

# Guardian



SUMMER 2001 • VOLUME 19 NUMBER 2 • THE VOICE OF THE HOSPITAL EMPLOYEES' UNION



## **Our liquid assets**

The fight is only beginning to keep this basic human need out of private hands.

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## **The rescuer**

Maple Ridge Care Aide is one of those intrepid search and rescue volunteers.

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## **BCMA says privatize**

But poll shows public doesn't agree.

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## **Bring it back home**

Hollander report urges restoration of home support.

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## **Count your blessings**

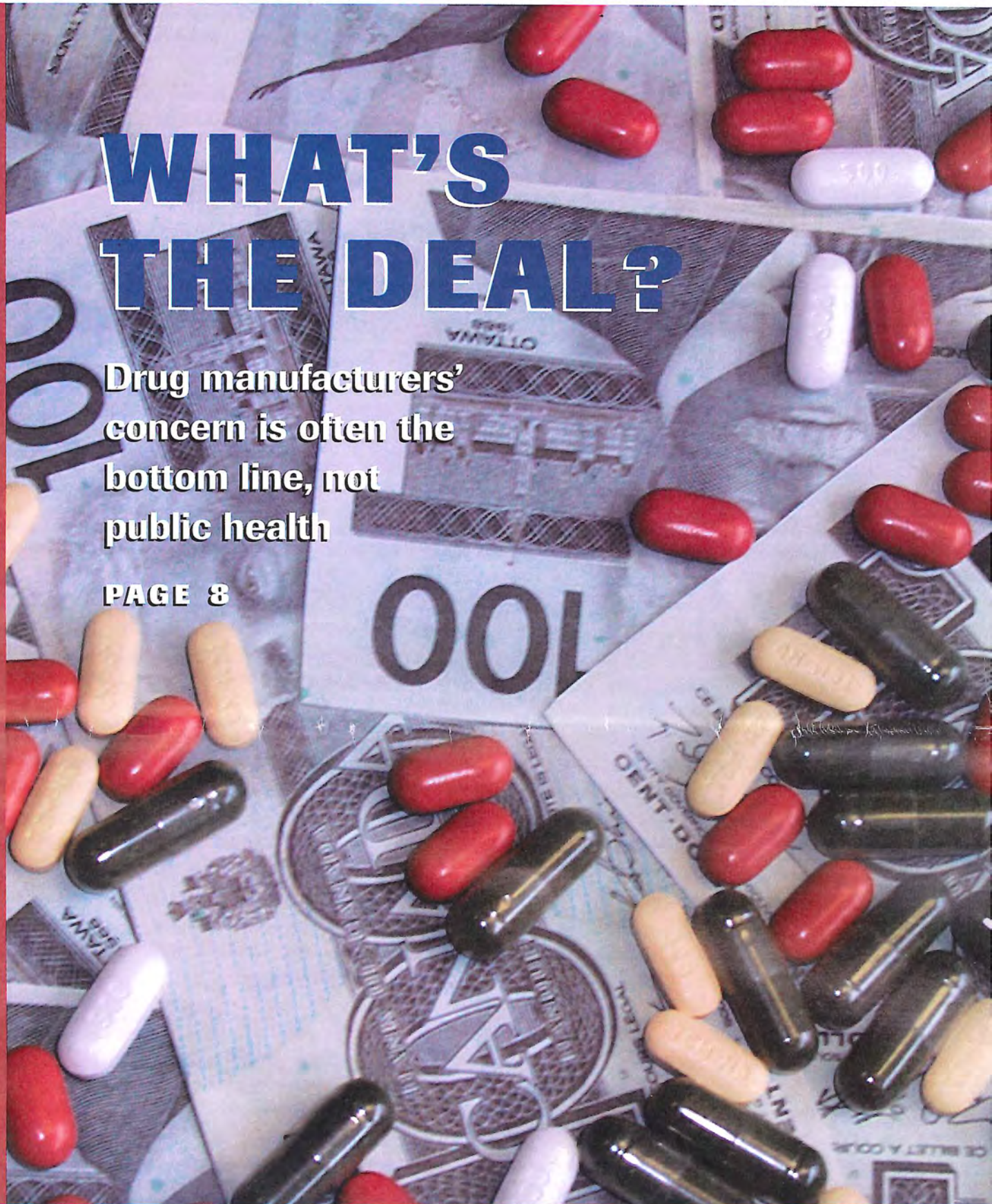
British Columbians get more for their tax dollars than Washingtonians do.

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## **WHAT'S THE DEAL?**

Drug manufacturers' concern is often the bottom line, not public health

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## **They aren't listening**

Lower Mainland buses have been strikebound for four months. Canadian Auto Workers regional director Len Ruel says the company responsible for the dispute, Translink, has turned a deaf ear to riders and workers. **PAGE 7**



## COMMENT

# Get ready to defend your contract

**T**HE LIBERAL government hasn't even been in power for four months, and already the health care labour climate is in disarray. Registered nurses and paramedical professionals are at the forefront right now in the fight to protect our health care system. HEU members are not by any means on the sidelines. We are supporting our sisters and brothers in the other health care unions, and as a matter of fact we are part of their bargaining associations. Most of our members, however, are in the facilities, community or community social services subsectors and were able to sign a collective agreement before the provincial election. We are therefore not in the same boat as the RNs and paramedical professionals. Not yet. However, we may soon find ourselves having to defend the collective agreement we already have. HEU members are going to be the targets of a concentrated attack and the weapons are going to be contracting out and outsourcing.

Just days after the provincial election, the Health Employers Association of B.C. fired off a health care wish list to the Liberal government.

High on the list was a proposal to severely restrict the right of direct care providers to take any form of job action. The government almost immediately did just that in a special session of the legislature – calling for a moratorium on HSAs and BCNU's job actions, and ordering a 50-day "cooling off" period. This measure effectively stopped their collective bargaining process, putting virtually all of



the negotiating cards in the employer's hands. And it certainly did not cool things off.

This shows where the government is going to go for advice – and it is not front-line health care workers. It will be going to organizations like HEABC, the B.C. Medical Association and the Fraser Institute.

It's the Fraser Institute that is providing the government with their next round of ammunition against hospital support workers. This right-wing think tank released a document in January 2000 called *How Private Hospital Competition Can Improve Canadian*

*Health Care.*

One of the pillars of their argument is that hospital support workers are paid far too much. Cleaners, painters and cooks, they say, do the same kind of work but earn many times the salaries that hotel workers do. The reason? They identify the main source of the problem as being the union's strength. There are two ways to remedy this situation. One is wage rollbacks and the other is contracting out and outsourcing.

## 'They identify the main source of the problem as being the union's strength'

That is where the fight will be. We can expect attempts to contract out HEU work, and your union is preparing for this fight. We know the Fraser Institute's arguments hold no water. Unfortunately,

if we just sit back, those arguments are what the Liberal government is going to hear and act upon. And as a matter of fact, the arguments they want to hear.

We are going to have to make an awful lot of noise to make ourselves heard.

In the coming years – maybe even the coming months – HEU members will hear a lot about contracting out of their work. We are going to be waging a very tough, uphill battle, but armed with the facts and the hearts of HEU members, we are going to win.

# 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.

## LPNs ready and able

There has been a lot of talk lately about the shortage of registered nurses in our community. We would like the public to know that we, as Licensed Practical Nurses, are a valuable part of the health care system.

We are qualified individuals who have recently been taking refresher courses to bring us up to our full scope of practice.

In the Oliver and Osoyoos area we have about 30 to 40 LPNs. We have many skills and are governed by the College of Licensed Practical Nurses. Thanks to Jo Flemming and Karen Flemming who helped us through our courses.

New positions have been created at Sagebrush Lodge and Sunnybank Centre to use LPNs to their full scope of practice.

We feel working along with the RNs will help alleviate some of the workload caused by the nursing shortage. We are a nursing team consisting of RNs, LPNs and long-term Care Aides.

**LICENSED PRACTICAL NURSES,**  
South Okanagan Local

## Family member sends thanks

To all the staff who work at the Pines – this is just an attempt to express my gratitude for all the kindness and good care you gave my wife Queenie during her long stay at the Pines, in particular during the last couple of weeks when she was nearing the end.

You made every effort to make her comfortable. There was always a kind word, a smile, a pat on the

cheek or a touch of the hand. I know these are just little things, but to me it showed you cared.

And when so many of our family called around to say their last good-byes to their mother, all of you helped in every way you could, regardless of what time of night or day.

We enjoyed the coffee pot, the juice and cookies. Also, I must say, with all the visits I made to the Pines to help Queenie with her

lunch, I got to know you as a great bunch. The giggles and chatter from the kitchen staff and the rest of the crew helping residents with their lunch, made it sort of a comedy hour.

The BCMP [B.C. Medical Plan] might not be perfect, but if every doctor, every nurse and hospital did as well as the Pines, nobody could complain.

Thanks very much.

**THE ROWLANDS**

The following poem was sent to the editor of the *Vernon Daily News*

## An LPN's Lament

I'm sorry in advance – your bed's not made today; but I have a patient here whose chest pain won't go away.

I'm sorry in advance – you're not happy with your meal; dietary does try hard sir, to give it some appeal.

I'm sorry in advance – your morning pills are late; I've a patient climbing out of bed that I must try to sedate.

I'm sorry in advance – your mattress isn't soft; we do need new beds ma'am, but these things do cost a lot.

I'm sorry in advance – I didn't comb your mother's hair; I've a patient with emphysema, she's scared, she can't get air.

I'm sorry in advance – your father's still in pain; I'm trying to reach his doctor, I'll have to try again.

I'm sorry in advance – your dressings aren't yet done; but a patient just passed away, I offered solace to his son.

I'm sorry in advance – I'm not as cheery as a bird; I've worked 12 hours, my feet ache, I asked for help, but no one heard.

I'm sorry in advance – I've only two hands and two feet; I'm trying to care for you, patient, your needs I want to meet

My 12 hours now are 16, no replacement could be found; my aching feet they cry out, my head begins to pound.

I'm sorry in advance – I cannot meet your gaze; my eyes are filled with tears, your face is just a haze.

If I could sit down for a minute, and maybe grab a bite, phone my kids and say I love them, and I'll be late again tonight.

I'm sorry in advance – I didn't do all that must be done; if I worked any faster, I'd soon begin to run.

When I do get to hold your hand, or wipe your furrowed brow, please understand, dear patient, I care for you and how.

I see your pain, I sense your fear, your anger in a glance, our health care service is failing you, I'm sorry in advance.

**LINDA LEESON,**  
Licensed Practical Nurse,  
Vernon Jubilee Hospital



## Guardian

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

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

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

**PROVINCIAL EXECUTIVE**  
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President

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Secretary-Business Manager  
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Okanagan

Marilynn Rust  
Regional Vice-President  
Vancouver Island

Linda Hargreaves  
First Alternate  
Provincial Executive

**UNION OFFICES**  
**PROVINCIAL OFFICES:**

**Vancouver Site**  
2006 West 10th Ave.  
Vancouver V6J 4P5  
(604) 734-3431  
e-mail: dfuller@heu.org  
Internet: www.heu.org

**Abbotsford Site**  
2702 Ware St.  
Abbotsford V2S 5E6  
(604) 852-6571

**VANCOUVER ISLAND:**  
**Victoria Site**  
201-415 Gorge Road East  
Victoria V8T 2W1  
(250) 480-0533

**Courtenay Site**  
101-600 Comox Road  
Courtenay V9N 3P6  
(250) 334-3403

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

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

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

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



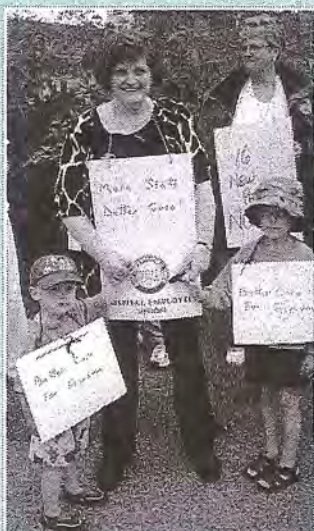


# What we're up to

## PG seniors before profits

More than 50 HEU members rallied outside Prince George's Simon Fraser Lodge June 25 to draw attention to short-staffing at the private, long-term care facility.

The workers were angry that their employer has taken on 15 new residents without appropriate increases in nursing staff to care for them. As a result of the expanded workload, they'll only have between 10 and 15 minutes a day to provide



Make it safe for workers and residents, picketers told employer.

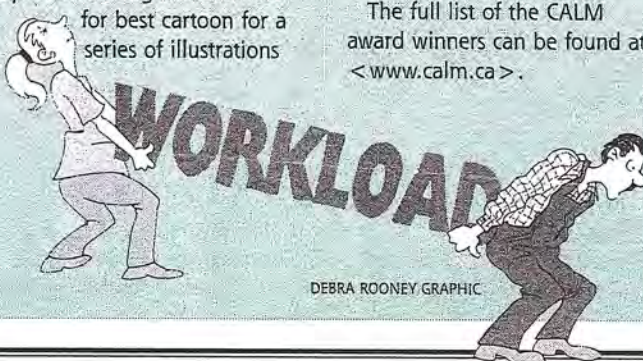
personal care to each patient. In addition, they'll have to start getting seniors out of bed as early as 6:00 a.m. and there's been no additional night staff assigned. The workers called on

the province and the Northern Interior Regional Health Board to force private, for-profit facilities like Simon Fraser Lodge to provide safe and proper staffing levels.

## More awards for communications

HEU took home three awards for communications excellence from the Canadian Association of Labour Media (CALM) annual conference held May 5 in Guelph, Ontario.

The *Guardian* received two awards: one for excellence in layout and design and another for best cartoon for a series of illustrations



on workload created by local artist Debra Rooney.

The union also received a CALM award for best flyer or brochure for the Workplace Anti-Stress Guide.

"Our union continues to rate at the top of the pack when it comes to communicating with its members and the public," says secretary-business manager Chris Allnutt. "And as long as our members continue to engage in principled fights in their workplaces and out in the community, HEU will continue to win awards for telling their stories."

The full list of the CALM award winners can be found at <www.calm.ca>.

## Organizers bring in new members

Ninety-four health care workers in the facilities sector have become members of HEU.

Ten of them work for the Deaf Children's Society, part of Women's and Children's Hospital in Vancouver. This unit provides day care for hearing-impaired children and supplies sign language teachers to the community.

Pinegrove Place in Richmond is a long-term care facility. The 63 new members formerly belonged to an "employees' association" but certified with HEU on May 3, 2001.

Laurel Lodge is a 26-bed private for-profit intermediate care facility in Courtenay. The 20 new members are part of the Glacier local (Laurel).

Another newly-organized intermediate care facility, Villa Cathay Care Home, is in

continued on page 4

# Gitxsan sign contract honouring traditions

by Mike Old

A NEW collective agreement between unionized health care workers and the Gitxsan Health Authority (GHA) signals a growing and maturing relationship between First Nations and organized labour.

Gitxsan health workers ratified a first contract on July 13 that reflects their unique traditions and culture while providing for fair wages, benefits and working conditions.

"This contract is further evidence that unions and First Nations can and will work together to strengthen health care and other public services while remain-

ing sensitive to the cultural context within which these services are delivered," says HEU's northern director Kathy Jessome.

The new agreement incorporates elements of Ayoo'kum Gitxsan – the Gitxsan hereditary law – by acknowledging the principle of respect for elders and the sharing of the feast. The contract includes wilp – or clan membership – among the prohibited grounds for discrimination. And union members have access to special leave to attend to traditional food gathering activities and funeral customs.

The contract also establishes a competitive wage and benefits schedule on par with workers in the neighboring

RENA BENSON AND BRENDA STEWART take a look at their first ever collective agreement with the Gitxsan Health Authority.



Nass Valley who also ratified their first contract earlier this year.

Community health workers, addiction and mental health counsellors, aboriginal justice workers, clerical and maintenance staff are among the 58 union members covered by the Gitxsan

deal. They work from community health centres located in Kispiox, Glen Vowell, Kitwanga, Kitwancool and Old Hazelton.

The GHA ratified the agreement on July 4. The contract expires March 31, 2002.

# High income earners benefit from tax cuts

It was never talked about during the campaign, but Premier Gordon Campbell delivered deep tax cuts that are targeted to benefit high income earners the most. And while the average HEU member will receive a tax break of about \$540 a year, or about \$21 a pay cheque when the cuts come into full effect in 2002, higher income earners in health care like doctors and administrators will cash-in big time, says the union's secretary-business manager Chris Allnutt.

"Clearly," says Allnutt, "Campbell's tax cut plan is geared to deliver the greatest tax relief to British Columbians at the top end of the income scale."

The \$540 tax cut will benefit the average HEU member who earns about \$35,000 a year, but Allnutt says that the real windfall was delivered to doctors and high-paid health care administrators.

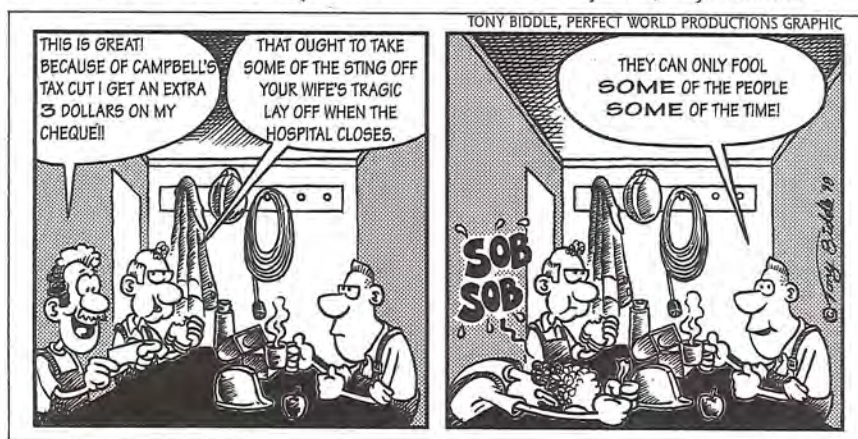
"Take a doctor making \$200,000 a year," says Allnutt. "Their tax cut amounts to \$7,800 a year. And the average health care boss who earns \$150,000 a year will pocket \$5,300 more a year thanks to Campbell."

Allnutt notes that in the lead-up to the election and during the campaign itself, the Liberals only talked about tax relief in the bottom two tax brackets. "Campbell misled British Columbians," says Allnutt, "when he told us that we would all benefit relatively equally from tax reductions. This about-face is the

worst kind of broken promise."

And he warns there's another shoe to drop down the road, as the Liberal government will have to make up \$1.5 billion in reduced revenue that the tax cut will cost. He expects this will put great pressure on the health care budget, which makes up about 40 per cent of all government expenditures.

"The irony is HEU members could pay with their jobs or through higher user fees for Campbell's tax cuts that benefit doctors, administrators and B.C.'s wealthy elite," says Allnutt.



# Pharmacare tie-in ends

Three key improvements to health and welfare benefits will come into effect over the three years of the new facilities sector agreement.

The first improvement came into effect July 1, ending the Pharmacare tie-in. This means prescribed drugs do not have to be covered by Pharmacare in order for their costs to be covered by their plan.

Some exclusions for "lifestyle drugs" like oral contraceptives and vitamin therapy are still not covered. Low cost alternatives and referenced-based priced drugs still apply.

Health and welfare plans comparable to Pacific Blue Cross coverage kicked in on July 1 for HEU members who were not leveled or who did not receive comparability, and for members certified from 1995 to March 31, 2000.



## WHAT WE'RE UP TO

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Vancouver. The Villa Cathay local has 94 HEU members and was certified on June 1, 2001.

HEU's paramedical professional bargaining unit has been boosted by four members who work at the Vancouver-Burnaby branch of the Canadian Mental Health Association. The four are vocational rehab counselors.

The April 25 certification of Crescent Gardens has added 113 members in this private, for-profit, multi-level care home. As part of the independent sector, these health care workers are negotiating their first contract.

Eight new HEU members work in Mission at Meadowview Manor, a mental health residence for mostly younger clients suffering from schizophrenia or chronic depression. Their certification date was April 27, 2001.

From the community social services sector come 35 new members in Victoria. CSWU local (Integra) members work for Integra Support Services. The employer operates residential care homes for people with physical and mental challenges at Happy Valley Home Care and Rainbow House. They were welcomed into HEU on July 10.

### Unit clerks get credit

Forty-eight nursing unit clerks from nine hospitals in the Lower Mainland have graduated from a Healthcare Labour Adjustment Agency (HLAA) sponsored Prior Learning Assessment (PLA) process, facilitated by the University College of the Fraser Valley.

This process certifies the clerks' experience and awards them university college certificates that may be recognized across Canada.



DALE FULLER PHOTO

The visiting Cubans said unionists in their country are more involved in shaping government labour policy than we are here.

"The program is successful for a number of reasons," says Barbara Harms, program director of continuing education at the Abbotsford campus. "First of all, a nursing unit clerk position in a hospital is a vital and integral component of a care team."

"The women – and there may

be men but I haven't met any yet – holding these positions are capable, knowledgeable, ethical, responsible and professional in their jobs. They are the front-line person and the cog that allows the wheel to rotate without squeaks."

NUCs who are interested in

completing the PLA process should contact their labour adjustment committees or call the HLAA.

### Cubans visit HEU

Sergio Laredogaitia and José Antonio Vega, officials of Cuba's National Union of Public Sector Workers (SNTAP), visited HEU's Provincial Office on June 13, where they spoke with financial secretary Mary LaPlante and international solidarity chair Iris Reamsbottom.

Their union represents 176,000 municipal, bank, judicial and other public administration workers. Laredogaitia is the secretary general of SNTAP Havana and Vega is on SNTAP National's executive committee. They were in B.C. as invited guests at CUPE B.C.'s convention (June 13 to 16). CUPE BC is SNTAP's major northern partner through CoDevelopment Canada.

# 'Don't give up' is her message

*Just when she thought she had won, she found out she had to keep on fighting*

by Dale Fuller

**F**OR MANY YEARS Carol Finnson (Taylor) was a competitive bowler and played in a women's baseball league. Now she is limited to dead-heading a few past-their-prime flowers in her garden.

But she's a fighter and recently won an important battle that she wants HEU members to know about.

Eighteen years ago, Finnson's life was changed forever when she injured herself at work.

In May 1983, she was pulling a cart full of knotted-up sheets with another laundry worker at Tilbury Regional Laundry when the cart knocked her down. She fell backwards, hitting her head on the concrete floor. Although it wasn't immediately evident, she was badly injured.

"But I was embarrassed so I got right up and went on working," she says. Two hours later, it was clear she wasn't okay. She went to the see the first aid attendant, who sent her to a doctor. She was off work for six months.

She began a cycle of going back to work too soon, re-injuring herself, going back to work too soon, re-injuring herself, until October 1989 when she reached a point where she was no longer able to work at all.

Until then, WCB accepted and paid all her claims. When it was determined she was no longer able to work, WCB said they wouldn't send her anymore money. She started receiving long-term disability after a six-month waiting period. She thought that was the end of WCB in her life, but she was wrong.

In 1994, WCB contacted her. She still can't figure out exactly what triggered it, because she was not collecting any benefits from them. They irately asked her why she had not showed up for her doctor's appointment at WCB.

"I had no idea what they were talking about. We finally figured out they had sent a letter, but to the wrong person," she says. They told her she had to see their doctor.

She was puzzled, but went to the appointment, with her mother in tow. According to Finnson the doctor was rude in the extreme, calling her a fraud. After a two-hour interrogation he examined her. "Afterwards, he apologized, and said that as a matter of

fact, I needed five operations and an MRI. He sent me, accompanied by my mother, to Bellingham for the MRI, because the waiting list here was too long, and I needed one right away," Finnson says. Subsequently, she was operated on for a herniated disc, and was laid up for four months.

HEU then stepped in, saying her WCB claim should never have been terminated, because her injuries were work-related.

The union said she should

receive back pay from the time they cut her off in 1989, and launched an appeal.

"Bill Rolfe, who was the WCB director at HEU at the time, really went to bat for me," says Finnson. "It took so many

years, and I was ready to give up many times. But Bill told me to hang in there, that I had nothing to lose. He kept me fighting until I won."

She lost the first time around, but Rolfe thought she had a solid case, so brought in an outside lawyer to represent her. In 1997 Finnson won about \$250,000 with a full pension for the rest of her life.

She thought she had won, but her battle wasn't over yet.

"Someone at WCB decided that I was only entitled to half the award – and that included half the pension. They said I had fibre myalgia and WCB doesn't

### BALANCING



### IT ALL



DALE FULLER PHOTO

CAROL FINNISON'S mother Ruth Borley moved in when her family was about to lose their house. She's still living with Finnson and her husband.

recognize that as a coverable illness," she says. "I don't know about that, but I have never claimed to have that disease."

She appealed that decision in 1997 and had to wait three years to regain the full award, with retroactive compensation and the full pension.

"My life was altered by this injury. My opportunity to work was taken away from me," she says. Although happy to have a little bit of economic security now, she says it was rough during all those years. "My family suffered a lot. We almost lost the house. My girls were teenagers then (both are RNs now) and it was very hard on them."

Finnson is very grateful for the support she received from Rolfe, who worked on her case until his retirement in 1998. (He died less than a year after retiring.)

She is remembering him when she says, "I'd like to say to anybody who is fighting for their right to compensation after being injured at work – don't give up. It may seem like it will never end, but it will someday and it'll be worth it."

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



## WHAT WE'RE UP TO

### New contracts are hard-won

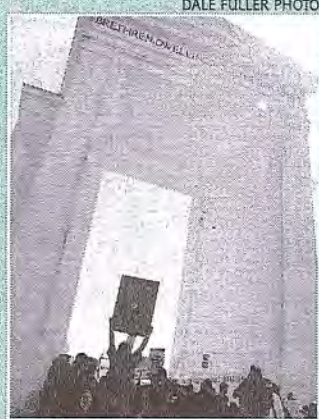
Negotiating a contract for health workers at private, for-profit facilities is definitely a challenge for union bargaining committees. The employers generally just don't want to negotiate, and it takes some time to make them understand that they just have to, say some of our veteran HEU negotiators.

Bevan Lodge in Abbotsford is a case in point. HEU care providers ratified a new contract only after delivering a 100 per cent strike vote and staging a four-hour walkout. HEU secretary-business manager Chris Allnutt said that the 60 members made the employer get serious about bargaining and the agreement soon followed.

At Imperial Place in Surrey, a seniors' care facility operated by the huge, U.S.-based Holiday Retirement Corporation, the 28 health care workers began pick-

eting only after seven months of talks failed to produce an agreement. The employer responded by locking them out for more than three weeks, threatening residents with rent hikes, and hiring a security company to monitor and videotape the picket line.

Workers at another Holiday facility, the Okanagan Chateau



DALE FULLER PHOTO

Peace Arch spans border between Canada and the U.S.

in Kelowna, have joined HEU and will soon be bargaining a first collective agreement.

Langley Gardens and White Rock's Crescent Gardens – both owned by C-PAC, one of B.C.'s largest and fastest growing private, for-profit seniors' housing and care corporations – are in the midst of negotiations.

And in Surrey, HEU Bear Creek Lodge members are still locked in a contentious labour dispute with that private, for-profit employer.

### Protesters of the Americas

On Saturday, April 21, thousands of Canadians and Americans, including many HEU members, joined together at Peace Arch Park to lend their voice to the protests against the Free Trade Agreement of the Americas' meetings convened in Quebec City that week. After a day of speeches, music, theatre,

poetry and dance, Americans and Canadians marched through the Peace Arch, a symbol of solidarity.

### Men's committee wants input

HEU's newest provincial committee wants to know what you think about men's issues.

The men's committee is canvassing HEU members by way of a questionnaire on matters including men's health, gender stereotyping and pay equity.

And while the questionnaire will help the committee identify priority areas for action, committee members have already been hard at work establishing principles to guide these efforts to promote a positive role for men within the union and in the community; build a stronger understanding among men within HEU about the issues facing women and equity-seeking groups within

the union; and identify and promote a wider discussion of issues of concern to men within the union.

Committee members are also compiling a directory to be used by men in dealing with health and other issues.

### Nursing team needs logo

HEU's nursing team committee is holding a logo design competition. Any HEU member can submit a design.

"We want it to somehow express the concept of the whole nursing team," says Mary Nicholls, PE member and long-time member of the committee.

Send entries to HEU's Provincial Office at 2006 West 10th Avenue, Vancouver, B.C., V6J 4P5 c/o Mary Nicholls, postmarked no later than Sept. 14, 2001. There will be a prize – and of course notoriety – but it hasn't been determined yet.

# H<sub>2</sub>O – let's keep it public

by Dale Fuller

**I**N THE FACE of mounting public opposition, the Greater Vancouver Regional District called a halt to its plans to privatize a new water filtration plant.

When the GVRD announced it intended to have a foreign company design, build and operate the water filtration plant planned for the Seymour water shed, alarm bells immediately went off in the community.

Local activists quickly mobilized. Hundreds showed up at regional district meetings, concerned that private management of GVRD water plants might fall under the free trade agreements, hindering future attempts to return water to the public or to tighten regulations.

"The GVRD heard the citizens loud and clear – we don't want to go down the NAFTA road of no return when it comes to something as vital to public health as the safety of our water," said Judy Darcy, president of CUPE National which has been waging a *Keep our Water Public* campaign.

Canadians would do well to cast their attention to the town of Cochabamba, Bolivia. After the Bolivian government contracted a multinational to run that city's water system, the price of water



DALE FULLER PHOTO

**THE PUBLIC TOLD** the Greater Vancouver Regional District to keep their water out of private hands.

skyrocketed, sparking a citizens' revolt in April 2000.

"We were in the streets for six days," says Gabriel Herbas, a speaker at an international forum sponsored by the Council for Canadians at UBC in July. "It was violently repressed, but we forced the government to cancel the 30-year contract." Herbas' organization, the Coordinating Committee for the Defense of Water and Life, later submitted an alternative proposal to publicly

manage the city's water system and it was adopted by government in April 2001. Herbas points out the importance of international support.

"California environmentalists went after San Francisco's Bechtel Corporation, one of the consortium members that bought our water system," he says.

Every fight matters in the struggle to keep water public – whether in Cochabamba or Vancouver. See back cover for more information.

## Employer putting pay equity on hold

The allocation of 2001 pay equity funds for facilities sector caregivers is on hold because health employers say they're too busy dealing with the RNs' bargaining dispute to meet with facilities sector unions to reach agreement on how to allocate the money.

"It's simply not acceptable," says HEU secretary-business manager Chris Allnutt. In a recent letter to Health Employers Association boss Gary Moser, Allnutt was critical of HEABC's excuse for delaying implementation of the first year of pay equity adjustments won in the recent facilities sector contract. However, Allnutt was encouraged that HEABC had agreed to meet to discuss technical matters related to distribution of pay equity increases due May 1, 2001.

HEU is prepared to turn up the heat so members receive the adjustments in a timely manner, and payments are distributed as widely as possible, says Allnutt.

The one per cent of payroll – in pay equity money for 2001 – will be followed by a further 1.5 per cent in 2002 and 1.2 per cent in 2003 for classifications that have not yet achieved their targeted pay equity wage rates.

## HEABC wish list is recipe for chaos

Legislation banning job action tops a long list of anti-worker demands that the Health Employers Association has put to B.C.'s new provincial government according to a secret briefing document obtained by HEU.

The HEABC brief contains a legislative wish list that would restrict health care workers' bargaining rights and dismantle HEU's main collective bargaining unit.

"HEABC hopes the new Liberal government will implement their outrageous agenda," says secretary-business manager Chris Allnutt. "I hope the new gov-

ernment has the wisdom to recognize the health care chaos that would result if that agenda was adopted."

HEABC is calling for even more restrictions on legal job action including: designating all Care Aides and LPNs 100 per cent essential and increasing strike notice from three to seven days.

And employers want government to rebuild the wall between community and facilities services and support workers.

They want to have thousands of LPNs transferred to the Nurses' Bargaining Association in order to "rationalize" – read reduce – the wages of these important nursing team members and stir up inter-union friction. The HEABC document also recommends a giant step backward to a bygone

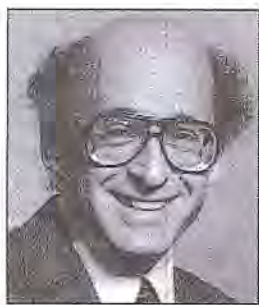
era where government-funded private, for-profit health care employers – represented by Pricare – bargained separate contracts with health care unions.

Health employers are demanding more "realistic" approaches by WCB to ergonomics and workplace violence. And they want government to assist them in their union-busting efforts by funding non-union workplaces for union-level wages and benefits. "HEABC's agenda would lead to chaos in our health care system and the public won't stand for that. Our union will continue to work with our allies and with government to improve the quality of care British Columbians expect and deserve. And we'll fight HEABC's destructive agenda tooth and nail."

## 'Employers want the government to rebuild the wall'



## PRESIDENT'S DESK



### Cloudy weather ahead, but solidarity is our silver lining

by Fred Muzin

**T**HE MOTTO on the Health Employers' Association of B.C. letterhead should be 'every cloud has a sinister lining.' Their recent actions against union activists clearly shows why health care workers are experiencing low morale, resentment and distrust of health care management. Trust HEABC to make a difficult situation worse.

Within hours of the Health Sciences Association indicating that its members would be taking further job action and HEABC receiving an opinion that this would be illegal, health employers individually served activists in all unions with final warning letters that any support for HSA could get them fired. This provocative reaction, by forcing activists to make such a gut-wrenching choice, seriously challenges HEABC's credibility.

This latest action follows closely on the controversy initiated about whether July

### 'HEABC is calling for huge wage increases for excluded managers'

1st or 2nd would be the real Canada Day and HEABC's spectacular *Solutions for a New Era*, which they tabled with the government just two days after the provincial election. The document advocates restricting and eliminat-

ing workers' collective bargaining rights, increasing the number of bargaining units by separating out private and non-profit employers, reconstructing the wall between the facilities and community subsectors and repealing pay equity legislation. In stark contrast to their 'cupboard is bare' bargaining stance, HEABC is calling for huge wage increases for their excluded managers since a "conservative pay philosophy is no longer sustainable" and employers need "to attract, motivate and retain highly skilled professionals." As well, an industry that annually injures a record number of workers wants to gut WCB regulations on ergonomics and workplace violence.

These matters were of sufficient import to distract the employers' attention away from bargaining with the RNs and paramedical professionals. After being legislated back to the bargaining table, instead of presenting serious new offers, HEABC's strategy is to let the Liberals bail them out yet again.

Competent, successful employers support their staff, especially during challenging situations, and facilitate their ability to provide efficient and effective services. It is unconscionable in an industry where understanding, caring and compassion are so fundamental to service delivery to treat workers so abhorrently.

The Liberal government is doomed to failure unless it rejects HEABC's destructive vision and accepts the reality that workers are its greatest resource, especially in public services like health care. HEABC needs to stop trying to intimidate health care workers and treat them with dignity and respect. That's how you foster creative solutions to the stresses and chronic problems plaguing Medicare.

The solidarity that prevails between unions and their community and social justice partners is the silver lining that guarantees our ability to rain on HEABC's parade.



EAGLE RIDGE Search and Rescue team want to fill up their supply building with more equipment from money raised from a golf tournament.

## Hiking skills help others

by Dale Fuller

One sometimes marvels at the feats of bravery that search and rescue crews perform, the risks they take while saving lives. Could anyone do it?

Not according to Deane Hackett, who joined up about three years ago.

Hackett, a Care Aide at Kiwanis Care Home in New Westminster, says she saw an ad in her local paper. "Eagle Ridge Search and Rescue was looking for volunteers," she says. "I've been an avid hiker for a long time, so I thought 'why not?'"

Seventy would-be volunteers were invited on a four-hour hike to see if they had what it takes.

They gave the hopefuls a 20-pound bag of sand and started them out on the hike.

"I made that first cut. I don't think they were looking for the most physically fit persons, because I came in dead last," says Hackett. "I think it must have been endurance, because I carried that 20 pounds the whole way."

After an interview, she was on the team.

She remembers one rescue which induced her to branch out into another volunteer activity.

"There was a group of German tourists who went on a hike. One of the women slipped, fell into a waterfall and died," says Hackett. The woman's brother and son called for help.

"I'll never forget the looks on their

faces when they walked out of the group of people that were gathered."

Hackett realized she wanted training in grief counseling, and began working as a hospice volunteer about a year-and-a-half ago.

But not everything is tragic.

She laughs about one poor fellow who went on a 10-hour hike up a

mountain with his Great Pyrenees dog. "I don't know how many people think about it, but I don't think dogs are used to walking for 10 hours," she says. "The dog was so exhausted he couldn't go back. The fellow wasn't about to leave his dog alone."

S&R and some of his buddies took him supplies so he could spend the night on the mountain with his dog. The next day his friends helped him to return the dog to civilization in a wheelbarrow."

S&R volunteers must supply much of the equipment they use, and indeed having equipment was one of the qualifications for the (unpaid) job. So Hackett is organizing a fund-raising golf tournament to help them buy much-needed equipment and to help pay for their re-certification in First Aid and CPR.

She's issuing a challenge to all HEU golfers to come out to Pitt Meadows on Sept. 22. The tournament will be at Swan-e-set Bay Resort. There will be prizes and lots of fun. If interested in more details, visit their website at <[www.pbsco.com/rmsar/index.html](http://www.pbsco.com/rmsar/index.html)>.

### AFTER



### THE SHIFT

## NOTEBOOK

### Liberals send clear confrontation signals

by Stephen Howard

Remember late last year when Gordon Campbell – in an exclusive *Guardian* interview – talked about how much he valued HEU members and how he wanted us to work together to build a stronger health care system?

Well it sure didn't take long for Campbell's cabinet colleagues to cast doubt on his kind words and commitments. A late July "open" cabinet meeting provided a glimpse of the confrontational approach that some in Campbell's government may take towards health care and HEU members, unless the premier reels them in.

First, the Liberals thwacked community social service workers. On the cabinet order paper was a recommendation to kill successorship protection that's part of the social services contract. It protects caregivers and the quality of care in a sector where endless tendering of provision of service contracts creates instability.

However, the Liberals argued that successorship "creates barriers to open tendering" restricting "valid business opportunities." And with an orchestrated show of hands, successorship protection – a signed agreement between health unions, employers and government – was eliminated by cabinet fiat.



### 'Attacks on health care workers will only cause chaos'

But this opening salvo should prove to be an embarrassing gaffe for the Liberals. Why? Because legally, cabinet lacked the authority to take such a step, and the health unions will work together to make Victoria backtrack. But more important, it's a black eye for Campbell, who went to great lengths in November to reassure HEU members that "I don't believe in ripping up agreements."

Then it was the turn of health services minister Colin Hansen to put HEU members in his government's cross-hairs. Health care spending is spiraling out of control, he claimed, because of the high wages of health and support workers. He used an error-riddled comparison of pay rates for just two jobs, to demonstrate that HEU members were paid 32 per cent more than the Canadian average.

It was quite a provocative and unexpected broadside. And it signaled an effort by the Liberals to create an artificial crisis in health care, identify enemies and push through service cuts to pay for the Campbell tax cuts that disproportionately benefit the wealthy. Clearly it was the first sign that what the Liberals said about protecting health care during the election may go by the wayside.

Months ago, HEU expressed its desire to work together to improve health care services should the Liberals form government. And based on their comments before the election, it appeared that key elements of a Liberal government were prepared to work cooperatively to create the stability that health care urgently needs.

The Liberal cabinet's escapades are sure a wake up call for HEU members. Hansen and his colleagues need to recognize that attacks on front-line health care workers will only cause chaos.



# Labour

NOTEWORTHY NEWS ABOUT ISSUES AFFECTING WORKING PEOPLE HERE AND ABROAD

## Remembering union martyrs

Canada's labour history is not as bloodstained and violent as in other countries. But this country has its share of union martyrs — activists, organizers, and front-line workers killed for their union activities.

Joseph Fortier, René Fortier and Fernand Drouvin were among a group of lumber workers on strike against the Spruce Falls Power and Paper Company when they were attacked and killed by strikebreakers at Reesor's Siding near Kirkland Lake, Ontario, on Feb. 10, 1963. Their killers were fined \$100 for "carrying offensive weapons." Their union was fined \$27,600 for "unlawful assembly." A memorial to these labour martyrs can be seen by anyone driving across Northern Ontario on the Trans-Canada Highway.

Nick Nargan, Pete Markunas and Julian Gryshko were shot dead by the RCMP during a parade of coal miners at Estevan, Sask. Many others were wounded.



GOODWIN

A monument was erected at their graves, with the inscription "Murdered in Estevan September 29, 1931, by the RCMP." Authorities later had the last words chiselled away.

Ginger Goodwin, an organizer for B.C. mineworkers, was fatally shot by police during a smelter strike in Cumberland on July 27, 1918. On August 3, 1918, workers around B.C. staged a one-day general strike in his memory.

William Davis was one of the steelworkers on strike against the British Empire

Steel Company in Cape Breton, Nova Scotia, in 1925. When the company cut off the water supply to the strikers' homes, he led a protest and was shot dead by the company's private security guards.

Viljo Rosvall and John Voutilainen were organizers for the Lumber Workers' Union who disappeared in November 1929, in the woods near Onion Lake, Ontario, on their way to an organizing meeting. The police refused to search for them, nor would they allow union search parties into the area. Their badly mutilated bodies were found the following spring.

James Rafferty was a striking coal miner who was clubbed to death by a company watchman near Wayne, Alberta, in 1928.

## CAW-SEIU dispute resolved

A serious rift in the Canadian labour movement that resulted in wide-ranging sanctions against the country's largest private sector union is on the mend.

The Canadian Auto Workers (CAW) and the Service Employees International Union (SEIU-Canada) agreed on a process to resolve a jurisdictional dispute that resulted in the exclusion of CAW representatives from the CLC executive council and from affiliated provincial federations and labour councils. With the support of SEIU-Canada, those sanctions have now been lifted.

"This chapter of our movement's history has been divisive and destructive to the interests of working people," says HEU president Fred Muzin. "With this resolution, Canadian labour can refocus on the real threats to our members represented by unfettered globalization and privatization."



DALE FULLER PHOTO

SENIORS AND THE disabled are among those most affected by the transit strike, and they made themselves visible at all the rallies and public projects.

## Transit workers are not looking to break records

by Bob Smith

ONE RECORD no bus driver wanted to break was the 94 days transit workers spent on the picket line in 1984. They broke that record July 4, 2001.

In 1984, B.C. Transit locked-out its bus drivers and mechanics and shut down its bus systems in Vancouver and Victoria for 94 days. They saved \$31 million and spent that money building 3.5 kilometres of the SkyTrain.

Seventeen years later, they are building an extension of SkyTrain with a similar funding formula.

Public service strikes are a different kettle of fish, as health care workers well know. In health care, the essential parts of your labour are immediately apparent. People suffer and it's front page news.

And though people also suffer because of the transit dispute, the essential parts of a public transit system are not so blatant.

This is not a strike. It is a lockout. The transit union has accepted a reasonable recommendation from mediator Vince Ready. We've accepted significant concessions that save the company millions of dollars.

Coast Mountain rejects the Ready report because it calls for rational discussion of the most contentious issues: part-time workers and contracting out. They know their demands for these concessions will not stand up to careful scrutiny.

They want the transit system shut down long

enough to save enough money to capitalize their share of the SkyTrain expansion.

The transit workers of the Canadian Auto Workers Locals 111 (drivers) and 2200 (maintenance and SeaBus) had nothing to do with the transfer of governance from B.C. Transit to Vancouver city councillor George Puil and his newly created TransLink Board.

Transit workers had nothing to do with the decision to build the underfunded SkyTrain extension.

But all transit workers are now donating their pay cheques to these colossal blunders.

Puil knows he can get away with it because he knows who is served by the transit system — students, the elderly, the disabled, the poor. They are the ones with the least political clout in our society.

George Puil can withstand the pressure from these groups of people until hell freezes over, or the next civic election, whichever comes first.

Short of a general strike, it is hard to imagine any power other than small retail businesses changing George Puil's approach to his self-inflicted funding crisis. Without that pressure, transit users will be waiting at the stop for a long time yet.

It is a stalemate the public sector has run into before, but we have yet to develop the strategy to beat it.

• Transit driver Bob Smith has just put to bed the 60th edition Daily Routes, CAW 111's strike bulletin.



THE CHOCOLATE MAKERS at Purdy's Chocolates in Vancouver, members of CEP Local 2000, have been on strike since May of this year. They are trying to achieve their second contract with this employer. Purdy's wants to claw back benefits they won the first time around like job security, some health benefits and the right to be represented by shop stewards of their choice. The union members are asking for better benefits and a modest wage hike. "Please don't buy Purdy's chocolates while we're on strike," they ask.



# What's

By Dale Fuller

The business of developing cures and treatments for disease is fraught with contradictions. Its raison d'être is to help people. But

being so highly valued – it attracts both those who want to help and those who are greedy.

# the deal?

**M**OST CANADIANS probably have a vision of pharmaceutical research as being at arm's length from the corporations that will eventually produce and market the drugs that result from their investigations. They would be shocked to learn that this is not necessarily the case, and that regulations controlling this relationship are lax.

Increasingly, pharmaceutical companies are controlling the process of developing new drugs from start to finish. The problem, according to a group of academics is that the public interest is not being served under this regime. Nor is public health.

In a document entitled *Tales from the other drug war*, released by the Centre for Health Services and Policy Research (CHSRP) at the University of British Columbia last year, they explore how drugs are developed, researched, regulated and approved for distribution in Canada.

Advances in medicine in recent history have been phenomenal. Diseases that used to kill people on a regular basis either have been almost wiped out or are managed so that people now live long and useful lives.

But there are still many diseases out there that have no cure or treatment.

Most medical researchers want to leave a lasting contribution and help those who are sick. Pharmaceutical research is a magnet to those who simply want to make a lot of money. If a drug is developed that will help people be well, it will sell. Guaranteed.

But the problem, according to the papers prepared for *Tales from the other drug war*, is that in Canada pharmaceutical companies almost completely dominate the country's clinical research business.

There are such prodigious amounts of money involved

that often test results will be swept under the rug if it means a drug will not be approved.

Pharmaceutical companies are powerful enough to ensure that favourable results make it to the public eye and unfavourable results are suppressed.

Researchers are put into the position of deciding to "blow the whistle" when it may mean losing a research grant – maybe for a very long time.

**That is what happened to a blood specialist** at Toronto's Hospital for Sick Children. Nancy Olivieri first reported favourable results for a drug used to treat a genetically transmitted blood disorder. But three years later, when she had data on long-term effects of the drug, she reported that there was actually no benefit at all for those treated with the drug.

The drug company which had funded her research did not want to hear that. She found herself being threatened with legal action if she publicly presented or published the negative results.

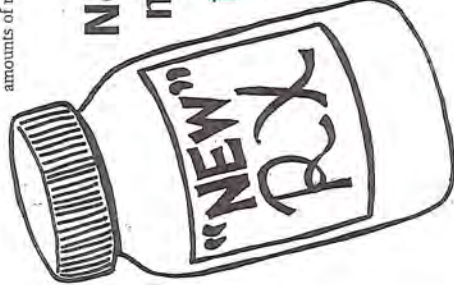
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The drug company dropped her as the key researcher on the project and stopped the drug trial at her hospital. Then they appropriated all her data and – without her consent – published the results as favourable.

Pharmaceutical companies are not adverse to taking an existing drug, making minor changes, patenting it and marketing it as a major innovation or creating a market.

**New drugs may not be so new they may be:**

- me-too drugs with new doses, new delivery systems
- marketed as major breakthroughs, but have only minor therapeutic advantages for few people
- heavily promoted and put on market before fully tested
- sold with sponsor-based medical "education" programs
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Ken Bassett, one of the document's authors, cites the example of bone marrow tests for women. "The testing technology is, in effect, a marketing test," he says. Once determined that she is at risk of osteoporosis, a woman is generally put on a drug treatment.



ment, when exercise and diet are perhaps better ways to combat this disease.

**And pharmaceutical companies** sometimes deliberately apply data collected from one segment of the population and apply it to another. Studies done on middle-aged men which found strong links between high cholesterol levels and heart disease created a market for cholesterol-lowering drugs.

Random tests were never done on women, but their doctors prescribe these drugs to them anyway. The importance of diet was recognized early in the research, but it has been shoved aside by a sophisticated media campaign, according to Isabelle Savoie, another of the document's authors. "By the early 1980s, nearly two-thirds of the American population was aware of the reported role of dietary cholesterol

in coronary heart disease and of the reported importance of reducing dietary fat intake as a means of controlling cholesterol," she writes.

Pharmaceutical lobby groups waged a media campaign that shifted the public perception significantly and by the late 1980s a large percentage of the population had been prescribed a lipid-lowering drug.



when it means thousands, maybe millions, will die as a result.

Lobbyists for the pharmaceutical giants argue that without patents, profits are eroded and there's no longer any incentive to invest in research and development.

But people in poor countries simply don't have the resources for the price tag attached to patented drugs. So they die, and the epidemic mushrooms.

Recently, in the face of a huge international outcry, 39 pharmaceutical companies dropped a suit against the South African government. What was its offence? Passing a law allowing it to bring cheaper, generic drugs from other countries, a life-saving measure for the many South Africans suffering and dying from AIDS.

The developing nations called the one-day session

That Canada's Health Protection Branch is loosening its control on pharmaceutical research and marketing does not bode well for the public good, either.

And the pharmaceutical industry wants the government to remove even more regulations, as well as minimize arrival time for new drugs on the market.

The authors of *Tales* think this is a bad idea. Regulations controlling peer review processes, advertising, evaluation of drug trials, post-marketing surveillance, the role of patient/disease groups and access to the full scope of information to government, the public and the research community should be tightened up, not loosened, they say.

**Researchers need to act** in a collective manner and develop their own ethical guidelines. Union members will recognize the advantage of this arrangement. An independent agency to oversee the protection of public health in Canada is needed, one that has the power to conduct independent audits. Pharmaceutical companies should not be permitted to make unlimited profits at the cost of the public's health and well-being.

In B.C., prescription drugs form a substantial part of the health care budget, and Pharmacare is an easy target for the government when it starts to make cuts. We could end up paying more money and more often for drugs which may not even be necessary.



## Patent versus generic drugs on the world stage

in the hopes that the South African example would help them win support at the WTO tribunal.

Brazil had a substantial stake in the outcome of the tribunal. The U.S. was charging Brazil with violating international trade dictums for its policy of allowing the manufacture of cheap generic versions of patented AIDS/HIV sufferers. The tribunal adjourned five days before the UN's special assembly on AIDS, and it was there that the U.S. unexpectedly withdrew its complaint against Brazil.

It seems that sometimes things like the deaths of millions from disease are more important than corporate profit.

Without a doubt, this is a defeat for the drug manufacturers, but they will still make profits far in excess of most other industries.

**Buy me, try me, say drug ads**

**N**O LONGER content to limit their advertising dollars to publications aimed at the medical profession, pharmaceutical manufacturers are now going straight to the patient/consumer. Direct advertising of pharmaceutical products is banned everywhere except in the United States and New Zealand.

In Canada, drug companies have been permitted to advertise the price of prescription drugs along with the name of the drug, but that's all.

Recently, however, Health Canada conceded some ground to pharmaceutical manufacturers who want to reach the public.

Picture this: A middle-aged woman talks confidentially to the camera about how she used to be so depressed. But now she feels better. Scene changes to the woman affectionately cuddling her husband, both smiling contentedly. "I'm so happy I found my way out," she says. Fade out and voice-over, "Brought to you by Miracle Drug X."

In Canada the ad is still not allowed to say, "Miracle Drug X cured my depression. You should use it, too."

But the public gets the not-so-subtle message loud and clear.

Health care professionals are concerned about this trend. Australian doctor Peter Mansfield has seen what happens in New Zealand when pharmaceutical companies are allowed to advertise directly to consumers. He says that patients start insisting on the drugs from their doctor.

"When prescription drugs are marketed directly to consumers," he told a *Times Colonist* reporter last June, "you get a much higher demand for them. Meanwhile, they're typically the drugs that we know the least about."

And they are very often more expensive than other comparable drugs.

Prescription drugs – which are subsidized in B.C. – form a huge chunk of the province's health care budget. Too much spent on prescription drugs will route money away from other parts of the health care budget.

Only stockholders' pocket books are ensured of better health with increased drug advertising.



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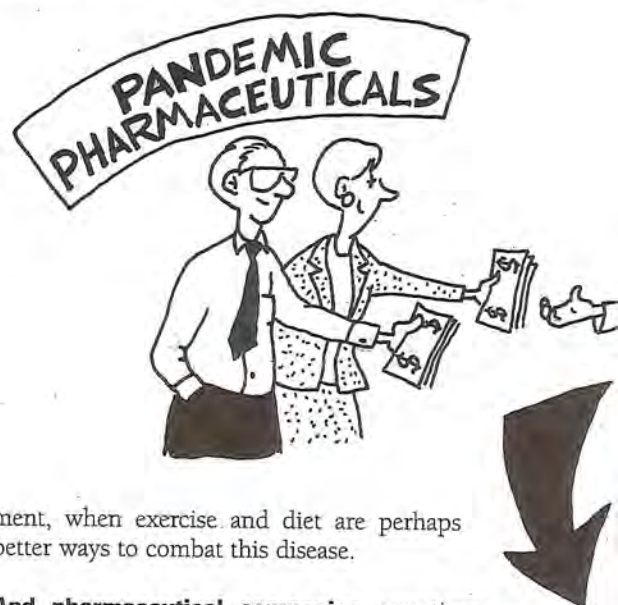
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## Patent versus ge

At first it seemed that 50 developing countries, who had called a special meeting for June 21 of the World Trade Organization in Geneva, were beating their collective heads against a brick wall.

Led by the African countries, the group was asking the WTO to consider that the AIDS epidemic warrants the implementation of "get-out clauses" contained in the trade related intellectual property rights (TRIPS) agreement.

They were asking for the right to buy or make generic medicines in situations of dire emergency, in the interest of public health.

This was all about the protection of drug patents owned by the pharmaceutical giants.

The WTO — backed by the United States — vigorously defended the rights of drug companies to shield their products with patent protection, even



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Health care professionals are concerned about this trend. Australian doctor Peter Mansfield has seen what happens in New Zealand when pharmaceutical companies are allowed to advertise directly to consumers. He says that patients start insisting on the drugs from their doctor.

"When prescription drugs are marketed directly to consumers," he told a *Times Colonist* reporter last June, "You get a much higher demand for them. Meanwhile, they're typically the drugs that we know the least about."

And they are very often more expensive than other comparable drugs.

Prescription drugs – which are subsidized in B.C. – form a huge chunk of the province's health care budget. Too much spent on prescription drugs will route money away from other parts of the health care budget.

Only stockholders' pocket books are ensured of better health with increased drug advertising.

## neric drugs on the world stage

when it means thousands, maybe millions, will die as a result.

Lobbyists for the pharmaceutical giants argue that without patents, profits are eroded and there's no longer any incentive to invest in research and development.

But people in poor countries simply don't have the resources for the price tag attached to patented drugs. So they die, and the epidemic mushrooms.

Recently, in the face of a huge international outcry, 39 pharmaceutical companies dropped a suit against the South African government. What was its offence? Passing a law allowing it to bring cheaper, generic drugs from other countries, a life-saving measure for the many South Africans suffering and dying from AIDS.

The developing nations called the one-day session

in the hopes that the South African example would help them win support at the WTO tribunal.

Brazil had a substantial stake in the outcome of the tribunal. The U.S. was charging Brazil with violating international trade dictums for its policy of allowing the manufacture of cheap generic versions of patented AIDS drugs and their free distribution to Brazilian AIDS/HIV sufferers. The tribunal adjourned five days before the UN's special assembly on AIDS, and it was there that the U.S. unexpectedly withdrew its complaint against Brazil.

It seems that sometimes things like the deaths of millions from disease are more important than corporate profit.

Without a doubt, this is a defeat for the drug manufacturers, but they will still make profits far in excess of most other industries.



# What does pay equity mean?

by Brenda Jordison

The simplest way to explain pay equity is to get rid of all the window dressing. Basically it boils down to the value of the job, not the gender that performs it.

Let us look at our health care sector.

The most relevant way to explain pay equity is this: if males, not women, were traditionally employed as registered nurses, BCNU would not be asking for 42 dollars an hour, they would already be receiving it.

Look around at the trades and ask what does a welder, plumber, logger and others who work in traditionally male-dominated employment earn as an hourly rate.

This is not an attack on men. They are worth every cent they earn. It's just a fact of our society. Women-dominated employment has traditionally been paid less. To this day women earn approximately only 80 per cent of what men earn.

When I first arrived at Sunset Lodge in 1990, Care Aides were



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Though we still have a long way to go, with HEU we have won some significant pay equity adjustments. This has somewhat alleviated the wage gaps.

When the NDP government passed pay equity legislation, the private sector screamed bloody murder. If you are wondering why, just take a look around our society.

Wage discrimination is alive and kicking.

Ask a friend or relative who works in the private sector what their pay scales are like. Take note. The male-dominated categories are paid higher than the female categories.

When I discuss this with my friends and relatives, I am often discouraged to find that they actually often find a way to justify this discrimination.

But the good news is I am able to make them come around to an understanding of what pay equity is about. As a matter of fact, they end up being very much in favour of paying women equally.

Lesson: more education is needed for the masses, so spread the word!

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## No user fees, says top doc

B.C.'s top public health official says we can preserve Medicare without bringing in user fees.

According to media reports, chief medical officer Perry Kendall says health care should be funded through general revenues and not from user fees which are a tax on sick people. His comments come on the heels of a call from the prime minister who says user fees should be on the agenda of the royal commission on health care.

"We do need to explore new ways of strengthening our public health care system," says HEU secretary-business manager Chris Allnutt. "But these efforts are undermined by politicians like Chretien who want to take us back in time when the poor, sick and elderly were forced to make the choice between groceries and medical care.

"Our chief medical officer deserves the support of our new provincial government in his efforts to bring a public health perspective to the issue of user fees," adds Allnutt.

CUPE's national president Judy Darcy and the Council of Canadians' Maude Barlow are also speaking out against Chretien's user fee agenda.

"For the second time in two months, politicians are trying to force privatization on the commission's agenda and we won't stand for it. Last month Mike Harris. This month the prime minister wants a look at user fees. This in spite of dozens of studies — including a major Saskatchewan report — showing user fees fail on many fronts, most disturbingly by denying care to the poor," says Darcy.

"Chretien's comments look dangerously like a prime minister advocating abandoning the Canada Health Act. User fees would clearly violate the Canada Health Act. Chretien along with Harris and Klein have had their chance to speak on health care — now we need to hear from the people who it affects directly, the citizens of Canada," says Barlow.

Canadians are paying far too many health costs out of their own pockets, shouldering increasing expenses for prescription drugs, dental care, de-listed services and health insurance premiums. Far from strengthening Medicare, further privatizing costs onto the backs of individuals will erode Medicare for those who need it most — vulnerable poor and elderly Canadians.

Just last month, the B.C. Medical Association released a report calling for increased user fees and privatization of health care services. A subsequent HEU poll indicated that more than three-quarters of the B.C. public believe that Medicare should be expanded to cover home care and long-term care. Only 16 per cent favoured the BCMA's proposal for tax-based individual health savings plans that would transfer the costs of elder care onto individuals.



DALE FULLER PHOTO

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## Home support saves lives

**A** NEW STUDY released in May confirms that without home support services, seniors and the disabled die and end up in long-term care facilities much sooner than those who receive those services. And their care costs are substantially higher. As a matter of fact, about 50 per cent higher, says this study funded by Health Canada.

In 1994 seniors and disabled British Columbians in some regions had their home support services cut, while those in other jurisdictions did not.

In making these cuts in such a seemingly arbitrary manner, the provincial government inadvertently created an ideal yardstick by which to measure one system against the other.

Marcus Hollander, the author of the report and a health policy researcher in Victoria, studied the effect of the cuts in four B.C. regions.

Three years after the cuts, the average annual health care costs per person was \$11,903 in the areas which had undergone cuts in home support services, while the same average was only \$7,808 where services had been preserved.

The government purported to make the cuts as cost savings measures, but Hollander says it accomplished the exact opposite.

"By the end of the third year, the difference in total average cost to the health system was about \$4,000 more per person, so clearly this 'cost savings' measure was not cost-saving at all," he says.

Sadly, the cuts meant death to many. More than 21

per cent of whose home support was cut died by the end of the third year compared to just 14.5 per cent of those still benefitting from the visits of a home support worker. And without home support services, many could no longer live on their own, or their family members were unable to continue to take care of them. About 17 per cent of those with cut services were admitted to long-term care facilities by the end of that third year.

On the other hand 93 per cent of those with home support workers were still living at home at the end of the same time period.

Margaret Birrell, executive director of the B.C.

Coalition of People with Disabilities, says housekeeping services cost the government \$2,500 a year per person, compared with \$42,000 per year for institutional care. "Not only that," she says. "Basic homemaking services provide stimulus and stability, even when it's as infrequent as

once a week. Those who don't get it are likely to feel abandoned, which stimulates health crises."

The home visits also can act as an early warning system for serious health problems, the researchers found.

Hollander made the obvious conclusions from this study. "It appears from both the quantitative and qualitative data in this report that ignoring the maintenance and prevention aspects of home care may not only lead to increased costs to the health system, but may also lead to suffering and emotional distress for a significant portion of the people cut from care," he said.

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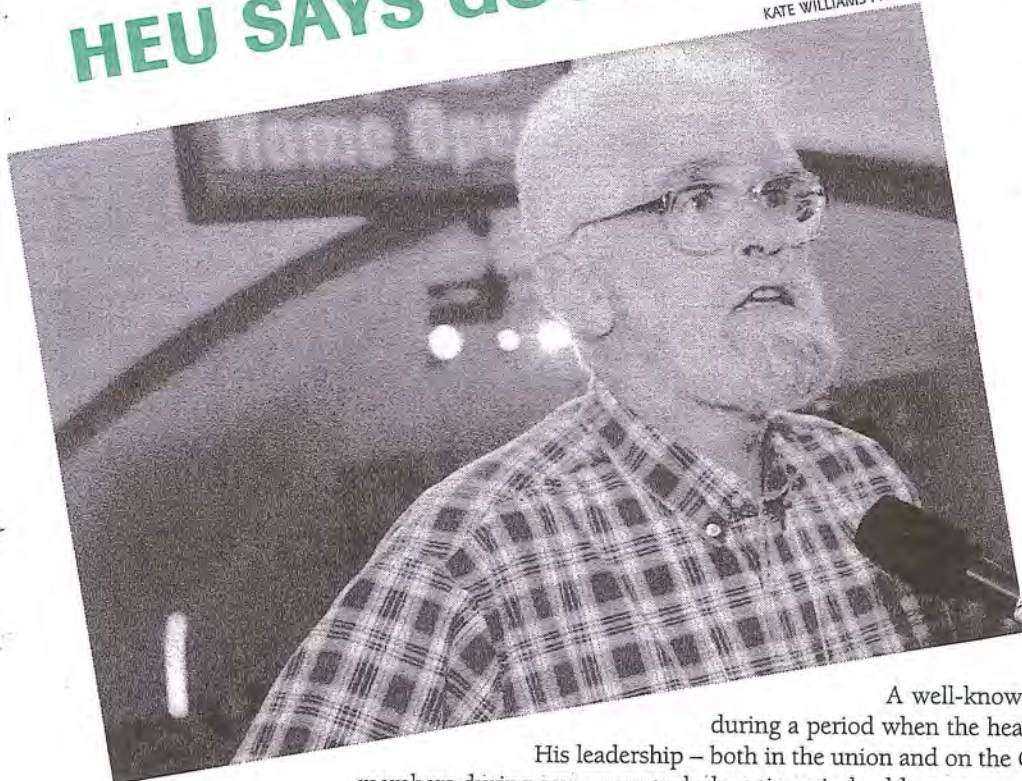
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## HEU SAYS GOOD-BYE

KATE WILLIAMS PHOTO



HEU's Provincial Executive is losing one of its veterans at the end of July, and two others did not run for office during last year's convention because they knew they would be retiring. HEU wishes them well in their retirements, and thanks them for the indispensable contributions they have made to their union.

## David Ridley

**H**EU'S FIRST VICE-PRESIDENT David Ridley will retire from Royal Jubilee Hospital and resign his position on the union's Provincial Executive on July 31.

The 61-year old biomedical technologist has served on the PE since 1992 and for the last several years has sat as the union representative on the Capital Health Region board of governors.

A well-known and highly respected unionist, Ridley's activism has enriched HEU during a period when the health care system was undergoing major restructuring.

His leadership – both in the union and on the Capital Health Region board – has resulted in a stronger voice for HEU members during some very turbulent times in health care.

Ridley not only made a major contribution to the union, but also to the greater community through his commitment to social justice and his work in various coalitions that brought together labour organizations, community-based groups and other representatives of civil society.

Ridley says that he and his wife Hildred will retire to a cottage in the Lake Cowichan district of Vancouver Island this summer.

It's fitting that he's going to be able to enjoy in his retirement many of the benefits for which he fought and won for all HEU members.

## Maurice Smith

**A**T HEU'S 22ND BIENNIAL Convention last October, Maurice Smith received a standing ovation when delegates honoured him after his 2001 retirement was announced. Smith did not run for office on the PE, and he left a legacy of service that few can match.

During his last term on the 1998-2000 Provincial Executive, Smith sat as a trustee. The dedicated activist is a veteran PE member, first serving HEU on the union's governing body in 1978. Since then he has held the positions of financial secretary, member-at-large, and 2nd, 3rd, 4th and 5th vice-presidents. And he didn't do that at the expense of HEU members at Burnaby Hospital where he was a stores worker. Smith was chair of that local for 20 years and also held other offices – vice-chair, trustee and warden.

At convention, as he accepted the recognition of his sisters and brothers, he spoke of his union and its members. "I can't tell you what it's been like representing HEU members. The union has been my life, I'll never forget you. Thank you!"



DALE FULLER PHOTO

DALE FULLER PHOTO



## Leo Bibbo

**V**ANCOUVER GENERAL HOSPITAL maintenance supervisor Leo Bibbo will be retiring on August 31. He's been a well-known figure at HEU since the 1970s, when he first became active in his local. Over the years he held a number of offices in his local: vice-chair, trustee, warden, conductor, shop steward and chair.

And he's proud to have graduated from HEU's first-ever summer school.

He was on the Provincial Executive two times, first as Lower Mainland-Coastal regional vice-president (97-99) and then as 3rd vice-president (99-01). He was also on the 1986 and the 2001 bargaining committees.

Bibbo also served on many committees, including labour adjustment, contracting-out, return to work and mergers.

He's a firm believer in grass roots activism, is grateful for his years in the union and says, "Belonging to the union made coming to work worthwhile. If it wasn't for HEU, I would have retired a long time ago."

Originally from Australia, Bibbo arrived in Canada in 1965. He was on his way back from an extended stay in Europe when he landed in Vancouver and decided to make it his home.

He doesn't know what his retirement holds for him yet, except for enjoying the company of his three granddaughters.



TAXES, PUBLIC SPENDING AND PRIVATE COSTS IN B.C. AND WA	British Columbia	Washington	The B.C. Advantage
Total provincial and local taxes (two income family of four earning \$55,000 CAN at PPP), 1998	\$6,518	\$4,855	-\$1,663
Public program spending per capita, 1998	\$4,983	\$3,865	\$1,118
Average university tuition, undergraduate, 2000	\$2,300	\$3,950	\$1,650
Average expenditure - water, fuel, electricity, 1998	\$1,216	\$1,756	\$540
Average expenditure - health care, 1998	\$1,499	\$2,267	\$768
Average expenditure - personal insurance and pension contributions (including life insurance and social security contributions), 1998	\$2,632	\$4,937	\$2,305

Taking into account both the monetary and social considerations, British Columbia's advantage is clear.

WORKING CONDITIONS	B.C.	WA
Unionization rate, 2000	30.4%	18.2%
Statutory holidays per year	9	None
Annual vacation required by law	2 weeks after 1 year 3 weeks after 5 years	None
Hourly minimum wage (WA in \$CAN at PPP)	\$7.60	\$8.00

Sources: Washington Research Council, e-brief, "Flexibility the Key to Rational Tuition Policy," Feb. 12, 2001; Unionization rate, BC Ministry of Labour; Labour Directory 2000, US Bureau of Labour Statistics; Labour standards, BC Ministry of Labour; Washington Department of Labour Standards

# Count your blessings

## A new study compares 'competitiveness' and well-being in Washington State and British Columbia

**B**RITISH COLUMBIANS pay way more taxes than our neighbours south of the 49th parallel, say B.C. business lobbyists. Our taxation system and government regulations obliterate our competitive edge with Washington State, they complain.

But is that really true? Donna Vogel, a researcher for the Canadian Centre for Policy Alternatives, says no in a recent study called *In search of the good life*. In it, she examines the systems of taxation, delivery of public services and employment standards in B.C. and Washington. She found that if you compare taxes, public spending, out-of-pocket costs, inequality and working conditions, B.C. has a clear and substantial advantage over Washington.

The difference in the two taxation systems is marked. "B.C. relies primarily on a progressive income tax, and this makes the tax system here much more fair than in Washington, where regressive sales and property taxes provide the bulk of state revenue," says Vogel.

This means that in B.C., the wealthy pay a higher percentage of their income in taxes than lower

income people. In Washington it's the opposite. For example, a British Columbian family earning \$90,000 per year pays 10.5 per cent of their income in provincial taxes and a family earning \$25,000 pays 9.3 per cent. In Washington, a family with a \$15,000 income pays 15.5 per cent in state taxes, while a family with a \$150,000 income pays only 5.6 per cent.

So what does this really mean when it comes to how much the average family is out of pocket, if you count both taxes and money paid for services?

According to Vogel, the average B.C. family pays \$1,663 more a year in provincial taxes than that same family would pay in Washington. But the Washingtonians would pay \$1,118 more for public programs than the British Columbians. That's because Washington families have to pay for private services that would be publicly provided or subsidized in B.C. Post-secondary tuition, water, electricity and fuel are far more costly in Washington. And British Columbians pay less for unemployment and life insurance and workplace and public pensions.

### 'The difference in the two taxation systems is marked'

These are all statistics that only hint at the difference in the social climates of B.C. and Washington.

B.C. offers more protection to people who aren't able to earn a living in the job market. Washington sets very strict limits on access to public assistance.

"At \$748 a year, the difference in private spending on health care costs wipes out much of Washington's tax 'advantage,'" Vogel says. About 16 per cent of Washingtonians have no health insurance at all.

People in Washington would love to enjoy the workplace standards that British Columbians take for granted. Statutory holidays and vacations are not legally mandated in Washington. Only 55 per cent of women are entitled to maternity leave, and then only for 12 weeks of unpaid leave.

Wealthy Washingtonians indeed pay lower taxes, but is it really a better place to live? Vogel doesn't think so. "Rather than competing in a race to the bottom, British Columbians would be better served by a realistic assessment of our advantages and public policies to improve on what we have."

## CUPE unveils plan to bolster defense fund

Sister Geraldine McGuire, secretary-treasurer of CUPE National, is spending the last year of her mandate promoting a plan to reform and rebuild the union's national defense fund.

The Canadian Union of Public Employees is committed to ensuring their members of access to strike pay if they are forced to take job action. This is one of the strengths of the national union, but it is completely dependent on a rather large defense fund and wise planning.

"No member need ever worry whether the union's there for them if they're walking the line," says McGuire. "So we must have a strike fund that's as strong as our members."

The strike fund has paid out more than \$39.1 million in strike pay and benefits since July 1998, three times the average cost for the previous eight years.

McGuire knows why. "We've got more strikes, longer strikes, bigger locals and better strike pay. You

put it all together and it's clear we need to strengthen our defense fund."

The 1999 national convention set up a task force with representation from across the country. They reviewed the structure of the defense fund and recommended changes - one of which was to split the fund into two parts.

One part would cover strike pay and benefits, campaigns aimed at averting strikes and interest arbitration costs. That money would come from six per cent of the per capita paid to CUPE National.

CUPE would continue to use the defense fund for cost-shared campaigns, national campaigns and major organizing drives. This would be funded by four per cent of the per capita.

This per capita income is derived from dues and levies paid by member organizations. HEU approved renewing its affiliation at last November's convention. And paying the levies.

At the time HEU financial secretary Mary LaPlante drew a strong link between the union's ability to take on key struggles like the fight to save Medicare and the 12-week long community social services strike in 1999 and HEU's membership in CUPE.

The task force recommended marking all proceeds from the solidarity and special levies for building up the new strike fund. The special levy will continue until the strike fund reaches \$25 million, and the sol-

idarity levy will continue until the 2003 national convention unless the fund reaches \$15 million beforehand.

The task force recommended a ban on borrowing from the strike funds.

The National Executive Board endorsed the task force's recommendations in February, inviting input and discussion before their June meeting.

"We think it's a solid plan that will make a good balance," says McGuire. "We know there are locals that are feeling the pinch. But we also know we need a strong strike fund."



McGUIRE



**July 28-August 6**  
Pride events, Vancouver.

**August 6**  
B.C. Day, HEU offices closed.

**August 15**  
Deadline for HEU Bursary Program  
2001-2002 applications.

**August 31-September 2**  
Pride events, Prince George.

**September 2**  
Pride events, Nelson.

**September 3**  
Labour Day, HEU offices closed.

**September 10-19**  
HEU moves to new building.

**September 24, 25**  
OH&S, Kootenays.

**September 25**  
Aboriginal Women's Day of Action.

**September 25-27**  
Intro to Shop Stewards,  
Okanagan and Prince George,  
locations tba.

**October 8**  
Thanksgiving, HEU offices closed.

**October 10 & 11**  
Equity Conference, location tba.

# Justice, not charity

*Jean Swanson, in her new book Poor-bashing: the politics of exclusion, says that the poor are as discriminated against as much as victims of racism*

by Dale Fuller

**B**EING POOR in Canada is more than just not having enough money to buy a decent meal or warm clothes, according to Jean Swanson in *Poor-bashing: the politics of exclusion*. It also means you are the victim of exclusion, prejudice and hate.

With Stats Canada identifying more than a million people as unemployed, and many more in low-paying jobs, it is an immense social problem. And with governments cutting funds for welfare and unemployment insurance, it isn't getting better.

**'The media has been irresponsible and uncaring'**

Right off the bat, Swanson says she refuses to use the government's term for unemployment insurance.

"That is because I hate to use the language of people who are trying to manipulate me and others," she says.

Language is a tool to bash the poor. And it is pervasive in Canadian society, used by the media, the business world, the average Canadian and even the charities who purport to help them.

Swanson dedicates a chapter to the use of language, offering up a glossary of words and phrases used in an unrelenting war against the poor.

She examines the misconceptions behind the vocabularies, and then offers up a series of scenarios in which the wealthy

would be subjected to the same treatment.

For example, "The wealth trap. Is it wealth that keeps its victims from seeking productive employment, knowing they can rely on its generous and unconditional benefits?"

Frequent users and disseminators of this pejorative language are members of the media, and Swanson puts them under the microscope, dissecting stories, articles and comments that often are blatant lies. She says the media has been irresponsible and uncaring about the effect of some of their stories on the poor.

"The media onslaught made it acceptable for poor-bashing politicians to pass poor-bashing laws, chop welfare and UI even more, and force people to accept sub-poverty level jobs to survive," she writes.

Swanson doesn't spare charity groups,

either, claiming that the poor want justice, not charity. One misguided and insulting charity is an American group called Share Our Strength, which holds expensive fund raising dinners so they can buy trucks to go around to restaurants gathering unused food for the poor.

SOS raised a total of \$45 million in the same period the U.S. government cut trillions of dollars and Canadian governments cut billions from their social programs.

*Poor-bashing* shows the contradictions of charity.

While big corporations give money to charity (and get their tax credits and great publicity), at the same time they also pressure governments to enact legislation that harms the poor — slashing the unemployment insurance program, for instance.

Groups that work for the benefit of the poor while showing them all the respect they deserve are not a problem for Swanson.

She asked the poor how they felt about it. One person said, "[At a good charity] they're not telling you what you can have. They listen to what you need."

Swanson writes from a background of over two decades as an anti-poverty activist. Her book offers an incisive look at what it means to be poor in Canada. She not only indicts the media, corporations and charities for their role in creating poverty; she also blames them for helping to make it okay to make villains out of poor people. And therefore okay to bash them.

• Swanson's book is available at People's Co-op Bookstore, Spartacus Books and Duthies on Fourth.



SWANSON

## WORKING TV

Working TV and all other community programming will be off the air after Sept. 17, 2001.

In the meantime, 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.

On the web, now in Broadband: available across B.C. and all of North America, check out the new high quality webcasts by our new Broadband server at <www.workingtv.com>.

During the months of July and August Working TV will broadcast footage from the *Water for people and nature*, an international forum on conservation and human rights that took place at UBC July 5 to 8.



## Coffee break



All stories guaranteed factual.  
Sources this issue: Labor  
Notes/CALM, Internet, OPSEU  
417

### The old heave-ho

The list of terms used to describe getting fired continues to grow — as does the number of workers who are victims of "indefinite idling," "skill mix adjustment," and "chemistry changes." A recent *New York Times* article referred to a "requested adjustment" — requested by the boss that is. How about "coerced transition." That must be fun. Or "selected out." Sounds like the stockyards, doesn't it? Plus the ever-growing list beginning with the letters de — as in "decruted," "degrowing," and "deselected." It's downright despicable!

### Quote of the month

"Check the dump and residential/business dumpsters."  
Oregon's Department of Human Services, giving advice to poor women on welfare about how to stretch their dollars.

### Stat! Spider in hospital!

Administrator: Runs screaming away from the spider. Sends a stat page for the entire medical staff.

Internist: Kills the spider.

Pediatrician: Plays with the spider, then eats it.

Oncologist: Treats spider, but treatment is so toxic it kills all the patients in the waiting room. Procedure is considered a great success, and all participants become co-authors of feature article in *Oncology Journal*.

Neurologist: Follows spider from room to room and gets lost.

Endocrinologist: Studies spider. Prepares indepth 20-page article in obscure journal about how to kill spider using hormonal and dietary changes in flies eaten by the spider. Complains that internist sabotaged job because he misunderstood the fifth page of the hormonal protocol.



### Slowly, please

Two tourists were driving through New Zealand, on their way to Marlborough Sound.

As they were approaching Paraparaumu, they started arguing about the pronunciation of the town.

They argued back and forth until they stopped for lunch.

As they stood at the counter, one tourist asked the waitress,

"Could you please settle an argument for us? Would you please pronounce where we are, very slowly?"

The girl leaned over the counter and said, "Burrrrrrrr, gerrrrrrr, Kiiiiing."

### Shorter days

Middle age is when you burn the midnight oil around 9:00 p.m.



# HEU people

## She's laughing

Staff at Cumberland Health Centre on Vancouver Island wished housekeeper **Esther Webber** a fond farewell as she retired this spring after more than 15 years. Webber was a loyal union member, could always be counted on to attend local meetings and held several local officer positions over the years. She loves a good joke and plans to laugh with and enjoy her grandchildren in her retirement.

## Thirty years of nursing

Nurse aide **Jean Andrews** recently retired from Sechelt's St. Mary's Hospital after 30 years of caring in the province. Andrews began her nursing career in Vernon in 1971. She moved to North Vancouver in 1973 and worked at Lions Gate Hospital (Evergreen) until 1996. Back to the Sunshine Coast in 1989, she commuted to LGH. In 1996, she ended her commuting and settled in at Totem Lodge, St. Mary's extended care unit. Andrews will spend more time with her grandchildren now and perhaps return to Totem "to work as a casual."

## Advocacy will continue

**Agnes Muri**, a recent retiree from Kiwanis Lynn Manor in North Vancouver, started there in 1975 and during her 26 years at the facility, worked as a nurse aide, activity aide and housekeeper. Sister Muri, with her strong belief in equality for all, was instrumental in organizing the

facility with HEU in 1976. A committed union member, she has served the local as a shop steward and OH&S committee member and the broader community as a seniors' advocate. Muri plans to continue her work with seniors as well as take time to adjust to her new situation, enjoy her pets and travel.

## Mission activist retires

**Ruth Heatherington's** co-workers will miss her when she retires July 31 from Pleasantview Care Home in Mission. This dedicated activist, a dietary aide, initially arrived at the facility for a six-week stint as a replacement cook, and stayed for 19 years. Heatherington served as shop steward, vice-chair and chairperson, chaired the OH&S committee for 10 years and attended numerous HEU conventions and wage policy conferences. Her retirement will be filled with fishing, gardening, traveling, community activities and maybe the occasional casual shift at Pleasantview.

## A singing send-off

HEU South Delta local member **Doreen Toney** was given a musical send-off at a June retirement party where 50 friends from Delta Hospital serenaded her with songs specially written for the evening. Toney, a care aide at the facility since 1977, retired after more than 25 years in

health care. She was a union activist and served on the local executive as conductor for several years. She looks forward to traveling, gardening, yoga classes and enjoying her grandchildren. Her sunny smile will be missed by co-workers and patients alike.

## A tribute to Cheryl

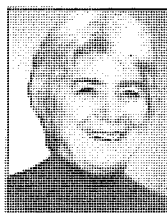
Members of Queen's Park local, and especially the staff of 2 West, mourned the loss of **Cheryl Rooyakkers**, who died unexpectedly last fall.

In a tribute sent to the *Guardian*, unit clerk Jerrilyn Keall wrote, "Cheryl was more than just a care aide at Queen's Park, she was a family member and friend to all who knew her. We are grateful for having had the privilege of working with her."

## New duties at HEU

**Jacque Rice** is HEU's new coordinator of administrative services in the Provincial Office. Rice came to HEU in 1999 as the finance department's temporary controller and has since carried out a number of special assignments including working on plans for HEU's new headquarters in Burnaby. She brings a wealth of expertise and knowledge to her new role, including as director of finance at UBC.

Her response when asked about life at HEU - "Love the people here!"



RICE

**NOTICE TO LTD CLAIMANTS:** If you are referred for rehabilitation/retraining assistance at HBT, you have the right to union assistance. Contact Robbin Knox at 714-1551 in the Lower Mainland or your servicing rep elsewhere.

## 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

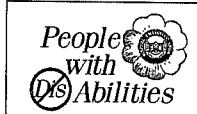
For support: afraid of being identified, feeling isolated, want to know your rights? Call for information on same sex benefits, fighting homophobia and discrimination.



### 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



## Hasta la vista means later, baby

Interested in learning how to say something in another language? Visit Jennifer's language website and she'll show you how.

For example, "mojn" means "good morning" in Danish. She'll tell you how to say "hello" in 715 languages.

Address is <www.elite.net/~runner/jennifers/index.htm>. Have fun!

## Laws of life

Law of Re-runs: If you've watched a TV series only once, and you tune in again, it will be a re-run of the same program.

The Highway Axiom: The car behind you always wants to go 10 kms per hour faster than you.

Law of Generalizations: Everything depends. Nothing is always. Everything is sometimes.

Law of Probable Dispersal: Whatever hits the fan will not be evenly distributed.

Dykstra's Law: Everyone is somebody else's weirdo.

Cole's Law: Thinly sliced cabbage.

## Remember light bulbs?

How many Floridians does it take to change a lightbulb?

- Don't know for sure, they're still counting.

How many politicians does it take to change a lightbulb?

- 1) Two. One to change it, and another one to change it back again.
- 2) Four, one to change it and three to deny it.

How many MPs does it take to change a lightbulb?

- Twenty-one. One to change it and 20 to form a fact-finding committee to learn more about how it's done.

How many Conservative econo-

mists does it take to change a lightbulb?

- 1) None. The invisible hand does it.
- 2) None. No need to change the lightbulb. All the conditions for illumination are in place. Recent surveys show growing confidence in the lightbulb lighting up again.
- 3) None, because, look! It's getting brighter! It's definitely getting brighter!

## Words, words, words

<www.m-w.com/info/info.htm> is another website to visit if you are interested in the origin of English words.

This site is from Merriam-Webster dictionary.

It is the dictionary, but also a thesaurus, word puzzles, riddles, etc. A good way to entertain yourself and learn something in the process.

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# Guardian



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THE VOICE OF THE HOSPITAL EMPLOYEES' UNION

SUMMER 2001



## She fought, she won

Carol Finnon wants HEU members to know that when WCB tells you no, it's worth it to fight them.

PAGE 4



## Labour's martyrs remembered

Ginger Goodwin is only one of the union activists who was killed sticking up for his working sisters and brothers.



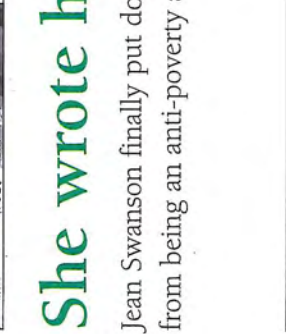
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## Labour strife spans the country

Nova Scotia and B.C. governments use heavy-handed legislation to curtail workers' rights.

PAGE 10



## She wrote her book, at last

Jean Swanson finally put down on paper all she has learned from being an anti-poverty activist for more than two decades.

PAGE 14

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