the next 30 years, they are expected to reap profits of \$1 billion from tolls and service fees.

Drug companies are way too close for comfort

by Irene Jansen

CONFLICTS between scientists and the pharmaceutical industry have renewed public concern about the influence of drug companies in medical research, hospital programs and health education.

The most recent controversy was at the Toronto Hospital for Sick Children, where Dr. Nancy Olivieri fought to publicize drug trial findings which her sponsor, Apotex Inc., did not want released.

When Dr. Olivieri tried to tell her patients and the medical community of the potentially harmful side effects of the experimental drug deferiprone, Apotex Inc. took her off the study and threatened legal action. The hospital, which receives funding from Apotex, refused to defend Dr. Olivieri. While public pressure and a petition from 140 of their doctors and scientists has forced the hospital to review the dispute, the subversion of patients' rights and research integrity in this situation continues to send shock waves across the country.

Another example of drug company interference in medical research was the effort of Bristol-Myers Squibb to stop publication of a report on cholesterol-lowering drugs that it feared would damage sales. In May, the report went ahead after a judge ruled in favour of scientific freedom of speech.

With the pharmaceutical industry spending twice as much money as government on health research in Canada, we should question why more of these clashes are not coming to light.

The influence of drug companies reaches far beyond research. Companies sponsor "public lectures" and even patient support groups to promote

their products. When Glaxo launched its new treatment for migraine, sumatripan, the company pumped money into the Canadian Migraine Foundation and organized "health education" seminars to create demand for its product. Similarly, the Arthritis Society relied on money from Searle Canada to launch its web site. These ties with patient support groups give drug companies a major marketing boost.

Drug companies have other tactics to influence prescribing practices. In 1996, drug company reps were involved in a federally funded project to set guidelines for when and how to treat HIV-infected patients.

Drug companies also buy information on pharmacy records to tailor their sales pitch. One of the largest information traders is IMS, a company which is now suing the B.C. government for restricting its access to prescription data.

All along the health information highway, from medical research to physician guidelines to hospital programs, the pharmaceutical industry is using its financial clout to influence decisions – decisions about what drugs are safe, what treatments are appropriate, and what information individuals should have to improve their health. In this blurred system, where does the public interest end and marketing begin?

HEU continues to challenge corporate influence over health information. With the Canadian Health Coalition HEU has undertaken follow-up research to the CUPE/HEU report *Main Street, Not Bay Street* which will develop our vision for a public sector health information system.

CUPE to combat privatization coast to coast

HEU's efforts to combat privatization and public-private partnerships in seniors' care is part of a coast to coast campaign launched by the Canadian Union of Public Employees to harness the growing opposition to privatization and outline worker alternatives to provide stronger and better services for Canadians.

"The floodwaters of privatization are gradually, but steadily rising," says CUPE national president Judy Darcy.

"With each private lab that opens, with each new user fee that's imposed, with each program that's cut, and each medical procedure that's de-listed, the floodwaters get higher and higher," she said.

One of the highest profile targets in the campaign launched by Canada's biggest unions will be public-private partnerships, or P3s for short. It's the latest scheme being pushed by corporations with a healthy appetite for profits from taking over public services.

Even B.C.'s provincial government has bought the right-wing pitch.

"It's the new face of privatization,"

says Darcy, "and it endangers the quality of essential public services like water, health care, education and transportation."

At the end of September CUPE released a special research document called *Behind the Pretty Packaging: Exposing Public Private Partnerships* to highlight the many dangers posed by P3 deals.

In western Canada, health care will be the focus of much of CUPE's campaign energy. In Alberta, CUPE members will battle Ralph Klein's plan to expand private for-profit hospitals. In Saskatchewan — the birthplace of Medicare — CUPE members will be

aggressively lobbying for an expansion of public health care services including home care and pharmacare.

A number of provincial campaigns will target municipal services under threat from privatization or private-public partnerships. In Ontario, where major multinational companies are lobbying the Harris government aggressively, the focus will be to maintain public, municipal water and sewage services.

• Copies of the CUPE report, *Behind the Pretty Packaging: Exposing Public Private Partnerships* are available from HEU's communications department, or directly from CUPE's website, www.cupe.ca.



DARCY

Public-private partnerships given thumbs down by HEU

Union launches new long-term care campaign this fall

Campaign elements

- work with the B.C. Federation of Labour, coordinate information, develop a common and full public sector union understanding of the government's P3 strategy, and implement a broader trade union outreach;
- establish links and common positions on these issues with progressive seniors and community groups;
- complete related HEU research and policy development aided by a \$25,000 federal grant;
- highlight P3 issues in our late September/early October submission to the continuing care review and generate media around our submission and around the final government committee recommendations due out before the end of the year;
- conduct a public opinion poll primarily focussed on P3s and privatization;
- maximize membership/public education opportunities;
- gear communication, media and community relations plans to focus on P3s/privatization/long-term care; and
- counter government recommendations that public sector pension funds be invested in private, for-profit seniors' housing and encourage discussions about allocating pension monies to build non "market" seniors' housing.



by Margi Blamey

HEU is challenging the provincial government's expanded opportunities for private, for-profit companies in seniors' long-term care with a new campaign opposing public-private partnerships (P3s) that was approved by the Provincial Executive in late September.

This expansion of the private sector role through more public-private partnerships was first publicized as part of an announcement of seniors' health care initiatives made by former health minister Joy MacPhail last January, and brought an immediate and extremely critical response from the union.

Chris Allnutt, secretary-business manager, called the desire to see more private, for-profit involvement, ill-advised, highlighting the serious quality of care problems in such facilities including staffing levels as low as 60 per cent of provincial guidelines. Allnutt said, "Quality care for seniors and the profit motive are incompatible concepts."

Allnutt went on to say that rather than expanding the role for private, for-profit companies, the government should be reviewing what role, if any, private corporations should play in caring for seniors. This issue will be front and centre in the union's campaign.

Private, for-profit companies already own and operate a range of continuing care services in the province including licensed continuing care facilities, unlicensed "supportive housing" complexes, home support agencies, and emerging subacute care facilities.

The fragmentation of seniors' care is most pronounced in the unregulated area of supportive housing where a two-tier system in which those with personal wealth can buy decent accommodations and



PIKTO•GRAFIK GRAPHICS

services, and those with lower incomes have very few options, exists.

In several provincial and regional reviews, HEU is promoting innovations which take advantage of public sector resources and make links between supportive housing and health care facilities, between "housing" and "health."

HEU has also identified municipal governments as key players in the proliferation of supportive housing developments as it is at this level that such ventures are scrutinized, albeit only in regard to building standards and land use.

The devastating human costs of allowing profit-seekers into health care are illustrated by recent closures.

So far this year closures include Grosvenor House (Wilson Place) in Port Coquitlam, Wedgewood Manor in Qualicum Beach, Trout Lake Manor, and Lakeside Place in Vancouver.

Residents and their families are not the only victims of incompetent or unscrupulous owners; workers suffer, too. For example, the Ministry of Labour's Employment Standards Branch has investigated a complaint by former Grosvenor House employees, all HEU members, alleging that they are entitled to regular wages, statutory holiday and vacation pay, compensation for length of service and group termination pay.

The determination ordered that the owner, Leo Chamberland and his United Health Care of B.C. Inc. and

associated corporations pay a total of \$435,905.05 to the workers. To date, Chamberland has failed to comply. And a particularly ominous trend, following the U.S.-style of looking after seniors, is the acquisition of facilities by corporations such as Central Park Lodge (CPL) Long Term Care Real Estate Investment Trust, one of the ultra-rich Reichmann family's many companies.

Three seniors' care facilities, Royal City Manor in New Westminster where 55 HEU members work, and Trout Lake Manor and Lakeside Place in Vancouver where a total of 153 HEU members used to work before these facilities were closed, have recently been bought up by the Toronto-based

'Quality care for seniors and the profit motive are incompatible concepts'

CPL. The two side-by-side buildings that were Trout Lake and Lakeside will re-open as one facility under the name Lakeview.

Some companies are even building new facilities. Port Coquitlam's municipal council has approved a 120-unit seniors' development to be built and operated by Vancouver-based Ishtar Investments Inc., B.C.'s largest seniors' housing and care privateer. The complex will include 39 units for sale and 81 units for rent to local seniors.

However, Ishtar prefers to acquire properties and owns several seniors' housing and care facilities in B.C. including Arbutus Manor in Vancouver, where HEU fought long and hard for a new collective agreement this year, and Douglas House in Victoria, where the union is currently in negotiations.





GARY FIEGHEHN PHOTOS

DANCERS EXPRESS their joy at an Aug. 4, 1998, ceremony where Nisga'a Chief Joseph Gosnell initialed the Nisga'a Treaty along with British Columbia Premier Glen Clark and federal Minister of Indian Affairs Jane Stewart. Witnessed by more than 2,000 people in the Nisga'a village of New Aiyansh, the ceremony made headlines around the world.

Nisga'a treaty sends signal of hope and reconciliation

by Joe Gosnell, Sr.

THE INITIALING of the Nisga'a Treaty on Aug. 4 made Canadian history and sent a signal of hope and reconciliation around the world.

It was a proud day for Canada. And a triumph for the Nisga'a, because to us, a treaty is a sacred instrument, a framework for a society on the move. Clause by clause, the treaty emphasizes self-reliance, personal responsibility and modern education.

The treaty is a monumental achievement for the Nisga'a people and for Canadian society as a whole. It shows the world that reasonable people can sit down and settle historical wrongs. It proves that a modern society can correct the mistakes of the past and ensures that minorities are treated fairly.

As Canadians, we should all be very proud. I hope the Nisga'a Treaty will

shed more light on a controversial and little understood issue in contemporary Canada.

In contrast to the assumptions of many non-natives, the Nisga'a and other First Nations of British Columbia began our efforts to settle the land question right at the start of white settlement. And we persevered despite the massive efforts of missionaries and government officials to suppress our culture, and despite Parliament's outlawing of claim-related activities. It was only in 1961, remember, First Nations were granted the federal vote.

Few history texts tell it, but the land question is as old as British Columbia itself. (One notable exception is Paul Tennant's *Aboriginal Peoples and Politics*, now considered a standard reference.) And today, as people learn more about the treaty, the question has never been more critical. Nor, it seems, more controversial.

Now, well into the ratification phase, I ask all British Columbians to stand back from the line some have drawn in the sand, and read the treaty for themselves.

A thoughtful reading of the document (or one of its summaries) will help explain why the Nisga'a and other First Nations constantly pressed to settle the land question; indeed our efforts to do so have been at the heart of our history.

For more than a century government officials have just as constantly ignored, suppressed and distorted that question. The treaty has also provided one unintended consequence: proof that some of the treaty's most vociferous critics remain out of step with public opinion in this province. Poll after poll confirms that British

Columbians want to resolve land claims issues now.

On hot-line shows, and in newspaper columns, using coded language and scare tactics, a cabal of critics demonstrate they are either ignorant or contemptuous of the honour of the Crown.

Gordon Campbell, Leader of Her Majesty's Loyal Opposition, borrowing the shop-worn ideas of Reformer Martyn Brown, is the latest victim.

Mr. Campbell and the reborn B.C. politician, Mr. Bill Vander Zalm, come from a long line of B.C. politicians set against treaty making.

Back in 1887, our ancestors, pressing to settle the Nisga'a land question, climbed into their canoes and paddled down the British Columbia coast to Victoria's inner harbour, where, on the steps of the Parliament Buildings, they were sharply turned away by Premier Smith.

Today, that is changed forever. The Nisga'a Treaty is a triumph – for the Nisga'a people, the people of British Columbia and the people of Canada.

To the Nisga'a people, a treaty is sacred. It represents an understanding between distinct cultures and shows respect for each other's way of life. That is why we have fought so long, and so hard.

Under the treaty, the Nisga'a people join Canada and British Columbia as free citizens – full and equal participants in the social, economic and political life of this country. That has been

our dream for more than a century. Today it is a reality.

The Nisga'a Treaty proves, beyond all doubt, negotiations – not lawsuits, not roadblocks, not violence – are the most effective, most honorable way to resolve aboriginal issues in this country. And far beyond our borders, the treaty sends a powerful message of hope and reconciliation

– to aboriginal and non-aboriginal people around the world.

• Gosnell is serving his third consecutive term as tribal council president of the Nisga'a people.



GOSNELL

The MAI is bad for our health

Speaking to a special committee of the B.C. Legislature, representatives of the B.C. Health Coalition including HEU president Fred Muzin, strongly opposed the Multilateral Agreement on Investment (MAI) and its impact on Medicare.

The BCHC sent a strong message, opposing the MAI and warning that such an agreement would force Canada to adapt a two-tier, private sector health scheme, and kill publicly funded, publicly delivered health care and its enshrining legislation, the Canada Health Act.

"The MAI poses a very real threat to Medicare and it's critical that champions of Canada's publicly funded, publicly administered health care system continue to speak out against the deal," said Muzin.

The proposed MAI is a legally-binding and wide-ranging international agreement on investment often referred

to by concerned citizens as a corporate bill of rights.

It may affect a variety of sectors in the province including health, labour, education and the environment.

Presenters addressing other MAI-vulnerable areas include Maura Parte of the Canadian Federation of Students, Tony Clarke of the Polaris Institute/Council of Canadians, Steven Shrybman of the West Coast Environmental Law Association and Susan George of the Transnational Institute.

There are 12 members on the special committee, appointed to examine the impact of the MAI on British Columbians, including chairperson MLA Joan Smallwood.

More public hearings will be conducted early in 1999 and parties interested in presenting at that time should access the special committee's web site at www.legis.gov.bc.ca/cmt or call the clerk of committees at (250) 356-1898.

Canadian unions back anti-APEC students

The students who protested the presence of the Asia Pacific Economic Co-operation summit at the University of British Columbia and were arrested and pepper-sprayed for their efforts are taking on their accusers.

And they are not alone. Canada's labour community is behind them all the way. B.C. Federation of Labour president Ken Georgetti has played a leading role in mustering support among the labour community. The B.C. Fed has set up a legal support fund for them, kickstarting it with a generous donation of \$10,000.



Aneta Muttray, APEC protester

HEU's Provincial Executive authorized a donation of \$1,000 and the Canadian Labour Congress has pitched in \$2,000. With the contributions of other labour organizations across the country, the fund now totals more than \$40,000.

The students have decided to fight their arrests in the courts, claiming that the office of the prime minister directed the RCMP to prevent their peaceful protest. *The Globe and Mail* wrote that this is "the most serious violation of a citizen's rights that can take place in this country and someone's head should roll for it."

Residents and workers turfed out as another facility closes

The Fraser Valley Health Board has withdrawn funding effective Oct. 30 from Dr. Al Devries, owner of Yarrow Lodge, for his continuing non-compliance with the standards set out in his contract to provide mental health services. The facility will close Oct. 30.

The residents, all of them males who live with various psychiatric disorders and chronic health problems, will continue to be dispersed to group homes and care facilities throughout the Lower Mainland and the Fraser Valley.

Despite overwhelming community backing and intense lobbying, includ-

ing a delegation of residents, workers and Yarrow Lodge supporters travelling to health minister Penny Priddy's office to plead to keep the group home open, the health board recently announced the facility's closure.

"Private, for-profit operators and their failure to provide adequate care to some of society's most vulnerable people are not only a problem in this region but throughout B.C.," said HEU's secretary-business manager, Chris Allnutt. "The larger question of the role of for-profits in health care deserves careful review now more than ever."



IN FRONT of Priddy's office, workers Cathy Thuchsherer, local chair Wendy Taylor and Carol Hill with residents Warren Regan and Don Crummie.

B.C. Fed critical of law changes in high tech sector

Proposals to gut basic protections for workers in the high tech sector announced in late summer by Victoria have been given two thumbs down by B.C.'s top labour leader.

"We appreciate that B.C. is trying to expand high tech businesses to create good paying jobs," said Fed president Ken Georgetti, "but the best way to do that is to raise standards, not lower them."

The government is reviewing proposals from a special committee dominated by high tech bosses. Among the regressive changes include measures to exempt all high tech workers and support staff like secretaries from any limits on hours of work and overtime provisions.

"It's clearly the wrong message to send to employers," Georgetti said.

And HEU president Fred Muzin joined Georgetti in criticizing the changes. "There's no doubt that if the NDP implements them, it could set dangerous precedents," Muzin said. "Health employers will be beating down the door pressing for contract concessions to let them implement similar backward conditions for HEU members who work in high tech fields."

HEU will join with the federation, says Muzin, to urge government to deep-six the contentious changes.

Health centres to be 'user friendly'

BRITISH COLUMBIA is going to see the creation of more community health centres in the next few years. It is already in the works in Vancouver in Renfrew-Collingwood, the Westside and Midtown Vancouver.

Some community health centres already exist, but thanks to the work of the Health Centre Working Group of which HEU is a member, government, regional health boards and community health councils now understand why this type of health care delivery should be more widespread.

Community health centres are defined by the type of services they provide and the way they are provided.

Core services may be augmented by other types of services needed by that particular community. Typical core services are medical care provided by doctors and nurses; health education; dis-

ease, injury and disability prevention; chronic/rehabilitation care and mental health support.

Central to the philosophy of community health centres are easy access; accountability to the community's cultural and linguistic characteristics; a hospitable waiting area; offices for service providers, with space available to community, volunteers, etc.; clinical exam rooms; multi-purpose meeting rooms and an education area.

Community health centres may be located in an existing community agency such as a hospital, continuing care residence, clinic or store-front. Space is often made available from agencies from other sectors such as housing, child care, legal assistance and volunteer groups. Regardless of the setting, the approach is always based on integrating community development with health care delivery to local residents.

Staff at the centres will be part of a multi-disciplinary team; nurses, LPNs, doctors, home support workers, pharmacists, pharmacy technicians, social workers, dietitians, dentists and dental hygienists. Community development workers can also be part of the staff.

Community health centres are based on the understanding health is affected by more than medical services and on

'Staff at the centres will be part of a multi-disciplinary team'

the concept that it is important to involve the public in the planning process. Reach Clinic in East Vancouver, for example, has very successfully operated on this principle for many years, and HEU supports this approach to the delivery of community health care.

Meetings sought on WCB queue jumping plan

HEU is pressing for meetings with health minister Penny Priddy and labour minister Dale Lovick to lobby Victoria to distance itself from a trial balloon floated recently that would see the WCB buy operating room time at major B.C. hospitals to treat injured workers faster than the general public.

"Our view is simple," says Chris Allnutt, HEU spokesperson. "The WCB's plan has all the appearances of a queue jumping attack on a basic principle of our health system: equal access to care."

"We represent more injured workers than any other union," he said, "so HEU is well aware that wait list problems exist both for injured workers and

the public. But there are better solutions than the plan being pushed by the board with the support of the B.C. Medical Association, and we're prepared to be a part of that discussion."

Allnutt was angered when government reneged on a July commitment that HEU would be consulted for input on the contentious issue.

ROARS reports are mixed bag

The Vancouver/Richmond Health Board released its long-awaited *Review of Acute and Rehabilitative Services (ROARS)* report in late July.

The review focuses on long range planning, maintaining existing acute care capacity and on new services needed to fill the gap between the hospital and the community. It does not recommend the closure of beds, but freezing the number of acute care beds at the current level over the next 10 years.

The report supports the completion of Laurel Pavilion at Vancouver Hospital. Older buildings will either be closed or used to provide a range of other residential services and ambulatory care.

The review recognizes that the region needs to develop 22 new services in the next two years – in both the facility and community sectors.

"HEU applauds the board commitment to improve co-ordination and develop new services to fill the gaps between the hospital and the community," says HEU secretary-business manager Chris Allnutt. However, some of these new services are clearly in the facility sector; others are in the community. And yet the line between the two remains.

Another problem relates to the anticipated increase in patients' acuity. This will result, in HEU's view, in the need for higher staffing. But the report proposes to reduce administrative and facility support costs – including staff cuts.

Health care unions succeeded in getting the board to reaffirm their

commitment that, in the development of new services, the providers would be in the public, and not the private, sector. A training and labour adjustment strategy to assist workers in facilities undergoing significant change in function was also written into the report.

Meanwhile, the draft review presented to the Simon Fraser Regional Health board in August has caused a furor in the community.

The consulting firm which drafted the report is recommending that St. Mary's Hospital's acute care services be transferred to Eagle Ridge Hospital in Port Moody. The community, the staff and the administration at SMH are up in arms about the proposed changes.

"Health workers know that there have to be changes to the delivery of health care in the region," said HEU

secretary-business manager Chris Allnutt. "But the report was flawed from the beginning because its overriding goal was to reduce costs – that can't be your main goal in a region that expects significant population growth."

Allnutt added that the community and front-line workers were not consulted, and they have some concrete and valid suggestions on reform of hospital services in their region, as they have vociferously shown at public forums being held by the health board.

"We are going to hold the board to their word about taking the recommendations given at the public meetings seriously," Allnutt said.

Public meetings are scheduled until the end of October. The board will decide on the recommendations in November.

OCTOBER 19-23
21st HEU Biennial Convention.

OCTOBER 27/28
OH&S steward seminars,
Victoria, Coast Victoria
Harbourside.

NOVEMBER 11
Remembrance Day, all HEU
offices closed.

NOVEMBER 17-19
Advanced shop stewards work-
shops, Lower Mainland and
Fraser Valley, Richmond Inn.

NOVEMBER 23-27
B.C. Fed Convention, Vancouver.

DECEMBER 1
International AIDS Day.

DECEMBER 1-3
Advanced shop stewards work-
shops, Vancouver Island, Coast
Victoria Harbourside.

DECEMBER 6
National day of remembrance
for women murdered at
Montreal's L'École Polytechnique.

DECEMBER 10
United Nations Day of Human
Rights.

Rehab aide sits down on the job

Chair exercises can keep seniors fit

BLANCHE BLACK was at a career crossroads a few years back. Although she had trained as a registered nurse, she had not worked in the health care sector in quite awhile. She had her eye on an activity director's position in a nearby facility, and in order to bolster her resumé, took a course which certified her as a fitness instructor at the local YWCA.

The HEU member didn't get the activity director position, but she did spend about five years working as a casual rehabilitation aide at Victoria General Hospital. Part of her job there was to conduct "chair exercises."

"So I put two and two together and came up with this chair fitness routine. The people responded and it made a perceptible difference in their lives," says Black.

She says that it is a strong workout. It was something they could do for themselves that made getting out of bed and transferring easier. "I realized I was onto something pretty exciting," she enthuses.

She tried to sell the idea to CHEK-TV, telling them this was a fitness show whose time had come. But they turned her down. "Sorry, your audience doesn't go out and shop," she was told.

Black was itching to get her idea out to the people who could benefit from it. The next logical step was to make a video.

She found some local video makers and they put it together. The video takes the viewer through what looks to the untrained eye like very simple exercises.

But, says Black, it is a rigorous exercise regime for people who are physically debilitated; but easy and effective.

Four months ago Black was hired on at the geriatrics ward at the Royal Jubilee transitional care unit as a rehabilitation aide. She uses her video as a tool in her job, and says that many facilities in Victoria utilize it for their residents and patients.

Chair fitness is ideal for seniors, Black says. "They don't want to stand on one foot, their balance isn't that strong. And they don't want to bend over."

She is especially satisfied that these exercises can improve the quality of people's lives.

The rehab ward at Victoria General Hospital shows the video twice a week,

and many of the clients buy it and take it home. Black feels that it can help them to correct some of the conditions that may have sent them to hospital in the first place.

Chair Fitness, Volume I was released in the summer of 1997, and already there is a second video available. While the first one is a 20-minute workout, the second, *Chair Fitness, Volume II*, has two 30-minute workouts.

A third one is in the works — made for instructors who work with patients who require one-on-one attention.

A fourth video is "on the drawing board." With this video, Black is branching out. She is working with an elementary school teacher to produce an exercise tape for the classroom. It emphasizes stretching and relaxing rather than physical fitness.

She sees this as a tool for teachers to get their restless charges back on track. "The tape will have different short segments — three minutes, five minutes," she says. "The teacher will just put in the tape, pick one of the segments and say, 'Okay, class take a deep breath,' do some stretching exercises and voilà, they're focused again."

• Black's fitness videos can be ordered from Fit as a Fiddle Productions, 1417 Taunton Street, Victoria, B.C., V8R 1W8. *Chair Fitness, Volume I* is priced at \$20, and *Chair Fitness, Volume II* at \$29.



HEALTH CARE ON WORKING TV

New broadcast times ...

In the Lower Mainland, now two prime time broadcasts: Fridays at 7:30 p.m. and (NEW!) Mondays at 8:30 p.m.; on Kootenay Cable TV (Kimberley and Fernie) Tuesdays at 9 p.m., Wednesdays and Thursdays at 8 p.m.; and now on air in 50 American cities and worldwide on the internet at www.workingtv.com <<http://www.workingtv.com>> Julius Fisher, Working TV, Vancouver, B.C. Canada.



HEU's new faces, new places

HEU continues to grow.

In the community sector there are 270 new members from Revelstoke's Community Mental Health Services and Alcohol and Drug Treatment Centre, the Richmond Health Department, South Vancouver Neighbourhood House, and in Victoria, MacAndrew Lodge, Brook Manor Lodge and Community Services at the Capital Health Region.

The social services bargaining sector, has increased by 19 members from Nidicarus Resources in Maple Ridge and the Ernhil Site of Crossover Enterprises in Victoria.

And two new independents, Thrupp Manor, a long-term care facility in Kamloops, and Dr. Gary Miles Inc., a medical clinic in Elkford, bring 16 members.

Welcome sisters and brothers!

Coffee break



All stories guaranteed factual.
Sources this issue: CALM, San Jose Mercury, Globe & Mail, UAW Solidarity.

Rock's in a hard place

If one of the political arts consists of speaking at length without saying anything, federal health minister Allan Rock is learning fast. Addressing the Canadian Medical Association late this summer in Whitehorse, Rock succeeded in delivering a 14-page, single-spaced text while avoiding almost every important health-care-policy decision confronting the Chrétien government.

The joy of waiting

Some Hollywood actors waited — on tables — for a break. Bette Davis credited her stint in a restaurant with being my "primer in pride." However, the right attitude was important. When George Burns found Celia Weston serving him and learned her career plans, he asked, "Can you make me cry?" The future TV performer



"But sir ... you said to install surveillance cameras where there was suspicion of illegal activity."

responded by uncorking his wine bottle and saying, "Would this Beaujolais down the back of your neck do it?" The comedian replied, "I think you're going to make it, kid."

Not such a good deal

Tropical depression: the realization that the prices in the

Caribbean travel brochure are in U.S. dollars.

The truth hurts

American House of Representatives speaker Newt Gingrich recently issued a press release in Spanish that was apparently full of errors in translation.

The English translation of the

Spanish word he used for "speaker" is big mouth, a boaster, someone who talks too much.

No mistake there.

Get out of jail card

Santa Clara County in California will have the first major jail in the U.S. with a bail-dispensing machine. With the swipe of a credit card, eligible defendants will be able to get out of the clink within moments of being booked.

"It's using the newest technology, and we are the technological valley," said supervisor Pete McHugh, adding the people who will be released after using the machine have been charged with, not convicted of, a crime.

Bail bondsmen, who enjoy a \$10 billion national monopoly are up in arms about this encroachment.

CAROL SIMPSON/CALM GRAPHIC

HEU people



Joan Adams, with going-away gift from co-workers.

LPN will stay busy

Although LPN Joan Adams is retiring after 18 years at Burns Lake/Smithers Hospital, she will "be busier than ever doing the things I want to do" — especially spending time with her lovely granddaughter.

She is an active community member, donating time to the breast self-examination clinics at the Cancer Society and her church and serving as a nurse at a local summer camp.

As if that were not enough she has held almost every office in her local at least once.

Co-workers will miss Una

Mount Saint Joseph nurses aide Una Bisson retired in June 1997. She was a gentle, loving caregiver with a good sense of humour. She loves to travel, garden, watch soap operas and is considered to

HEU'S CONFIDENTIAL HUMAN RIGHTS HARASSMENT PROCESS

COMPLAINTS INVESTIGATORS can help if you are being harassed at work because of:

- sex (including sexual harassment)
- race
- sexual orientation
- disability
- religion

(see Art. 4.03 of the Facilities Sector Agreement)

1-800-310-6886

call for a recorded message about the process

be a wonderful cook — so she will have a lot to do during retirement.

She's not done yet

Melba Brinkworth is retiring from Mount Saint Joseph Hospital after 31 years as an LPN.

She has enjoyed her work so much that she will continue working now and then as a casual, but travel is also in her plans.

Care aide speaks out

Ruth Dean, 14-year veteran of Penticton's Haven Hill Retirement Centre, remarked upon her retirement, "I believe staffing levels are inadequate for the care we, as health professionals, seek to provide. Who cares for the caregiver?"

She has a full slate for her retirement, planning to "become an excellent flautist." She enjoys her involvement as a lay leader in her church and will do more of that in the future.

16 years at George Derby

Nina Gravenhort, 16-year LPN at George Derby, is going to enjoy herself after her July retirement. Besides her work at the facility, she runs a nursery in the community of Aldergrove/Langley and Abbotsford. She thanks her union brothers and sisters for the beautiful orchid.

Hale and arty member retires

George Derby is losing another worker to retirement. This one is Margaret Ibbott, who was in the artwork department as an arts and crafts worker. Her granddaughter will be the beneficiary of her retirement, but she will also continue to work with seniors.

Queen's Park worker retires

After working at Queen's Park Hospital for 22 years, Maple Ridge resident Margaret Rose will spend more time with her family. A trip to England to visit her sister is also in her plans.

Rose served in many official capacities for her local: trustee, vice chair, shop steward and secretary.

Travel in her plans

After 22 years at Mount Saint Joseph Hospital, house-keeping aide Maria Scaglione going to spend her

well-deserved retirement traveling.

Bingo!

Margaret Staines, a nursing aide at Queen's Park for 19 years, is going to have lots of fun during her retirement.

She counts the bingo hall among her community activities, and she plans to play even more bingo and go to Reno as much as she can.

Staines served as trustee and shop steward in her local.

She gave her all

Mount Saint Joseph house-keeping aide Louisa Stefan not only worked at the facility, but also volunteered her free time there. Exactly 18 years and one week after starting at Mt. St. Jo, past shop steward, warden and trustee Stefan is retiring. She says that she will enjoy the rewarding activity of grandmothering.

Off to parts unknown

Lilian Walton has retired from her job as building services worker at Richmond Hospital. She worked there for almost six years.

Her co-workers will miss her kind and generous heart as she takes off to travel and meet new and interesting people.

In memoriam Phyllis Battiste

Sister Phyllis Battiste recently passed away at age 79.

Phyllis, a member from HEU's Penticton local, worked at the hospital in purchasing and housekeeping before she retired in 1983. She is remembered by family and friends for her dedication and long service to the union.

In memoriam Ken Strange

On Friday, Sept. 18, 1998, Brother Kenneth Albert Strange passed away at the Cottonwoods Extended Care Facility in Kelowna at the age of 58. Brother Strange was an HEU staff person, a committed labour activist for most of his adult life.

He is mourned by family and friends.

To remember Ken's contributions to HEU and the labour movement the union's Provincial Executive has approved a one-time bursary within HEU's post-secondary bursary program plus a \$1,000 donation to the Labour College of Canada.

FOR INQUIRIES ON LONG-TERM DISABILITY

HEU members can call toll-free:

Health Benefits Trust: 1-888-736-2987

EQUITY PHONE LINE

1.800.663.5813, ext. 514
Lower Mainland 739.1514

press 1

Ethnic Diversity

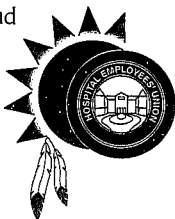
One union, many colours! Working across our differences! To participate, please call and leave us your name!



press 2

First Nations

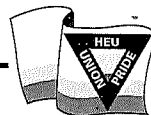
First Nations members would like to hear from you! Please call if you would like to help educate our union brothers and sisters on issues that affect First Nations people.



press 3

Lesbians and Gays

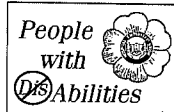
For support: afraid of being identified, feeling isolated, want to know your rights? Call for information on same sex benefits, fighting homophobia and discrimination.



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.



ALL CALLS ARE CONFIDENTIAL

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

You can

1. save HEU money
2. save trees
3. get your *Guardian* quickly

by notifying us promptly of any change of address.

Just clip this coupon, which has your mailing label on the back, fill in your new address below and mail to the *Guardian*, 2006 West 10th Ave., Vancouver V6J 4P5.

Name _____

Address _____

Postal Code _____

Telephone _____

Facility _____

Medicare.

WE fought

TO GET IT!

Never since the dawn of Medicare in the 1960s have Canadians been in greater danger of losing our national health care system. Join the B.C. Health Coalition, Shirley Douglas and others in the fight to keep Medicare. A public discussion will follow the keynote and guest speakers' presentations.



Keynote speaker
Shirley Douglas, actor and daughter of Medicare founder

Tommy Douglas, speaks passionately and forcefully about the need to protect Medicare from those who would privatize it away.

WE'LL TO fight Keep it!

SPONSORED BY THE BC HEALTH COALITION. FOR MORE INFORMATION, CALL MARGI BLAMEY AT 604-734-3431
FUNDED BY THE BC GOVERNMENT AND SERVICES EMPLOYEES' UNION, THE BC NURSES' UNION, THE HOSPITAL EMPLOYEES' UNION AND OTHER FRIENDS OF MEDICARE

Guardian



VOL. 16 NO. 3

THE VOICE OF THE HOSPITAL EMPLOYEES' UNION

SEPTEMBER/OCTOBER 1998

Organizing 1950s style

After helping to organize California health care workers and not missing a day's work in 50 years, Lizzie Johnson retires.



PAGE 4

And 1990s style

Two Squamish teenagers walked out of the Labour Relations Board in August with an historic union certification in their hands.



PAGE 7

Care aides are suffering

It's official, according to Simon Fraser University professor Neil Boyd.



PAGE 9

Keep it public

CUPE and HEU launch campaigns challenging the privatization agendas of big business and government.



PAGE 11



Return address:
The Guardian
2006 West 10th Ave.
Vancouver, B.C.
V6J 4P5