

Guardian

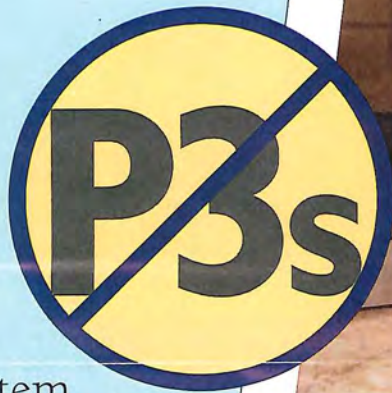


APRIL/MAY 1999 • VOL. 17, NO. 2

PUBLIC PRIVATE PARTNERSHIPS

No fix for long-term care

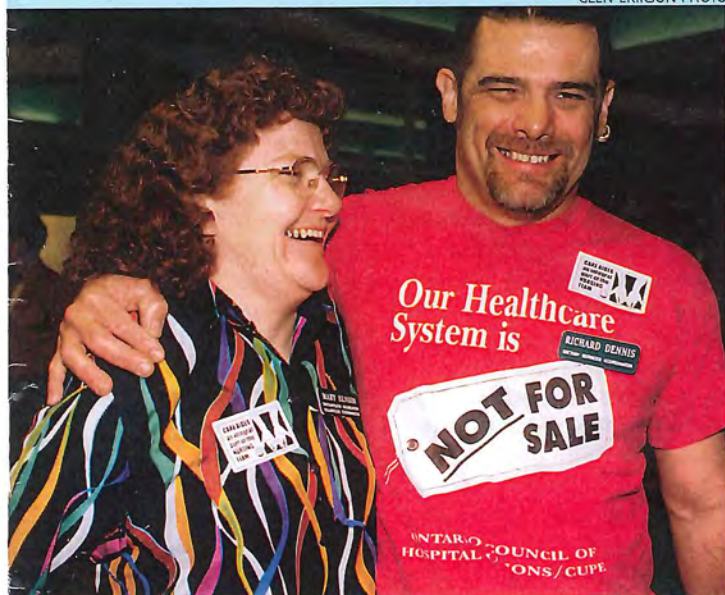
It's being touted as a cure-all for seniors' care but it comes down to another attack on our health care system.



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GLEN ERIKSON PHOTO



PRIDDY NICE!

A new nursing initiative announced by Health Minister Penny Priddy in April is a boost for all health care professionals. HEU members Richard Dennis and Mary Benson from Yaletown House rejoice at the announcement.

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GLEN ERIKSON PHOTO



SURPRISE! SURPRISE!

Health care workers are more stressed out on the job than their managers. Details on page 12.

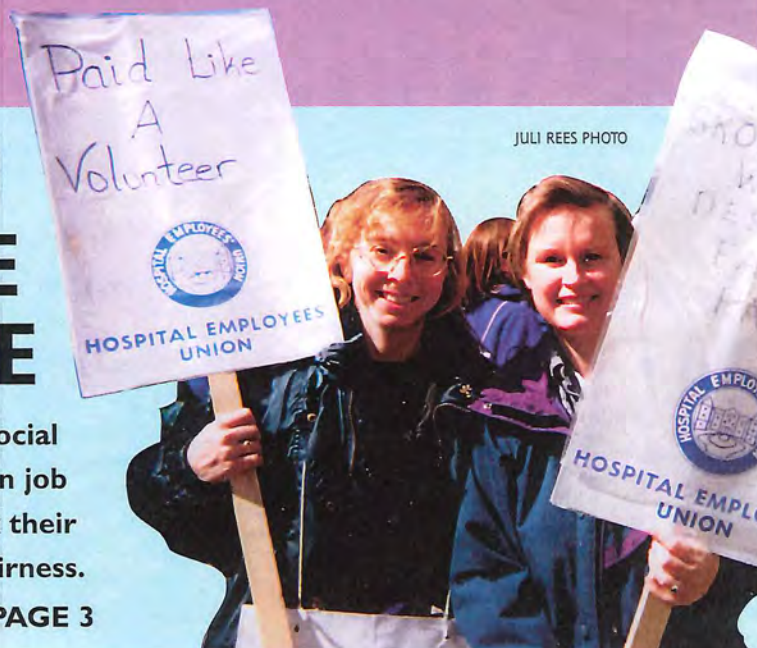


ON THE LINE

Striking community social services workers began job action March 8 to back their demands for fairness.

PAGE 3

JULI REES PHOTO



COMMENT

Keeping the NDP on track

by Chris Allnutt

IN OCTOBER'S COMMENT, I wrote that a third term for the NDP depends on policies that offer working people a clear choice when they next go to the polls. In the intervening six months, Victoria has taken an important step in that direction – and another backwards.

The good news is contained in Victoria's latest budget which boosts health care spending for the eighth consecutive year. The deficit budget tabled to support this increase contrasts with the choices the Liberals and the B.C. Business Summit would make – steep corporate tax cuts paid for by deep program cutbacks.

And it's good news for HEU's nursing team members. The budget includes \$5 million to convert 218 care aide positions to LPNs and to create a further 74 new care aide positions in B.C.'s long-term care facilities.

In the early 1980s, LPNs were told that they were no longer useful and their numbers declined dramatically. At the same time, the workload crisis intensified for care aides who provide the bulk of personal care to seniors and others in continuing care.

But HEU's nursing team activists tirelessly educated the public, government and other HEU members about the appropriate utilization of the nursing team. That work has paid off with recognition at the highest levels that there was mistake; that there is a significant



and vital role for the entire nursing team in continuing care. And HEU is pressing for a repeat performance next year in the acute care sector.

Unfortunately, Victoria's actions on the community social services front have been less than stellar. As the Guardian approaches deadline, 10,000 striking workers including 800 HEU members are still without contracts. They've been bargaining for over a year and on strike for almost three months.

The government's repeated commitments to equity for undervalued workers in this sector were undermined by employer positions that contained no long-term plan for parity with health workers. And in a particularly unwelcome development, the cabinet minister responsible for the sector took out ads supporting the employers' bargaining position – an inflammatory action unprecedented in other rounds of public sector bargaining.

'There is a significant and vital role for the entire nursing team'

Our members have called the NDP government to account for their actions. Pickets outside NDP MLAs' office are commonplace. Politicians and newspapers have received hundreds of letters. Elected representatives can't ignore the contradictory messages their government has been sending to community social services workers on the one hand and to their negotiators on the other.

Hopefully, when you receive this *Guardian*, these members will have won a fair contract that they so clearly deserve. But this final episode in this round of public sector bargaining demonstrates that our union must stand ready to defend our principles. We know whose side we're on.

And – as our community social services members have demonstrated – we'll make certain that the NDP government in Victoria does the same.

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.

Where to for year-2000?

Our employer has implied that staff will not be able to take vacation this year in the period surrounding New Year's due to concern about the y2k issue. A directive has not been issued being more specific as to what the exact time frame is, and which of our members will be affected.

This is a province-wide concern, and we can probably expect different employers to respond in different ways. I feel the union should develop a consistent response to employers on the issues surrounding y2k at the provincial level.

I have some staff in my department who never work over the holidays, and I see no reason some of them cannot take their vacations at this time as they usually do. That being said, I can also understand the concern of the employer, and they may be justified in restricting

the number of regular employees who may be away at a time when disaster plans have to be implemented.

Guidance and a policy at the provincial level would be appreciated. In my opinion the complexity and magnitude of this issue is comparable to developing and implementing a strike plan. Our union should not underestimate the importance of this to our members.

RICHARD DENNIS,
Chairperson, Yaletown Local

Retired, but not forgotten

Thank you for the opportunity to write to your active and retired members about BC FORUM (British Columbia Federation of Retired Union Members).

Membership in FORUM is open to retired union members or any active union member who has attained the age of 50.

Why join a seniors group at 50? With the changing workplace, early retirement, buy-outs and golden and not-so-golden handshakes, a transition to an organized group

becomes very important. BC FORUM is a registered non-profit society, with an annual membership fee of 15 dollars. Each member is automatically covered by a \$2,500 accident insurance plan valid until the end of the year of the member's 85th birthday. Membership also makes available other products and services that can be negotiated on a group basis, such as home insurance, travel, medical, extended health benefits and others.

There are over 100,000 retired union members in B.C. and many more active members over 50. We have found with our current 7,900 members, our presentations to the appropriate levels of government or committees have already been effective in helping to bring about changes that affect seniors.

BC FORUM was created by and affiliated to the B.C. Federation of Labour as well as affiliated to CURC (Congress of Union Retirees of Canada) and the CLC. The larger our membership, the easier it will be to negotiate group benefits and the more effective we will become at protecting the interests of FORUM members. Let's stay organized! Join BC FORUM now! Call 688-4565 (Lower Mainland) or toll free 1-800-896-5678.

ALBERTA DORVAL,
HEU Retiree/BC FORUM Director

Case for casuals #1

This letter is directed to all members of the HEU. I am writing to support all other unhappy casuals across the province.

Many full-time or part-time sisters I talk to against 16.01 tell me

they all had to go through those casual days as I do. Yes, but never with so few shifts for so many years. I still have an average of six shifts per month after three years of casual shift. Working now at two facilities, I still might not work enough hours to draw E.I. We stay casual for more years with fewer shifts every new contract. When will they realize this unfair representation is going too far.

They say "United we stand" not "Bumping each other's jobs!"

ISABELLE LABONNE,
Rotary Manor, Peace River Haven

Case for casuals #2

I read with interest today, in the January/February issue of the *Guardian*, letters from casual staff members about Article 16.01. At the facility where I work reactions have been quite different overall. The "creative" interpretation of our managers is allowing regular part-time and senior casuals to be bypassed, even to the extent of overtime being offered. It is not uncommon to find a newly hired casual in a full-time vacancy for up to three months. You can imagine the dismay, and occasionally the hostility, this creates among our membership. Our executive is working diligently to overrule this unreasonable interpretation.

Management is always quick to point out to our members that we (HEU) agreed to this when we ratified our collective agreement. I do not believe that the intent of the article is to make casuals (or regular staff) feel unappreciated.

JANET AITKEN,
Chair, Juan de Fuca Local

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, Leo Bibb, Linda Hargreaves

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Chris Allnutt
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Sandra Harper
First Alternate
Provincial Executive

UNION OFFICES

PROVINCIAL OFFICES:

Vancouver Site
2006 West 10th Ave.
Vancouver V6J 4P5
(604) 734-3431
e-mail: dfuller@heu.org
Internet: www.heu.org
Abbotsford Site
2702 Ware St.
Abbotsford V2S 5E6
(604) 852-6571

VANCOUVER ISLAND:

Victoria Site
201-415 Gorge Road East
Victoria V8T 2W1
(250) 480-0533
Courtenay Site
101-600 Comox Road
Courtenay V9N 3P6
(250) 334-3403

Nanaimo Site
601-495 Dunsmuir Road
Nanaimo V9R 6B9
(250) 754-5558

OKANAGAN:
100, 160 Dougall Rd. S.
Kelowna V1X 3J4
(250) 765-8838

KOOTENAY:
745 Baker St.
Nelson V1L 4J5
(250) 354-4466

NORTHERN:
1197 Third Ave.
Prince George
V2L 3E4
(250) 564-2102

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What we're up to

Equity groups hold fourth confab

On May 12 and 13, HEU's equity standing committees held their fourth conference at the Richmond Inn.

At the end of two days each standing committee presented their plans for the future, introduced their new chairpersons and honoured outgoing officers.

Two of the standing committees now have websites:

Persons with DisAbilities (www.alberni.net/PeopleWithDisAbilities/) and the Lesbian and Gay Standing Committee (www.pridepages.org).

The Ethnic Diversity Standing Committee is going to publish the second edition of its very popular cookbook. If you have any tasty recipes you'd like included, the committee would like to hear from you. Write Asha Dhak at Box 831, Vanderhoof, B.C. V01 3A0 or e-mail t.dhak@hotmail.com.

Chief Vincent Stogan began and ended the conference with a blessing, as has become the custom at the equity conferences.

LGH members sit in over contracting out

HEU linen services workers at Lion's Gate Hospital in North Vancouver walked off the job May 13 over the con-

tracting-out of the preparation of operating room linen bundles to transnational paper/disposable products giant Kimberley-Clark.

They were joined by maintenance and nutrition services members for a study session to develop strategies to counter this latest decision, and to stop further privatization moves.

Due to the decisions, five full-time positions – one currently vacant – have been cut and displacement notices issued. Affected workers are covered by job protection provisions in the facilities sub-sector collective agreement.

HEU cited lack of enhanced consultation regarding the hospital's latest move.

A hospital spokesperson claimed that "changes that may involve workplace impact" had been discussed in a labour/management meeting the week before, and suggested "this has

not just dropped out of the sky." The 70 union members ended the impromptu job

action after their concerns were taken to an in-house arbitrator.

continued on page 4

FAMOUS PLAYERS			
410 655 940	ETHIN AND LIRE		
410 710 IN DREAMS 940	CIVIL ACTION		
400 705 935	WAT FIRST SIGHT		



The Prince George and District Labour Council has designated different nights for each union affiliate to picket the Prince George Parkwood movie theatre in support of locked out projectionists, and Friday is HEU's night. Pearl Siebel, Cyndie Stephens, Lois Doran and John Hurren, with Sandra Ford peeking out from behind, show their solidarity on a cold evening in February.

MARGI BLAMEY PHOTO



No contract yet

At press time, 10,000 community social services workers including more than 800 HEU members wrapped week 12 of province-wide job action while their representatives continued to meet with government negotiators in make-or-break contract talks.

Talks resumed May 17, two weeks after the unions upgraded rotating job actions into a full-scale walk-out. Mediator Don Munroe is assisting in the negotiations which have stalled several times on a range of issues including parity.

"Our members can take credit for generating the political pressure needed to restart talks," says HEU secretary-business manager Chris Allnutt. "Through a range of creative job actions, our demand for an end to wage and benefit discrimination are front and centre in communities across the province."

Allnutt praised striking HEU members for forging strong bonds with CUPE, BCGEU and HSA sisters and brothers. "There's no question that the gains we make at the bargaining table in this round can be credited in large part to the effective common front mounted by our unions."

MARGI BLAMEY PHOTO



ALLAN SCHMIDT PHOTO

TOP LEFT HEU Western Human Resources members were among the 600 picketers who shut down Vancouver's Library Square March 26.

TOP RIGHT HEU community social services workers cheered and sang at the March 8th Victoria rally.

RIGHT Kootenay care-providers and support workers from HEU, HSA, CUPE and the BCGEU gathered in Nelson on March 9.



Take another look, say unions

BCGEU and CUPE BC have joined HEU in its application to reconsider a Feb. 17 Labour Relations Board decision that transfers clinical perfusionists to HSA. The unions say the decision failed to properly apply the Health Authorities Amendment Act – Bill 28 – in determining union membership.

"There's a growing consensus by labour that the LRB has punched a hole in Bill 28 which could result in major jurisdictional disruptions," says

HEU secretary-business manager Chris Allnutt. "Changes in union membership that followed the initial round of health care restructuring in the mid-90s would pale in comparison."

HSA withdrew from their original application after a CLC-appointed umpire found them in violation of the CLC's anti-raiding policy. But they've intervened in HEU's application for reconsideration as an interested party – an action that's resulted in a letter of protest to the CLC by CUPE

National president Judy Darcy.

In addition to appealing the LRB decision, HEU is also asking government to amend the *Health Authorities Amendment Act* to make its meaning more clear and less open to interpretation.

In other developments, the B.C. Federation of Labour has established a "technical committee" to try and reach a protocol between HEU and HSA on jurisdictional matters – a move that Allnutt says is a welcome but partial solution to the issue.

WHAT WE'RE UP TO



MARGI BLAMEY PHOTO

Holyrood resident reads workers' picket signs as she rides past them. Residents and their families joined their caregivers in the impromptu protest, recognizing that the cuts affect them just as much as the workers.

continued from page 3

Holyrood says no way to cuts

HEU members at Holyrood Manor — a private, for-profit long-term care facility in Maple Ridge — reacted quickly in April after their employer announced

that care aide hours would be reduced by 140 hours per week.

Caregivers, residents, and family members of both, rallied, marched and leafleted throughout the neighbourhood April 23 to protest the cuts.

Speakers included HEU presi-

dent Fred Muzin, MLA Bill Hartley, a resident, a family member and recreation aide Joanne Foote. Each spoke passionately about the decline in quality of care, increased workload and the negative impact private, for-profit companies, with their focus on the bottom line, have on health care.

The members and their supporters feel that residents' quality of life as well as quality of care is slowly declining as a result of this and a 1997 reduction in care hours. Holyrood has 106 long-term care beds and one respite bed — the same number as in October 1995 when it opened. Since then, residents have lost a total of 224 hours of personal care per week.

OH&S wheels start turning

Representatives from four health care unions (HEU, BCNU, BCGEU and HSA) and

HEABC met for the first time Feb. 24 to get the Health Care Occupational Health and Safety Agency up and rolling.

This new agency was born of the 1998 facilities contract negotiations, when the issue of injured health care workers came to the forefront. Its mandate is to promote health and safety practices at B.C.'s health care facilities.

The first task of the board will be to find a chief executive officer.

Another award!

HEU has racked up yet up another Canadian Association of Labour Media award — this year for best radio ad.

Airing in March '98, *Withdrawing This Week* criticized doctors' reduced activity days by portraying a hospital that couldn't find a doctor during an emergency. The ad was co-produced with BCNU.

Yucaalta local quiet out loud

When the community health council in Campbell River decided in a cost-saving move to lay off one of two registered nurses at the 79-resident Yucaalta Lodge, HEU members showed up at the next council meeting to protest.

"We do not think they fully appreciate the workload this person has," said local chair Carolyn Stowe in an article in the *Campbell River Mirror*.

It was the BCNU who was making a presentation to the council to show them the folly of their ways, but HEU members stood silently in the back of the room with their signs of support. Local chairperson Stowe said they were "quietly loud."

Solidarity pays, because the health council reversed its decision and rehired the registered nurse.

Fighting for human rights

by Dale Fuller

REFUGEES. Enforced disappearances. Massacres. These are words we hear in the news about places that are far away. For Marta Gloria de la Vega, they are not just words — she knows the "before and after" that they represent. She has been fighting for human rights all her adult life, and in recognition of this she received the Thakore Human Rights Award from the Simon Fraser University Institute of Human Rights. She says the award is not only for herself but for all the people she has worked with over the years. The Thakore Foundation was established to honour the memory of Mahatma Gandhi.

De la Vega and her husband left Guatemala and came to Canada in 1982 after many threats and finally an attempt on their lives. Both were legal advisors to Guatemalan trade unions. The Guatemalan elite — and foreign corporations — fought trade unionism viciously and with no holds barred.

Between 1944 and 1954 there was a period of relative freedom when unions in Guatemala had the right to organize. An eight-hour day, a minimum wage and benefits were part of the labour code, with special laws to protect women workers from discrimination. All these rights were dismantled or ignored after the military took over in 1954. In 1982, Guatemala was not a safe place for two lawyers who defended the rights of trade unionists.

Their first concern when they arrived in Canada was to get the word out. "We became involved immediately in trying to tell Canadians what was happening in Guatemala," says de la Vega. "There were massacres taking place. Eventually a United Nations commission documented over 669 — and these involved anywhere from five to 350 people at a time — mostly women and children and mostly Mayans."

An ecumenical group brought the couple and their children as privately sponsored refugees, and it was

with the Christian Task Force on Central America that de la Vega started working — and continues to this day.

Her work evolved into joining with a group of four other Guatemalans to lobby the UN Commission on Human Rights to hold Guatemala, a signa-

tory to the Universal Declaration of Human Rights, accountable. That meant spending part of the year in Geneva and New York City, which she did for 12 years.

This experience gave her an insight into how the commission functions. The issue of human rights has become highly politicized with some of the powerful member nations pressuring for their own interests at the expense of human rights around the world.

"This is unethical and is not the mandate of the UN, nor the signatories of the declaration," she says.

Although she does not live in Guatemala now, de la Vega is still defending the rights of the workers of that country. The CTFCA has been a force in trying to change the working conditions of the maquilas (sweat shops) of Central America.

About 65 per cent of the maquilas in Guatemala are Korean, so for two years the group met with the Korean consul in Vancouver, talking to him about the maquilas. "Eventually we got a letter from him saying the rights of the maquila workers were not being violated," says de la Vega. "And the letter went on to issue an invitation to visit any of the Korean maquilas."

So, they took him up on the offer. In 1997 representatives of CTFCA and other groups, both Cana-



BUD GODDERIS, Tara Scurr, Julia Esquivel, Ana Torres de la Vega, and Gen Creighton were with de la Vega (with plaque) when Mrs. Thakore and Ed Broadbent presented the Thakore Human Rights Award.

WORKERS at the Dong Doo maquila in Guatemala manufacture clothing for Liz Claiborne.



BALANCING



IT ALL

'The issue of human rights has become highly politicized'

dian and Guatemalan, went to three Guatemalan maquilas. De la Vega says they found that maquila owners followed neither the labour code of Guatemala nor of Korea.

"The conditions inside the factory were deplorable. Hanging wires, water on the floor. The workers were young, extremely tired and frightened. The washrooms were in notably bad condition," were some of the comments in their report about one maquila which manufactures Liz Claiborne clothing.

Although she knows that the adversaries she's been fighting are very powerful, de la Vega is hopeful that the voices of ordinary people can and will be heard.

She says that right now the leaders of the world are taking us down a dangerous path with no consultation.

Commenting on the war in Yugoslavia, she wonders where the money comes from for war, when governments always cry "deficit" when it comes to health, education and other social programs.

Wars are sometimes waged for years. Why can't we devote that much time and effort to peace? It's hard work, she says. And she should know.

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

WHAT WE'RE UP TO

Can't shut 'em up

The Okanagan Similkameen Regional Health Board introduced a motion that would see all of its employees unable to speak at their meetings.

Forty HEU members and other employees, unaware that the motion had already been passed in camera, showed up at

the April board meeting intent on convincing the board members to vote against the motion.

BCNU members and retired radiologist Dr. Lawrie also participated. They were set to argue that the motion was not in the best interest of the public, the board, or health care

services in the region. People who work in the facilities are a gold mine of information when it comes to health care initiatives. The board should want to hear from them, not shut them up.

The board said the union members could always voice their opinions at committee meetings, but the union says that is away from public scrutiny, and they want what they have to say heard by the public as well as the board.

They're back!

On May 12, 1999, the one-year anniversary of the closure of Port Coquitlam's Grosvenor House, most of its 35 former workers celebrated their re-employment at the seniors' housing unanimously ratifying a three-year collective agreement with new owner, Ishtar Seniors Communities Inc., B.C.'s biggest private, for-profit



MARGI BLAMEY PHOTO

At a May 8, 1998 union meeting, HEU Grosvenor House members took a moment to laugh despite receiving their immediate layoff notices the previous day. The caregivers, concerned about the residents, volunteered their time and continued working until the last of 50 seniors was moved out five days later.

seniors' housing and long-term care company. The facility, re-named Mayfair-on-the-Green, is currently being renovated. It will re-open by summer's end.

The former owner, Leo Chamberland, closed Grosvenor House on the heels of a Labour

Relation Board ruling that ordered him to comply with a 1996 collective agreement.

Residents' families and company investors alleged that the closure was due to Chamberland's fiscal mismanagement. (July/August 1998 *Guardian*)



HEATHER ARNOLD PHOTO

Members from facilities in the South Okanagan attend the regional health board meeting to protest the motion to "gag" employees, preventing them from speaking at board meetings.

Governance of pension funds looms ahead

HEU's Provincial Executive has given the green light to the union's participation in discussions aimed at safeguarding members' pension plans. The move comes as the provincial government prepares to draft legislation that would allow changes in the governance of public pensions.

"Pension reform can provide important protections for HEU members' retirement incomes," says HEU secretary-business manager Chris Allnutt. "If workers gain more control over pension administration, we can avoid a situation where government raids pension surpluses or provides contribution holidays to employers. And that's a real concern as the Municipal Plan moves into a surplus position next year."

Allnutt says proposed legislation that would combine the various statutes controlling public sector pensions into a single law could put unions in the position of being able to negotiate joint trusteeship of their pension plans.

And there could be a built-in mechanism to protect workers' pensions — making it impossible for government to change pension plan arrangements without the agreement of both employers and unions. That would prevent unilateral raids of pension surpluses.

"There is a very small window of opportunity here," says Allnutt. "Other public sector unions like CUPE B.C., BCGEU and the College-Institute Educators' Association are already moving towards joint trusteeship."

"The PE has given its pension committee direction to study our options," adds Allnutt. "But any final decision will be made by the membership in a ratification vote."

The PE has taken the position that any move towards joint trusteeship provides for maximum control of the plan surplus by the workers and minimizes the risk of unfunded liabilities on plan members.



DALE FULLER PHOTO

HEU HAD A MESSAGE for health care employers on April 28, the National Day of Mourning for workers killed or injured on the job. The union wrote all regional health authorities in B.C. to request that savings from their WCB premium roll-backs be reinvested in injury prevention programs, with higher staffing levels, new lifting equipment and measures to reduce workplace violence. "Our entire health care system would benefit from safer working and caring conditions," says HEU acting secretary-business manager Zorica Bosancic.

At Royal Columbian trades are in

by Dale Fuller

EMPLOYERS will often contract out work in an ill-advised effort to balance their budget.

At Royal Columbian Hospital, workers and the employer developed an alternative a few years ago, and now the workers have approached the Simon Fraser Regional Health Board about taking their idea region-wide.

Trades is one area where health care facilities frequently resort to contracting out work.

In the early 1980s a union-management agreement established a "capital works crew" at the New Westminster facility. It allowed for an in-house crew of trades workers for construction and renovation.

Flexibility to adjust to different levels of projects and funding was part of the deal, allowing the employer protection from capital funding uncertainty.

For union members, it was a way to prevent their jobs from being contracted out.

The hospital committed to one day of

work every two weeks for each trades worker, allowing them to be eligible for benefits. When a project ended, the worker would revert to the casual list.

After a few years, the workers decided they were entitled to job security and bumping rights and were prepared to take the matter to arbitration.

But before that happened, the employer relented and made the jobs permanent.

The crew members know the facility backwards and forwards.

In other facilities where trades work is contracted out, union members often find they have to do all or part of the work over again because the contractor was unfamiliar with the place, regulations or practice.

Ray Melville, the crew's plumber, says that when a contractor comes in, they do the work as cheaply as possible, cutting corners wherever they can.

"In contrast, we not only work to code, we work to 'over code' because

we know we will be here in the future. We don't want to create problems for ourselves down the line," he says.

Melville is assembling a committee made up of one trades worker from each of the major facilities in the Simon Fraser Health Region to look at the viability of a regional crew.

"We are examining the contracts that were let out from 1998-99 to see if we can do it more economically. We think we could probably have 15 to 20 full-time trades people steadily employed in the region," he says.

The crew at RCH does not do large projects, but any routine jobs are done by the in-house crew.

Recently they have done a complete renovation of the renal department, renovated the main entrance and main floor of a building and four large offices of 3,500 square feet each.

Union members know that they can do the work better and, in the long run, save money.

"Crew members know the facility backwards and forwards"

PRESIDENT'S DESK



Time to celebrate and re-energize

by Fred Muzin

HEU'S 40 DELEGATES at the May 3rd to 7th Canadian Labour Congress Convention in Toronto had the privilege of participating in the retirement celebration of president Bob White and secretary-treasurer Dick Martin. Over the last 49 years, brother White has consistently advocated for working people, as a steward, a local chairperson, national president of the Canadian Auto Workers (CAW) and CLC president. His commitment to social justice, his vision of international worker solidarity, his determination in welcoming women and equity groups into the House of Labour, all the while maintaining his infectious good humour and remaining approachable sets the standard for all dedicated trade unionists.

Dick Martin, while a bit less flamboyant, has been instrumental in putting workers' health and safety at the top of the agenda, stalwart in building strong networks with advocates in third world countries, especially South and Central America, and determined in ensuring that youth know that they too can achieve justice and dignity and are the key to the future.

'Success will depend on how well we organize those without unions'

Our challenge is to keep the torch burning brightly into the perilous twenty-first century.

The convention policy papers provided us with a roadmap for the struggles – fair trade deals, equitable taxation, quality public services, a living wage, pay equity, Medicare, public pensions, education, decent unemployment insurance, national child care, adequate and affordable housing, the eradication of poverty, the elimination of racism, an end to child labour, no more torture and political imprisonment and a healthy environment.

The labour movement has also been reinvigorated by the militancy of the registered nurses, who were at their first CLC Convention, and the reaffiliation of the building trades.

Success will depend on how well we organize those without unions and encourage current members to take ownership of their unionism. We must embrace community and social activist organizations, transcending borders and building solidarity with workers of all nations. And education must have a prominent place on labour's agenda.

Just as the 2500 delegates to the CLC Convention represent a wealth of experience and knowledge, closer to home the 200 delegates at our July summer school are part of HEU's great resources. Course content will provide leadership development, look at member-to-member conflict and group facilitation, analyze pensions, duty to accommodate, public-private partnerships, ergonomics and much more.

But the time we spend outside of formal courses is even more important. We must apply the skills that we have acquired in the classroom of life. Over nine days we will be able to strategize and develop plans of action to involve our members, defend our contracts and expand our rights. And when we follow through on commitments to work with those less fortunate, we all become richer.



VANCOUVER ISLAND community social services workers went to Victoria on April 8 to protest government's foot-dragging in their negotiations. Danielle Sulton says she is "undervalued, underpaid and overworked."

She deserves more pay

The challenges are what Danielle Sulton enjoys about working at Mountain View group home in Nanaimo. She has been working there for five years, providing personal care for three mentally-handicapped, wheelchair-bound adults.

That means bathing, feeding, changing briefs, dispensing medication, making and getting them to doctors' appointments, shopping, taking them swimming and a myriad other tasks.

Since most are non-verbal, it also means teaching them augmentative communications. "That is what I find most challenging," she says, "to work with non-verbal clients, teaching them a way of communicating."

Mountain View is considered to be intermediate care because of the high medical needs of the residents. The workers are trained in tube feeding and seizure and behaviour management.

Single mum Sulton works four days on and two off, with a weekend off once every six weeks. "My four-year-old son spends a lot of time in daycare. It's difficult, but we work it out," she says.

She is typical of the dedicated people who work in this sector.

She got into the field as a teenager in a work study program – caring for the physically and mentally handicapped. She began working in a non-unionized transition house with mentally ill

patients about to go out into society. Amazingly, there was only one caregiver for 21 clients. "If that place would have been unionized, there would have been three times the number of workers," she says.

She got involved in union work about eight years ago. She says her CUPE union local was struggling. There weren't enough people to help. "I thought I could help get what we needed," she says.

Unfortunately, her employer lost the contract and with no successorship rights, the union was out. "I had to take a pay cut and I lost all my seniority and benefits. Yet it was the same home, just a different contractor," she says.

As a community social services worker, Sulton is on strike for the first time. She is busy staffing strike headquarters, going to work

when she is essential and walking the picket line.

She thinks that they are not asking for anything outrageous – only a decent wage and benefits – the same as others who do the same work.

"It's about time everyone gets paid for the work they do, and everybody gets paid the same. Because of the pay cuts I've taken, I am not earning anymore than I was 10 years ago," says Sulton. And who can live on wages that probably weren't that great even 10 years ago?



ON THE JOB

NOTEBOOK

Twisted facts don't tell story

by Dale Fuller

Everyone knows that statistics can be manipulated to stretch the truth; to tell a lie, in fact. They can also divert readers' attention from real issues.

A recent article in the *Globe and Mail* implies that Canadian workers are unproductive because they are on strike so often. According to the April 5 article, Canadians spend more time off the job because of labour strife than workers in any other of the top industrialized countries in the world.

Canadians lose 292 work days per 1,000 workers every year, compared to 62 in the United States. The article goes on to unfavourably compare the "unproductive" Canadian worker with those in Belgium, France and Germany.

The statistics, thus stated, leave readers with a distorted picture.

First, the statistics for the U.S. do not include days lost due to work stoppages that involve fewer than 1,000 workers. If we were to eliminate that group from the Canadian statistics, the numbers would be reduced considerably.

Second, the numbers for Belgium, France and Germany exclude



'The statistics, thus stated, leave readers with a distorted picture'

work disruptions in the public sector, and a good percentage of strikes in Canada are in that sector. And to add insult to injury – literally – part of the picture is missing completely.

The number of days taken off work because of labour strife pales in comparison to time taken due to on-the-job injuries.

The fact is, in every year since 1989, work days lost due to on-the-job injuries have averaged 10 times the number of days lost to strikes in British Columbia. In 1998, B.C.'s front-line health care workers lost 350,000 days of work due to workplace injuries.

Management should be working with labour to bring these disgraceful numbers down, so that Canadian workers can go to work everyday without the fear of injury. Now that would be a news story worth covering!

But it probably would not be printed in a Canadian newspaper.

A 1998 Simon Fraser University study analyzed labour and business coverage at the *Vancouver Sun* in 1987 and 1997 – before and after the Hollinger take-over – and found that business coverage had increased to twice the coverage of labour issues. Writers presented business in a favourable light, while labour stories focused on disruption to the province's economy.

The corporate agenda is the guiding light of Hollinger's newspaper empire, and it controls almost all major Canadian newspapers. Its influence extends to the *Globe and Mail* article, which is a classic example of comparing pears and oranges. And it leaves out the poisoned apple.

Labour

NOTEWORTHY NEWS ABOUT ISSUES AFFECTING WORKING PEOPLE HERE AND ABROAD

U.S. home care workers vote 10 to one for joining union

In the largest union election in modern U.S. history, Los Angeles County home care workers voted nearly 10 to one to join the Service Employees International Union.

The vote, held in late February, caps a decade-long organizing drive and brings more than 74,000 low-wage workers under the union umbrella in Los Angeles. The victory is a landmark for organized labour nationally and boosts by more than 10 per cent the 700,000 workers now represented by unions in the Los Angeles County.

Home care has been targeted for 10 years by SEIU organizers, who helped bring together a coalition of workers, clients and religious organizations, staged rallies and protest marches, and worked on state and local legislation to ease the way for establishment of a union. In the coming months, the Los Angeles home care coalition will work to pass state legislation which would require California to pay its fair share of improving home care services, an investment of \$60 million. It would provide funding for \$1 an hour raises and health care benefits for workers in six counties.

"Home care is an important and growing part of health care throughout the country, and quality home care can provide a strong foundation for the entire long-term care system," said SEIU president Andrew Stern.

And in another landmark event, the oldest union of attending physicians in the United States has joined forces with SEIU, an AFL-CIO affiliate, in a signing ceremony March 1, and announced the formation of the National Doctors Alliance/SEIU, the largest organization of unionized doctors in that country.

AFL-CIO president John Sweeney said that this is a real breakthrough for doctors because nearly 50 per cent of practicing physicians in the United States are now in salaried positions, making them eligible to join unions.

• SEIU/Los Angeles Times



TWO-TIER MEDICINE
In the United States, people who have no health insurance are usually not admitted to private hospitals. New York City union members took to the street recently to protest a proposal by the city's mayor to close a public hospital. The two-tier health care system in the U.S. relies heavily on private insurance, and leaves 43 million Americans without medical coverage.

Global Mariner voyage defends sailors' rights

by Margi Blamey

THE HARSH reality of life-at-sea for many of the world's half million seafarers was exposed to public scrutiny in Vancouver as the International Transport Workers Federation's (ITF) campaign vessel, the *Global Mariner*, docked at Canada Place April 8 for a five-day stay.

The *Global Mariner* is a refurbished cargo ship that began an 18-month, 80-port world tour from London, England July 1, 1998 with a crew as dedicated to the cause as they are skilled at their jobs. It's the ITF's latest means of taking its 50-year crusade against flags of convenience (FOC) to the international community, and its hull holds a massive and graphic exhibit documenting the falling standards and conditions endured by seafarers around the world.

Assistant purser Milton Unso, a 27-year veteran seafarer, radio operator and founder of a fledgling seafarers' rights group in the Philippines, knows all about the exploitation of workers – and reprisals against complainers.

In 1995, he contacted the ITF in Argentina because the owner of the flag-of-convenience vessel on which he was sailing, Greek-owned and Panama-registered, was blatantly ignoring employment contracts.

"There was no heat on the ship. There were holes in the hull where water was coming in and insufficient food supplies. The crew had to buy their own drinking water, and they were owed overtime wages," Unso said. "The owner argued an inability to make a profit as the reason for the violations, but the ITF forced him to pay the back wages, have heaters installed and stock sufficient food and water."

But Unso's experience with unscrupulous ship owners was just beginning. The next time he went to a hiring agency in Manila he discovered he'd been blacklisted.

"They told me, 'We need radio operators but we don't want trouble with the ITF,'" Unso explained. "I knew of the blacklists but I didn't know I was on one until the agent showed me. People

are blacklisted because they complain. They're labelled ITF trouble-makers."

Now Unso sails on the *Global Mariner* and speaks out about workers' human rights' abuses on the high seas, and against flags of convenience.

The ITF, with approximately 500 transport union affiliates representing more than five million members world-

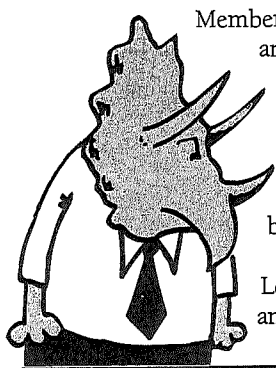


UNSO

wide, and the United Nations' International Maritime Organization and International Labour Organization have recorded numerous violations including lack of food and clean water, non-compliance with occupational health and safety regulations, no medical attention, low wages, unpaid overtime, physical and sexual abuse, and racism.

• For more information on the exploitation and blacklisting of seafarers, the FOC campaign or the *Global Mariner's* voyage, check the ITF web site at www.itf-ship.org or write the International Transport Workers Federation, ITF House, 46-60 Borough Road, London SE1 1DS.

BCAA workers wrestle with a dinosaur



Members of the Office and Professional Employees' International Union who work at 10 B.C. Automobile Association offices in the Lower Mainland and Nelson have

been off the job since early February.

BCAA has refused to negotiate the most basic principles, including the right of an employee to union representation, pay equity and seniority.

BCAA pays wages that vary by as much as 30 per cent for the same job. An employee with one year of service may earn more than an employee with 10 years' service. Men are often paid more than women.

OPEIU Local 378 officials have stated that the employer's positions are like nothing they've ever seen before. Initially, BCAA claimed that the right to have a union steward present during discipline and discharge was "confrontational" and unnecessary.

OPEIU members are also fighting for rights for part-time workers.

The strikers' spirits and determination are strong despite employer-tactics

designed to intimidate and divide. The 178 workers, most of whom are young women, have been subjected to threats and taunts.

Strikers say they are prepared to stay out as long as necessary to secure a fair contract.

The union has called upon BCAA to return to the bargaining table but, as the *Guardian* goes to press, the employer has not responded.

Birth of a bad policy

Here's what the B.C. government has been doing to boost P3s in our health care system:

- March '97 budget supports P3 schemes to build long-term care facilities
- January '98 - Victoria says it will ask private sector to build long-term care facilities in Nanaimo and Kelowna
- also in '98 Ministry of Finance assumes responsibility for management, financing and delivery of new health care facilities in an effort to encourage P3s
- regional health authorities directed to explore
- P3s for new long-term care construction
- regional health boards in Nanaimo, Kelowna finally seek proposals from private sector for care facilities in early '99 - more than one year after government announcement

Public Private Partnerships

NO FIX for long-term care

The problems

- Quality compromised
- Public accountability sacrificed
- Taxpayers pay more
- Local economies undermined
- Jobs, wages and benefits under attack
- Hidden costs escalate
- Governments bear risk
- Corporate monopolies created
- P3s lead to full privatization

by Mike Old

IN ITS 1997 BUDGET, VICTORIA SIGNALED A MAJOR SHIFT IN THE way new multi-level care facilities for seniors would be constructed and operated. Singling from media and corporate criticism of provincial debt levels - and acting on advice from the construction and design industry - government adopted a policy that public-private partnerships (P3s) be explored for the construction and operation of new care facilities.

Health care workers, seniors and some regional health authorities (RHAs) are critical of the policy charging that it is unproductive, more expensive to taxpayers over the long-term, and threatens to undermine Medicare.

In P3 schemes, the private sector takes the lead in developing, financing and operating public services, facilities and infrastructure. Often, P3s are just a new label for privatization.

Victoria's P3 policy for new long-term care facilities works this way: RHAs find a private sector "partner" to assume the capital costs of construction and recover those costs through Ministry of Health operating grants and mortgage subsidies - also known as per diems.

Victoria says private construction is the only way it can keep up with a growing demand for long-term care spaces while controlling public spending.

But it appears that no additional long-term care facilities have been built as a result of the two-year old P3 policy. In fact, former Health Minister Joy MacPhail's January 1998 announcement that the private sector would be approached to build care facilities in Nanaimo and Kelowna wasn't acted on by reluctant regional health boards for more than a year.

Some RHAs believe that privately built and operated care facilities are inconsistent with the goal of integrating health services

for seniors. The Central Vancouver Island Health Board told Health Minister Penny Priddy that under P3 arrangements, "we would not see full integration of services or administrative economies of scale."

But faced with growing pressures on regional hospitals resulting from a lack of long-term care beds and limited options for developing non-profit alternatives, both the Central Vancouver Island and Okanagan-Similkameen Health Regions have begun the process of seeking out private developers for new long-term care facilities.

HEU secretary-business manager Chris Allnutt says it's only a matter of time before the private sector takes advantage of the government's P3 policy. "These developers will build multi-level care facilities to gain a competitive advantage in marketing seniors' housing complexes."

And HEU is questioning claims that private financing and development of new long-term care facilities will save taxpayers money. While P3s transfer construction-related debt to the private sector, their borrowing costs are higher than the province's, repayments over a shorter period of time.

It's on those grounds that Victoria recently agreed to pick up the \$300 million tab for the expansion of the Vancouver Convention Centre from its private sector partner, Greystone Properties. The province argued that higher private costs would have been passed on to taxpayers in the form of lease payments. "The very same logic should be applied to the construction of seniors' care facilities," says Allnutt.

HEU says that private operators of long-term care facilities will recover their higher costs of development from taxpayers through per diem payments and the diversion of operating grants

P3 primer

Public-Private Partnerships (P3s) are ventures where the private sector becomes a lead actor in providing public services. They may involve private sector involvement in financing, designing, building, operating and owning public services, facilities and infrastructure.

P3s are often another way of contracting out public services. Instead of the usual short-term contracting

out arrangements, these longer term agreements move public services much closer to outright privatization. P3s are privatization by stealth.

Who's pushing P3s? Corporations and some public sector employers have formed the Canadian Council for Public Private Partnerships. The council promotes P3s to governments and the public. Its backers include Laidlaw, Serco, Mutual Life and Newcourt Capital, all of which have

been advocating - and benefiting from - privatization and contracting out.

B.C.'s Finance Ministry is also a member. CUPE, through the Public Works! campaign, has provided tools to fight P3s and privatization. Check them out on the web at <http://www.cupe.ca/jwresources.html>.

CUPE's P3 primer - Behind the Pretty Packaging: Exposing Public Private Partnerships - is available at HEU offices throughout B.C.

The statistics

- more than \$500 million is budgeted annually for residential care
- 68 per cent of long-term care beds are operated by public/non-profit sector
- by 2010 150,000 more British Columbians will be over 65 years
- by 2031 the number of seniors with dementia will triple
- more than half of women over 75 have annual incomes of less than \$20,000

which are supposed to be spent on resident care. Other measures to increase profitability could include non-union construction and lower construction standards, as well as using the facilities to leverage sales in associated seniors' housing complexes.

But Medicare advocates are concerned that the government's P3 policy will result in the privatization of seniors' care.

In the Simon Fraser Health Region, the application of the government's P3 policy to those long-term facilities most urgently in need of replacement or renovation would shift the balance of long-term care beds from 75 per cent public/non-profit operation to 51 per cent private. A similar shift would occur province-wide.

"Our members have a long tradition of opposing private ownership of long-term care facilities," says Allnutt, "because of their inferior caring and working conditions - and because of their lack of accountability to taxpayers who subsidize their operations."

The P3 directive must be jettisoned in favour of a seniors' care strategy that includes the non-profit operation of new multi-level care facilities," says Allnutt. "Key to this strategy are regulatory changes that would allow RHAs to finance construction of new facilities in co-operation with non-profit community organizations such as housing societies."

And Victoria should increase its level of support for development costs through "per diems" - current levels are generally considered inadequate - and give RHAs access to these funds. At the same time, the regulations controlling private facilities must be tightened to ensure privately operated facilities can't shift grant money intended for care to mortgage costs and profits.

Why do they keep going out of business?

Mercedes Guest Home, a privately operated long-term care facility in Clearbrook, is the latest in a long list of private facilities to be shut down because of concerns about the quality of care. Citing health and safety concerns, the Fraser Valley Health Region cancelled the facility's license in February.

Among the region's concerns - staffing reductions at the expense of resident care, environmental hazards and non-payment of employees' wages and benefits.

Seniors' care: cash cow for private sector?

Corporations stand to make a bundle if Victoria sticks to its P3 policy for long-term care.

The Reichmann's CPL REIT is now Canada's largest owner and operator of care facilities as a result of acquisitions. CPL operates five seniors' facilities in

B.C. CPL's annual report says further growth will be supported by the privatization of government-owned facilities and by health care restructuring.

And HEU has learned that Toronto-based Newcourt Capital, a specialist in financing P3 initiatives with a market focus that includes retirement/nursing homes, wants to cash in on Victoria's P3 policy.

Better ways Non-profit alternatives to P3s integrate seniors' health services

Many RHAs see new multi-level care facilities as an opportunity to partner with non-profit housing societies to build adjacent affordable housing and to provide other health services for seniors.

There's a critical need for such cooperative ventures. Institutional funding for lower levels of care - such as personal care and IC1 - are almost non-existent. And there's growing demand for supportive housing by low income seniors who can't access the high end retirement housing market.

That's why HEU has been pressing Victoria to explore alternatives to P3-financed construction and operation of care facilities. HEU has backed proposals for pilot projects that give RHAs the opportunity to enter into community partnerships with non-profit societies, municipalities and other community groups to develop "ageing-in-place" communities.

It's been done before. Burnaby's 56-year old New Vista Society provides housing, community and care services to seniors centred around its New Vista Care Home - a 236-bed intermediate care facility staffed by more than 200 HEU members.

About 540 low and moderate income seniors - 60 per cent female - live in the non-profit group's five rental properties. BC Housing subsidizes most of the rental suites. Tenants don't have priority placement at New Vista Care Home, but there is a strong interaction between the care facility and the housing.

The New Vista kitchen prepares soup and sandwich lunches for seniors in the society's housing units. Many social programs at the facility, including Tai Chi and gardening, are open to residents in the surrounding housing. A "seniors-to-seniors" program involves about 70 tenants in the Society's housing who spend time with residents of the care facility and the housing.

The New Vista Society would prefer to manage their own home care budget so that they can "bundle" the delivery of home care to tenants in a more efficient and continuous manner. But for the time being, tenants are eligible for home care, Meals on Wheels and other services on the same basis as other seniors.

HEU is urging the provincial government to bring in policies that allow RHAs to take part in projects like New Vista that integrate the housing and health care needs of our seniors.

Mercedes joins a long list of privately operated care facilities that have closed for similar reasons over the last two years, including Chilliwack's Yarrow Lodge, Coquitlam's Grosvenor House, Qualicum Beach's Wedgewood Manor and Vancouver's Lakeside and Trout Lake facilities.

The closures have led to a new round of acquisitions by seniors' care giants Ishar - which will reopen Grosvenor House in August - and CPL, whose subsidiary Versa Care reopened Trout Lake/Lakeside as Lakeview in 1998. And CPL has just acquired Holyrood Manor - another private facility that's cutting corners on care (see page 4).

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Birth of a bad policy

Here's what the B.C. government has been doing to boost P3s in our health care system:

- March '97 budget supports P3 schemes to build long-term care facilities
- January '98 – Victoria says it will ask private sector to build long-term care facilities in Nanaimo and Kelowna

- also in '98 Ministry of Finance assumes responsibility for management, financing and delivery of new health care facilities in an effort to encourage P3s
- regional health authorities directed to explore

- P3s for new long-term care construction
- regional health boards in Nanaimo, Kelowna finally seek proposals from private sector for care facilities in early '99 – more than one year after government announcement

Public Private Partnerships

NO FIX

for long-term

The problems

- Quality compromised
- Public accountability sacrificed
- Taxpayers pay more
- Local economies undermined
- Jobs, wages and benefits under attack
- Hidden costs escalate
- Governments bear risk
- Corporate monopolies created
- P3s lead to full privatization

by Mike Old

IN ITS 1997 BUDGET, VICTORIA SIGNALLED A MAJOR SHIFT IN THE way new multi-level care facilities for seniors would be constructed and operated. Stinging from media and corporate criticism of provincial debt levels – and acting on advice from the construction and design industry – government adopted a policy that public-private partnerships (P3s) be explored for the construction and operation of new care facilities.

Health care workers, seniors and some regional health authorities (RHAs) are critical of the policy charging that it is unproductive, more expensive to taxpayers over the long-term, and threatens to undermine Medicare.

In P3 schemes, the private sector takes the lead in developing, financing and operating public services, facilities and infrastructure. Often, P3s are just a new label for privatization.

Victoria's P3 policy for new long-term care facilities works this way: RHAs find a private sector "partner" to assume the capital costs of construction and recover those costs through Ministry of Health operating grants and mortgage subsidies – also known as per diems.

Victoria says private construction is the only way it can keep up with a growing demand for long-term care spaces while controlling public spending.

But it appears that no additional long-term care facilities have been built as a result of the two-year old P3 policy. In fact, former Health Minister Joy MacPhail's January 1998 announcement that the private sector would be approached to build care facilities in Nanaimo and Kelowna wasn't acted on by reluctant regional health boards for more than a year.

Some RHAs believe that privately built and operated care facilities are inconsistent with the goal of integrating health services

for seniors. The Central Vancouver Island Health Board told Health Minister Penny Priddy that under P3 arrangements, "we would not see full integration of services or administrative economies of scale."

But faced with growing pressures on regional hospitals resulting from a lack of long-term care beds and limited options for developing non-profit alternatives, both the Central Vancouver Island and Okanagan-Similkameen Health Regions have begun the process of seeking out private developers for new long-term care facilities.

HEU secretary-business manager Chris Allnutt says it's only a matter of time before the private sector takes advantage of the government's P3 policy. "These developers will build multi-level care facilities to gain a competitive advantage in marketing seniors' housing complexes."

And HEU is questioning claims that private financing and development of new long-term care facilities will save taxpayers money. While P3s transfer construction-related debt to the private sector, their borrowing costs are higher than the province's. Government can borrow money at lower rates and structure loan repayments over a shorter period of time.

It's on those grounds that Victoria recently agreed to pick up the \$300 million tab for the expansion of the Vancouver Convention Centre from its private sector partner, Greystone Properties. The province argued that higher private costs would have been passed on to taxpayers in the form of lease payments. "The very same logic should be applied to the construction of seniors' care facilities," says Allnutt.

HEU says that private operators of long-term care facilities will recover their higher costs of development from taxpayers through per diem payments and the diversion of operating grants

'The province's P3 policy is unproductive, expensive and could lead to the privatization of seniors' care'



P3 primer

Public-Private Partnerships (P3s) are ventures where the private sector becomes a lead actor in providing public services.

They may involve private sector involvement

in financing, designing, building, operating and owning public services, facilities and infrastructure.

P3s are often another way of contracting out public services.

Instead of the usual short-term contracting

out arrangements, these longer term agreements move public services much closer to outright privatization. P3s are privatization by stealth.

Who's pushing P3s? Corporations and some public sector employers have formed the

Canadian Council for Public Private Partnerships.

The council promotes P3s to governments and the public.

Its backers include Laidlaw, Serco, Mutual Life and Newcourt Capital, all of which have

been advocating – and benefiting from – privatization and contracting out.

B.C.'s Finance Ministry is also a member.

CUPE, through the Public Works! campaign, has provided tools to fight P3s and privatiza-

tion. Check them out on the web at: <http://www.cupe.ca/pwresources.html>.

CUPE's P3 primer – *Behind the Pretty Packaging: Exposing Public Private Partnerships* – is available at HEU offices throughout B.C.



DALE FULLER PHOTOS, WITH THANKS TO VIOLET GALE

Seniors' care: cash cow for private sector?

Corporations stand to make a bundle if Victoria sticks to its P3 policy for long-term care.

The Reichmann's CPL REIT is now Canada's largest owner and operator of care facilities as a result of acquisitions. CPL operates five seniors' facilities in

B.C. CPL's annual report says further growth will be supported by the privatization of government-owned facilities and by health care restructuring.

And HEU has learned that Toronto-based Newcourt Capital, a specialist in financing P3 initiatives with a market focus that includes retirement/nursing homes, wants to cash in on Victoria's P3 policy.

Better ways Non-profit alternatives to P3s integrate seniors' health services

Many RHAs see new multi-level care facilities as an opportunity to partner with non-profit housing societies to build adjacent affordable housing and to provide other health services for seniors.

There's a critical need for such cooperative ventures. Institutional funding for lower levels of care – such as personal care and IC1 – are almost non-existent. And there's growing demand for supportive housing by low income seniors who can't access the high end retirement housing market.

That's why HEU has been pressing Victoria to explore alternatives to P3-financed construction and operation of care facilities. HEU has backed proposals for pilot projects that give RHAs the opportunity to enter into community partnerships with non-profit societies, municipalities and other community groups to develop "ageing-in-place" communities.

It's been done before. Burnaby's 56-year old New Vista Society provides housing, community and care services to seniors centred around its New Vista Care Home – a 236-bed intermediate care facility staffed by more than 200 HEU members.

About 540 low and moderate income seniors – 60 per cent female – live in the non-profit group's five rental properties. BC Housing subsidizes most of the rental suites. Tenants don't have priority placement at New Vista Care Home, but there is a strong interaction between the care facility and the housing.

The New Vista kitchen prepares soup and sandwich lunches for seniors in the society's housing units. Many social programs at the facility, including Tai Chi and gardening, are open to residents in the surrounding housing. A "seniors-to-seniors" pro-



Five rental housing units are part of New Vista Society, and they're right across the street from the New Vista Care Home.

gram involves about 70 tenants in the Society's housing who spend time with residents of the care facility and the housing.

The New Vista Society would prefer to manage their own home care budget so that they can "bundle" the delivery of home care to tenants in a more efficient and continuous manner. But for the time being, tenants are eligible for home care, Meals on Wheels and other services on the same basis as other seniors.

HEU is urging the provincial government to bring in policies that allow RHAs to take part in projects like New Vista that integrate the housing and health care needs of our seniors.

which are supposed to be spent on resident care. Other measures to increase profitability could include non-union construction and lower construction standards, as well as using the facilities to leverage sales in associated seniors' housing complexes.

But Medicare advocates are concerned that the government's P3 policy will result in the privatization of seniors' care.

In the Simon Fraser Health Region, the application of the government's P3 policy to those long-term facilities most urgently in need of replacement or renovation would shift the balance of long-term care beds from 75 per cent public/non-profit operation to 51 per cent private. A similar shift would occur province-wide.

"Our members have a long tradition of opposing private ownership of long-term care facilities," says Allnutt, "because of their inferior caring and working conditions – and because of their lack of accountability to taxpayers who subsidize their operations."

"The P3 directive must be jettisoned in favour of a seniors' care strategy that includes the non-profit operation of new multi-level care facilities," says Allnutt. "Key to this strategy are regulatory changes that would allow RHAs to finance construction of new facilities in co-operation with non-profit community organizations such as housing societies."

And Victoria should increase its level of support for development costs through 'per diems' – current levels are generally considered inadequate – and give RHAs access to these funds. At the same time, the regulations controlling private facilities must be tightened to ensure privately operated facilities can't shift grant money intended for care to mortgage costs and profits.

Allnutt says that plans by the Ministries of Health, Housing and Municipal Affairs to explore policies that integrate supportive housing, health services and care facilities for seniors are signs that government is looking for more productive alternatives to their P3 scheme.

Why do they keep going out of business?

Mercedes Guest Home, a privately operated long-term care facility in Clearbrook, is the latest in a long list of private facilities to be shut down because of concerns about the

The statistics

- more than \$500 million is budgeted annually for residential care
- 68 per cent of long-term care beds are operated by public/non-profit sector
- by 2010 150,000 more British Columbians will be over 65 years
- by 2031 the number of seniors with dementia will triple
- more than half of women over 75 have annual incomes of less than \$20,000

quality of care. Citing health and safety concerns, the Fraser Valley Health Region cancelled the facility's license in February.

Among the region's concerns – staffing reductions at the expense of resident care, environmental hazards and non-payment of employees' wages and benefits.

Mercedes joins a long list of privately operated care facilities that have closed for similar reasons over the last two years, including: Chilliwack's Yarrow Lodge, Coquitlam's Grosvenor House, Qualicum Beach's Wedgewood Manor and Vancouver's Lakeside and Trout Lake facilities.

The closures have led to a

new round of acquisitions by seniors' care giants Ishtar – which will reopen Grosvenor House in August – and CPL, whose subsidiary Versa Care reopened Trout Lake/Lakeside as Lakeview in 1998. And CPL has just acquired Holyrood Manor – another private facility that's cutting corners on care (see page 4).



DALE FULLER PHOTO

Victory House shelters when nowhere else will

by Dale Fuller

FORTY-SEVEN hard-to-house people with varying levels of psychiatric disability hang their hats at Victory House in Vancouver's Downtown Eastside.

The people who work there care for the residents with dedication and diligence. There are sometimes violent incidents, and people can cross the line in their behaviour. But because the staff is so clued in to the state-of-being of their charges, there has not been one death at Victory House in over 11 years.

Most of the residents are ex-psychiatric patients

who are trying to live their lives in as normal a way as possible. "Our job is to ensure that they get some kind of quality of life," says Mark Roberts, mental health worker and HEU local chair. "We have people who have lived here for 10 to 15 years." The residents are anywhere from in their 20s to their 80s.

The atmosphere at Victory House is pleasant. The front lounge area has comfortable seating, and people sit quietly reading in sunlight that filters through large windows. Residents eat in the cafeteria which resembles a small neighbourhood cafe. Each table seats four people, and has a tablecloth with a vase of flowers. In short, the designers minimized the insti-

tutional setting as much as possible.

Victory House is part of the St. James Society which operates several different sites – most of them in the Downtown Eastside. About 200 HEU members work at all of the sites. They were first unionized in 1990 as a CUPE local. "We had a different management and board than we do now," says Roberts. "They tried to get the members to decertify, threatened to change Victory into a hotel."

Actually it was run at that time out of an old hotel, but the residents would have had to be returned to Riverview Hospital. The management even went so far as to fire everybody, but recanted on that a week later.



ROBERTS

One result of unionization, says Roberts, is that people stay longer on the job. When he first started working at Victory, one or two people every month would quit. "Now many of us have been here for five years or more," he says. That is better for the residents, because continuity of care is of extreme importance to them.

The community is very cohesive. If a worker on the night shift thinks someone is hurt or is going to hurt himself or someone else, they can call on the Strathcona care team or Priority 7, which is a team of two made up of a police officer and a nurse.

During the day and night shifts there is one nurse on site. There were no nurses at all at Victory House until two months ago. They are there to deal with the medical emergencies that crop up from time to time, and they are part of management.

Working in a place like Victory is not for the faint-at-heart. You have to be ready for the unexpected all the time. The kitchen and janitorial staff as well as the mental health workers are a dedicated bunch of HEU members.

- St. James Society's other departments include:
- two offices dealing with those people the Ministry of Social Services and Housing won't deal with because of violent or unpredictable behaviour;
 - Van City Youth Place;
 - a crisis centre for women and children at risk;
 - a hospice with home support workers;
 - a crafts store which includes garment alteration services;
 - a furniture store with delivery and pickup; and
 - St. James Place for independent living.

New members bring renewal

by Margi Blamey

New members are the lifeblood of a healthy, dynamic union. At HEU, the people most aware of this on a daily basis are our organizers, and they follow every lead and explore every opportunity in order to infuse the union with new blood.

While some individuals contact the union; most new certifications are the result of the staff's research, groundwork and diligence.

"HEU organizers have been known to leaflet a worksite at 6:00 a.m., or meet a few people for coffee at midnight," says acting director of organizing Raj Chouhan. "Staff accessibility and flexibility are essential to any organizing action."

Workers who investigate unionization often run a real risk of employer reprisals, and may be understandably fearful. That's why worker confidentiality and privacy are strictly maintained throughout an organizing campaign. From the beginning, the organizer's first task is to build trust with potential members – that's the basis of the workers' relationship with the union throughout and after the organizing phase.

The most successful campaigns are worker-driven – by taking ownership of the process, they're the most effective union promoters. Organizers remain active participants, contributing information and support.

The motivations for seeking union membership are disturbingly familiar to HEU's organizers: poor work-

ing conditions and treatment including low wages, few or no benefits, long hours, lack of respect, intimidation and harassment, discrimination, and health and safety concerns.

"HEU has earned a reputation as an effective advocate on behalf of working people," says secretary-business manager Chris Allnutt. "Our history records solid advances bargaining superior contract provisions that address issues of wages and benefits, employment security and pay equity. We're also in the forefront of the fight for Medicare, human rights, and economic justice."

HEU has organized all the province's hospitals and the majority of long-term care facilities. Our growth is evident in the independent/assisted living and community social services sectors. Over the last five years more than 4,100 workers have joined HEU.

The 2,500 delegates to the 22nd Canadian Labour Congress convention held in Toronto this May underscored the importance of organizing by adopting a policy statement asserting "the need for a culture of organizing that values and promotes the labour movement's integration in the various communities – geographic, social and/or cultural – in which people live and work."

With the adoption of this policy statement the CLC has recognized the work of dedicated organizers like those at HEU and confirmed organizing's key role in the renewal of the labour movement.

'Workers who investigate unionization often run a real risk'

The first step

Contact HEU organizers in confidence:

- **Raj Chouhan, director of organizing**
cell phone: 604-240-6982
(Lower Mainland)
 - **Meg Stevens**
cell phone: 604-880-9837
(Lower Mainland)
 - **Lila Murao**
cell phone: 604-240-6825
(Lower Mainland)
 - **Joy Davidson**
cell phone: 250-920-6809
(Victoria)
 - **Dita Pennykid**
cell phone: 604-880-9725
(Lower Mainland)
 - **Michael Carney**
cell phone: 604-862-6453
(Lower Mainland)
 - **General phone:** 734-3431 extension 215
(Greater Vancouver)
 - **Toll free:** 1-800-663-5813 extension 215
(outside the Lower Mainland)
- And look for the organizing web page, coming soon to <www.heu.org>.

Scrap bargaining rights, say Liberals

Tax cuts and no obstacles to wealth creation top Liberal wish list

by Mike Old

THE B.C. Liberals want to replace the current collective bargaining rights of health care workers with an alternate dispute mechanism. That's just one of the policies adopted by delegates to the April 16 to 18 B.C. Liberal convention held in Kelowna.

For Liberal leader Gordon Campbell and his caucus, the convention was an opportunity to pitch their pre-election message to a friendly crowd.

And though mainstream media outlets focused on Campbell's plans for electoral and legislative reform, the opposition leader's main message parroted B.C. Business Summit proposals to balance the budget, engage in massive tax cuts and "remove the roadblocks to wealth creation" through changes to the *Employment Standards Act*

and the *Labour Code*. But the Liberals were more vague on what government programs would be cut to pay for these promises.

"Ontario's Mike Harris couldn't keep his promise to preserve health care and other programs while making massive

"It's an unacceptable attack on our members' rights"

tax cuts," says HEU acting secretary-business manager Zorica Bosancic.

"Campbell and the Liberals must come

clean on how they'll balance the budget and cut taxes without slashing health care services."

One policy adopted by convention delegates calls for an alternate dispute mechanism to resolve labour disputes in health care.

It's a questionable move, says Bosancic, since existing labour regulations ensure critical health services continue to be provided during job actions through essential services orders.

"If the intention of this policy is to



MIKE OLD PHOTO

JUST LOOKING Liberal caucus members talk about what they will do if they win the next election, including drastically reducing collective bargaining rights for health care workers and revisiting regionalization.

remove our right to engage in job action, it's an unacceptable attack on our members' rights," says Bosancic.

The Liberals also adopted a policy measure to review health care delivery in B.C. with an eye to determining cost efficiency and whether services meet patient needs. But the list of groups that would participate in the review doesn't

include health care workers.

"First and foremost, any review of health care delivery carried out in B.C. must be underpinned by a commitment to the core principles of Medicare," says Bosancic. "And any review of health care delivery will be inadequate if it does not include the views of those who work on health care's front lines."

Budget boosts health care and education

B.C.'s NDP government has boosted health care spending for the eighth consecutive year in a provincial budget that commits significant new funds to reducing surgical waiting lists, providing more long-term care beds and increasing nursing staff.

"Some are committed to slashing taxes for big corporations and the wealthy, and cutting services to make up for lost revenue," said Finance Minister Joy MacPhail as she tabled her budget. "We on this side of the aisle have different values. We believe health care is a fundamental right that must be protected."

MacPhail's 1999/2000 budget commits an additional \$615 million to health care including \$137 million in new health care capital spending.

There's a 6.6 per cent lift to health

care spending — at \$478 million more than double last year's boost.

In an effort to free up acute care beds, \$21 million will fund 480 new long-term care beds — potentially creating 170 new care aide and LPN positions. And in addition to the \$15 million earmarked for new RN positions, the budget will fund new care aide positions and care aide to LPN conversions to the tune of \$5 million this year.

"The government has targeted new spending on those parts of the health care system that are under pressure," says HEU secretary-business manager Chris Allnutt. "That's exactly what the public is demanding."

MacPhail will fund increased health and education spending in part by running an \$890 million deficit in this fiscal year. But according to the Canadian

Centre for Policy Alternatives researcher Marc Lee, B.C. is still in relatively good fiscal shape.

"This year will see a rise in B.C.'s debt-to-GDP ratio to 24 per cent, but this is still the third-lowest of all of the provinces," says Lee. "The federal government's debt-to-GDP is 65 per cent, almost three times as large."

The alternative to running a deficit budget would be extreme measures such as those proposed by the B.C. Business Summit, says Allnutt, including \$1.5 billion in tax cuts and radically reduced program spending.

"Instead, this government has chosen to defend Medicare and education. Given these priorities a deficit budget is completely appropriate to the current economic circumstances," says Allnutt.



1999/2000 dollars for health care

- additional \$615 million in health care spending
- \$21 million will fund 480 new long-term care beds
- \$137 million in new health care capital spending
- \$5 million for nursing team initiative for more LPNs and care aides
- funding for 1,000 additional RNs

Aboriginal labour codes new element in negotiations

In a move imperiling aboriginal workers' rights, three B.C. Indian bands have adopted their own labour codes, claiming that the right to self-government includes the setting of labour standards on reserve.

HEU Xaaynangaa Naay local members and their employer, the Skidegate Indian Band, ratified a first collective agreement in June 1997 under the pro-

visions of the Canada Labour Code. However, in the midst of stalled negotiations for a second contract, the Skidegate band announced its own labour code in April.

The Skidegate code mirrors those enacted by the Kamloops Indian Band in December 1998 — the first in Canada — and by the Westbank First Nation in Kelowna in March.

Unions oppose several elements of the codes including bans on strikes, lockouts and closed shops on reserve, and the creation of arbitration boards chaired by a band appointee to resolve labour/management disputes.

"We support the principle of aboriginal self-determination," says HEU secretary-business manager Chris Allnutt.

"However, that cannot mean sacrificing the rights of workers employed on reserves, or on other traditional lands. We'll work with First Nations to ensure that aboriginal rights and employees' rights are in harmony, not in conflict."

The federal government has said that bands have no authority to make labour policy under the Indian Act, and that federal policy on self-government doesn't consider labour to be a negotiable jurisdiction. And, despite several Canada Industrial Relations Board decisions that say the federal labour code applies on reserve, unions are still waiting for a definitive ruling to end all controversy.

"Our goal is to forge long-term relationships with First Nations people,"

says Allnutt. "We have allies among aboriginal workers and others on reserve who support the principles and values of the labour movement and we know from experience that it is possible to reach a mutually satisfactory agreement."

In January, HEU and the St. Mary's Indian Band in Cranbrook concluded a unique first collective agreement covering workers at the A?Q'am Community Care Home. The deal recognizes the St. Mary's band's assertion of its inherent right to self-government which includes jurisdiction over labour standards. In this situation, the Canada Labour Code remains in place until such time the band is granted the legal right to jurisdiction over labour standards.

HEU welcomes Jim Sinclair to Fed presidency

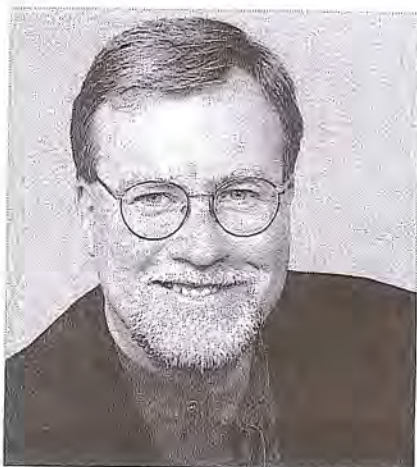
HEU congratulates Jim Sinclair on his election as president of the B.C. Federation of Labour. He was elected by the B.C. Fed executive council on May 14.

HEU has worked with Sinclair on campaigns in defence of Medicare and in his capacity as a member of the Vancouver/Richmond Regional Health Board. He started working for the United Fishermen and Allied Workers Union in 1982 and has been its second vice-president since 1991.

HEU president Fred Muzin says, "Jim Sinclair is always on the side of the workers and social justice, and he is committed to the community. We look forward to working with him."

Sinclair takes over from Ken Georgetti, who replaces Bob White as president of the Canadian Labour Congress.

He assumes his new post on July 1, 1999.



SINCLAIR

MAY DAY in Vancouver saw about 7,000 marchers protesting the bombing of Yugoslavia. HEU was represented at the march and the rally that followed, which were reminiscent of the 1980s peace walks that attracted thousands protesting the international nuclear arms build up.



DAN KEETON PHOTO

Cancel RADs, says poll

by Mike Old

If public opinion and the views of some outspoken physicians are any indication, it's time for the B.C. Medical Association to revisit the use of reduced activity days (RADs) to draw attention to its fee dispute with the provincial government.

According to an HEU/McIntyre & Mustel province-wide telephone survey carried out in late February, 57 per cent say the BCMA should cancel RADs to help clear the surgical backlog in B.C. Only 31 per cent say RADs should continue. Twelve per cent had no opinion or refused to comment. And on the eve of the BCMA's five-day RAD action coinciding with spring break, 29 physicians

from the Lower Mainland and Victoria publicly rejected the BCMA's tactics.

"While the health system is experiencing serious problems that call for public awareness and discussion," wrote the physicians in a March 12 statement, "we believe it is misleading to confuse the question of physicians' incomes with the welfare of the health care system. We think it is contradictory to complain about long waiting lists only to compound the problem by withdrawing our services."

HEU estimates that the RADs have delayed as many as 20,000 surgeries since March 1998.

'BCMA's tactics are wearing thin'

"BCMA's tactics are wearing thin with the public," says HEU secretary-business manager Chris Allnutt. "It's time for doctors and other caregivers, government and the public to rebuild confidence in our health care system by coming up with solutions to the challenges facing health care together."

"But the BCMA solution — a \$150 million boost to the fee-for-service system — is no solution at all."

The HEU/McIntyre & Mustel poll is considered accurate to within plus or minus 4.4 percentage points, 19 times out of 20.

Workers suffer most stress

by Sheila Rowswell

FEELING STRESSED to the max lately? You're not alone in health care these days. HEU's Regionalization/Restructuring Committees have taken on workplace stress and workplace control as part of its action plan for 1998/99.

Many people are led to believe that it's not work but one's own life skills, personal life or inability to cope that causes stress. And the general belief is that it's managers, not people like HEU members, who face high stress levels at work. In fact, the opposite is true.

It's not managers, directors or CEOs who have the highest stress levels. It's regular working people. For years research has shown it is people with low control and high demands made of them that have the most stress and suffer the highest rates of stress-related injury and disease. It's clerical workers, care aides, kitchen tray line workers, group home workers, etc. who endure the most stress in health care.

The R&R committee recognizes that workplace stress levels are increasing as employers reorganize, transfer and restructure services with little respect for or input from frontline workers. Stress levels have also increased as the intensity of health care work increases.

Some employers see that workers are stressed, but their solutions are usually

based on individual solutions such as exercise or coping skill classes. HEU's approach is broader. We are bringing workers together to break individual members' feelings of isolation. We look for common sources of workplace stress and, most importantly, try to find collective ways of gaining more control at work, which reduces workplace stress.

Through the committee, three pilot workshops were held in December 1998 at work-sites where employer restructuring and/or workload levels had pushed up stress levels. Workshops were held with unit clerks at Vancouver General Hospital, stores and purchasing members in the Fraser Valley and care aides and food service workers at a Victoria private nursing home.

None of the members attending were union activists, and most had little contact with HEU up to that point. At Chilliwack four area hospitals have combined their stores and logistics departments into one site. One member attending the workshop said that the work situation there now is just as stressful as his days spent looking for mines after the Gulf War!

At VGH members described how they felt they were in the eye of the change

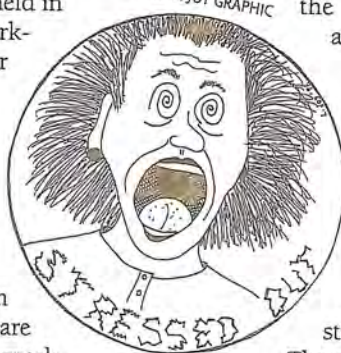
storm with no one asking them what would work or wouldn't or how to better organize things. It's made worse when unit clerks are isolated from each other and the employer's changes are making work flow and demands worse. While one day was not enough time to take on all the problems, members said they felt invigorated by the workshop.

They decided to work together with the local executive on an action plan.

In the nursing home there was a very high injury rate across a variety of jobs. There wasn't one member at the workshop who did not have health problems. Each person said it was connected to work stress and workload.

The committee is now working on taking the project out to other locals and members. Interested staff and activists will be able to take facilitator training this spring and summer.

Members should keep an eye out for a brochure on workplace stress/workplace control which will be mailed this summer. Look for more articles in the *Guardian*. If you think your local could benefit from a workshop or if you would like more information, contact Marcy Cohen or Sheila Rowswell through the Provincial Office.



LORNA JOY GRAPHIC

MSIs studied

Health care workers suffer musculoskeletal injuries (MSI) in alarmingly high numbers. Health Canada and the Workers' Compensation Board funded a study to find out why.

The study, carried out by UBC epidemiology PhD student Mieke Koehoorn and her colleagues, looked at 4,020 workers in an acute care hospital in the Lower Mainland from 1992 to 1995. It looked at all the occupations in the facility, except doctors and students.

Mental stress from low control and low support on the job may result in increased tension in the upper body muscles and eventually lead to MSI symptoms. Taking a break from repetitive or demanding tasks can ease the tension. Usually workers can do this only if they have control over their situation or have good support from a supervisor.

However, lifting a patient, even if one can decide when and how often, will produce wear and tear on the lower body. A worker is even more at risk if not able to make those decisions.

The report recommends changes to address these problems, and these will be elaborated on in a later issue of the *Guardian*.

Nursing team initiative receives \$5 million

Funds will boost staffing levels in continuing care

GLEN ERIKSON PHOTOS



ENTHUSIASTIC Minister of Health Penny Priddy announces that her government will be spending \$5 million to upgrade LPNs working as care aides to LPNs and to hire care aides in continuing care, as secretary-business manager Chris Allnutt awaits his turn at the podium.

ON APRIL 16 at Vancouver's Yaletown House, Health Minister Penny Priddy announced a \$5 million initiative to increase the numbers of care aide and licensed practical nurse positions in residential continuing care. This is good news for HEU's nursing team members.

"This initiative came about because of some very hard work by our nursing team activists," said HEU secretary-business manager Chris Allnutt. "Combined with the budget announcement of \$615 in new health care funding, it shows that in B.C. we're willing to make the right health care choices."

After the government said it was going to add 1,000 more registered nurses to the system, HEU stepped up its own lobbying to add more LPNs and care aides, resulting in this initiative.

"This new funding will help deal with the overall nursing shortage as each member of the nursing team is used to her full potential," said Allnutt.

Addressing changing care needs

These dollars apply to the 1999 base budget, with a commitment for at least another \$5 million next year. This year's funding will focus on long-term care for two reasons:

- the changes in acute care (shorter stays, day surgery), combined with seniors needing residential care, have dramatically increased pressures and workload in long-term care; and
- health care reform has intensified the care needs of residents in long-term care facilities, making it impossible to ignore the value of LPNs any longer.

HEU will continue to gather evidence and organize for increased LPN staffing and utilization in acute care.

This funding lays the groundwork and

provides regional forums for pressing nursing team issues in acute as in long-term care.

How the \$5 million is spent

This initiative will create permanent LPN and care aide positions in long-term care and support research on their utilization across the health care system. The funding will be granted to each Health Authority in three categories to carry out these objectives:

- conversion of care aide to LPN positions (for LPNs who have been working as care aides or in other jobs);
- training for LPNs and care aides; and
- creation of care aide positions.

Care aides to LPN conversions

Approximately 1,200 LPNs in B.C. currently work in other positions, about 500 as care aides in long-term care. One million dollars will be allocated so LPNs working as care aides can work as LPNs.

Education part of initiative

The training funds will be administered at the regional level by a joint committee of the Health Authority and HEU. The first priority will be to support orientation and refresher education for LPNs who will be moving into the converted positions. Once this is achieved, the funds will be available to LPNs and care aides for training and professional development. Any money not spent in the staffing categories of this initiative will become part of the regional LPN/care aide training funds.

New care aide positions

"LPNs have been campaigning for a long time for recognition and reversal of the trend that saw their numbers decline," said Allnutt. "This initiative represents a significant gain for them, but care aides have made advancements here as well."

In fact, 70 per cent of the \$5 million will go towards the creation of new care aide positions. And there will be \$300,000 in training funds available to them once the immediate task of upgrading the LPNs is completed. The recent provincial budget announcement of \$21 million for 480 continuing care spaces will result in approximately 150 new care aide positions as well.

Research on utilization

The joint HEABC-Facilities Bargaining Association Committee on LPN and Care Aide Utilization will receive \$200,000 to continue its research work on staffing and utilization practices in B.C., best practice models and trends and experiences outside of B.C.

Making it work

The provincial government will allocate the staffing and training funds to health authorities based on current bed levels, adjusted for acuity and staffing levels. Each health authority, in consultation with HEU, will determine which facilities receive converted and new positions. Facility size and the acuity level of residents will be principle factors. Selected employers must be committed to effective utilization of LPNs and care aides. Conversion of care aide to LPN positions and creation of new care aide positions will happen as quickly as possible. These must be permanent positions only, and full-time wherever possible, with no displacement of employees or involuntary layoffs.

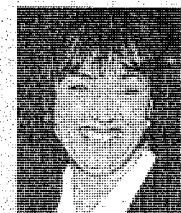
The process of finding LPNs working as care aides who wish to make the conversion will vary from place to place. In some facilities it will be relatively straightforward. In others, it may require an extensive labour adjustment process. In the latter case the joint committee will use new care aide positions to backfill conversion to LPN positions, and canvass employees for their interest in voluntary options such as early retirement, job sharing or retraining.

New positions will be posted and filled according to collective agreement procedures.

What they say at Yaletown

Vancouver's Yaletown House was a good place to announce the new nursing team initiative.

Bucking the trend, this intermediate care facility has been utilizing LPNs for four years. "We believed that with the care requirements of our residents becoming ever more complex, we needed to have a broader skill base in our nursing staff," says Yaletown administrator Shirley Nelson.



NELSON

It took a while to adjust, but now LPNs are a great support to the registered nurses and the care aides.

The facility was an innovator in the conversion of care aides to LPNs. Yaletown food service supervisor and local chair Richard Dennis says, "Now the LPNs can give meds and supervise the care aides. It's a much smarter way to run a facility like this."



DENNIS

Recreational therapist Mary Benson agrees. "I noticed the difference with the LPNs here. It took the pressure off the other nursing staff," she says.



BENSON

She thinks the new funding is long overdue. "Continuing care is in a crisis state; this is an absolute necessity."

PRIDDY talks to Yaletown House residents Edith Coulter and Kay Fayolle about how the nursing team initiative will help people who live in continuing care facilities like theirs.



JUNE 9-12
CUPE-BC Convention, Prince George

JUNE 11-13
BCGEU Convention, Victoria

JUNE 18-21
NDP Convention, Burnaby

JUNE 19-21
Provincial Executive Meeting

JUNE 21
Canadian Aboriginal Peoples' Solidarity Day

JUNE 26
Miners' Memorial Day, Cumberland

JULY 1
Office closed for Canada Day

JULY 8-11
Summer Institute for Union Women, British Columbia Institute of Technology

JULY 21-29
HEU Summer School, University of British Columbia

Founding member Jim Ballard dies

HEU lost one of its founding members when James Ballard passed away on March 27.

Ballard began his career as an orderly at Vancouver General Hospital in 1939 and retired in 1974 as a servicing rep for HEU. In the intervening years, he saw the birth and growth of the Hospital Employees' Union. And he was involved right from the start.

The workers at VGH were unionized when he began working there, but they did not have their own certification. The male workers were in fact affiliated with the Civic Employees' Union.

"We didn't even have the women. They had their own association. That's how weak we were," said Ballard in a 1974 interview with the *Guardian*. The women employees were in the Hospital Workers' Union which was made up of only female members.

In 1944 women and men at VGH voted to merge their two unions, thus forming the Hospital Employees' Union, Local 180 of the Trades and Labour Congress. Jim Ballard was a catalyst in that development.

Ballard worked for seven years as an orderly and then he took over a posi-

tion looking after anaesthetic equipment. He stayed in that job for 25 years.

When World War II broke out, VGH foiled every attempt Ballard made to enlist, and he made several. The hospital considered his work as an orderly in the burn unit indispensable.

He said he got involved in the union because he wanted to know what made it tick. And the only way he could do that was to run for office. He was an active participant of his local until he left to join the union staff, serving as chair four times and in other offices too many times to count. He sat on the Provincial Executive nine times.

All that experience was put to good use when he came to work for the union in 1971. He serviced VGH, Burnaby General, St. Paul's and Louis Brier. He then served as the Kootenay rep until his retirement.

Ballard retired with a severance package, and he put it to good use by buying a camper. He and wife Rita went camping every year from May to September. They made several trips to Mexico and Hawaii and loved going places on the train. Son Glenn said he has a photograph of his dad in Mexico parasailing when he was in his mid-70s.

The Ballards are truly an HEU family.



BALLARD outside VGH burn unit, where he worked as an orderly, circa 1940.

Rita Ballard also worked at VGH and retired soon after Jim did. She passed away in 1995. Son Glenn and his wife Theresa also both work at that same facility.

COMING UP ON WORKING TV

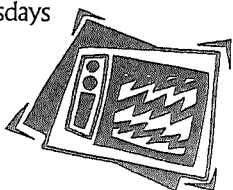
Is Canadian water going down the drain?

Find out on Working TV on Wednesday, June 16 at 9 p.m. and Saturday, June 19 at 11 p.m.

A one-hour special program called *The Private Drain on Public Water*, put on by the Council of Canadians, will feature Maude Barlow's April 21 Vancouver talk.

Regular broadcast times for Working TV are Fridays at 7:30 p.m. and Mondays at 8:30 p.m. in the Lower Mainland; Tuesdays at 9 p.m., Wednesdays and Thursdays at 8 p.m. on Kootenay Cable TV (Kimberley and Fernie) and now on air in 50 American cities.

And don't miss the Working TV website at <<http://www.workingtv.com>>.



Ottawa massacre victims mourned

On April 6 a former employee of the Ottawa-Carleton public transit commission entered a central garage and, armed with a rifle, shot and killed four OCTranspo employees and injured one other before turning the firearm on himself.

The victims of the massacre were all members of the Amalgamated Transit Union.

Members of CUPE 5500 worked alongside those ATU members as supervisors and security staff.

Bob Mannion, president of the CUPE

local, said of the victims, "I've been working with some of these guys for 20 years and they never had a bad word for anyone. It's such a sad thing. It should never have happened."

CUPE members worked through the night to ensure that transit service was fully restored the next morning. They brought in trauma teams afterwards to help their members deal with the tragedy, said Mannion.

HEU joined CUPE in extending their sympathy and solidarity to the brothers and sisters of CUPE 5500 and ATU.

Coffee break

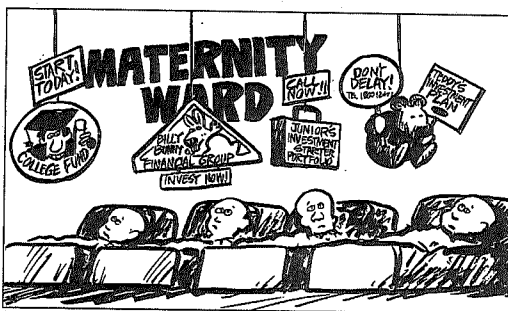


All stories guaranteed factual. Sources this issue: CALM, AUPE, Direct Impact, Vancouver Province, Vancouver Sun, America@work.

The RRSP myth

The solution that the Chamber of Commerce, the Reform Party and the banks suggest for the country's so-called pension crisis is to allow Canadians to put their pension plan contributions into a self-directed RRSP. However, consider these facts:

- To earn \$25,000 a year when you retire, you need more than \$300,000 in RRSP investments.
- A retired couple who earned \$55,000 a year, with no RRSPs, and getting CPP and Old Age Security payments can expect to earn almost \$26,000.
- Working families earning less than \$60,000 a year don't really need them. And, according to some financial experts, families earning \$30,000 a year or less would be better off paying off a mortgage.



Book-learning

Culled from the Internet are these comments from test papers and essays submitted to science and health teachers by elementary, high school and college students:

- H²O is hot water, CO² is cold water.
- Water is composed of two gins, Oxygin and Hydrogin. Oxygin is pure gin. Hydrogin is gin and water.
- Liter: nest of young puppies
- To remove dust from the eye, pull the eye down over the nose.

up the other.

If it's productive, it must be union

Union members know that union shops are more productive than worksites without collective agreements. But just how much more productive?

According to a recent U.S. National Bureau of Economic Research study, the average union worksite is 16 per cent more productive than a non-union firm. Union experts agree on several key reasons for this: union workers have a

greater stake in their workplace with contract job security; union workplaces have lower turnover rates, and productivity increases with experienced workers; seniority rules make it easier for skilled workers to share their knowledge; and unions limit unilateral management, forcing managers to plan more carefully and learn to manage better.

Flaming facts

Firehouses have circular stairways because, when the engines were horse-drawn, the horses were stabled on the ground floor and figured out how to walk up straight staircases.

Scottish clans who wanted to get rid of their unwanted people without killing them used to burn their houses down, producing the expression, "getting fired."

HEU people

Retirements

Two retirements from the Bulkley Valley District Hospital: housekeeper/supervisor **Barb Gould** and maintenance worker **Jim Briggs**.

Gould, a 22-year veteran at the facility, is going to spend much of her retirement in Mexico. A few years ago she went to that country with her son and fell in love with it, and was spending half of each year there for the last while. Thirty of her co-workers celebrated her retirement with a dinner.

Briggs, known as Mr. Santa Claus at local children's functions, is also an artist, with much of his artwork to be found in the hospital. He spent 29 years at BVDH, and he will be greatly missed, but since his wife Loretta still works there, local members will get to see him every now and again.

To Ha Luong retired from his position as cleaner at Mt. St. Joseph's Hospital at the end of March after working there for 20 years. He plans to travel to Europe and to volunteer at the facility – probably continuing with translating and interpreting for the Chinese and Vietnamese patients.

Goretti K.C. Ho also recently retired from Mt. St. Jo, where he worked as a CSD aide. He worked at the facility for 22 years.

Care aide **Florence Witt** retired from Dogwood Lodge recently. Long walks, exercise and travel to visit friends are in her immediate plans.

Food services worker **Helen Yatkowsky** retired from Pleasant Valley Health Centre in Armstrong at the end of April. She served as conductor and trustee of her local and she worked at the facility for 22 years. Now that she doesn't have to work anymore, she plans rest and relaxation.

Care aide **Irene Szilagyi**, also of Armstrong, retired in January. She worked at Pleasant Valley Manor for eight years. Her plans include "travelling with my little dog."

LPN **Marilyn Kraavanger** retired from Invermere and District Hospital/Columbia House in October 1998. She's not sure when she started there, so it must have been a long time ago. She volunteers with the Friends of Kootenay North Park and the East Kootenay Environmental Society and is active in her church. Right now she intends to enjoy life!

Laurine Dunlop worked at Swan Valley Lodge for 21 years. Her co-workers wish her well in her retirement.



TURNBULL

Judy Turnbull does an excellent job of training and showing her collies. She started at 100 Mile House Hospital as a cook in 1967. She transferred to maintenance in 1984, where she worked until she had to go on disability in 1997. Her co-workers wish her well with the collies.

Staff Appointments

We have three new members of staff, all of whom have been working at HEU as temporary staff and have been made permanent.

Kerry Anderson came to HEU from Crofton Manor where she worked for more than five years, first in food services then on reception. She worked briefly as a care aide in the late 1970s at Normandy Hospital. She started as a temporary employee at HEU two years ago, and is now a Secretary II. Outside of work, she is active in church activities.

Another secretary II, **Raine Kearney**, started out at Haro Park as a casual receptionist and a casual care clerk. She started at that facility volunteering her time to work with seniors in resis-

tance training. She also worked briefly at St. Paul's Hospital in the anaesthesiology department. She was also at the B.C. Transplant Society. She started working at HEU in March 1997 as a temporary worker.

Sharryn Modder worked at Malchow House at Marine View Housing Society in West Vancouver as an activity worker for two-and-a-half years before starting work at HEU. Her permanent appointment is as a Secretary II. She studied recreational therapy at Douglas College. While there she continued her work with pregnant teenagers and street youth, work that she loved. Modder is married, but no kids.

In memoriam

HEU sister **Val Marie Corbett** died in Prince Rupert on Jan. 24. She worked for the past 11 years in the dietary department of the Prince Rupert Regional Hospital.

Her laughter and love of life were well-known to all, and she will be fondly remembered by her family and many friends.

Agnes Magnone, a former Ladysmith member, passed away at the age of 86.

A proud licensed practical nurse, she was an active union member and was chair of her local during the 1960s. She was also active in the Licensed Practical Nurses Association of B.C., including as president. "She cared for her patients and she likewise cared about and created good things as a true catalyst for change,"

wrote her colleague and god daughter Diane Uyttersprot (Victoria General Hospital local).



ANDERSON



KEARNEY



MODDER

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

The Superannuation Commission

has launched its

PUBLIC WEBSITE:

<pensions.gov.ca>

HEU members will be able to access an on-line estimator for their Municipal Pension Plan, as will members of other pension plans administered by the commission.

For more information, contact the commission by fax (250) 356.9591 or e-mail: <pensionline@gems3.gov.bc.ca>.

EQUITY PHONE LINE

1.800.663.5813, ext. 514
Lower Mainland 739.1514

press 1

Ethnic Diversity

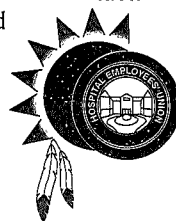
One union, many colours! Working across our differences! To participate, please call and leave us your name!



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

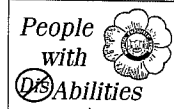
For support: afraid of being identified, feeling isolated, want to know your rights? Call for information on same sex benefits, fighting homophobia and discrimination.



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.



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VOL. 17 NO. 2

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