

Guardian



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PETER BRUCE PHOTO

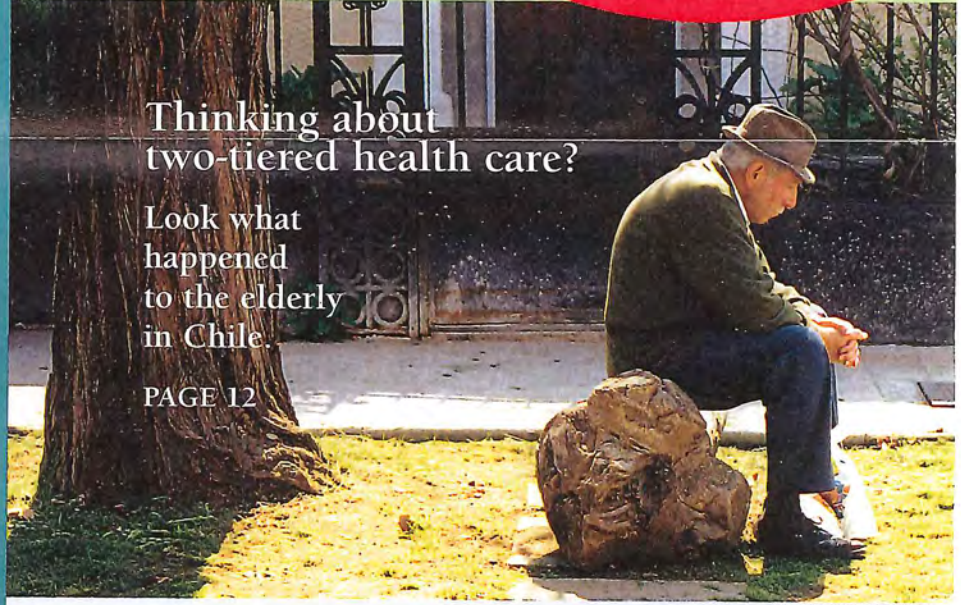
dark ages



Julie Ng tells Victoria Chinatown Care Centre they can't pay less to Asian workers anymore. HEU says racism can no longer be tolerated – anytime, anyplace. **PAGE 5**

CODE BLUE!

Canada's health care system and other social programs are being targeted by the powers behind the World Trade Organization. Here's how we're fighting back. **PAGES 8-9**



HELEN HUGHES PHOTO

Thinking about two-tiered health care? Look what happened to the elderly in Chile. **PAGE 12**



MARGI BLAMEY PHOTO

KEEP GF STRONG

Imelda Bateria makes the case to Vancouver Richmond Regional Health Board member Jim Sinclair. **PAGE 11**



COMMENT

Victory is sweet but fight not quite over

by Chris Allnutt

WHEN I reflect on the importance of arbitrator Stephen Kelleher's recent ruling that settles the comparability element of HEU's pay equity plan (see page 3), I can't help but think of the economic situation of our members in the 1970s when the union made its first inroads to end gender-based wage discrimination in health care. Back then, more than 80 per cent of caregivers made less than the average B.C. wage. And within the discriminatory health care pay regime, predominantly female positions were paid less than male classifications for work of equal value.

I think about Lions Gate Hospital cook Lucy Boychuck who in the 1970s was paid \$300 a month less than her male colleagues because women couldn't be chefs. And I salute the more than 600 union members who courageously filed human rights complaints that helped propel the union to our initial bargaining gains on the comparability/pay equity front.

Quite clearly the road to justice has been a long one for us. But we've made great strides over the past two decades because of the strength and determination of our members and staff, both past and present. You never gave up! This important victory belongs to you.

More recently, Prince George regional office director John Hurren



'We've made great strides because of the strength and determination of members and staff'

While we negotiate implementation issues with employers, and await a labour board decision on HEABC's appeal, I'll be travelling to various parts of the province to meet with members and provide special updates on where things stand and what challenges may lie ahead. Historically, HEU members have never hesitated to mobilize to win justice. Depending on the course of events over the coming weeks, we may have to prepare do so one more time to close the final chapter in our lengthy struggle to erase pay discrimination in health care.

and CUPE researcher Suze Kilgour both played important roles in making the union's successful comparability case before Kelleher.

Although the ruling is under appeal by employers, the union is pressing forward to ensure our members get the money the respected arbitrator has determined you're due. As it stands now, the comparability increases under the award total \$95 million, which, as Kelleher orders, will be applied to our pay equity job value comparison plan. The union is now hard at work confirming which classifications will receive adjustments.

These more recent increases are in addition to earlier across-the-board comparability boosts of 3.7 per cent for facility members in 1994, which benefitted male and female members alike.

For predominantly male classifications this first adjustment has translated into increases totalling as much as \$8,000 over the past five years. But the long road to bring an end to discriminatory pay practices in health care may still hold other challenges. For example, we could expect that Kelleher's ruling will come under attack by Gordon Campbell and the Liberals, who may be audacious and ill-informed enough to call the ruling a special deal for HEU. And we

shouldn't be surprised if less forward looking employers try to blame the settlement for every single woe besetting the workplace, much like they did at first with the employment security agreement and the 36-hour week.

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.

Casual wants more benefits

I have been a casual employee for several years now, and it has come to my attention again and again how little rights we have as members of HEU.

We can be bumped from our fill-in positions without any notice or concern from our fellow full-time or part-time members. We pay our dues, but have few benefits. I would like the opportunity to work as a casual in two departments, in the same workplace, but cannot. Why? Because I am a casual employee? But my fellow full-time and part-time employees jump back and forth from one department to another. I do not know about you, but that sure sounds like discrimination to me, and that is against the law and the Charter of Rights.

Oh, but wait, my so-called brothers and sisters, I was under the impression unions were started to

help and protect their members from just such things as exploitation and basic rights in the workplace. It seems to me that the HEU has grown so big and turned into a mega business of its own, it's forgotten what it was originally designed to do, protect the little guy's basic rights in the workplace. So this is what it all boils down to. HEU and its full- and part-time members enjoy the gold mine, and us casuals get the shaft.

PETER J. MCMULLIN,
Fraser Canyon Hospital

Casuals should also benefit

I was pleased with the initiative to use LPNs and Care Aides (through LPN access programs) to relieve the acute RN shortage. However, under that initiative, only regular employees are eligible for the \$5 million, provided by the B.C. government, to upgrade and retrain Care Aides to LPNs.

Casual employees are excluded. This decision discriminates against casual employees as it is based on

employee job status. I feel both regular and casual employees should be given equal opportunity to be eligible. Hence, I urge the appropriate person to reconsider this decision.

DAVID KOK WAI CHOW,
Renfrew Care Centre, UBC Pavilion

I want to help

This past weekend I read the *Guardian*. My letter to the editor was in there where I blamed the union for the lousy increase people on LTD got in the new contract. I also read Chris Allnutt's *Comment* on the same page titled *Injustice for those on LTD and Disability package is underfunded* on page 11.

Now I know it's not totally the union's fault for what we received, and I would like to apologize for my harsh words. It appears the HEABC pulled a fast one on the bargaining committee.

Now we have to go forward and try to correct this for the people on LTD. The HEABC should be forced to pay us the full \$5 million per year they estimated. I bet the whole amount the people on the Supplementary Monthly Benefit received did not come to more than \$300,000. I also read in the *June '98 Comprehensive Report* that there is a reopener for possible future improvements after 18 months. This is the perfect time to demand an increase or lump sum for people on LTD in receipt of the Supplementary Monthly Benefit.

In closing I would like to ask you what I can do, who I can write to, to persuade the HEABC to pay up.

JOHANNA REYMERINK,
Queen Alexandra Centre

Thank you, brother

I recently appealed a WCB claim I had been denied. I was represented by brother Stan Hambley and was very pleased the WCB appeal board allowed my appeal.

I wish to commend our union for taking on my case as it was only for 44 hours of sick time and I was not out any money; however it was a matter of "principle." I was injured on the job, and felt entitled to WCB for my injury. I know that without the support of my union and the expertise of brother Hambley I would not have been successful in an appeal. I know it must have cost the union more than my 44 hours of sick time to represent me, but there was no hesitation to provide this support for me.

I have always been proud of HEU for their commitment to education for our members and am sure we must have one of the best records for providing opportunities to members. I know these educational programs are very costly, and I hope we are always able to continue to provide these.

Whether or not I won the appeal I would have been grateful for the support provided to me. I hope that what I learned from my experience enables me to offer assistance to our members.

Once again thank you to HEU and to brother Hambley. This is just another example of the fairness policy of our union. I am proud to be a member and advocate of HEU.

CAROLYN STOWE,
Yucalta Lodge

Guardian

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

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What we're up to

Safety at work for all to see

Broadway Pentecostal Lodge's OH&S Committee organized a display for Occupational Health and Safety Awareness Week this past summer.

It included videos and presentations throughout the week. Staff were able to attend during their work hours.

One video gave instructions on what to do during a major earthquake, whether you happen to be at home, at work or on the road.



Broadway Pentecostal Lodge OH&S Committee stands in front of their display: Karl Mazka, local secretary; Ralph Johnston; Liza Cheng, management rep; Linda McIver, management rep; Barbara Buchanan, BCNU chief shop steward and Bob Peacock, local chairperson.

The physiotherapist made a presentation on how to prevent musculoskeletal injuries. The display and the presentations raised awareness of the committee, its work and safety on the job.

Good for them, good for us!

In July of this year, the Health Labour Adjustment Agency (HLAA) broke through the 1,000 placement mark! That means that since its found-

ing in 1993, the agency has successfully placed over 1,000 health care workers in other jobs. They would have otherwise ended up with either substantial paycuts or without a job altogether.

A record to be proud of. Keep up the good work, HLAA.

Poll to take union members' pulse

Bargaining for a new collective agreement for most HEU members may still be months away, but our preparations for those talks are getting underway now. A key part of this is an internal membership poll to help us gather opinions on a variety of issues, including bargaining and satisfaction with the services the union provides its members.

The poll, to be completed before the end of November, will be carried out by the firm of McIntyre and Mustel, HEU's

long-time "pollsters." To keep the results scientific, members will be randomly selected to provide important and anonymous feedback in two stages.

First, in October our computer system will randomly select 4,000 members who will receive a letter from union president Fred Muzin indicating they could be part of the survey, and outlining how it will be conducted. From this list, the polling company will randomly contact between 800 and 1,000 members to participate in the process, which will involve a 30 to 40 minute interview. The interview process is strictly confidential and members can decline to participate.

Two pennies for the feds

HEU has given its two cents worth of advice to the House of Commons Standing Committee continued on page 4

HEU takes wait and see approach in NDP contest

While HEU has not endorsed a specific candidate in the NDP leadership contest, union president Fred Muzin says the Provincial Executive is watching campaign trail developments with great interest, especially the health care platforms of quality public services and social justice.

The party's leadership convention will be held in mid-February in Vancouver.

"From HEU's standpoint our process to evaluate the strengths and weaknesses of each candidate will be largely based on their positions on health care and labour issues," Muzin said.

"A candidate with a vision for progressive changes to make our Medicare system better would obviously be quite attractive for the union and our members," he said.

It's hoped that each leadership hopeful will meet with the Provincial Executive to make their pitch for support and be quizzed on their respective platforms before the end of the year.

Union members ask, "What's wrong with this picture?"



HEU MEMBERS SHOW SOLIDARITY with projectionists. On July 27 about 200 trade unionists joined the picket line in support of 61 locked-out projectionists, members of IATSE Local 348. While some members of the public respected the pickets, others very belligerently tried to break through the line. Industrial inquiry commissioner Stephen Kelleher released a report to Joan Smallwood, Minister of Labour, on Sept. 29. The minister has called for a meeting with the two parties.

Pay wage adjustments, says arbitrator

HEU members are on the brink of some important pay equity gains as a result of a crucial Sept. 21 ruling by arbitrator Stephen Kelleher that promise to close the final chapter in a lengthy and determined battle to eliminate gender-based pay discrimination.

In the most recent of many rulings on the issue at hand – comparability of pay rates between HEU and BCGEU members in the direct public service which is part of HEU's pay equity plan – Kelleher ordered wage adjustments equal to three per cent of payroll for HEU members in the facility sector.

"It amounts to \$25.8 million a year effective April 1, 1996," says HEU secretary-business manager Chris Allnutt, "and it will clearly accelerate pay equity justice for thousands of caregivers, some of whom would have been waiting until almost 2020 to achieve their real equity rates. Kelleher's ruling will reduce that wait by several years."

But in a recent development, the Health Employers Association of B.C. has launched what could be a multi-step appeal strategy. On Oct. 7, the employer organization asked the Labour Relations Board to make Kelleher expand on the reasoning behind his

decision. While HEABC requested the board to rule expeditiously on its request, the employer organization hinted it was prepared to launch further action before the board and the courts.

"This could signal a renewed employer efforts to thwart a final resolution of the pay equity issue," said Allnutt. "And it will definitely delay when members could expect to receive pay increases."

As directed by Kelleher, the \$25.8 annual increases will be used to make adjustments to the target pay equity rates set out in the joint HEU/HEABC job value comparison plan which is the road map to bring a final end to discriminatory pay practices in health care. Close to 95 per cent of union members have not yet achieved their equity rates. The union, says Allnutt, will press on to develop a plan of which classifications will receive adjustments after the appeal process is resolved.

The award covers all union members who were under the old acute care master agreement, and the CCERA and Pricare long term care contracts. It also includes improvements for HEU's existing maternity and paternity leave provisions. These changes are in

addition to the 3.7 per cent across-the-board interim comparability increase won by all HEU facility members in 1994.

Comparability at a glance

- The fight to achieve comparability – comparable wage rates with BCGEU direct public service members – began in 1978. It's been part of HEU's pay equity process since 1992.
- Arbitrator Kelleher's ruling awards HEU facility members \$25.8 million in annual adjustments effective April 1, 1996, plus interest.
- As of October, that totals \$95 million, which will be used to adjust target pay equity rates set in the job value comparison plan.
- The ruling covers HEU facility sector members formerly covered by the acute care master contract, and CCERA and Pricare agreements.
- In 1994, all HEU facility members received a 3.7 per cent interim comparability increase.

WHAT WE'RE UP TO

continued from page 3

on Finance as they deliberate on how to spend the federal budgetary surplus, expected to top \$5 billion in the current fiscal year.

"There is an urgent need for the next federal budget to take bold steps to repair Medicare and provide the resources necessary for the delivery of public health care in the next century," reads HEU's brief to the committee. "This would represent real leadership from our federal politicians. Capitulating to those who are demanding tax breaks for corporations and the rich would not."

HEU is urging the committee to support a long-term federal commitment to funding social programs including a Community and Home Care Act and a National Drug Plan.

"Medicare must be modernized," says HEU president Fred Muzin, "so that universal cover-



Claire Kujundzic and HEU artists celebrate the birth of a beautiful mural at HEU's Summer School.

age is extended to the growing number of health services being delivered outside the walls of a hospital or doctor's office."

Work in progress

Artist Claire Kujundzic led a mural workshop for enthusiastic HEU participants at the union's 1999 Summer School.

The workshop allowed members to express their creativity and solidarity.

Louella Vincent said it was the first time she had painted since kindergarten and she loved it. The Ethnic Diversity Conference started the ball rolling in the spring, and the summer school students took it from there.

Bunt Cranmer said that on the first day they were confronted with a piece of cloth and had to come up with ideas. They started out with some exercises that taught them to "free their brain" and to "draw with their eyes."

Kathy Partridge says she enjoyed working with the others and that "it's true, a picture is worth a thousand words."

Kujundzic took the mural back to her northern home to finish. HEU members look forward to seeing this work of art in the fall.

Casey O'Hern is new PE member

Tony Gomes was elected regional vice-president for the Lower Mainland/Central Region at the 1998 HEU Convention.

Recently he took

advantage of one of HLAA's programs – given some changes at his workplace due to restructuring. As a result, he has stepped down from his PE position.

Casey O'Hern, as the elected alternate, took over the position as of Oct. 9. He works as a cleaner at St. Mary's Hospital, also in New Westminster, where he has worked since September 1988.



O'HERN

He was first elected to his local executive in March 1993 as trustee/shop steward.

In 1994 he became vice-chair and in 1998 his local elected him as its chair. He will continue in that position.



GOMES

Cuban doctor faces blockade's challenges

by Dale Fuller

WHEN CIRA VELASCO ELIZALDE sits down for lunch in the cafeteria at Havana, Cuba's Centro de Investigaciones Médico-quirúrgicas, she is joined by other hospital colleagues who may include a cleaner, driver, nurse or maybe even another doctor. She doesn't understand why it would be any other way.

"We are people who live and work together eight, 10, 12 hours a day. We are a family and we love each other. There are no differences," she says.

Clearly, working in a health care facility in Cuba is a different ball of wax than it is in the rest of North America. And that extends beyond egalitarian work relationships.

The American decades-long blockade of Cuba has caused immeasurable hardships, not the least of which is a shortage of medicine and medical supplies.

Velasco is a specialist in gastro-intestinal medicine, and she was in Vancouver recently for the 26th Pan American Congress of Digestive Diseases – one of four Cuban delegates who arrived for the Aug. 28 to Sept. 1 gathering.

At the Congress she could see that there is not a big difference in medical practices in the other Pan American countries – except for the availability of medicines. In Cuba, there is a critical shortage in medications in her specialty. "Especially for the treatment of hepatitis B and C," she says.

Cuba has been living through a difficult economic situation for many years, but it is especially acute right now, with the United States putting pressure on third party countries (Canada included) to stop trading with Cuba. "We have to prioritize what we spend our money on, and there are some things we just have to do without. Some problems do not get resolved," says Velasco.

Cuban hospitals must purchase medicines in the world marketplace. Hepatitis treatments are often done with a combination of drugs, she says. "Maybe

we can afford one and not the other. That means the treatment is not as effective – or not effective at all."

Surprisingly, Cubans also have a shortage in certain key vitamin supplements. Especially B-12 and E. There is a scarcity of other important medications – some of them seriously compromising the health and well-being of Cubans. For example, sometimes there is no insulin, a situation profoundly life-threatening to diabetics. "The only medicine we always have on hand is aspirin," says Velasco.

Like other Cuban health care providers, Velasco struggles along. "We are always having to decide, to think what is good for the majority, to the detriment of some individuals. That is very hard for a doctor, and I didn't see that problem with other participants at the Congress."

In spite of all their problems, medicine in Cuba has advanced leaps and bounds since the revolution. Medical care is available to all, free of charge, including homeopathy and treatments like acupuncture.

Velasco came away from the Congress with the impression that Canada has privatized medicine, which is a sad commentary on the way Canadian doctors must have presented this country's medical system to their visiting colleagues.

She had the opportunity to realize how far Cuba had come in the treatment of diseases when she spent three years practising medicine in Mozambique in the early 1980s. "For example, they have a big problem with malaria. That is something that we eliminated in the first years after the revolution. Cholera and other tropical illnesses no longer exist in my country," says Velasco.

In Mozambique she treated those diseases, and more. She made many friends and has incredible memories from her time in the east African country.

Velasco spends some of her "leisure" time doing

BALANCING



IT ALL



DALE FULLER PHOTO

HYGIENE AND HEALTH education begins at a very young age in Cuba, making contagious diseases very rare, according to Dr. Velasco.

volunteer work – both in the hospital itself and in her neighbourhood. At the hospital she might sterilize equipment or build a table – it all depends on what is needed.

She also puts in some weekly hours with her local Committee for the Defence of the Revolution. When asked what her committee actually does, she says that they do a lot of neighbourhood cleanup, sweeping streets, picking things up, recycling. A far cry from many North Americans' idea of what these committees are – neighbours spying on each other.

She regrets that she did not have the chance while in Vancouver to see the inside of a Canadian hospital or health care facility. She would love to come back some time in the future to do that, and to talk to other health care workers.

"Tell HEU members that I am pleased that they would be interested in me and what I do," she says. She extends the traditional Latin American "mi casa es su casa" invitation even after learning that there are almost 50,000 members in the union.

• *Balancing it All* is a regular Guardian column about the challenges facing women activists.

'Medicine in Cuba has advanced leaps and bounds'

WHAT WE'RE UP TO



In an effort to raise money for cancer research, both HEU staff and management of the VGH protection (security) services got together as a team on Sept. 11 for a hair-raising experience. The team effort was headed by HEU member Richelle Castro. The eight brave souls who had their heads shaved — and raised \$3000 in the process — were Dale Mackie, Graham Moore, Sarah Ramsey, Richard Peardon, Richelle Castro, Norm Kelly, Donna Gray and Steve Hoffman.

O'Hern has served on many of his local's committees, including LAC, OH&S and labour management. He is a delegate to the New West-

minster District Labour Council.

HEU extends a welcome to O'Hern and thanks Gomes for all his hard work on behalf of HEU members.

Seven trying for municipal office

HEU members are running for office in six municipalities.

In Maple Ridge Iris Reamsbottom is an incumbent candidate for the school board. She is the regional vice-president for the Fraser Valley on HEU's Provincial Executive. Hamid Moreau, chair of the Maple Ridge local, is running for council.

Kevin Andrews, chair of the Penticton Retirement local, is running for Penticton City Council, while Heather Arnold, member of the Jackman Manor local and on temporary assignment in the Kelowna HEU office, is running for a council seat in the Peachland district.

Jean Birch, secretary-treasurer of the Quesnel local, is trying for a council position on the Quesnel City Council.

On Vancouver Island, two Glangarry local activists are

running for council seats. Gordie Logan is taking a run at a council seat in the City of Colwood and Aaron Corzatt is running for a seat on Victoria City Council.

HEU wishes them luck and encourages its members to support these candidates.

Two to run for CUPE positions

Pending approval from the 1999 CUPE National Convention, two HEU activists — both care aides and chairpersons of their locals — will be candidates for CUPE Diversity Vice-president positions: Haro Lodge's Donna Dickison and Lorna Partridge from Arranglen Lodge.

Dickison has been a member

of HEU for 18 years. She is active in the Aboriginal Women's Action Network, and is co-chair of the Federal NDP's Aboriginal Caucus. Her union activities include membership on the Women's Committee

and the 1998 Convention's Constitutional Amendments Committee.

Lorna Partridge, an HEU member for 16 years, is the vice-chairperson (formerly chairperson) of the union's Ethnic Diversity Standing Committee. She also served on the Equal Opportunity Committee and the Women's Committee and is currently on the Nursing Team Committee. From

1997-98 she was a member of CUPE's National Rainbow Committee.



PARTRIDGE



DICKISON

Rally blasts discrimination

HEU HELD a noon-hour rally on Sept. 15 in front of the Victoria Chinatown Care Centre to underscore a human rights complaint it filed against the long-term care facility.

Some Asian employees at this 31-bed government-funded long-term care home have been discriminated against on issues related to the terms and conditions of their employment in violation of Section 13 of the B.C. Human Rights Code. The union alleges that they receive lower wages and fewer benefits than other employees in the same job classification.

Some long-time employees of Asian origin are paid between \$13.15 and \$13.80 an hour as compared to the top rate of \$15.50 paid to white employees doing the same work, and who have similar job qualifications and in some cases less seniority.

Julie Ng, an employee of 17 years standing, addressed the crowd at the rally, which included Minister of Social Development Moe Sihota, Victoria Labour Council member Colin Graham and alderman Bob Friedland.

She said she earns three dollars less an hour than her non-Asian counterparts and added that it wasn't until five years ago the centre employees received holiday pay.

"I have given my love and care to the residents, what I got was three dollars

an hour less than my co-workers," she said.

The Asian and non-Asian HEU members are not divided on this issue.

Heather Birkett, who is a non-Asian worker at the centre, expressed shock at this inequitable situation. She says that although she learned her job from workers like Ng, she now earns more than they do simply because she is a "privileged white worker."

HEU named the Health Employers Association of B.C. (HEABC) along with Chinatown Care Society as respondents in the complaint, but the B.C. Human Rights Commission has allowed only the care centre to be named.

HEABC — the bargaining agent for the society — has refused to implement a province-wide collective agreement that provides non-discriminatory wages within job classifications at government-funded health care facilities.

Since June 1999, HEU has represented the approximately 23 workers at the society, including cooks, housekeepers, care aides, laundry aides and activity aides.

About half the workers are of Asian origin.



NG



BIRKETT



VICTORIA CHINATOWN CARE CENTRE workers say no to race-based wage discrimination; they should get the same pay for the same work.

Raise lowest wage, says CCPA study

A new study by the Canadian Centre for Policy Alternatives says that B.C.'s minimum wage earners do not even live at the poverty line.

Authors Michael Goldberg and David Green propose that to be able to live just at the poverty line, and work 35 hours a week, a worker must earn \$9.15 per hour.

They anticipate the outcry from critics; massive layoffs will follow an increase in the minimum wage.

"Careful research does not support this view," say the authors. "Our research has found that large increases have been followed by both increases and decreases in employment, demonstrating that other trends in the economy have much more influence on employment than the minimum wage."

The study outlines the long-term benefits: people earning slightly more than the minimum are likely to benefit; more money in people's hands increases consumer spending and benefits business.

Goldberg and Green address misconceptions about who earns minimum wage. Sixty-one per cent are adults, 64 per cent are women. Many are students working to finance their post-secondary education.

Security guards at Royal Inland now on staff

In July the administration at Royal Inland Hospital in Kamloops decided that their security guard positions would no longer be contracted out — but would become part of the hospital staff. Instead of being "contracted out," they would be "contracted in."

Desert City Security Inc. was the non-unionized employer providing security services to RIH, when in December

1998, the security guards joined HEU. A mediator was to help them reach a first collective agreement. But they were still not hospital employees; they were Desert City employees.

Kamloops-North Thompson MLA Kevin Krueger jumped to Desert City's defence. In June he wrote to health minister Penny Priddy demanding to know why there was a move from using

the more efficient, privately run security at hospital to in-house hiring. But the hospital and the health region have recognized that, in fact, a steady work force is superior. Security companies have a notoriously high turnover, and in a hospital environment it is crucial that guards have an intimate knowledge of their workplace.

This move has the added advantage

of providing opportunities for employees who have been displaced to retrain for these positions.

"This is good news," says HEU secretary-business manager Chris Allnutt. "Contracting out hospital services doesn't make sense — including economic sense. The next round of bargaining, we want to be armed with examples of successes of 'contracting in.'"

PRESIDENT'S DESK



We're in for the fight of our lives

by Fred Muzin

THE OCT. 18th to 22nd CUPE National Convention in Montréal will be tremendously important in bringing together public sector activists to strategize around the defense of quality public services. We must leave the convention stronger and send a clear message that we are prepared for the fight of our generation.

The forces demanding privatization have never been more powerful.

Local governments are being seduced by Public Private Partnerships that in the short term allow for balanced budgets, but in the long term cost citizens much more and provide entrepreneurs with the ultimate control over service delivery. Whether it's the provision of fresh drinking water, sanitation services, hydroelectric power, new highways, schools, seniors facilities and even hospitals, the mantra that for-profit is more efficient pervades the media. Public sector front-line workers

'Public sector front-line workers have better solutions'

have better solutions based on real life experience and a commitment to maintaining services for everybody.

The World Trade Organization's Millennium Round of talks in Seattle at the end of November is yet another attempt to resurrect the defeated MAI (Multilateral Agreement on Investment) that puts corporate rights over those of civil society. Public services would become just commodities that would be subject to rules governing unfair competition and free trade, regardless of the impact on health and safety or the restriction of access to those who can afford them. As has already occurred under NAFTA (North American Free Trade Agreement), trade dispute panels – which have no accountability to citizens – have the power to penalize governments.

After being subjected to wage controls by the federal government (Trudeau's anti-inflation board limits of six per cent and five per cent) in the late 1970s, followed soon after by the provincial Socred's Compensation Stabilization Program, HEU members decided in the early eighties to seek reaffiliation to the house of labour. The leadership at the time accurately envisioned that the challenges before us would become increasingly complex and that our continued success could not be achieved if we remained isolated.

As part of CUPE, we have access to research, national committees, cost sharing of campaigns and the ability to network with activists who are fighting battles similar to ours from coast to coast. There is a new militancy in the public sector as we escape from the shackles of wage restraint and deficit reduction hysteria. CUPE members are fighting back, defending the value of our work and making significant gains at the bargaining table.

The emergency resolution calling for a Solidarity Levy for strike pay and benefits means that finances and how CUPE allocates existing resources will be a central focus at the national assembly.

Our delegates' challenge is to carefully balance our stewards' ability to defend members' rights at the local level with the need to develop a national strike fund that guarantees support for members taking job action, while still providing the necessary resources to win the battles against privatization.



MAUREEN BRAUN throws a mean, fast horseshoe on a bright early autumn day in Prince George.

Pitching shoes and baking buns

by Stephen Howard

It's a bright sunny Saturday afternoon and, for Prince George, unusually warm for September. For HEU member Maureen Braun, the weather couldn't have been better. Along with three dozen others, Braun and her husband Elmer are pitching horseshoes for different teams in the year-end mixed doubles tournament at the Prince George Horseshoe club. Horseshoes is more than just an activity for Braun, who by day is a life skills worker with elderly services of the Northern Interior Health Board. She also sits on the club's board and oversees concession operations – a way to give something back to her community.

Her story is about how people in smaller cities and towns across B.C. work together to keep alive a sense of community and overcome some of the barriers that are the day-to-day reality in life outside the "big city."

She's also treasurer of the local Moose Lodge. For 11 years she's coordinated its bowling league and more recently as Lodge sports chair, she looks after a curling league, and an annual fishing derby and golf tournament. The Lodge, she says, plays an active, supportive role locally to make Prince George a

better place to live. Like its support of an International Year for Older People conference in September, that brought together 250 people from the region. "We baked 29 dozen cinnamon buns yesterday," Braun says. They will be a staple for the breakfasts the Lodge provides for conference participants.

At Christmas she turns her energies to the Canadian Mental Health Association Gift of Hope campaign to ensure more than 100 local people with mental disabilities have presents and a special Christmas dinner, paid for by the Lodge and the CMHA, where she formerly worked.

Braun also organizes paid work opportunities for disabled people in the community, who are part of the cleanup crew after the popular Lodge fundraising pancake breakfast every other Sunday.

While many of her activities are seasonal, she estimates she spends about 30 hours a month on various things.

"It makes me feel good that I can do for others what they can't do for themselves," she says, modestly.

In terms of time, it helps that her children are grown, though she says that with two grandchildren "I may have to back off a few things so I can spend more time with them."

AFTER



THE SHIFT

NOTEBOOK

Arrival of migrants exposes contradictions

by Seth Klein

Nothing more clearly lays bare the contradictions of free-market globalization than the hysterical, often ugly reaction to the arrival of the Chinese migrant ships on B.C.'s coast.

Perhaps the recent Chinese arrivals are genuine convention refugees, or perhaps they are mainly economic refugees. Only due process and a proper refugee board hearing will tell. In either case, the nasty "send them back" reaction is based on a troubling lack of understanding about global migration and the world economy.

It's interesting that many of those who push for the free movement of goods, services, investment and professionals, react with outrage at the movement of workers. This double-standard represents the height of hypocrisy. It is entirely predictable that people follow money. Historically, it's what brought most of us here.

Canada has sent numerous Team Canada missions to Asia to help Canadian corporations set up shop in the free trade export zones of Asia – regions with low-waged workers, low or non-existent taxes and unenforced labour and environmental regulations. It's wild-west capitalism, where national borders are already passé for all but the workers who must survive on sub-standard wages.



'National borders are already passé for all but the workers'

Estimates put a living wage in China at 87 cents an hour. Yet according to a study by the U.S.-based National Labour Committee, Walmart, Esprit, Liz Claiborne, Nike, and others, through their sub-contractors, pay as little as 13 cents. The profits flow back to First World shareholders. And now people are following the money.

The country with more export processing zones than any other is China. One of the first of these was established in 1980 in Xiamen in Fujian Province, the source of the recent migrant boats. We cannot, in good conscience, continue to reap the rewards of this unjust system in the form of cheap goods from China, and then react with horror when the inevitable flow of people follows. Desperate economic, social and political circumstances lead people to take desperate actions – like a month at sea on a rickety boat.

Globalization understandably heightens Canadians' economic insecurity. But responding to this growing anxiety with intolerance is misplaced. Ultimately, the migrant boats are the inevitable social fall-out of free market globalization. And until we have a global economic order based on justice and a great deal more social and economic equality, more boats (and planes) will come. We can either respond with higher gates, a beefed-up military and other hypocritical measures, or we can push for a new international system that stops sucking the Third World of its resources and capital.

• Klein is the director of Canadian Centre for Policy Alternatives in Vancouver.

Labour

NOTEWORTHY NEWS ABOUT ISSUES AFFECTING WORKING PEOPLE HERE AND ABROAD

Charter backs free expression for all workers

A unanimous decision of the Supreme Court of Canada has ruled that laws preventing workers from leafletting at places other than the site of a labour dispute violates workers' rights to freedom of expression under the Charter of Rights.

The Sept. 9 ruling overturns lower court rulings which supported leafletting restrictions in British Columbia and New Brunswick.

In the B.C. case, the Industrial Relations Council – now the Labour Relations Board – had ordered the

'Leafletting is of fundamental importance for workers'

UFCW to remove information pickets at K-Mart stores in the Lower Mainland and Victoria. K-Mart had locked out UFCW members who were seeking a first contract at K-Mart stores in Campbell River and Port Alberni.

The leaflets encouraged customers to do their shopping elsewhere. The workers didn't try to block access to the store.

"The importance of freedom of expression during labour disputes cannot be over-emphasized," wrote Justice Peter Cory. "Leafletting is of fundamental importance for workers and has a very real social value."

The court's ruling recognizes that handing out leaflets about an employer's labour relations practices is a legitimate way of getting customers and consumers to apply pressure – no matter where it takes place.

In effect, the Supreme Court's ruling strikes down the definition of "picketing" contained in B.C.'s Labour Relations Code on the grounds that it is too broad. The B.C. legislature has six months in which to amend the Code so that it complies with the ruling.

HEU secretary-business manager Chris Allnutt says the high court's action is a wake-up call to health employers in B.C. – like the Okanagan-Similkameen Health Region – who've taken measures that limit the opportunities that health workers have to speak out at health board meetings.

"Our members' responsibility and right to speak out on workplace issues is not restricted to mechanisms set out in our collective agreement," says Allnutt. "The Supreme Court ruling clearly indicates that efforts by workers to communicate with the public will be interpreted by the Supreme Court in as broad a manner as possible so that their Charter rights are protected."

Hotel workers are victorious

CP PICTURE ARCHIVE / JOHN MCKAY PHOTO



NO HIGH TEA was served at the 91-year old Empress Hotel for 11 days in September as 500 hotel employees walked off the job to support contract demands. But a tentative three-year agreement negotiated by the CAW means committed anglophiles can again indulge in afternoon tea and crumpets.

Treat women fairly, says Supreme Court

A B.C. forest firefighter who lost her job because she failed to pass an aerobic test designed for men has won her lengthy sex discrimination case against the government of British Columbia.

And when Tawny Meiorin, 33, won her landmark sex discrimination case against the government of B.C., she couldn't contain herself. She jumped for joy and screamed at the top of her lungs. After five and one-half years of waiting for a decision, she figured she had it coming. The B.C. Government and Services Employees' Union – Meiorin's union – was also thoroughly pleased with the final outcome.

"We welcome the decision," said BCGEU president George Heyman. "We're determined to see women and men treated fairly in the workplace – that's why we took the case all the way to the Supreme Court."

"The unanimous decision is of national importance, not just for women forest firefighters, but for all women, especially those in non-traditional roles," Heyman said. "It rewrites the law on discrimination in Canada. The court has ruled that tests imposed as a condition of employment have to be fair, and they

have to be related to the job. The test the government imposed basically said 'no women allowed'."

Meiorin was fired from her Forest Services job in 1994 because she failed an aerobic capacity fitness test that favours men. Seventy per cent of males pass the test, compared to only 35 per cent of women. Since she was fired, Meiorin has been working in the forest industry bucking logs and as a ski instructor.

The September Supreme Court of Canada decision said "No credible evidence showed that the prescribed aerobic capacity was necessary for either men or women to perform the work of a forest firefighter safely and efficiently."

"It's unfortunate the government wasted thousands and thousands of dollars trying to defend an untenable position," said Heyman. "I'm extremely pleased for Ms. Meiorin. Justice prevailed and all working women are the beneficiaries."

Meiorin was both pleased and relieved by the decision. "A lot of people will be happy with the ruling, especially women who want to be firefighters," Meiorin told *The Vancouver Sun*.

• Source: *The BCGEU Provincial*

Support East Timor

With UN peacekeepers finally on the ground in East Timor, the Canadian Labour Congress hot edict on Indonesian goods has been lifted, but congress president Ken Georgetti is urging all Canadian consumers to continue to boycott goods produced by that country.

"The security of the East Timorese is still far from

in-hand," said Georgetti Sept. 24. "So I urge union members and the public to continue to boycott Indonesian consumer goods until all Indonesia's military is removed from East Timor, and until Indonesia formally acknowledges the legitimacy of the UN-run East Timorese independence vote."

A list of Indonesian-made products sold in B.C. should be posted on local union bulletin boards, and is on HEU's web site, www.heu.org.

On behalf of HEU members, president Fred Muzin fired off letters to Prime Minister Jean Chretien and Minister of Foreign Affairs Lloyd Axworthy, urging the federal government to take a firmer stand against the Indonesian regime. He also spoke at an Amnesty International rally on Oct. 10.

Meanwhile, a mainstream British newspaper says Indonesian military units that were responsible for the carnage in East Timor were in fact trained in the United States until as late as last year in a secret operation. Headlined *U.S. trained butchers of East Timor*, the *Guardian Weekly* article details extensive links between the U.S.-school soldiers and a string of massacres including the violence ruthlessly unleashed on East Timorese civilians after they opted for independence. The U.S. military continued to secretly provide training for their elite Indonesian counterparts after the US Congress supposedly banned any further cooperation to protest a 1991 massacre in which 270 peaceful East Timorese protesters – most of whom were students – were gunned down.

Canada's health care system – and other social programs – are in imminent danger of attack. Powerful forces outside our borders want to tell us what to do.

CODE BLUE!

BY ELLEN GOULD

How can World Trade Organization members ensure ongoing reforms in national health systems are mutually supportive and, whenever relevant, market-based? This question is the one posed by WTO staff to frame upcoming WTO talks on health care. As the number of uninsured Americans – now up to 44.3 million – points to the subject failure of market-based health systems, key policy issues for global health care are being determined at the WTO with the overriding goal of expanding markets for business.

At the end of November, leaders of the 134 WTO member nations will meet in Seattle to set the agenda for a massive new round of international trade negotiations, which includes services, which include health care. The kind of "reforms" WTO officials talk about getting entrenched in binding agreements could very well destroy Medicare.

As information on the WTO gets circulated, increasing numbers of people are realizing the wisdom of the message "The WTO – Take It Personally." Health care workers and all concerned citizens will be shocked to learn the extent to which the WTO could reach into areas of domestic policy.

What the U.S. wants

U.S. health care corporations are very open about what they expect from these negotiations. In their testimony to the U.S. Congress, they say they want WTO rules to:

- encourage more privatization;
- obtain a commitment for the cross-border provision and transfer of health care information; and
- allow majority foreign ownership of health care facilities.

They also want something done about government rules "restricting licensing of health care professionals" and that impose "excessive privacy and confidentiality regulations..." All of their objectives can be achieved through provisions in an existing WTO agreement, the General Agreement on Trade in Services. This agreement has not wreaked the havoc it could up until now because few governments have been willing to fully commit their public services to being covered.

However, the U.S. Trade Representative recently called for vastly more commitments to be made during the new round, and highlights health and education as two sectors in particular that should be opened up to foreign competition.

Rolf Adlung, WTO senior economist, says (which gives you an indication of how WTO officials think) that a change in the negotiating approach to get all sectors on the table at once would be good because it would put groups trying to protect services at a disadvantage. Just to preserve what exists – never mind improve public services – you have to fight.

The Canadian position

According to an Oct. 2 report in the *Toronto Star*, "Health Canada officials flatly deny that Canada will permit Medicare to go on the free trade table, and argue their insistence on 'carving out' public programs will be strongly supported by European countries like Great Britain. 'Medicare is not negotiable,' said a senior official."

What does THAT mean?

Here are a few acronyms used in this article:

GATS:

General Agreement on Trade in Services

MAI:

Multilateral Agreement on Investment

WTO:

World Trade Organization

OECD:

Organization for Economic Cooperation and Development

NAFTA:

North American Free Trade Agreement

NGO:

Non-governmental Organization

EU:

European Union

These words would be reassuring if they were coming out of the mouth of the person actually responsible for Canada's negotiating position: trade minister Pierre Pettigrew. He has declined, however, to provide any such reassurance in response to the B.C. government's letter requesting this sent over two months ago, and one sent by HEU in August.

Foreign Affairs officials say the WTO negotiating position on services is still being defined. Medicare advocates must get the federal government to make absolutely no commitments under health and social services in WTO negotiations on the GATS. And the European Union can't be counted on to save the day. The official EU position on WTO services negotiations is "to increase opportunities for worldwide market access for all services sectors and to guarantee services can be supplied in a free market environment." Michel Servoz, the official negotiator for the EU on services, said in June 1999 that health and education in particular are "ripe for liberalization."

Health Canada officials should read a few WTO documents to find out what is really going on. Canada is committed by the terms of the GATS to seek increasing levels of "liberalization," – essentially more privatization and deregulation. If the claim that "Medicare is not negotiable" is to have any real meaning, Canada would have to enter the negotiations determined to eliminate this clause since it creates relentless WTO-enforced pressure to undermine public services.

WTO rules affecting the regulation of health care

One section of the GATS tells governments what they can and cannot do in relation to "domestic regulation." First, if Canada agrees to make commitments under health care, any health regulation implemented at any level of government could be challenged as not having been carried out in a "reasonable, objective and impartial manner" (see side bar).

Threats to health services

In July 1998, Canadian representatives agreed with negotiators from the U.S., EU and Japan that in order to ensure "extensive liberalization" they would explore a negotiating approach "in which countries would take on a commitment such as the right of establishment or national treatment and apply them across all services sectors..."

To be clear on what this trade jargon means, "right of establishment" gives foreign corporations' suppliers a guaranteed right to set up operations in other countries. The most obvious impact in Canada of having health care covered by these investment rights would be that we would have to accept for-profit hospitals. That in turn would mean the exemption for government services in the agreement would no longer apply, because this exemption only covers services where there is no competition between suppliers. The threat of guaranteed foreign investor

rights motivated people to defeat the Multilateral Agreement on Investment. With the GATS, though, this same agenda can be pursued just by getting governments to make more commitments under something they have already signed. Pierre Sauve, a former Canadian negotiator on NAFTA and now an official with the OECD, recently told a Brookings conference that expanding the GATS would have the advantage that it would not have the same "political visibility" as negotiations on a whole new investment agreement that could cause "renewed NGO activism..."

"National treatment" means Canada would have to treat foreign service suppliers the same (or better) as we do domestic ones. Foreign-owned hospitals could demand the same government subsidies as domestic operations receive.

New round, turn around

Fending off attacks on public services year after year from overreaching, so-called "trade" negotiations – NAFTA, the MAI, and now the WTO – is no way to have a life. It's also no way to actually preserve or improve these services because you get caught up in a war of attrition, with most of the resources being allocated to the side of the privatizers.

In his book, *The Politics of Confidence*, Pettigrew talks about the folly of globalization zealots who want to treat health and education as "mere commodities." Fine. Pettigrew should get that view reflected in Canadian trade negotiating policy by actively involving Health Canada officials (and not only trade bureaucrats) in the talks on services; actively promoting the virtues of public services and the superiority of the Canadian Medicare system at trade talks; negotiating to have these principles enshrined in rules fostering public, non-profit health care programs worldwide. Maybe while we were at it Canada could recommend a bit of WTO "downsizing" so WTO trade bureaucrats could no longer sit around and write papers openly hostile to public health care systems.



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HEU members will be going down to Seattle by the busload on Nov. 30 to let the WTO know we're on to them.

If you are interested in joining the thousands of people from around North America and the world expected for this event and you have that day off, call Provincial Office and add your name to the list. If you are not able to do that there are a number of other events planned for the Vancouver and Victoria areas:

Health care workers' credentials

Qualification and licensing requirements for individual health professionals: under the agreement, the WTO can set up a body to evaluate whether the credentials required of health professionals are a "barrier to trade." Licensing requirements tend to limit the number of health professionals in general and foreign professionals in particular. No requirements which, in the view of these WTO officials, are in excess of what is needed "to ensure the quality of the service" will be allowed.

Suppliers' approval guidelines

Approval requirements for institutional suppliers such as clinics or hospitals: again, regulations that have the effect of lessening the number of clinics or hospitals in operation can be ruled unacceptable barriers to trade if the WTO judges them to be more than is needed "to ensure the quality of the service."

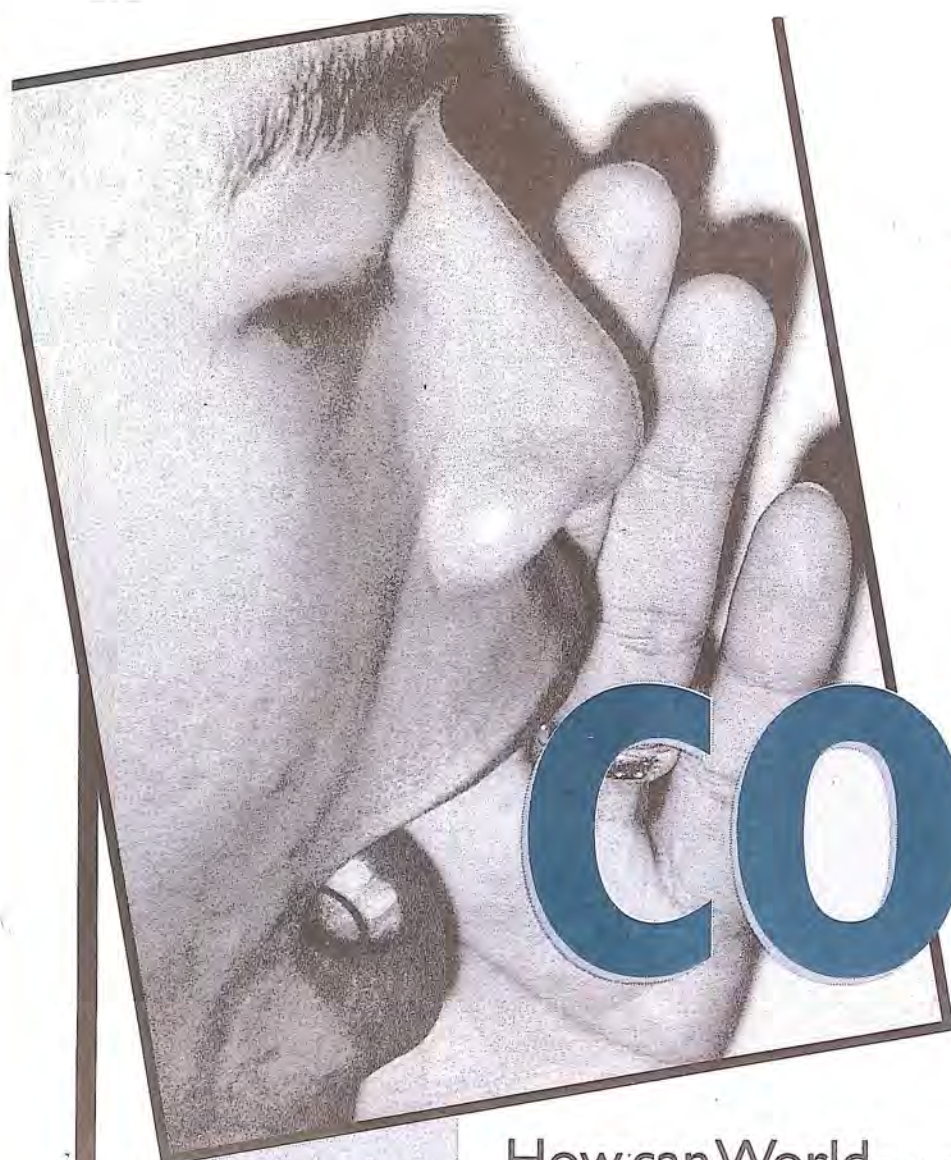
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Canada's health care system — are in imminent danger outside our borders

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BY ELLEN GOULD

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Member appreciates hard-won benefits

by Hugh (Bart) Vincelette

I have been a union member for many years, during two separate time frames, dating back to the 1970s. I am presently on long-term disability, for an illness which was initially considered terminal, but which I now prefer to address as the lesser 'life-threatening.'

Before the end of the 1900s I want to convey some very important thoughts to other union members, and my gratitude to people I don't really know and have never met. HEU staff have impacted on my life, and wellbeing, in ways that they cannot even begin to truly comprehend.

And to members at large, especially those who are younger or who believe deep down inside that unions are antiquated – perhaps a relic of the past and simply no longer needed. The only time in my 48 years that I ever walked a picket line during a labour dispute was back in the late 1970s, as an HEU member and staff orderly at VGH. It was scary, disruptive and quite frankly a 'pain in the a--!'

Today in 1999 I thank God and providence that I was party to such a significant labour issue in our province's history. I cannot emphasize enough how exceedingly important my 'union benefits'



'I want to convey some very important thoughts to other union members'

(especially long-term disability) have been, during enormously difficult and painful times in my recent life which I never expected to have to face, at least for another 30 or 40 years.

My 'recovery,' such as it is, comes at the expense of usually having the strength and energy of a man in his 90s, complicated by dreadful side effects stemming from the need for classes of medications that are amongst the most toxic ever to come out of a research laboratory. Science, and conventional wisdom, tell me that I will have to take these, or similar, pharmaceuticals, for the rest of my life, be it another two years or 20.

I have seen appalling numbers of others with my illness, who did not have the resources available to them afforded by union membership, waste away with the macabre multitude of infections and cancers and simply die! Poverty = death.

By now, you have no doubt rightly guessed that I am engaged in a life-long battle with the human immunodeficiency virus. Most of you will likely never 'pick up' this particular lethal virus, but off in the near and distant future are a whole host of retroviruses, fila viruses and hanta viruses, eagerly awaiting the opportunity to mar your very existence, as mine has been.

Please, for your own sake, and the sake of your families and loved ones, give your ardent support to HEU and all other labour movements. At the very least, your quality of life may come to depend upon it!

Panel finds road is rocky

Business Summiteers are discovering that their agenda is not such an easy sell

by Mike Old

THE B.C. Business Summit's plans for corporate tax rollbacks, program cuts, privatization of public services and gutted labour laws are getting a rough ride this fall.

That's because labour and community groups widely regard the Summit agenda as a dry run for the B.C. Liberal's next election platform and have dogged the Summit's Panel on Securing B.C.'s Future as it tours communities across B.C..

In Terrace, HEU activist Andrea Leblanc spoke out against the Summit's plans to rollback "onerous" health and safety regulations. "I told them their recommendations to reduce OH&S rules was a narrow vision," says Leblanc.

That message was reinforced at the Panel's Surrey engagement by Provincial Executive member Kelly Knox. He underscored the necessity of compulsory joint health and safety committees and training in B.C.'s most dangerous workplaces – health care.

Scott McRitchie of the New Westminster and District Labour Council took direct aim at the Summit proposal to allow employers to use "replacement workers" during labour disputes.

"Strikes and lockouts are trying times for workers, their families and their communities," said McRitchie noting that the use of scabs leads to longer strikes, hurt businesses and broken communities.

"Why would B.C. want to take a step backward – is that the message we want to send outside this province?"

The Summit's plans to deregulate tuition and institute a lower minimum wage for youth also ran into stiff opposition. "Most of my students have part-time jobs and struggle to meet their expenses," said Kwantlen College busi-

ness instructor Doug Fletcher. The Summit's policies would mean students "work more and study less."

The centrepiece of the Summit's program is \$1.5 billion in tax cuts – mostly aimed at corporations and high-income earners – paid for in part by a five per cent cut to program spending.



KNOX

But 911 dispatcher Michie Zadorozny warned that the proposed cuts – estimated at over \$1 billion – would have a devastating impact on day-care, counselling, victims' assistance and transition house programs upon which thousands of women and children depend.

"Your Summit-style cuts won't help women," said Zadorozny. "They're just a rerun of the Bill Bennett-style cuts of the 1980s. It's time for the Summit to go back to the drawing board and rethink their proposals."

Cumberland HEU local chairperson and labour council president Marianne Davies told the visiting panel in Camp-

bell River that "if you want to cut taxes you're going to lose your public health care system."

Royal Inland HEU activist Cathy Hamilton, who attended the panel hearing in Kamloops, says one Summit panelist proposed that spending cuts would not reduce bed numbers or direct patient care – a statement that left her wondering what health care services would come under the knife given the Summit's support for more outsourcing and contracting out in hospitals.

And local physicians who've attended the various regional forums at the panel's invitation, have without exception called for a greater role for the private sector in delivering health care services – the historical position of the Summit-backing B.C. Medical Association.

The physician's support for two-tier health care angered Comox HEU local chairperson Halle MacMullen.

"I told them that instead of proposing a two-tier health care system that they should instead look at setting up more

What they want

- \$1.5 billion in tax cuts for wealthy and corporations
- more than \$1 billion in program cuts
- privatization of crown corporations and other publicly owned assets
- outsourcing and other contracting out in hospitals and schools
- two-tier minimum wage for youth
- deregulate tuition fees
- employment standards rollbacks
- elimination of anti-scab legislation
- more restrictive union certification process

community health clinics and put doctors on salary," she said.

Back in Terrace, LeBlanc is feeling cynical about the Summit's goals.

"I felt they wanted their opinions mirrored back to them by those people participating in the public forum," she said. "If I had had a folding shovel, I would have pantomimed shovelling B.S. and walked out the door."

The panel plans to visit 10 more B.C. communities this fall and concludes its hearings Nov. 9 in Richmond.

HEABC withdraws from Summit

Health employers have withdrawn their support for the B.C. Business Summit. HEABC says that its name appeared on early Summit materials because it's an associate member of the Business Council of B.C. – a key Summit organizer. HEABC says that any references to the HEABC's support of the Summit have now been removed.



NINE-ONE-ONE DISPATCHER Michie Zadorozny told the Summit panel about how their proposals would affect services that the vulnerable people in our society depend on.

MIKE OLD PHOTOS

It's time to talk about rehab

Health board told to scrap current plans to close GF Strong and begin again

by Margi Blamey

ON SEPT. 22 – the same day as the GF Strong Rehab celebrated 50 years of delivering rehab services to British Columbians – HEU, the B.C. Coalition of People with Disabilities and the B.C. Government and Service Employees' Union held a news conference to kick off a province-wide campaign to improve rehab and maintenance services for people with disabilities.

The campaign also takes aim at the Vancouver/Richmond Health Board's surprise proposal to close GF Strong Rehab Centre and relocate its services to the site of George Pearson Centre.

"The health board must set aside this misguided proposal," said HEU secretary-business manager Chris Allnutt at the news conference. "Instead, we're calling for the creation of a provincial rehab agency with a concrete, province-wide mandate to better deliver improved rehab services to all British Columbians."

Mary Williams, vice-president of the B.C. Coalition of People with Disabilities told reporters that there has been no consultation on the health board's proposal to date.

"That means the people who use and deliver the services – people with disabilities and their families, advocacy groups, health care providers and their unions – have been left out of the process and their knowledge and issues ignored," said Williams.

Taking their lead from the campaign, HEU activists from GF Strong lined up at the mike the following evening and told the Vancouver/Richmond Health Board why its plan was a bad idea.

The care providers pointed out the deterioration of rehab services in recent years, the possibility of further reductions under consolidation, and the danger of losing the GF Strong integrated day care centre as being



AT THE MIKE to tell the Vancouver/Richmond Health Board why it's a bad idea to close GF Strong was Imelda Bateria, licensed practical nurse from the GF Strong local.

among the reasons scrapping the plan and starting over.

"We need improvements to rehabilitation. The demand for rehab services and housing is straining present resources. We can't afford to lose any more," said GF Strong local executive Mary McKinnon.

Over the past two months HEU has met with others in the disability community and a consensus of concerns over the rehabilitation proposal was easily reached.

The main issues are: the absence of public consultation and input from stakeholders including front-line care providers and clients; a further decrease in rehab services and the accompanying job loss; increased privatization of rehab services which reduces public accountability and undermines access to these services for all British Columbians; and, a serious lack of understanding on the part of Vancouver Hospital decision-makers regarding the importance of rehab and maintenance services to people with disabilities, the integral relationship between rehab and acute care, and the critical role rehabilitation plays in our health care system.

"We want a consultation process that involves people right from the beginning and that supports a vision of enhanced rehab services in facilities and in communities," said Williams.

"We need to do this right," said Allnutt. "The scope of consultation must be expanded to the whole province so that in the end there are real improvements to the system."

HEU will hold a public meeting on the strengthening of rehab services on Oct. 26 in Vancouver. The findings of that forum will be presented to the Vancouver/Richmond Health Board on Oct. 28. That will give board members plenty of time to consider how best to proceed.

'We want a consultation process that involves people'



MARY WILLIAMS, vice-president of the B.C. Coalition of People with Disabilities, says there was no consultation about closing GF Strong. The Coalition's Sam Rizbi, Chris Allnutt and BCGEU's Dave Noble flank Williams at the Sept. 22 news conference.

SMH puts its BEST foot forward

The Basic Education and Skills Training (BEST) program at Surrey Memorial Hospital took a year to get off the ground, but both staff and management consider it to be a big success.

Marg Jackson, a long-time activist who is now retired, was involved from the beginning in the project, and is very proud of the opportunity it affords to workers. "You can change the world for people with this program – I have seen it," she says enthusiastically.

Two hours a day, twice a week, for 24 weeks, students are able to study right on the job site. Although a few of the instructors come from a community college, most of them are peer tutors – co-workers who have received training in this special kind of teaching.

Vancouver General Hospital and SMH were picked to be the pilot project sites for BEST six years ago.

SMH was a year later getting off the ground than VGH. "First we had to convince management that it would be a bonus for everyone, not just the workers," says Jackson.

Scheduling was a major stumbling block once the hospital decided to go ahead. But when they figured that out, the program went ahead.

Jackson was pleased to see so many people come out of themselves. "This gives them so much confidence, they even walk differently," she says.

Ninety per cent of the students are women, who usually have a family to take care of at home after work – making it impossible for many of them to go to school after work; this program is ideal for them.

Employees who are originally from outside Canada see this as a wonderful opportunity to learn new

English skills. And everyone appreciates that they can pick up the skills they need to help their children with their school work.



JACKSON

Rafael Verdejo, as manager of housekeeping and staff scheduling at SMH, was one of the first from the management side who had to cope with the practicalities of implementing the program. But he also sees the benefits. "We have seen differences in the employees' relationship with their managers and supervisors – maybe because we have considered their needs as well as our own as an operation."

HEU and Capilano College have produced a video called *Working Together, Moving Ahead* about the BEST programs at SMH and VGH. If your local is interested, you can call the education department, HEU Provincial Office at 734-3431 and order a copy.



IN CHILE:

Social inequalities limit seniors' health

Private health care plans discriminate against the elderly

by Lake Sagaris

IN RECENT years, people from the Chilean president's wife on down have got onto the bandwagon of working for senior citizens. But, says Doly Quijada, leader of the national co-ordinating committee representing a wide range of seniors' and senior service organizations, seniors still have a long way to go, particularly when it comes to getting the attention they need to ensure good health.

Quijada points to discrimination and poverty as the two most serious problems facing seniors. Both have a real impact on their health – and access to health care.

The issue of Chile's ageing population only really hit the social agenda in the mid-nineties. Since then, national

'Privatization of health care worsened the problems of chronic poverty'

commissions, working groups and seminars have abounded. But oddly enough, says Quijada, a retired medical technician, the influence of seniors themselves has dropped as the issue has become more popular politically.

"When we started out in 1990, the government provided us with offices and funds to operate. Now we get very little support, and we find we're often not invited to the table when the authorities meet to discuss policy

and Gerontology, studies in Chile have recently demonstrated that many health problems associated with ageing are actually the result of malnutrition. Most pensioners survive on meagre pensions, reduced even further when the military regime eliminated cost of living adjustments. 10.5 per cent of seniors have no pension whatsoever.

Privatization of health care worsened the problems of chronic poverty.

In the early eighties, the military regime (1973-1990) slashed spending on public health and encouraged people to affiliate with private health insurance firms, called Isapres. The end result was a two-tiered system, composed of bare-bones public hospitals and primary clinics, chronically short of staff, medication, equipment, sheets, working bathrooms; and a handful of private hospitals providing five-star hotel-like service to the very wealthy.

Today, the Isapres serve some 15 per cent of Chileans, but only nine per cent of seniors. Fees for those over 65 rise exponentially, pushing most out of the private system, no matter how long they've paid into it. This puts the state health insurance plan, Fonasa, into a major bind: it has to provide 85 per cent of Chileans with health care, but high income earners don't contribute to it.

Fonasa has no figures on senior citizens' needs, but it does know they cost the system 2.25 times more than young



HELEN HUGHES PHOTOS
LINING UP TO PAY All but the very poor must pay a deductible after a visit to a clinic or a hospital – up to 20 per cent of the total bill.

some 85,000 seniors with a nutritional supplement, although they often share this with the rest of the family, particularly children, says Molina.

Nonetheless, the bare figures look impressive: since 1995 Fonasa has provided seniors with 181,000 pairs of glasses, 14,119 hearing aids, 13,339 canes and 4,687 wheelchairs. It has also ensured 14,095 people got cataract operations, 2,577 pacemakers, 1,953 hip replacement surgery and so on.

The problem is, no one knows how this compares to demand – there are well over one million seniors in the country, "well over half" living in poverty, according to Molina.

For Molina, prevention based on exercise and nutrition is the key to health for the elderly.

He points to a study recently published in the *New England Journal of Medicine* that indicates that a shift away from a sedentary lifestyle to walking produces a greater impact on

health than, for example, if a walker takes up jogging. "But the city is full of barriers to seniors, stoplights that are too short to allow them to get across the road, for example," says Molina.

Nowadays, some of the wealthier municipal governments offer classes for seniors in everything from conversational French through yoga, guitar and aerobics. The impact for those who participate is enormous. But for seniors in most of Chile's poor and middle income areas, far-reaching programs like these are beyond their budgets.

Health care – and its financing – is highly fragmented. If a senior goes into hospital for surgery, for example – the hospital, the anaesthetist, the doctor, any tests required and the medication, are each billed individually, making it virtually impossible to control, or even to predict costs.

Within this framework, funding prevention programs, including the exercise or self-help groups that experts like Quijada and Molina view as essential, will be very difficult.

• Lake Sagaris is a Canadian writer, poet and journalist who has lived in Chile for almost 20 years.



MOLINA



QUIJADA

regarding seniors," Quijada says.

Their situation underlines the shortcomings of Chile's new democracy, where civil society is weak and plays only a limited role in establishing and implementing key policies, be they national or local. It is particularly difficult for emerging groups like seniors to get authorities' genuine attention.

And as with countries around the world, Chile's is an ageing population. Life expectancy has risen from 57.6 years in 1960 to 75 years today, with well over one million adults over 60 in a total population of 15 million people.

Says Dr. Juan Carlos Molina, secretary of the Chilean Society of Geriatrics

people: they represent 11.6 per cent of the population covered by Fonasa, but use 23 per cent of the total budget.

Fonasa provides medical services at public clinics and hospitals free to low income users, charging up to 20 per cent, according to income, for others using the system. It also pays for up to 20 per cent of treatment with a private doctor or a percentage (usually very small) at a private clinic, where attention is faster.

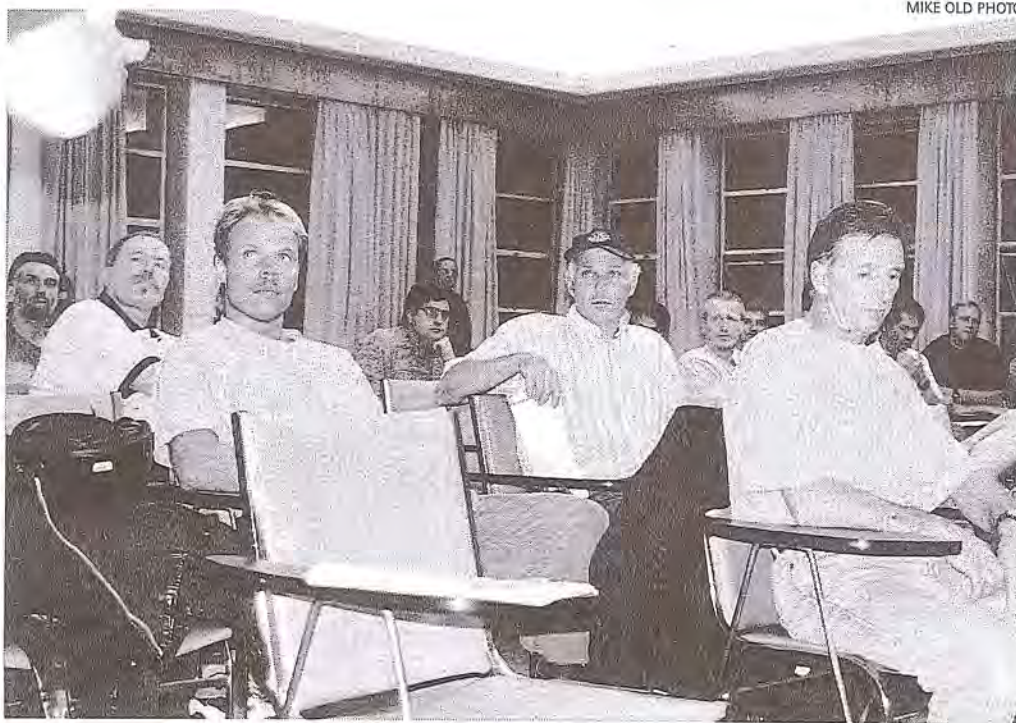
Fonasa offers a wide range of special programs for seniors, and they are also given special treatment, so they wait no more than three months for key procedures. A pilot program is also providing



EXERCISE CLASSES abound in well-to-do neighbourhoods, but recreation is a new area for public policy. For example, there are only five indoor pools in all of Santiago, a city of five million.

Sub-committee targets goals

- change benchmarks;
- foster new attitudes within HEU on trades issues;
- educate HEU leadership/staff on trades skill levels;
- review scope of work;
- press for new pay rates;
- advocate for apprenticeship programs;
- build alliances on contracting-out issues; and
- work towards new training and upgrading opportunities.



MIKE OLD PHOTO

TRADING THOUGHTS
Trades and maintenance members from the Lower Mainland and Fraser Valley give their undivided attention to one of their number during an open forum with the Provincial Executive's Trades Sub-committee. The sub-committee is planning a number of trades and maintenance forums, the next one planned for mid-November in Kelowna.

Benchmarks spark discussion

NEW benchmarks, apprenticeship programs and a flexible seniority system. Those topics dominated a lively discussion at the first-ever forum on trades and maintenance issues held Sept. 21 at Vancouver Hospital.

More than 40 trades and maintenance members from the Lower Mainland and Fraser Valley met with the new Provincial Executive Trades sub-committee in the first of a series of regional forums planned for the coming months.

The shortcomings of the current

benchmarks dominated discussion. Many trades workers insisted that the current MW benchmarks mean some HEU members are contravening provincial regulations by performing trades duties for which they're not ticketed.

Other participants noted that in

'The sub-committee supports apprenticeships'

many cases the opposite is true. Ticketed workers performed trades duties while filling MW classifications, a situation which lead Royal Co-

lumbian plumber Mike Adams to conclude that HEU must act "to eliminate the situation where a ticketed member is doing trades work without the proper classification."

The sub-committee supports apprenticeships as one method of addressing benchmarks. It's a concept that participants generally supported though sub-committee member Neil Anderson, a plumber from Lion's Gate, warned that "there's got to be a lot of consultation with trades workers" before such a program is implemented because of the impact of seniority.

"Your apprentice could end up being

your boss," added Anderson.

One suggestion made from the floor of the meeting was to introduce a more flexible seniority system under which newly apprenticed trades workers would not port their seniority into trades classifications while maintaining it for other bargaining unit work.

Overall, participants agreed that it will be critical for trades and maintenance workers to organize effectively within HEU to make sure their issues figure prominently in 2001 bargaining.

The sub-committee is planning their next regional forum for Kelowna in mid-November.

Nursing team examines its role in health care today

About 40 HEU members attended the second Nursing Team Forum on Oct. 4 at Vancouver General Hospital's Nurses Residence.

Nursing Team Committee chair Dan Hingley got the ball rolling with: this is for you to talk to us, to tell us your concerns.

Helen Skene, a care aide from Youville Residence, said she is from the "old school" of nursing, where everyone worked together. She said, "New RNs are completely in the dark about what LPNs can do. They don't know anything about team nursing."

This became one of the themes of the forum discussion: the fact that RNs are not being educated to practice team nursing.

That may be one of the reasons for such resistance from them, even though, as LPN Sharon Askew said, using LPNs and care aides to their full scopes could greatly alleviate the workload problem faced by so many RNs.

Recently arrived from Ontario and

working at VGH, LPN Cynthia Domroski said in amazement, "RNs here have no idea what I can do."

LPN Marilyn Thornton talked about the struggle to change the language describing the relationship of LPNs and RNs.

Nursing Team Committee member Doreen Plouffe asked care aides about their concerns.

Monique Laflamme, a care aide from Chilliwack, said that she works both in a hospital and a long-term care facility. The workload is much heavier in long-term care, she said.

Care aide workload dominated the discussion which

followed.

"We need to talk about ways we have of measuring workload," said Hingley. Counting tasks, giving points to different types of tasks and dividing hours worked by residents taken care of were some of the tools suggested.

"Just be careful," said Hingley. "If you give management numbers, they can

easily change them and use them as a tool to reduce staff."

The care aides – and for the matter the LPNs and RNs – job has changed dramatically in the last 10 years. Sometimes a care aide may be taking care of the same number of patients, but since the level of acuity is so much higher, the workload is much heavier.

Members had questions about the \$5 million nursing team initiative, especially care aides from Holy Family and a PCA from UBC, all of whom had applied for an LPN upgrade and been turned down.

The initiative provides for opportunities for care aides to upgrade to LPNs in long-term care facilities where the employer feels there is a need to do so.

Zorica Bosancic, HEU's assistant secretary-business manager, says that if an employer says no to a requested upgrade, the care aides in the facility need to lobby the employer and show that there is indeed a need for (more) LPNs.

Members then turned the discussion to finding solutions, and there was general agreement that care aides and LPNs have to be their own advocates – in their union and at the job site.

Violence always stressful, not always physical

England's Health and Safety Executive has formulated a definition for work-related violence. It is, says HSE, any incident in which a person is abused, threatened or assaulted in circumstances relating to their work.

Stress always accompanies violence.

The International Labour Organization links even some non-physical, or psychological, types of violence to stress and depression.

Violence, says ILO, should not exclude the following:

- **BULLYING:** one of the fastest growing complaints of workplace violence, offensive behaviour through vindictive, cruel, malicious or humiliating attempts to undermine an individual or groups of employees;
- **MOBBING:** ganging up on an employee and subjecting that person to psychological harassment;
- **WORKING ALONE:** staff cuts and workplace reorganization has left more workers isolated and at risk; those working outside normal hours – cleaners, maintenance or repair staff – are at special risk of suffering physical and sexual attacks.

The *Guardian* will be examining work-related stress in an upcoming issue.



THORNTON



ASKEW

OCTOBER

Women's history month.

OCTOBER 18-22

CUPE National Convention, Montreal.

OCTOBER 26/27

OH&S Conference.

NOVEMBER 1/2

Nursing Team Conference, Richmond Inn.

NOVEMBER 10

OH&S agency board meeting.

NOVEMBER 11

Remembrance Day, offices closed.

NOVEMBER 20

Municipal election day.

NOVEMBER 22-26

Provincial Executive meetings.

NOVEMBER 30

Rally against World Trade Organization, Seattle, Washington

NOV. 25-DEC. 10

Sixteen Days of Activism Against Gender Violence, International.

DECEMBER 1

World AIDS Day.

DECEMBER 6

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

He touched many lives

BOB DAVIES will be remembered by his co-workers and retirees of Vancouver General Hospital as a kind man who very quietly helped others. He passed away on Sept. 23, 1999 after a long illness.

He was an HEU activist, serving on the Provincial Executive as regional vice-president for the Lower Mainland from 1980-82. He was also a very busy committee member whenever the Convention and Wage Policy were in the works.

But mostly he was a person who was concerned about his fellow workers, including after they had retired.

Gwen Parrish, herself a retired HEU member, says, "He will be mightily missed, let me tell you. He did a lot of things for a lot of people, especially retirees."

HEU member Judith Wrae says when Davies took over the administration of the union's retirement "wallet" it was in a state of disarray. "Bob didn't say anything, he just set to work and fixed everything behind the scenes. The pensioners got their 'wallets' and were certainly happy about that."

He also spent a lot of his time with retirees — he was really their advocate. Once a week he would get them together to pay cribbage or for other activities. He had a real rapport with them — as he had with all people.

People talk about his quirky sense of humour. Wrae remembers that he liked to play tricks on people, like the time he told his wife he was bringing a goat home for a couple of weeks and that he wanted her to take care of it. Just joking, of course.

One of his passions was motorcycles, and he was a long standing member of the Goldwing Motorcycle Club.

Leo Bibb, VGH activist and current PE member, says Davies was the person at the local who really helped people. "He got involved with the members on a personal level. For instance, one member-just-kind-of fell apart when his mother died. He couldn't pay his bills or take care of himself. Bob took him into his home and let him stay until he



DAVIES

was able to be on his own again," he says. "He was what a union brother should be — the genuine article."

He was not a person who tried to grab the spotlight — he just unobtrusively helped people. But they knew and they appreciated it.

And they are very sad that he is not going to be around to enjoy his own retirement.

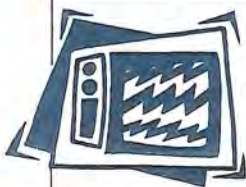
He was just about ready to go on early retirement when he had to quit working because of his illness — about two years ago this coming Christmas.

Parrish says, "He was always happy and helpful. He would do anything for you. Everyone liked him."

Davies is survived by wife Meryl, daughters Susan (Mark) MacRae and Janet (Mark) Windship, five grandchildren and a sister in England.

An Open House in Davies' honour was held at the Legion in Coquitlam on Oct. 1. It was standing room only and was a fitting tribute to a man who touched so many lives.

COMING UP ON WORKING TV



The Road to Seattle

Through November and December Working TV will focus on resistance to the Nov. 30 World Trade Organization (WTO) meeting in Seattle. On the same day, labour and citizens groups are organizing the

"biggest rally against economic globalization in history." Be there! Or if you can't — watch it unfold on Working TV.

Funded in part by the Hospital Employees' Union.

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>>.

HEU's welcome mat

HEU welcomes 75 new members as organizers continue to reach out to workers in the independent and community social services sectors.

Fifty-five health workers at private, for-profit Hollyburn House in West Vancouver, and three at Cedar Ridge Manor, a residential group home in Cranbrook, joined us in August.

Four care providers at Kootenay Kare Group Home and seven from Jul-Mar Enterprises became HEU members in September. Both are mental health residential care facilities funded by the

Ministry of Children and Families and are in the community social services sector.

And pending the outcome of an upcoming LRB hearing, six clerical employees at the Keremeos Diagnostic and Treatment Centre should soon be our newest facilities sector sisters and brothers.

Finally, HEU's organizers have moved to the Provincial Office, Vancouver Site, from the Abbotsford Site and are settling in nicely.

Good to have you here!

Coffee break



All stories guaranteed factual. Sources this issue: CUPW Perspective, The Write File, The University of Manitoba's Labour and Workplace Studies Newsletter, the Internet, CLC Faxpress, CALM

THERE IS SUCH A THING AS JUSTICE IN THE WORKPLACE!



BOSS

WHEN I SAY JUMP, YOU JUMP!



WHEN I SAY RUN, YOU RUN!

NOW THAT'S JUSTICE IN MY EYES!



OF COURSE, I CAN'T SEE VERY WELL!

Definition of economists

There are three kinds of economists: those who can count and those who can't.

Workers tell it like it is

When a drug store in New York state cut the hours of pharmacy employees, the four members of a health services union showed-up for their shifts anyway. They joined the customers' waiting line and explained why they couldn't help them, and encouraged them to complain

to management. Within a few weeks, they were back working on their old shifts.

Speaking of coffee

You're drinking too much coffee when the only time you're standing still is during an earthquake.

Poor baby!

Baths used to equal a big tub filled with hot water. The man of the house had the privilege of nice clean water, then all the sons and other men, then women and girls. Last of all was

babies. By then the water was so dirty you could actually lose someone in it. Hence the saying, "Don't throw the baby out with the bath water."

What're we made of?

If the world were just 100 people, this is what it would look like: 57 would be Asians, 21 Europeans, 14 from the Western Hemisphere and eight from Africa. Out of the 100, 52 would be females, 70 would be non-white and 11 would be homosexual. Six would possess almost 60 per cent of the total

wealth. Eighty would live in substandard housing; 70 would not be able to read, and 50 would suffer from malnutrition. Just one would have a university education. One would own a computer. Nice way to enter the 21st century, eh?

It used to mean ...

- Log on: Making a wood stove hotter
- Log off: Don't add any more wood
- Monitor: Keeping an eye on the wood stove
- Download: Getting the fire-

HEU people

Anderson bids HEU good-bye

Long-time HEU activist **Kathie Anderson** retired July 30 after more than 40 years as a nurse on the North Shore. She filled almost every position in her HEU local and also served on the Provincial Executive and as Nursing Team Committee chair. A strong advocate for better LPN utilization, Anderson says she'll stay involved in the LPN Association of B.C. of which she is 2nd vice-president.

One of the high points in her years as a union activist was the 1992 job actions. "That was the smartest move HEU ever made," Anderson says.



ANDERSON

"Management didn't know what to do and our local completely owned the strike."

Future plans? Spend time with her nine grandchildren (great grandchild due next June) and travel. In fact,

Anderson's "baby daughter" is taking her on a Year 2000 cruise to Alaska. Her sister's and brothers at LGH say they'll miss Anderson's knowledge and support and wish her a happy relaxing retirement.

In Memoriam Sarah Catherine Smith

HEU joins family and friends in mourning the passing of our union sister, **Sarah Catherine Smith**. Sarah worked as a care aide at Royal Columbian Hospital for 16 years, retiring in 1972. Her son, Herb Smith wrote my mother "remained a proud member of the HEU and always wore her union button when she went out."



SMITH

The Superannuation Commission has launched its

PUBLIC WEBSITE:

<pensions.gov.bc.ca>

HEU members can access an on-line estimator for their Municipal Pension Plan, as can members of other pension plans administered by the commission. For information, contact the commission: fax (250) 356-9591 or e-mail: <pension-line@gems3.gov.bc.ca>.

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

Boycotts, strikes and lockouts

The following list was compiled from the B.C. Federation of Labour and the Canadian Labour Congress.

Strikes and lockouts

- International Association of Machinists & Aerospace Workers, Local 219 vs Spttewau Motors, Victoria
- National Automobile, Aerospace, Transportation & General Workers' Union, Local 3000 vs Holiday Inn, Chilliwack
- Industrial, Wood & Allied Workers of Canada, Local 1-417 vs Compwood Products Ltd., Kamloops
- Industrial, Wood & Allied Workers of Canada, Local 1-3567 vs Raintree Lumber, Surrey
- International Association of Machinists & Aerospace Workers, Local 1857 vs JB Motorcade, Quesnel
- Industrial, Wood & Allied Workers of Canada, Local 1-3567 vs Solidlock Canada Inc., Langley
- Office & Professional Employees' International Union, Local 378 vs B.C. Automobile Association, Abbotsford, Burnaby, Chilliwack, Nelson, New Westminster, North Vancouver, Richmond, Surrey and West Vancouver
- IATSE Local 348 (B.C. Projectionists) vs Famous Players Theatres and Cineplex Odeon

Hot edict

- Hyundai-Kerckhoff, B.C. & Yukon Territory

Boycotts

- California Table Grapes
- Hyundai Products
- Non-Union Postal Outlets
- Philips Electronics
- Products from Indonesia

EQUITY PHONE LINE

1.800.663.5813, ext. 514
Lower Mainland 739.1514

press 1

Ethnic Diversity

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



press 2

First Nations

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



press 3

Lesbians and Gays

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



press 4

People with disabilities

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



ALL CALLS ARE CONFIDENTIAL

TALK TO US ... TOLL-FREE!

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

PROVINCIAL OFFICES:

- Vancouver site 1-800-663-5813
- Abbotsford site 1-800-404-2020

NORTHERN OFFICE:

- Prince George 1-800-663-6539

OKANAGAN OFFICE:

- Kelowna 1-800-219-9699

VANCOUVER ISLAND OFFICES:

- Victoria site 1-800-742-8001
- Nanaimo site 1-800-347-0290
- Courtenay site 1-800-624-9940

KOOTENAY OFFICE:

- Nelson 1-800-437-9877



- wood off the truck
- Mega hertz: when you aren't careful getting the firewood
- Floppy disk: What you get from carrying too much firewood
- Hard drive: Getting home in the winter time
- Windows: What to shut when it gets cold outside
- Screen: What to shut when it's black fly season
- Byte: What those darn flies do
- Modem: What you do in the hay field
- Dot Matrix: Dan Matrix's wife
- Lap top: Where the kitty sleeps
- Keyboard: Where you hang your keys
- Software: Plastic forks and knives
- Mainframe: Holds on the barn roof
- Port: Fancy wine
- Enter: Come on in
- Mouse pad: Hippie talk for a rat hole

Merry-go-round

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

Newspeak

- Blamestorming: sitting around in a group, discussing why a project failed and who was responsible.
- Cube farm: an office filled with cubicles.
- Mouse potato: the on-line, wired generation's answer to the couch potato.
- Sitcoms: single income, two children, oppressive mortgage. What yuppies turn into when they have children and one of them stops working to stay at home with the kids.
- Stress puppy: a person who seems to thrive on being stressed out and whiny.

High flyer

Wages were so low for some of the flight attendants at Reno Air - \$1000 a month - that they were on welfare.

When they signed up with the Teamster's, the airline's president said, "If anyone is underpaid here, it's me."

The poor guy only makes \$150,000 per year!

In the old days

People used to drink ale or whiskey out of lead cups. The combination would sometimes knock them out for a couple of days. Someone walking along the road might take them for dead and prepare them for burial.

They were laid out on the kitchen table for a couple of days, and the family would gather 'round and eat, drink and wait and see if they would wake up. Hence the custom of holding a "wake."

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Victorious in Victoria

The stateley Empress Hotel in B.C.'s capital was brought to its knees in September.

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Business Summit opposition

While it has supporters, it's not a cake-walk on the provincial B.S. tour.



Show of strength

GF Strong workers and people with disabilities defend rehab services centre.

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Forums held in Vancouver

The Trades and Nursing Team Committees both held forums for their Vancouver area members.

AGREEMENT NUMBER 1571931

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

Take it Personally

Confronting Globalization ... Demanding Democracy

Teach-in

on the

World Trade Organization

Robson Square Conference Centre 800 Robson Street

→ DAY 1: Friday, November 12

7:30 pm to 10:00 pm

Maude Barlow, The Council of Canadians · David Korten, International Forum on Globalization · Chae Yoke Ling, Third World Network · Hassan Youssef, Canadian Labour Congress · Agnes Bertrand, Libération de la mondialization

→ DAY 2: Saturday, November 13, 9:00 am to 5:30 pm

Co-moderators: Anne Davidson, Executive Officer, BC Federation of Labour (CWM-Canada) and Tony Clarke, Polaris Institute

Canadian Issues in the WTO – Panel
Jim Sinclair, BC Federation of Labour · Lyndsay Poaps, Check Your Head · Steven Shipman, West Coast Environmental Law · Ellen Gould, Trading Strategies · Michelle Smerchuk, Canadian Environmental Law Association

AGRICULTURE · PUBLIC SERVICES · LIVELIHOODS · ENVIRONMENT · DEVELOPMENT

Morning

FOOD SECURITY – How the WTO could undercut our food supply management.
HEALTH CARE – How the WTO could facilitate the privatization of medicine.
WATER – How the proposed WTO could facilitate a corporate grab of water.
WORKERS' RIGHTS – How the WTO impacts rights to jobs, decent wages, bargaining, and health and safety.
CULTURAL INDUSTRIES – How the WTO will affect national cultural institutions.
FISHERIES – How the WTO impacts fisheries and local economies.
BIO-PATENT – How the WTO could increase corporate patenting of life forms.
MILITARY REPRESSION – How the use of WTO rules replace human rights violations.
MUT CLONES – How WTO rules could re-appear through the back door of the WTO

Afternoon

FOOD SAFETY – How the WTO could compel countries to accept genetically engineered food.
CLIMATE CHANGE – How the WTO could create conditions for increased global warming.
PUBLIC EDUCATION – How the WTO could facilitate corporate take-over of public education.
SOCIAL SERVICES – How the WTO could lead to the privatization of our social welfare system.
INDUSTRIAL POLICY – How the WTO negotiations and rules affect industrial development policy.
NORTH SOUTH SOLIDARITY – How the WTO is used to divide and conquer workers North and South.
FORESTS – How the WTO could expand corporate assault on forests and jobs.
FINANCE – How the WTO gives power to banks, investment and savings companies.
LOCAL GOVERNMENT – How the WTO will handoff governments and local economies.

The Way Forward – Plenary

Elizabeth May, Sierra Club of Canada · Steven Staples, The Council of Canadians · Tony Clarke, Polaris Institute · Anne Davidson, Executive Officer, BC Federation of Labour (CWM-Canada)

Organized by the Common Front on the WTO:
Canadian Environmental Law Association
Canadian Labour Congress
Sierra Club of Canada
West Coast Environmental Law Association
Polaris Institute

Register \$5 to \$20
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