

Fighting to save public water

Vancouver Island has become a key battleground in the global fight against water and wastewater privatization. **PAGE 11**



Our day in court

Bill 29's violation of health care workers' rights is now on record in Canada's highest court. **PAGE 5**

Hard lessons from Europe

Buyer beware. European health care isn't all its cracked up to be. Read about the briefing BC's premier didn't get. **PAGE 7**



Putting our contracts to work

Bargaining a collective agreement is just the beginning. With new tools in hand, union members are ready to find solutions that improve working and caring conditions. **PAGE 8**



1) Members set out a comprehensive bargaining agenda at HEU's 17th Wage and Policy Conference, January 9-10, in Richmond.

1



2) Teams of union members met with more than 50 MLA's to talk about their diverse roles on the health care team.

2



OUR ROAD TO RECOGNITION AND RESPECT



3

3) The union backed its bargaining team with an aggressive ad campaign that raised the profile of members and their work.

Facilities' contract achieved

It's been five years since members in the facilities sector negotiated and ratified a new collective agreement. But in March, they restored their collective bargaining rights with a solid contract that provides security, stability and a foundation from which to move forward.

It took unprecedented involvement from members that began last fall with occupational and sectoral conferences and continued through negotiations to an overwhelming ratification vote.

The work's just begun. Facilities members are preparing to implement innovative new contract language. And, at press time, HEU members in community health and social services are voting on their own agreements.



4

4) Our bargaining committee drove the case home.



5

5) Members vote 90 per cent in favour of a new facilities collective agreement.



JUDY DARCY

Negotiations set solid foundation

As the *Guardian* goes to press, ratification votes are about to get underway in the community health and social services sectors. Members in the facilities have already voted to accept the terms of a new collective agreement.

And while the facilities' contract does not undo the imposed wage rollback from 2004, we achieved a solid, negotiated settlement that makes significant headway in key areas: job security, workload, education and skills training, mechanisms to improve policies and practices that impact direct patient care, as well as important monetary gains.

The rights we have in our new collective agreement give members a powerful set of tools to make important changes in the workplace.

and found ways to make our workplaces safer (see p. 8).

Reaching a negotiated agreement was no easy task, as any member of the bargaining team can tell you. It required that we search out all possible avenues through which we could make gains for our members.

In the end, we managed to squeeze every cent possible out of the employer. By constantly challenging them to think outside of the box we found more resources, protected more jobs

There's no question that HEU members, in all classifications, deserve more. But we can take pride in knowing that our central strategy – making it clear to the public, politicians, and the media just how critical our jobs are to quality care – was successful.

Whether it was our ad campaign, featuring members and the diverse nature of their work; our province-wide lobby, where teams of members spoke to their MLAs; at the bargaining table, where members talked directly to employers, or at the policy table where our nursing team members advocated for better care, the result was clear.

Despite a lot of odds, we came away from this round of bargaining with greater recognition and respect for health care workers – across the board.

This is a solid foundation upon which to build over the next four years. The rights we have in our collective agreement – some of them negotiated in the past, some of them a product of our most recent negotiations – give members a powerful set of tools to make important changes in the workplace.

Reclaimed respect, together with sound contract gains, equips members to defend their rights in the workplace. And advance them.

Our job now is a union-wide initiative to inform members about the rights they have and how to enforce them.

voice.mail

Don't Let Them Divide Us!

All of us should thank our new sisters and brothers who work for Sodexo, Aramark and Compass. By fighting for better wages and benefits, they help undermine the contractors in health care. This was made clear when Sodexo complained publicly about losing money from signing an HEU contract. Other companies will now think twice before going for health care dollars.

But this fight is not over. They still get far less than we get. The battle will continue until the contractors are out of health care and these sisters and brothers become equal members of the health care team. Many Vancouver General HEU members support them and attended our local's Hot Dog Days to show solidarity.

But some members do not support them. This includes elected leaders at some locals. They will tell you that these workers are responsible for contracting out, that they "stole the jobs of HEU members". They begrudge every cent spent to organize and defend them. Some will admit that these workers should be in a union, but not our union.

They say they won't welcome these new members because of loyalty to those who lost their jobs. Many working for the contractors are those who lost their jobs and now work for far less. What kind of loyalty refuses to support their fight to get back what was stolen from them? This 'loyalty' only benefits those who really did steal the jobs of HEU members – Gordon Campbell, the Health Authorities and the contract companies.

These ideas weaken us. Canada's wealthy and their governments have declared war on public health care and on us. We cannot defend ourselves without unity among all who want to fight back. And no one has more interest in fighting the contractors

and defending public health care than those who work for the contractors. We need them just as much as they need us.

And we need all the solidarity we can get. Solidarity during the 2004 strike won the cap on contracting out that keeps many of us from losing our jobs. But how can we ask for solidarity if we don't support sisters and brothers in our own union?

To weaken our ability to fight back, the government and companies try to divide us. They insist that those who work for the contractors are not health care workers. At VGH they can't access the Employee Health Unit or the Employee Family Assistance Program. The Labour Relations Board insists we cross their picket lines and they cross ours. Yet we all work in health care.

Do not let them divide us. Solidarity with these sisters and brothers can be as simple as a smile and a friendly word to uniting around common issues and supporting them when they are on strike. There is no other way. We either stand together or fall apart.

MIKE BARKER
VGH Local

Solidarity counts

I would like to commend the *Guardian* for their continued coverage of workers'

issues around the world. This information continues to build understanding and solidarity, as well as sharing information between working people everywhere.

I recently visited my brother Don, who is a fellow union activist on the Gold Coast of Australia. He is a workplace safety steward for the Builders Labourers Federation who works full-time making sure the job site is safe for workers. As the Workplace Health and Safety Officer, he also makes sure that the *Health and Queensland Safety Act* is complied to. Wouldn't it be great if we also had full-time safety stewards at our workplaces?

During my visit, we made time to visit the Queensland Council of Unions (equivalent to the BC Federation of Labour). I met with Grace Grace, the secretary treasurer, and for over an hour discussed many issues, including pay equity, women's rights and privatization.

The Australian federal government has made sweeping changes to their Industrial Relations Code (like our Labour Code), taking away rights that workers have fought for over many years. Interestingly, all the state governments are labour-friendly, but federally, Australia is conservative.

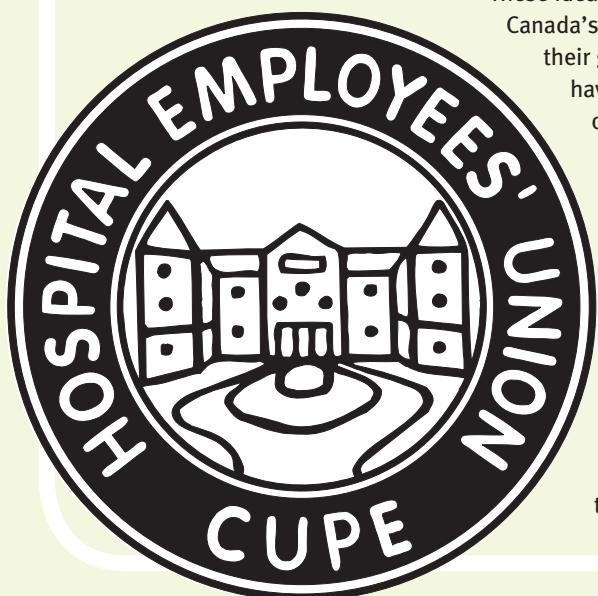
Australian workers have staged many protests and general strikes over the last few

months to fight against the IR changes. During our discussions, I found out that health care was being impacted very adversely due to contracting out, just the same as here at home. I shared with Grace many of the strategies HEU and the BCFL have used to stop contracting out: being politically active, helping to elect candidates who respect workers' rights, and making privatization more unaffordable by fighting for higher wages for the newly-hired workers, recently organized by HEU.

I also left a copy of the *Guardian*, which covered the Australian workers story from last fall, and the resolution passed at the BCFL in support of the Australian workers plight. I was presented with a package of gifts from the Queensland Council of Unions. Agreeing that international solidarity is an important part of trade unionism, we continue to stay in touch via email.

I returned home feeling just how important it is to keep up on different strategies to beat back privatization, here and elsewhere. Workers on both sides of the world face many of the same problems, especially around privatization. We have much to learn from each other in our common struggle to defend workers' rights.

BARB BURKE
Penticton





Compass bargaining continues • 4

Mayfair members go above and beyond the call of duty • 6

Britain's public sector workers defend their pensions • 10

Comox LPN helps raise funds for Nicaraguans' health care • 13

Union dues: how they're collected, where they're spent • 14

New contract expands protection for services and members' jobs

HEU members in the facilities' subsector have ratified a new contract, one that expands protection for workers and services threatened by privatization and contracting out.

And many of the improvements cover workers who lose jobs when their work is transferred to new health care facilities built as public-private partnerships (P3).

That's welcome news for Val Sailer and about 25 other HEU members who work at Steepleview extended care in Cranbrook.

The aging East Kootenay facility is set to close in a few months.

When it does, the elderly residents will be transferred to a brand new multi-level care facility being built across town – but the HEU members won't be following the work.

Like many new care facilities in BC, the new facility has been designated a P3 by the provincial cabinet – a label that exempts its private owner/operators from the province-wide collective agreement that covers 35,000 other HEU members.

And that means displacement notices for Sailer and other HEU members working at Steepleview.

"We have lots of single parents and

older workers and they don't know what the future holds," says Sailer. "It's a terrible feeling."

It's all too familiar for Sailer.

The 53-year-old care aide lost her position at Fernie's Tom Uphill care home when it was closed in 2004 and replaced by a P3 care facility.

She didn't qualify for enhanced severance available under the May 2, 2004 memorandum since her work was "transferred" to a P3 rather than contracted out. So she posted to a job within her limited seniority area – a care aide position at Steepleview.

But when the new P3 care facility opens in Cranbrook, Sailer and her co-workers will have many more options as a result of the new contract.

Now they can fill a vacancy or get on a casual list anywhere in their health authority – not just in their seniority area. Changes to the bumping language mean that displaced workers can post into a list of up to seven years' seniority rather than the previous five years.

They can port seniority, sick and special leave banks and remain eligible for benefits coverage.

And enhanced severance and retraining funds are no longer restricted to those laid off as a result of con-

tracting out – job losses due to P3s also qualify.

The fact that health employers now have to assume these costs from government will also act as a financial disincentive to privatization – whether it's in the form of contracting out or P3 developments.

In addition, the union managed to limit contracting out-related job losses to a maximum of 700 full-time equivalent positions over four years.

This is a significant improvement on the 2004 cap of 600 FTEs over two years.

Health employers only used half of these 600 FTEs.

"Over the next four years we will fight to protect as many jobs as possible from privatization," says HEU secretary-business manager Judy Darcy.

Negotiating these provisions was a key objective for the union bargaining committee, says Darcy, but achieving better protection for members under the long shadow of Bill 29 proved to be challenging.

"At the bargaining table, health employers constantly reminded us of the legal restrictions it placed on bargaining," says Darcy.

"But the bargaining committee pushed and pushed for creative solutions that would give more



MIKE OLD PHOTO

Val Sailer of Cranbrook's Steepleview extended care says the new contract offers more options for laid-off workers affected by P3s.

members better employment security coverage."

Darcy says negotiating expanded labour adjustment measures that included workers affected by P3 developments was an important achievement.

"It's clear that many of the new long-term care beds long-promised by the BC Liberal government will be built as P3s," says Darcy.

"Our new agreement better protects workers affected by this form of privatization."

Sailer, who is on the executive of the East Kootenay Regional Hospital local, says her members are happy that they can continue to work or retire a little early with an enhanced severance package.

"If you enjoy looking after the elderly like I do," says Sailer, "this new contract really opens up options."

MIKE OLD
HEU COMMUNICATIONS DIRECTOR

Stronger employment security

1) 700 full-time equivalents (FTEs) cap on job losses over four years

- 200 FTEs in 06/07
- 300 FTEs in 07/08 (plus unused FTEs from 06/07)
- 200 FTEs in 08/09 (plus unused FTEs from 06/07, 07/08)
- unused FTEs from previous years in 09/10

2) enhanced severance – \$3,500 to \$17,000 based on service – and \$1,000 for retraining/education

3) access to postings/casual work throughout health authority (porting seniority, sick and special leave banks and eligibility for benefits coverage)

4) bumping expanded to lists of seven years seniority or less (up from five)

INCLUDES JOB LOSS DUE TO CONTRACTING OUT

INCLUDES JOB LOSS DUE TO WORK TRANSFERRED TO P3



COFFEE BREAK

Tommy Douglas: Canada's Father of Medicare

"I don't mind being a symbol but I don't want to become a monument. There are monuments all over the Parliament Buildings and I've seen what the pigeons do to them." Tommy Douglas

In 2004, CBC viewers voted Tommy Douglas the "Greatest Canadian" of all time. CBC's recent docudrama, *Prairie Giant*, renewed interest in the man responsible for many of the social benefits Canadians enjoy today. Here are some of them:

- two-terms elected to federal Parliament as a candidate for the Co-operative Commonwealth Federation (CCF) – 1935, 1940
- elected as premier of Saskatchewan for five consecutive majority governments (1944-1961)
- introduced Canada's first provincial *Human Rights Act*
- established North America's first arts council and small claims court in Saskatchewan
- passed *the Farm Security Act* to protect farmers from creditors
- legislated the first 40-hour work week, and a minimum wage
- brought in Canada's first Medicare program in Saskatchewan
- first national leader of Canada's New Democratic Party (NDP), elected to federal Parliament (1962-1979)
- in Ottawa, Douglas and his NDP caucus pushed for national Medicare, pensions and labour reforms
- recipient of Saskatchewan Award of Merit
- made a Companion of the Order of Canada, the nation's highest honour (1980)

While many might assume Douglas' reforms would have driven Saskatchewan into debt, the fact is he managed to balance the provincial budget during his tenure as premier.

Not only that, Douglas also claimed the Lightweight Boxing Champion of Manitoba title early in his political career!

Compiled by Brenda Whitehall

BARGAINING UPDATES

DEYAS workers ratify contract

HEU members working for the Downtown Eastside Youth Activities Society (DEYAS) have ratified a new two-year contract by a margin of 92 per cent. The contract introduced a wage grid and provided for wage increases as well as improved protections for members facing layoff from funding cuts.

First Nations agreements

HEU members working for the Nisga'a Valley Health Authority and in the Skidegate Health Centre on Haida Gwaii, have each ratified new three-year contracts. The Skidegate agreement includes a six per cent wage increase over the three years. The Nisga'a agreement maintains current wages, but allows for a negotiated wage increase in 2007. Contract negotiations for union members work-

ing with the Gitksan Health Society were underway at press time.

Rocky Mountain's first contract

Eighty-four union members employed by Golden Life Management at Rocky Mountain Village have ratified their first collective agreement by a margin of 85 per cent. The two-year contract introduces a new wage grid, provides for hourly wage increases, expands union rights in the workplace and gives more workers access to benefits.

Wages, workload dominate Compass bargaining

Wages and workload have become dominant issues as bargaining continues with a major UK corporation for collective agreements covering more than 1,000 members.

The largest group includes more than 700 HEU members who work for Compass which provides cleaning and food services in the Vancouver Island Health Authority.

HEU's Compass/VIHA bargaining committee finalized their contract proposals at a two-day meeting in early April. Negotiations are expected to begin in late April.

Talks covering 250 members working for Compass at Provincial Health Services Authority are further along and several negotiating sessions have concentrated on non-monetary issues. The next bargaining session – scheduled for April 25 – will include a discussion of monetary provisions.

At both tables, wages and workload are emerging as major issues just as they were last year when the union reached agreements with Sodexho and Aramark covering hospital cleaning and food service workers in the Lower Mainland and Fraser Valley and on the Sunshine Coast.

And while Compass negotiators are at the table, their lawyers continue to challenge the composition of HEU's certifications in both cases.

The Labour Relations Board has dismissed Compass' challenge of HEU's single certification covering both its Morrison and Crothall operations in VIHA.

Compass lost a similar appeal of HEU's certification in PHSA and has now taken the matter to the BC Supreme Court.

Compass is arguing that HEU should be required to negotiate separate first contracts for food and cleaning services in each health authority.

Two other sets of Compass talks are headed for arbitration at the LRB.

About 60 workers at Normanna and Evergreen care homes in the Lower Mainland joined HEU more than a year ago. But through multiple bargaining and mediation sessions, Compass has not agreed to sign off on a single issue. Members gave their bargaining committee a strike mandate earlier this year.

Both parties agreed to an arbitrated settlement under the BC Labour Code and Brian Foley has been appointed. The first arbitration session happens April 18.

Meanwhile, about 20 support staff working for Sodexho at South Granville Park Lodge are considering their next steps after the French corporation put a marginal wage hike on the table.

But HEU members providing support services at Shannon Oaks assisted living have ratified a first collective agreement with Sodexho that boosts average wages by about \$3 an hour.

Ready rules on sick time for Sodexho workers

Arbitrator Vince Ready has clarified paid sick time provisions in collective agreements between HEU and Sodexho for Fraser Health cleaning services and Vancouver Coastal food services.

The contracts – reached last November after a long strike and subsequent arbitration – provide for six sick days a year.

Sodexho had argued that since the agreement was effective December 20, the sick leave allotment should be prorated to 4.1 days in the first year.

But in a February 20 ruling, Ready sided with the union and awarded workers with their full entitlement of six days.

The arbitrator also ruled on a new collective agreement for HEU's Sodexho members at Mission Memorial Hospital.

These workers had rejected the collective agreement that had been accepted at eight other certifications citing workload concerns.

Ready used his powers as a Labour Board-appointed arbitrator to incorporate the collective agreement language covering approximately 1,400 other Sodexho workers into a new contract for the Sodexho workers at Mission Memorial.

The union is helping members use the collective agreement and health and safety regulations to address workload issues.

<<newsbites>>

Dude, where's my health care system?

Academy award-winning filmmaker and author Michael Moore has another documentary in the works. This time he's taking on the private health care industry in the United States.

Entitled "Sicko," his latest film will focus on the experiences of American citizens who have been unable to secure the health care they need, or who have been forced into massive debt as a result of getting sick.

In his appeal for people to come forward with their stories, Moore says: "Let the world see what the

greatest country ever in the history of the universe does to its own people, simply because they have the misfortune of getting sick. Because getting sick, unless you are rich, is a crime – a crime for which you must pay, sometimes with your own life."

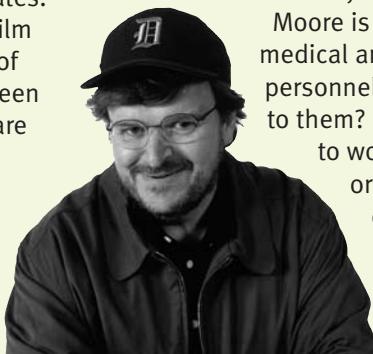
Moore is reaching out to medical and pharmaceutical personnel as well. His pitch to them? "If you happen to work for an HMO or a pharmaceutical company or a profit-making hospital and you have simply seen too much

abuse of our fellow human beings and can't take it any longer – and you would like the truth to be told – please write me."

Britain overturns hospital contracting out policies

Once again the British government has backtracked significantly in its failed experiment to privatize hospital cleaning and other support services. This time, the government reversed a policy that, until last month, had required their P3 hospitals (called Private Finance Initiatives in Britain) to contract out support services.

A spokesperson for Britain's largest public sector union, UNISON, hailed





The unions' legal team, led by Joseph Arvey (centre), forcefully argued that Bill 29 had violated the Charter-protected equality and freedom of association rights of BC's health care workers.

Our day in court



The large, double doors swung open, like the curtain rising on a stage, and seven justices of the Supreme Court of Canada walked into the courtroom. Garbed in their sweeping black robes, they took their places behind the bench where they towered above the rest of the room.

The three women and four men, led by the Right Honourable Chief Justice of Canada Beverley McLachlin, P.C., were ready to hear a constitutional challenge under the equality and freedom of association provisions of the *Canadian Charter of Rights and Freedoms* brought before them by the Hospital Employees' Union, the BC Nurses' Union and the BC Government and Service Employees' Union.

That these judges were considering the case is in itself a victory.

The Supreme Court doesn't consent to hear every petition. But it said yes to considering whether or not Bill 29, the *Health and Social Services Delivery Improvement Act*, had violated BC health care workers'

constitutional rights.

"Win or lose, Bill 29 has been brought to trial," says HEU secretary-business manager Judy Darcy.

"The violation of health care workers' rights in BC is now on record in Canada's highest court. Regardless of the final outcome, that's a significant victory in our ongoing fight for respect and democracy in the workplace."

On February 8, 2006 the unions' lawyers argued that Bill 29 – whether intentionally or not – negatively and disproportionately impacts women health care workers and therefore violates the Charter's equality provisions.

HEU's membership is about 85 per cent women. For decades the union has placed pay equity among its top issues.

Bill 29 targeted specific, female-dominated occupational groups by stripping away contracting-out protections and severely eroding job security provisions in their collective agreements.

As well, the unions were raising the question of whether certain aspects of collective bargaining are protected by

the Charter's freedom of association provisions.

In the late 1980s, the Supreme Court of Canada ruled that while freedom of association was Charter-protected, collective bargaining was not. The unions want that protection expanded to include certain aspects of collective bargaining.

When Canada's Supreme Court granted the unions leave to appeal, it was indicating that it was open to hear arguments for, and against, such an expansion.

The unions' lawyers argued that Bill 29 breaches the freedom of association guarantee in two ways: it voids existing collective agreement provisions agreed to by both the unions and employers, and it prohibits indefinitely the renegotiation of those provisions.

The BC Teachers' Federation, the Canadian Labour Congress, the Confédération des Syndicats Nationaux

and the United Food and Commercial Workers' Union, who were granted intervenor status, supported the BC unions' arguments. In particular, they highlighted Canada's international obligations to

the protection of freedom of association and collective bargaining rights. Throughout the day, the judges asked well-researched, insightful questions. More than most, they understand the complexity of the situation and how important their ruling will be to working people.

Their decision – which could take up to two years to deliver – may uphold Bill 29, overturn it, or come down anywhere in between.

Whatever the ruling is, however, it will be an important decision for Canada's labour movement at a time when workers' rights are increasingly under attack.

STORY AND PHOTOS BY MARGI BLAMEY

January 2002
BC government passes contract-busting law, Bill 29

March 2002
HEU/sister unions launch a legal challenge under the *Canadian Charter of Rights and Freedoms* of Bill 29 in BC Supreme Court

October 2002
BC Supreme Court judge orders government to release confidential cabinet documents to unions' lawyers

September 2003
BC Supreme Court dismisses unions' Bill 29 Charter challenge

July 2004
Appeal Court of BC dismisses Charter challenge

April 2005
Supreme Court of Canada grants HEU leave to appeal Bill 29 Charter challenge

February 2006
Supreme Court of Canada hears Bill 29 Charter challenge arguments



the move saying, "At last, the government has realized there is no place for support services in PFI projects. This is good news for cleaners, porters, security and other staff who have previously been sold off to PFI contractors."

In 2001, growing concern over dirty hospitals pressured the British government to end a 17-year-old policy within the National Health Service that required public hospitals to contract out hospital cleaning. It also had to pour nearly \$75 million into upgrading those privatized services.

And in 2004, anxiety over poor cleaning standards forced the British to end cut-rate services by private contractors by directing them to pay

their employees the same wages and benefits as in-house cleaners.

BC health dollars on the chorus line?

During a seven-week strike by HEU members last year, the mega-corporation Sodexo argued that it couldn't afford to pay decent wages to local health care workers.

But that didn't stop the French corporation from acquiring the famous Paris cabaret Café Lido earlier this year. The purchase price? A scant \$27.1 million dollars.

Speaking of scant, the Café Lido – like its notorious cousin the Moulin Rouge – is known for its adult-ori-

ented burlesque-style dinner shows featuring feather clad dancers.

The Parisian landmark recently fell on hard times after investing millions in an elaborate set that included a swimming pool and an airplane.

BC taxpayers are on the hook to Sodexo for more than \$400 million.

Watch your health care dollars at work by visiting www.lido.fr.

Welfare system needs review

Two research groups want the province's auditor general to investigate BC's welfare system.

The call comes with the release of a major report in late March – *Denied Assistance: Closing the Front Door on*

Welfare in BC – that shows people needing help are being diverted into homelessness and hardship.

The Vancouver Island Public Interest Research Group (VIPIRG) and the Canadian Centre for Policy Alternatives (CPPA) who conducted the in-depth study are challenging government claims that a shrinking welfare caseload is a result of more people on assistance finding work.

While this may be true for some individuals, says VIPIRG researcher Bruce Wallace, "Our research found that many others are being 'diverted' to homelessness, charities, survival sex and other forms of hardship."

You can see the full report at www.policyalternatives.ca.

Mayhem at Mayfair Manor

PRESIDENT'S DESK

It's well-known that the staff who look after seniors in residential care homes make caring for their charges their number one priority.

Take the case of 30 HEU members employed at Mayfair Manor in Port Coquitlam – care aides, cooks, housekeepers and laundry staff – who continued to report for work even when their employer wasn't meeting payroll.

The outrage began in November 2005 when several workers' paycheques were returned due to insufficient funds (NSF) in the owners' bank account. The affected members contacted their servicing representative and filed grievances.

Mayfair owners kept promising to make things right, saying that re-mortgaging was around the corner and flashy advertising would bring in more residents.

But regular and replacement paycheques continued to bounce, and as each payday rolled around, who would or wouldn't get paid became the province's latest lottery.

By the end of January, Mayfair Manor (S-8103 Holdings Ltd.) owed HEU workers tens of thousands of dollars in current and back wages. Even cash advance outlets were refusing to take Mayfair Manor paycheques. Staff were driving into Vancouver to the owners' bank, only to have that institution turn them away unpaid.

"Our members were basically working for free to ensure residents would get the care they need," says HEU secretary-business manager Judy Darcy.

"Many of them hold down other jobs to make ends meet, yet they kept coming to work here because they care about the fate of the residents."

The 32 seniors living at Mayfair Manor – some who are frail and

require complex care – were sensing that something was amiss. And family members were asking questions about the viability of the facility.

HEU members weren't alone in their fight. BCNU members working at the facility had experienced the same treatment and were pushing the employer, too. And individual workers were calling Port Coquitlam-Burke Mountain NDP MLA Mike Farnworth and local media to complain.

After weeks at the Labour Board and orders to the owners to pay workers, and the intervention of the Supreme Court of BC into the crisis, the story broke in area newspapers.

"Our members were basically working for free to ensure residents would get the care they need."

With the workers' plight and a possible forced relocation of Mayfair's residents in the media spotlight, the Fraser Health Authority lurched into action.

Under the new *Continuing Care and Assisted Living Act*, the FHA appointed a public administrator to run the facility and promised to pay employees' owed and future wages and benefits.

Days later, the BC Supreme Court put the company into receivership.

Currently, HEU members are still at Mayfair, caring for the remaining residents – and the staff are being paid. But the resident count is dropping, the facility is for sale and its future as a seniors' home is unclear.

"This is an example of what's in store with government promoting the use of more private, for-profit operators in seniors' residential care," says Darcy. "Cuts to publicly-funded long-term care over the last five years have forced families to place their loved ones in expensive private facilities that escape public scrutiny and have minimal oversight from government or health authorities."

MARGI BLAMEY



FRED MUZIN

Crisis Management

Every round of bargaining has unique features. This year, rather than listening to the Health Employers' Association of BC (HEABC) argue that they have no ability to pay, we were confronted with the Minister of Finance's billion

dollar dangle – a budget surplus made available to public-sector employees who reached settlements by her March 31 deadline.

The Facilities Bargaining Association endured an intense, stressful and extremely frustrating seven weeks trying to convince employers that there is a crisis in human resource planning and that recruitment and retention problems are on the verge of suffocating our public health care system.

We pushed hard to convince HEABC that their appetite to focus only on "market pressures" is a recipe for disaster.

In 2001, we warned employers that they were facing an enormous, impending shortage of skilled trades workers. The competition for computer specialists was equally intense. Infrastructure was breaking down. At the time, their all too typical response was unbelievable denial.

Surprise! By 2006 the light finally penetrated. Special market adjustments, that only start to fix the problem, were finally accepted for building trades workers, power engineers and information technology/systems analysts.

This approach by hospital management – Band-Aid solutions – when things are at the point of collapse – have to stop. One only has to look at the situation for clerical workers, LPNs working to full scope of practice, patient care technical workers, and others. We've been clear.

Health employers simply will not be able to retain front line care specialists at bargain basement salaries.

Just look at the ever-expanding overtime budget, incredible workload overload and stress. In the case of LPNs, a crisis management response resulted in an additional 1.5 per cent, per year increase, a small start down a very long path.

But the real improvement in 2006 bargaining is a glimmer that government may be willing to move off its adversarial, ideological agenda in dealing with the public sector and actually work with the full health care team to create workable solutions.

This time employers are actually going to begin investing in people. The new trades apprenticeship program, accessible by current employees; a professional responsibility form for LPNs to give meaningful input into workload and proper patient care; a provincial policy table to jointly confront violence in the workplace and ensure consistency in increasing scope of practice; and a new \$5 million education fund (see p. 8) to provide skills training.

But we must work very hard to enforce our newly ratified contract and continue to pressure employers not to squander a glorious opportunity to demonstrate that public health care is not only sustainable, but the best solution for all Canadians.

Band-Aid solutions, when things are at the point of collapse, have to stop.

<<newsbites>>

Newfoundland resolves pay equity fight

The government of Newfoundland and Labrador has resolved a long-standing pay equity battle in that province by agreeing to turn over a \$24-million payment to five public-sector unions.

The issue began in 1991 when the government of the day enacted the *Public Service Restraint Act*, which legislated away retroactive pay equity payments dating back to 1988.

The unions took the issue to the Supreme Court of Canada, which handed down a ruling recognizing

that wage discrimination had taken place, while at the same time saying the province was justified because of its serious financial problems at the time.

With the government in a substantially better financial position these days, the unions asked the government to make the payment "in recognition of the value of the sacrifices made by our province's public servants in 1988 to 1991."

The unions include CUPE, the International Brotherhood of Electrical Workers, the Newfoundland and Labrador Association of Public and Private Employees, the Association of

Allied Health Professionals and the Newfoundland and Labrador Nurses' Union.

Another Wal-Mart shop joins UFCW

Workers at a Wal-Mart Tire and Lube Express store in Surrey have joined the United Food and Commercial Workers Canada, Local 1518, making it the second Wal-Mart shop in BC to be certified in the last seven months.

Workers at a Tire and Lube Express outlet in Cranbrook, BC were certified with the UFCW in early September, and negotiations are now underway

for a first contract.

Arbitration for a first contract at a Wal-Mart store in Saint-Hyacinth, Quebec is also underway. And four other Wal-Mart locations in Quebec have also been certified. An additional Quebec application is pending, as is an application for a Wal-Mart store in Weyburn, Saskatchewan.

Workers at the Surrey outlet voted on whether or not to join the union last September but they had to wait seven months for the ballot boxes to be opened while BC's Labour Relations Board dealt with Wal-Mart's legal challenges.

UFCW Canada's national director

Hard lessons from Europe's health reforms

Premier Gordon Campbell's whirlwind tour of Sweden, Norway, France and Britain early this spring was aimed at finding alternative health care models that could be imported, in some form, into BC

A series of articles by **Tom Sandborn** in Vancouver's on-line publication, the *Tyee*, provides information on European health care that was unlikely to land in the Premier's briefcase. The following is a brief adaptation of the full series, which can be found at www.thetyee.ca.

On March 7, 2006, only a day after Gordon Campbell celebrated the British health care delivery system as a source of model reforms for BC, the UK's top health administrator resigned amidst claims that the system he shifted toward privatization and for-profit care over the last half decade was sinking into financial crisis.

British papers like the *Guardian* and the *Independent* predicted that the year-end deficit for the UK's National Health Service (NHS) could run as high as \$1.6 billion (Cdn.).

A health policy expert in the UK, interviewed by the *Tyee* at the time, said that the real lesson Campbell should bring back from his European tour is that it is impossible to deliver affordable and universal health care through market mechanisms.

The UK briefing Campbell didn't get

Since 1997, 94 per cent of new hospitals built in the UK have involved Private Finance Initiatives (PFIs), the mechanisms known here as P3s or public-private partnerships. Many critics in Britain think this has been a disastrous policy.

One of those critics is Dr. Allyson Pollock. Her 2002 paper in the *British Medical Journal* "Private Finance and 'value for money' in NHS hospitals: a policy in search of a rationale?" suggests PFIs have been a financial and service delivery disaster for the public, creating large amounts of long-term debt, while sharply reducing service delivery.

The toll: a 30 per cent loss in bed capacity and 20 per cent reductions in staff in the hospitals and their areas served after PFIs were implemented.

Those cuts, Pollock says, failed to deliver any of the cost reductions and efficiency improvements promised by PFI proponents. Further, she and her co-author argue that the fiscal case for public-private partnership structures depends upon deceptive accounting procedures that fail to stand up to critical review.

Another critic is Dr. John Lister, the London-based author of "The PFI Experience: Voices from the

Frontline." Based on research visits to nine hospitals in England, Scotland and Wales, Lister found: "All Trusts visited were facing extremely serious financial problems, partly through the costs of PFIs and partly as a result of the pressure on front-line capacity. All buildings visited were riddled with structural and design problems...the concerns of most support staff revolve around the reduced level of care they are able to give."

Swedes' U-turn on private care

John Hertqvist, who writes for the right-wing Stockholm think tank *Timbro*, published an article in 2002: "The Health Care Revolution in Stockholm." It describes the privatization of a Stockholm hospital and the creation of more room for profit making in one Swedish county's health care system and claims that for Swedish health care, there is now "No Way Back."

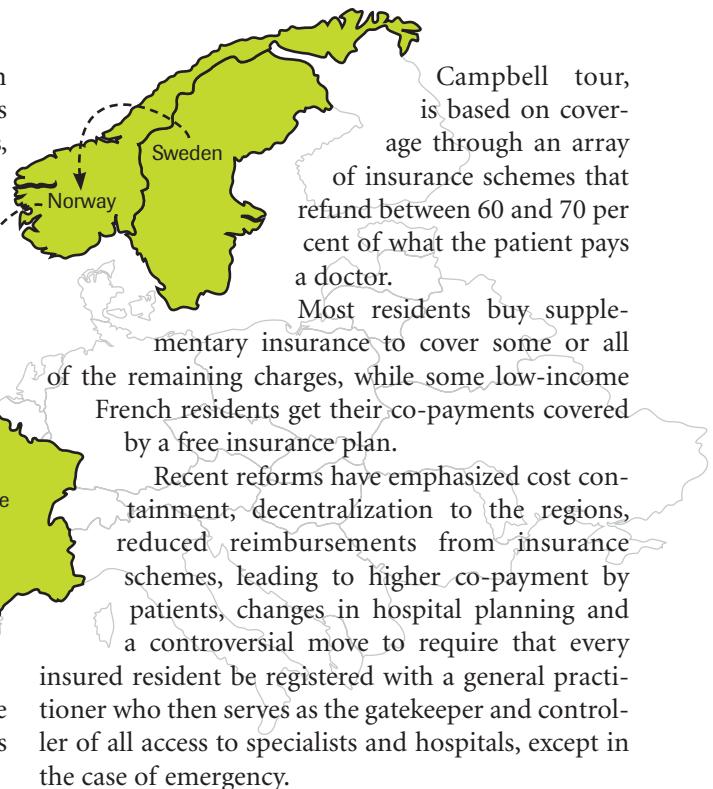
It turns out, however, that there was a way back, and Swedish voters decisively chose it. The right-wing county government that brought in the celebrated turn toward the market in Stockholm County (one of 21 in Sweden) was defeated in the next election, and in January 2006, new national legislation closed the door against any further privatization of public hospitals and sharply limited the room for private enterprise in delivering health care across the country.

The four private hospitals currently operating in Sweden will be allowed to continue, at least until 2011, and some limited room was left for a few private sector operations entirely outside the public system.

In its announcement of the new legislation, the Ministry of Health and Social Affairs stated: "The Government's point of reference is that the Swedish health and medical services should continue to be democratically controlled, financed on the basis of solidarity, provided on equal terms and according to need...otherwise there is a risk that a conflict of interest may arise between the players in the market and the people in need of care."

300,000 not covered in France

The current French health care system, unlike the systems in the other European countries visited on the



Campbell tour, is based on coverage through an array of insurance schemes that refund between 60 and 70 per cent of what the patient pays a doctor. Most residents buy supplementary insurance to cover some or all of the remaining charges, while some low-income French residents get their co-payments covered by a free insurance plan.

Recent reforms have emphasized cost containment, decentralization to the regions, reduced reimbursements from insurance schemes, leading to higher co-payment by patients, changes in hospital planning and a controversial move to require that every insured resident be registered with a general practitioner who then serves as the gatekeeper and controller of all access to specialists and hospitals, except in the case of emergency.

Doctors without Borders estimates that over 300,000 people in France are now, after the most recent "reforms," totally without health care coverage.

The organization, best known for its work in Third World countries and in battle zones, has begun providing medical care at clinics in Paris and Marseilles for patients who are denied insurance coverage under the new reforms.

Expert consensus on line

Steve Morgan, an assistant professor at UBC's Centre for Health Services and Policy Research, told the *Tyee* that Premier Campbell could have picked up a detailed and balanced view of health care reform in Europe simply by going on-line.

Last year a website was created when the province of Alberta hosted an international symposium entitled *Unleashing Innovations in Health Systems*, a gathering that Morgan says involved most of the world's experts on health care reform.

"With only one exception," he said, "all these experts argued against private financing of health care systems. And this panel was the most intellectually defensible group I've ever seen at a conference."

Michael Fraser congratulated the union's newest Wal-Mart members in Surrey "for standing up and succeeding against Wal-Mart's tactics to harass, delay and deny their constitutional right to join a union.

"We are making steady progress in spite of Wal-Mart's bullying and employee intimidation," he said.

PharmaCare gets low marks from BC's auditor general

BC's auditor general, Wayne Strelieff, hasn't pulled any punches in his criticism of the province's PharmaCare program for its failure to get a grip on

escalating costs, which he blames on high management turnover, "chronic understaffing" at a front-line level and a lack of clear direction.

His 65-page report, issued in mid-March, also calls on the Campbell government to formally evaluate Maximus BC on a regular basis to determine its effectiveness.

Maximus is the private contractor that took over applications, program changes and public inquiries for PharmaCare and the Medical Services Plan.

The BC Government and Service Employees' Union says the report is clear proof that a program important to British Columbians' health and

well-being has been jeopardized by the Liberals' privatization agenda.

The Ministry of Health claims that it's not possible to conduct an independent review of the company for at least four years. In that case, says the union, it's appropriate for the auditor general to carry out his own independent assessment of Maximus.

CUPE organizes for child care

CUPE's national executive board has pledged to add 50,000 CUPE member signatures to the campaign to defend federal-provincial agreements on child care programs, negotiated under the

former Liberal government.

The executive adopted a resolution to work with child care coalitions as part of the "Code Blue for Child Care" campaign, and to mobilize CUPE members to speak out and take action against Prime Minister Harper's intention to cancel those agreements.

The union will be raising the issue through its participation in the Canadian Labour Congress' lobby of MPs, scheduled for April and May. And they have already conferred with NDP leader Jack Layton about the party's strategy on the issue.

For more information, check out <http://www.buildchildcare.net/www/>

HEU secretary-business manager Judy Darcy led the Facilities Bargaining Association through seven long weeks of tough contract talks.



Time to put our contract to work

IT TOOK seven long weeks of tough negotiations, but by midnight on March 31, 2006, HEU members in the health facilities subsector had voted 90 per cent in favour of accepting the terms of a new collective agreement.

And although the four-year contract did not return the legislated 15-per-cent wage rollback from 2004, it did manage to secure a general wage increase, special wage adjustments, a \$4,200 signing bonus, and improvements to meal, call-back and transportation allowances, as well as shift and weekend differentials.

Benefits were also retained, and important job security protections were negotiated (see page 3) that will limit contracting out and deter employers from privatizing jobs, particularly in large numbers.

These were all key achievements in a round of negotiations fraught with uphill challenges: the employers' outright refusal

to discuss the 15-per-cent wage rollback, restrictions on what can be bargained as a result of the BC Liberals' Bill 29, the early signing bonus deadline, and the narrow scope employers used to select which job classifications they would consider for special adjustments.

Nevertheless, the union's bargaining committee fought hard and strategically for every increase, and they used every possible avenue to address issues raised by members during the wage policy and occupational conferences.

On the surface, the gains made at the bargaining table provide a measure of stability and recognition in a climate where health care work has been consistently devalued for the past five years.

What is not so visible, however, are those achievements – aimed at improving working conditions in BC's hospitals and long-term care homes – that will unfold over the course of the collective agreement.

In this respect, HEU members have a strong collective agreement that will continue to address badly-needed improvements over the next four years.

Investing in members' skills

One of the contract's most cutting edge achievements is the government's acknowledgement of the value of HEU members' work by investing \$5 million in an education fund to provide job-related skills enhancement and career mobility within health care.

As health care technology evolves, our members require continued support to advance their knowledge base through training opportunities. For too long, union requests for employers to

BARGAINING IS JUST THE BEGINNING

NOT all the action was happening at the negotiating table. While the bargaining team was involved in contract talks, another process was underway where representatives from HEU's nursing team and our union partners in the Facilities Bargaining Association were meeting with health employers and the provincial government. Their goal was to work out a series of agreements that can make a real difference for LPNs, care aides and the people they care for.

It was called the 2006 Policy Round Discussions. And it was

Nursing team makes additional gains beyond the bargaining table

co-chaired by Marcy Cohen, HEU's senior researcher and Harry Gray from the Health Employers' Association of BC (HEABC).

Six members from HEU's nursing team were also at the table, contributing their first-hand knowledge and expertise to building those agreements.

"Despite some bumps in the road, it was a groundbreaking process," says Cohen. "Government and employer representatives repeatedly acknowledged how much they learned from our members about ways to do things differently and improve care."

Joint Policy Committee

A joint policy committee will deal with problems affecting members of the nursing team as well as new opportunities for training and broader utilization. Over the next year, senior staff in the health authorities, the Ministry of Health and HEABC will meet with union representatives every two months to discuss issues related to LPN and care aide roles, practice, lack of recognition, and continuing education. After the first year, the joint committee will meet every three months.

But it won't just be all talk. The committee is also required

A joint policy committee will deal with problems affecting members of the nursing team as well as new opportunities for training and broader utilization.



Delegates attending HEU's Patient Care conference last fall

to produce a report and a communications strategy in the first two years identifying worksites where collaborative practices, expanded roles, effective utilization and continuing education have been introduced, and where barriers continue to exist.

Two years after that, the committee must produce a second report documenting progress that has been made.

Quality care and staffing in seniors' facilities

For too long HEU's nursing team in long-term care and assisted living facilities have been without an effective vehicle through which they can raise the myriad of problems they experience in delivering seniors' care. They have also been without a process for ensuring common standards for care aide training across the province.

Now, a committee with representatives from the Ministry of Health and health authorities will meet with HEU and our union partners on an ongoing basis to focus on issues related to workload, staffing, training standards, and other quality of care problems.

take increased responsibility in this area have fallen on deaf ears. This agreement goes a long way in providing skills upgrading for members.

- a \$5 million Education Allowance Fund will provide access training money for HEU members to upgrade their skills and education, and assist them in moving into other areas of health care (the mechanics of this union-administered fund are being worked out; watch for details on our website in the next few months);
- funding from the Ministry of Health to support LPNs and care aides with continued education and post-basic training;
- a process to ensure provincial training standards for LPNs and care aides; and
- a Vancouver Coastal Health Authority pilot Apprenticeship Training in Health Care program for trades workers.

Addressing workload

At last fall's occupational conferences, workload was a major concern across the spectrum. At every conference, members painted a picture of an overworked and undervalued staff, who often don't get backfilled, work enormous amounts of overtime, have increased sick time and are at a higher risk of injury due to crushing workloads.

Workload issues were a main priority at the bargaining table and the union made some important gains. The health authorities (including Providence Health Care), the unions and HEABC agreed to form joint regional committees to discuss workload

The work starts now as we begin to implement the many creative improvements contained in the facilities collective agreement.

New opportunities for input

Until now, nursing and other professional councils have not been required to include LPNs. But with this agreement, Interdisciplinary Professional Practice Councils will be established at all large acute care facilities and LPNs will be included as full, participating members.

In addition, a new mechanism for care aides and LPNs (to be called Practice Dialogues) will be created at the local level. These Dialogues will give our nursing team members a place to meet with management on a regular basis to discuss and resolve issues related to their practice.

And new, more responsive approaches to shift scheduling will be developed as health authorities and the unions look for new ways to provide flexibility for members of the care team when shifts are being scheduled.

Training and educational opportunities

The Ministry of Health, through the Nursing Directorate, will designate funding to support continuing education, post-basic training and laddering for care aides and LPNs. HEU will provide more information on this training fund when it becomes available through the union's website and the nursing team newsletter.

In addition, the Ministries of Health and Advanced Education, along with representatives from the unions and the College of Licensed Practical Nurses, will review current hiring opportunities for LPNs graduating from private and public colleges. Their goal will be identifying training programs that ensure LPNs will have maximum employment opportunities upon graduation.

Violence in the workplace

An agreement to create a new Violence Prevention Program will strengthen the ability of Occupational Health and Safety committees to deal with violence that health care workers may experience in their workplaces.



issues, examine relevant information and seek solutions.

This includes:

- Professional Responsibility Forms (PRFs) for licensed practical nurses to address workload issues;
- considering input from LPNs and care aides in determining work schedules to promote quality health care and employee job satisfaction while still meeting operational requirements;
- staffing and quality of care in long-term care will be addressed through a policy committee; and
- an agreement between the Occupational Health and Safety Agency for Healthcare (OHSAH) and the BC government ensures ongoing funding of \$3.9 million a year, with the possibility of up to another \$2 million.

Reviewing benchmarks

HEU members work in more than 270 different job classifications. It's clear that there are many outdated benchmarks that don't recognize the changes in responsibility and increased training/educational requirements for many HEU jobs. This collective agreement makes inroads into addressing benchmark reviews.

Although the bargaining committee was successful in expanding the number of job classifications included in the special wage adjustments, the employer agreed to benchmark reviews for many of the occupations not covered.

The review begins in one year and \$2 million will be spent on wage adjustments resulting from this review over the term of the contract – including Patient Care Technical (except those receiving other adjustments), Stores, Health Records Technicians, Social Service Assistants I and II, Activity Workers III and IV, and Rehab Assistants.

There will also be a clerical review this year, and \$3 million has been earmarked for clerical wage adjustments beginning in April 2007 over the life of the agreement.

Supporting injured workers

A jointly-developed Early Intervention Program will improve support for health care workers who become injured or ill on the job. HEU will be an active partner in helping those workers re-enter the workforce through proactive and customized return-to-work or duty-to-accommodate programs.

A Steering Committee – consisting of representatives from the FBA and HEABC – will be established within 30 days of contract ratification. Their target date for implementing the program is December 5, 2006.



MEMBERS MADE A DIFFERENCE!

Dozens of members were called up by their bargaining committee to make presentations to the employer on such issues as retention and recruitment, workload, training and increased responsibilities.

Bargaining committee members were elected by their peers during HEU's 17th Wage Policy Conference

COMMUNITY SOCIAL SERVICES, COMMUNITY HEALTH WORKERS VOTE ON TENTATIVE AGREEMENTS

As the *Guardian* goes to press, ratification votes on tentative agreements in the community subsectors are underway.

The tentative agreement in community health provides compound wage increases of 11.4 per cent over four years, a \$4,200 signing bonus (pro-rated for part-time and casual workers) and a pension plan starting April 1, 2006.

The tentative four-year agreement for community social services workers includes total general wage increases of 8.3 per cent, a return to full employer-paid MSP contributions in 2007, for an increase of 1.6 per cent annually, a \$4,200 signing bonus (pro-rated for part-time and casual workers) and a pension plan at the end of the agreement.

Watch for more coverage on these contracts in the next *Guardian*.

France scraps new youth labour law

Following two months of country-wide protests, France's President, Jacques Chirac, has agreed to scrap a controversial new labour law that would have allowed employers to fire workers under the age of 26, without cause, during their first two years on the job.

That legislation, introduced and passed without debate, ignited a wave of anti-government protests unseen in that country since 1968.



But the government did not give in easily. Despite general strikes and ongoing demonstrations – that on two occasions brought up to three million French citizens into the streets – government signed the First Job Contract (CPE) into law on April 2, 2006.

Trade union and student leaders gave the government until Easter weekend to withdraw the law or face more strike action.

On April 10, 2006 President Chirac announced the law would be replaced with measures to tackle youth unemployment.

Throughout the many weeks of protest, government defended the legislation saying it would encourage employers to hire younger workers. But that rationale was rejected by students and workers who said the law would strip youth of their basic job protection rights.

France's unemployment rate stands at 9.6 per cent, and for 18-24 year olds unemployment is over 22 per cent. In the country's poorest communities, youth unemployment runs between 40 and 50 per cent.

Britain's public sector defends pensions

A plan by the British Parliament to raise the retirement age has mobilized trade unionists across the United Kingdom who pledge to continue rotating job action until the dispute is settled.

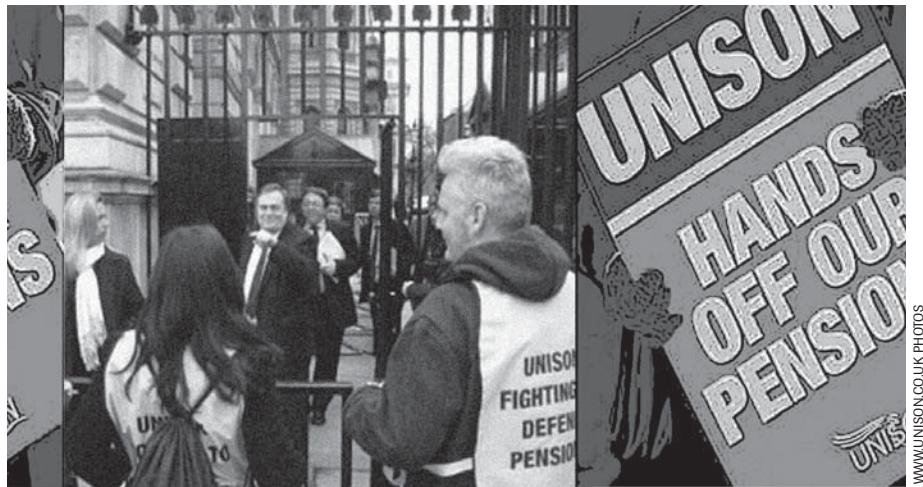
In defending "the rule of 85" – which offers workers early retirement with a full pension at age 60, if their combined age and years of service add up to 85 – about one million public-sector employees failed to report to work on March 28, including about 200,000 workers in Scotland, 100,000 in Northern Ireland, and 80,000 in Wales. It was the largest general strike in the UK since 1926.

The day-long strike closed down schools, day care centres, libraries, public parks, recreational centres and council offices, with disruptions to transportation, cleaning, funeral and social services.

The government argues that rising costs and a steady decline in employer-paid contributions have jeopardized the financial sustainability of current UK pension schemes.

The issue becomes more complex as the proposed pension changes would create a two-tier system – one for multi-union public-sector workers and one for government workers enrolled in the Local Government Pension Scheme (LGPS).

Under government plans for public-sector pensions, new workers in health, police, fire, education and the civil service will see their retirement age rise to 65; current employees have been offered lifetime protection from



Up to one million Britons protested against pension changes during a one-day general strike on March 28th.

pension changes.

But local government employees will be impacted by scrapping "the rule of 85", scheduled to take effect on October 1, 2006, as they have not been exempted from these changes.

UNISON – the UK's largest trade union representing more than 1.3 million workers, including most members of the LGPS – has pledged its entire national strike fund to support strike pay for actions taken by affected union members working as teaching assistants, police community support officers, meat hygiene inspectors, school meals workers, emergency services control room staff, refuse collectors, among other occupations.

"By refusing to pay out on the LGPS, the government is destroying the retirement plans of tens of thousands of public sector workers," says UNISON general secretary Dave Prentis, pointing out that women, who make up about 73 per cent of the membership, will be hardest hit.

In a show of solidarity, several trade unions – incensed by what they see as clear discrimination against colleagues working along side them – formed a strike team under the banner 'Unions Together Fighting to Protect Our Pensions.'

"It's right that other public sector workers have had their pensions protected," says Prentis. "But if it's good enough for civil servants, teachers, doctors, consultants and lecturers, then it's good enough for our members in local government... The dispute is about fairness – it's about equal treatment."

If the plan goes ahead, government workers – after paying six per cent annually into their pension plans during their entire years of service – will be forced to either work longer or retire at a reduced, poverty-level pension. Some women, for example, would receive as little as \$65 Cdn a week.

BRENDA WHITEHALL

>>notebook>>



Like a well-worn sweater, HEU's current website may be comfortable, but it's definitely reached its best-before date.

Union website gets cyber makeover

In 1999, a year after the union launched its website, only a third of HEU's membership used the internet. Seven years later, that number has swelled to nearly 80 per cent.

Email and web-based communications are increasingly important to members looking for information on bargaining, campaigns and day-to-day union matters.

Gone are the days when a remote HEU local in the Kootenays would wait two weeks to receive a bargaining bulletin by post.

Now thousands of members subscribe electronically to union news and bulletins are distributed in the workplace minutes after they are posted to the web.

Over the last few months, more HEU members used their email accounts to provide input and ask questions than in any past round of bargaining. The provincial office responded to upwards of 700 bargaining-related emails and I suspect that's just the tip of the iceberg.

Members are also harnessing the web to launch international campaigns. Take the Sodexho strike campaign hosted by

www.labourstart.org last year. This effort generated more than 2,200 email messages from around the world targeted at the company's Paris-based CEO in support of HEU members.

When HEU launched www.heu.org in 1998, it was a cutting edge website employing the latest software developments.

Since then, the number of web-savvy members who report visiting the site often or occasionally has tripled.

But like a well-worn sweater, the www.heu.org you've been surfing to these many years may be comfortable, but it's definitely reached its best-before date.

In the next few weeks, we'll be launching a new website. Navigating around the site will be easier and more information will be available off the home page with fewer clicks.

There's an improved search engine and many other new features. And the site has been designed to grow with the union and to be compliant with future changes in web technology.

See you on-line!

MIKE OLD • HEU COMMUNICATIONS DIRECTOR

The fight to save public water

This March, Canadian Union of Public Employees activists joined hundreds of others at events around the World Water Forum (WWF) in Mexico City. The WWF is a large international conference with major backing from transnational water companies. It has often been a venue to promote water privatization.

Because the Forum was in Mexico City, water advocates were able to organize alternative meetings and protests in defence of public water, including a major civil society conference entitled the International Forum in Defence of the Right to Water.

The fight for public water is critical. Private corporations see huge potential profit in controlling drinking water and wastewater systems. And cash strapped local and First Nations governments are prime targets.

Advocates for public water know that water quality, safety, supply and cost are all on the line and that along with privatization comes less public accountability.

Rodger Oakley, president of CUPE Local 401 in the Regional District of Nanaimo and Chair of the Vancouver Island Water Watch campaign, was part of the CUPE delegation at WWF events in Mexico.

“Our struggles in communities like

French Creek on Vancouver Island are absolutely linked to the campaigns against water privatization in places like Cochabamba, Bolivia,” he says.

CUPE’s national Water Watch campaign advocates for increased funding, strong regulation and inspection and a commitment to public ownership and delivery as well as the protection of water systems and resources from trade agreements.

The fight for public water is a natural one for CUPE, which represents thousands of water workers in municipalities across Canada and has a long tradition of supporting publicly funded and delivered services.

Campaigns are underway in every province. Here in BC, the Vancouver Island Water Watch campaign began in September 2005.

Coordinator Leslie Dickout has overseen the establishment of a number of active community coalitions with participation from groups like the Council of Canadians and an island-wide listserv connecting water activists and CUPE members.

Island Water Watch community coalitions have been in the forefront of dozens of community forums and actions to raise public awareness and resist privatization attempts.

In preparation for November municipal elections in BC, CUPE commissioned public opinion research on water. Almost nine

out of ten British Columbians (88 per cent) agreed that ‘water is a basic pub-



“Our struggles in communities like French Creek on Vancouver Island are absolutely linked to the campaigns against water privatization in places like Cochabamba, Bolivia.”



The fight for public water is critical. Private corporations see huge potential profit in controlling drinking water and wastewater systems. And cash strapped local and First Nations governments are prime targets.

lic service and should always remain in public hands.’ The sentiment was even stronger on Vancouver Island, where a whopping 92 per cent of Islanders supported that statement.

Why Vancouver Island? Speaking at a public forum in Victoria on World Water Day, CUPE BC president Barry O’Neill said that private corporations such as Terasen and Epcor have set their sites on private water contracts on Vancouver Island.

“Epcor is in Sooke, Port Hardy and most recently French Creek in the Regional District of Nanaimo, and on the south island Terasen is in Langford and is pursuing Colwood and Highlands Councils. This kind of privatization is happening globally and it leads to higher costs and less accountability for citizens,” he said.

Dickout says, “Island residents are really concerned about what is happening and they are committed to working tirelessly to stop private corporations

like Terasen and Epcor from getting control of water and wastewater.”

On the mid-island, where Epcor recently received approval to purchase the private water utility in French Creek, Water Watch activists continue to defend a successful campaign convincing the Regional District of Nanaimo not to allow Epcor further access to the district’s water system.

The campaign was also instrumental in convincing the Campbell River municipal council to keep its Water Quality Monitoring program in public hands.

The struggle continues, not just on Vancouver Island or in BC, but globally. If you want to get involved or to find out about public awareness and mobilizing campaigns in your community or elsewhere, check out www.keepwaterpublic.ca

ROSEANNE MORAN • CUPE COMMUNICATIONS REPRESENTATIVE

>>voices>>



The evidence in Port Alberni was heartbreaking. It shows what happens when government does not provide adequate resources.

Most vulnerable pay for child protection fiasco

In the 1990s, as leader of the opposition, Gordon Campbell talked repeatedly about the importance of protecting and helping the most vulnerable children in society.

But in 2002, his government cut the Ministry of Children and Family Development by 23 per cent with predictable results.

Service levels for families and children at risk were cut as were the number of at-risk children served. Also eliminated were both the Child Advocate and Children’s Commissioner – two bodies tasked with providing an independent voice for BC children.

The recent inquest in Port Alberni into the death of a 19-month-old girl shows the impact of the cuts on the ground. In July of 2002, a new “kith and kin” program was implemented. Jamie Charlie and his sister were among the first BC children to be placed in that program.

There is nothing wrong in principle with kith and kin. However, it was implemented in a negligent manner. Government documents show that they fast-tracked the program to meet budgetary and other targets. They decided to pay

caregivers significantly less than ‘restricted’ foster homes to support the children. They failed to train any social workers. They eliminated a requirement for resource social workers to do “home studies” of potential caregivers. The entire implementation plan in July of 2002 involved faxing out guidelines to agencies and hoping for the best.

Worse, the guidelines faxed out were impossibly flawed. The government failed to mention 29 serious criminal offences that should exclude a potential caregiver.

The evidence in Port Alberni was heartbreaking. It shows what happens when government does not provide adequate resources to support children. It was why the official opposition has pushed so hard on this issue in the BC Legislature. There are now seven public inquiries and significant new resources for the Ministry of Children and Family Development. However, we have only begun to make up for the damage that has been caused to child protection and children’s services.

ADRIAN DIX • MLA FOR VANCOUVER KINGSWAY CRITIC FOR CHILDREN AND FAMILY SERVICES

HEU workshop celebrates IWD

Reflections and Celebrations, a one-day workshop commemorating International Women's Day, gave 50 HEU members a chance to share information and discuss issues affecting their lives as women living in different parts of the community.

"It was a great opportunity for different cultures of women in our union to get together, talk about our lives and learn about each other," said Margie Anderson of HEU's women's committee and PE member.

This first-time event – held at Vancouver General

Hospital – included two keynote speakers. Miriam Palacios, program coordinator of Oxfam, discussed the history of women's oppression and the different forms



MARGI BLAMEY PHOTO

of resistance in women's struggle for equality.

Margot Young, UBC associate professor, faculty of law, talked about the progress women have made, referencing her own grandmother's life. Her address was a tribute

to her centenarian grandmother who had just passed away. She lived through a time when women were not acknowledged as people and did not have the right to vote.

"Our goal was to reflect on and celebrate the progress made by women towards achieving equality," says HEU's education director Juli Rees.

Following a discussion on current trends affecting women, delegates formed small discussion groups to speak about their own experiences with oppression. Choosing one of four themes – women and poverty; women and violence; women power and decision-making; or women and the economy – they wrote poems or spo-

ken-word pieces to present before the group to inspire action.

"It was very informative, especially learning about some of the issues women face living with violence, and the challenges of passport weddings," says Anderson.

International Day of Mourning - April 28

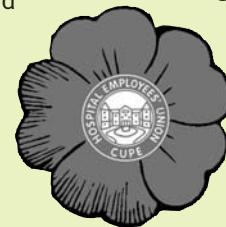
Every year, HEU joins on April 28 with its sisters and brothers across Canada and around the world to commemorate the International Day of Mourning, honouring workers who have been killed or injured on the job.

Occupational Health and Safety reports that one

worker in Canada is injured every six seconds. And every 12.7 seconds, one is permanently disabled. Between 800 and 1,000 Canadian workers die each year from work-related hazards.

"The statistics of workers injured or killed as a result of dangerous working conditions are quite alarming," says HEU secretary-business manager Judy Darcy. "It's important we push employers, governments, and health and safety committees to provide safe environments for all workers, and it's something we should recognize every day of the year, not just on April 28."

The Canadian Labour



BALANCING IT ALL

PATTY GIBSON

Activist Judith Radovan has an unshakeable faith in the ability of 'little people' to move mountains, no matter how large the obstacles in front of them.

ACTIVIST HONOURED ON IWD

Judith Radovan has led a remarkable life. From her early days as a student leader during Salvador Allende's short-lived democratic government in Chile, to her current involvement with BC's labour movement, Radovan's commitment to social change is unshakeable.

"I just cannot sit still when I see injustice," she told the *Guardian*. "What motivates me is an absolute faith in people, because I know we can create a wonderful world if we treat each other with the care that we all deserve."

Over the decades Radovan has been many things: a midwife, a single mother, a political prisoner, a refugee, a factory worker, an organizer, and a nurse – to name but a few.

She's experienced the jubilation of Allende's rise to power, the horrors of the subsequent Chilean coup, the indignities of imprisonment and displacement, the immense challenges that come with moving to a new country and the frustrations of seeing human rights in her new homeland come under attack.

But regardless of those experiences – and perhaps because of them – Radovan doesn't flinch in the face of right-wing agendas that put market values ahead of human values. She just keeps organizing.

As a union activist and steward with the BC Nurses' Union, and member of the Vancouver and District Labour Council (VDLC) executive, Radovan has a lot on her plate. But somehow she also finds the time to help organize International Women's Day and May Day celebrations, while supporting numerous community actions and events.



MARGI BLAMEY PHOTOS

IWD dinner emcee Mabel Elmore presents Judith Radovan with the first 'Labour Woman of the Year' award.

It's little wonder she was chosen to be the first recipient of a new award sponsored by the VDLC – Labour Woman of the Year – presented at the Council's third annual IWD dinner on March 8.

"I'm humbled and feel honoured," she told the audience. "And I am happier than a dog with two tails to wag."

In accepting the award she acknowledged how difficult it can be to bear up under setbacks. "For sure, political and social defeats demoralize us temporarily, but we, the little people, take a rest. We look at the situation and start working on it," she said.

"I don't know how many situations I have been in or when I have thought: this is it, I better curl up and die, I cannot right this wrong. But after a few

days, weeks, I see a way to start chipping away at the new situation.

"It seems that no matter how large the boulder thrown in our path is, if there are enough of us we can move it, roll it, or climb it so we can get things going because the future belongs to us, the ones who built the past."

Radovan told her audience that she was particularly inspired by the election of progressive governments in Bolivia, Venezuela, Argentina, Brazil, Uruguay and Chile.

"I never expected to witness such a change of tides

in my lifetime. It feels like a social tsunami," she said, pointing out that women are taking on important leadership roles in these countries.

Chile recently elected its first woman president, Michele Bachelet. And then there was the appointment of a new Minister of Justice in Bolivia.

"My heart leapt with joy when I read that the indigenous President of Bolivia, Evo Morales, made Casimira Rodriguez, a woman, Minister of Justice. And what are Casimira's credentials – her first-hand experience with injustice? She was a cleaning woman, who knows how it feels to be at the receiving end."

As to her long list of achievements, Radovan is exceptionally modest. "It looks like I have been busy, but it is an illusion. I have only been having fun the best way I know."

Congress first declared April 28 as the annual National Day of Mourning in 1984. Since then, more than 100 countries have united to recognize April 28 as an International Day of Mourning to reflect on workers who have suffered from workplace hazards – including environmental exposure to cancer-causing agents and other bio-hazardous materials – and to remember those who have died from work-related causes, such as accidents or diseases.

In 2001, HEU's People with disAbilities Standing Committee launched the blue poppy button campaign, distributing 10,000 buttons and 1,200 posters to locals across the province to recog-

nize April 28. That campaign remains active today, and includes distribution to other labour groups and unions.

The Task Force hits the road again

HEU's Task Force (TF) will be on the road again soon, equipped with a completed report full of recommendations to strengthen the union – recommendations that flow from last fall's consultations.

Task Force members have been working on the report since early January, carefully considering input gathered from more than 1,000 members through face-to-face meetings, emails and voice messages, and phone interviews.

As the TF reviewed the mountains of feedback, certain

topics came up repeatedly and common threads emerged, including calls for:

- regular regional meetings along with some form of regional structure;
- efficient, effective communication;
- greater consultation on issues that affect HEU workplaces on a daily basis;
- greater direct input and access to the leadership;
- a more open process for the election of the Provincial Executive;
- a prominent union presence in their communities; and
- local activists educated and equipped to defend our contracts, represent members more effectively, and build a solid foundation for HEU's future.

Task Force co-chair Janice Varga says that this has been an exciting and energizing process. "Many members have said how pleased they are that the union is reaching out and asking for their views."

The report's recommendations – each supported with a rationale – will be grouped according to the TF discussion guide's original subject headings: locals, regional structures, bargaining, conventions, the provincial executive, and union staff.

The Task Force is aiming to distribute the report to locals and post

it on the HEU website in May for members to review and discuss at local meetings. Members' comments will be welcome either through their local's delegate to the regional meetings or directly via email, voicemail or letter.

After the regional meetings, final recommendations will be presented to the October 2006 Convention, where HEU delegates will get to vote on them.



Pollie want an HEU ad?

The American Association of Political Consultants has once again

recognized HEU's political advertising at the 15th Annual "Pollie" awards ceremony

continued on page 14

>> factfile

In Colombia, 70 trade unionists were assassinated in 2005; three were in the health care sector.

At a regional meeting of ANTHOC (the Colombian health care workers union) last November, a bomb killed one person and wounded 15 others.

In Nicaragua, the average wage for health care workers is \$50 US a month, doctors make between \$150 - \$200 US a month.

The average monthly food basket in Nicaragua costs between \$200 - \$250 US.

Eighty per cent of the members of FETSALUD (the Nicaraguan health care union) are women.

The Nicaraguan doctors union went on strike for increased wages and increased health funds for public hospitals in November. FETSALUD joined the strike in January. They remain on strike today.

In Nicaragua, there are 62 physicians for every 100,000 people, compared to 596 in Cuba.

Maquila or sweatshop factory workers in Nicaragua earn an average of \$70 US a month and face numerous labour rights violations including forced overtime and stressful job quotas.

The Maquila sector employs over 73,000 workers, 80% of whom are women.

AFTER THE SHIFT

JOEY HARTMAN

Hyacinth Legrand is part of a dynamic fundraising project that supports health care for Nicaraguans. Her recent trip underscored how little it takes to make a real difference.

COMOX LPN LINKS COMMUNITIES

Hyacinth Legrand is an LPN at St. Joseph's Hospital in Comox. In February, she visited sunny Nicaragua, not to escape our winter rain, but to see how the donations she and her co-workers were sending translated into positive change for Nicaraguans.

Legrand joined seven others from the Comox Valley, and representatives from CoDevelopment Canada and Café Etico, to visit several project partners in Nicaragua.

St. Joseph's connection to the Central American country started after Hurricane Mitch devastated the region in 1998. Two RNs went to assist and three others soon followed. They met with Dr. Saul, who coordinates an innovative program called "Primary Health Care Association" (APS). The program trains village health promoters in basic diagnosis and treatment, who provide free consultations and sell affordable medicine from mini-pharmacies in their homes.

When asked for his "wish list", Dr. Saul requested a sewing machine to start a small cooperative where women could earn income. It was a humble request. Back in Comox, hospital staff raised enough money to buy not just one, but seven sewing machines.

The Comox visitors also met Father Denis Hebert, a Canadian priest who runs health clinics in the slums of Managua. This connection led to St. Joseph's setting up a payroll deduction system for donations. Last year members of HEU, the BC Nurses' Union and other staff raised \$9,000 from contributions of just a few dollars each payday.

Legrand first became involved in the project several years ago. Using an information display in the



Hyacinth Legrand with the daughter of Emilio Sanchez, a Pancasan farmer who grows fair trade coffee.

hospital cafeteria, she talked with co-workers about the project, encouraging them to participate.

Looking back on her trip, Legrand says it was an amazing experience. "I felt the need to go, to meet the people and see for myself how the money is applied."

She wasn't disappointed. Donations from St. Joe's were being used to pay the wages for an additional doctor and train five new health promoters for the clinics.

In Nicaragua, she says, a small amount of money goes a long way "and it all ties together."

Projects for health care, fair trade coffee, textile worker advocacy, clean water filtration and healthy food – all combine to reduce poverty, build workers' rights, and lead to better health.

In preparation for the trip, Legrand helped coordinate the creation of a unique quilt. Each square illustrates a scene from the Comox Valley. A highlight of her visit, she says, was presenting the quilt to Father Denis' clinic, where it now hangs – a lasting, visual connection between the two communities.

continued from page 13

held this year in California's Napa Valley.

The Pollies recognize excellence in public affairs and political communications from campaigns across the U.S. and around the world.

"Closed," the union's pre-election TV ad featuring a slowly fading hospital sign on a rural roadside, drew attention to health facilities that were closed, cutback or downgraded by the BC Liberal government during its first term in office.

The ad took the honorable mention award in the "International" category.

In 2004, HEU's TV ad "Disturbing Results" placed second in the same category.

Union dues: how they're collected, where they're spent

Some members have asked about the deduction of union dues from the lump sum signing bonuses in new collective agreements. These questions are important. They provide an opportunity to talk not only about the collection of union dues, but also how they are used.

First, about the collection of dues. In HEU it's long-standing policy and practice to deduct union dues from gross salary. That includes retroactive payments, pay equity adjustments, comparability adjustments and lump sum payments.

However, union dues are not deducted from severance payments, shift differentials, weekend premiums,

expanded rates for working on stats, overtime and other forms of premium pay.

Union dues are set at 2.1 per cent of gross salary. In the case of a full-time worker receiving a \$4,200 lump sum payment, union dues will work out to about \$88.

But as union dues are tax deductible, the after-tax impact for most full-time members will be about \$60.

Now, how are those dues spent?

Union dues support a range of activities that take place on behalf of members.

For example, in the lead up to bargaining, the union

brought hundreds of members together to discuss bargaining priorities for

their occupational and sectoral areas, and booked off others around the province to lobby MLAs.

We also launched an aggressive advertising campaign to make sure politicians

and the public understood HEU members' roles on the health care team.

And as a result of new collective agreements, more resources will be needed to enforce our contracts and implement many new provisions and important initiatives like regional workload committees, early interven-

tion programs for sick and injured members and a comprehensive review of benchmarks and pay for clerical and patient care technical classifications.

This is in addition to the ongoing servicing and support, legal, media, advocacy and educational activities the union carries out for HEU members.

If anyone has any more questions about this, please contact me at the Provincial Office by phoning 604 456 7004 in the Lower Mainland, or by calling toll-free at 1 800 663 5813 ext. 7004, or emailing mlaplante@heu.org.

MARY LAPLANTE
HEU'S FINANCIAL SECRETARY



APRIL

MAY

JUNE

APRIL 22

World Earth Day

APRIL 28

International Day of Mourning for Workers Killed or Injured on the Job

MAY 1

International Workers' Day

MAY 9-11

Union Activism/Intro Shop Steward course, Lower Mainland

MAY 16-18

Union Activism/Intro Shop Steward course, Vancouver Island

MAY 7 - 12, 14 - 19

CUPE School - Naramata

MAY 30-JUNE 1

Union Activism/Intro Shop Steward course, Okanagan

MAY 22, VICTORIA DAY

HEU offices closed

JUNE 5

World Environment Day

JUNE 13-15

HEU Member Facilitator Workshop

JUNE 21

National Aboriginal Day

JUNE 27,

Canadian Multicultural Day

Timely new book cuts through private health care rhetoric

With governments continuing to bend to the private health care lobby, and Canadians under increased pressure to embrace privatized medical models to "save" public Medicare, a new book published by the Parkland Institute

couldn't be more timely.

Co-authored by the Institute's research director Diana Gibson and long-time health care advocate Colleen Fuller, "The Bottom Line: The Truth Behind Private Health Insurance in Canada" clearly lays out the case for keeping Canadian health care in public hands.

"If you look at the actual numbers, you will see that our public system is financially sustainable," says Gibson. "Costs have not grown as a proportion of GDP. Where the costs have grown, sharply, is where the private sector is most involved - pharmaceuticals and private surgeries."

And therein lies the irony. Privatization advocates vigorously argue cost sustainability and greater choice for patients as the top reasons Canadians should move away from public health care.

But as Gibson and Fuller demonstrate, privatized health care would actually make the public Medicare system more expensive, while providing less choice to the majority of patients.

Once you factor in such expenses as marketing, higher CEO salaries and shareholder profits, the authors point out that privatized health models end up costing more, not less. And the administrative costs for private health insurance are triple those of public systems.

The book also shows how adding a "parallel" private system of health care financing alongside public Medicare will make waitlists in the public system longer, not shorter. A parallel for-profit system, they argue, drains medical practitioners and

healthier patients away from the public system, while leaving the sicker and more costly patients behind.

Fuller, who is also president of the consumer group PharmaWatch, says "the majority of patients would have less choice, not more, under a private system."

Currently in BC and in other parts of Canada, politicians are looking at how private and public health systems co-exist in other countries. Much is being made of the idea that Canadians can somehow find a better system elsewhere that can be imported into Canada, in part or in whole, that will improve health care for all.

But these authors don't agree. According to their studies, the experience with private health insurance in other countries, and with supplementary private insurance in Canada, proves that many people simply can't get adequate coverage.

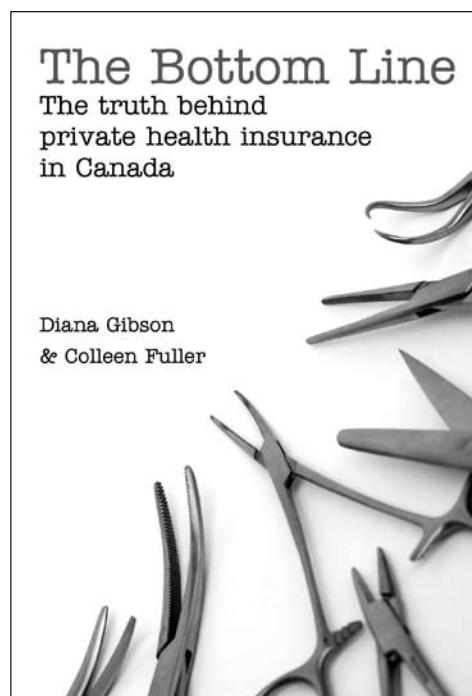
That's because those who are elderly, or who have a history of illnesses, are often rejected by private health insurers, leaving them with no health insurance. According to Fuller, "Almost half of personal bankruptcies in the United States are due to medical costs."

To launch the book, Fuller and Harvey Voogd, coordinator of Friends of Medicare in Alberta, embarked on a seven-city speaking tour across that province.

Their goal was to challenge Alberta Premier Ralph Klein's much-touted "third way" for health care - a controversial policy shift that would open the doors to privatized health care.

In addition to exploding many of the myths promoted by private health care proponents, the book concludes with a seven-point agenda for strengthening the public health financing system. And to the authors' credit, they've managed to pack all this into a concise, easy-to-read paperback that's less than 100 pages.

Copies can be ordered for \$9.95 plus GST (\$10.65) at www.ualberta.ca/parkland or by calling (780) 492-8558.



reviewed by **Patty Gibson**

Activist retires

Care Aide **Nancy Czigan** recently retired from Fir Park/Echo Villages



CZIGANY

in Port Alberni after 17 years. Nancy has been a long-time HEU activist as a shop steward, Labour Council delegate, and has held various positions in her local, including 12 years as secretary-treasurer. She says being a member of the Provincial Executive Nursing Team sub-committee "is the greatest honour among my activities".

Nancy has been involved in NDP campaigns for 35 years and is currently a member of her local NDP constituency executive.

"Since Bill 29, I gave up a lot of my interests to be involved in political activism of some nature," says Nancy. "I've organized or helped organize several dem-

onstrations, rallies and protests against the Campbell Liberals' anti-people agenda."

Upon retirement, Nancy is heading on a Panama Canal cruise, and then plans to get back into gardening, reading, clog-dancing, and playing her accordion. "I won't lack for things to do when I retire, and I will still be politically active."

HEU wishes Nancy well and looks forward to seeing her at union functions.

In memoriam

Retired Ladysmith janitor, **Karla Pivarnyk**, passed away in January after a long



PIVARNYK

and courageous battle with cancer. She joined HEU in 1978, and held many local executive positions, including chairperson and shop steward. Although diagnosed with cancer in 1993 and

accepted on LTD, Karla continued to be an active union member, attending conferences, rallies and supporting her sisters and brothers during job action.

Karla took early retirement in 2003. "The loss of her voice of inspiration, knowledge and courage to stand up and be counted will be deeply missed," says colleague Linda Walsh.

New assistant

HEU welcomes **Jennifer**



EFTING

is working as a servicing representative.

The Burnaby native comes to HEU from the Vancouver Area Network of Drug Users where she worked as a women's group coordinator. Jennifer has a degree in history and labour studies from SFU and has extensive experience as a community organizer with the Bus Riders' Union and Grassroots Women. She was also the Western Regional Representative on CEP's National Youth Committee.

Jennifer, who loves singing in her spare time, says HEU appealed to her "because of their social justice work. HEU is a leader in building solidarity with community groups and working to expand the rights of Aboriginal people, people of colour, women and other marginalized people."

Efting as temporary administrative assistant to HEU's president, while incumbent **Joey Hartman**

HEU's WOMEN'S COMMITTEE IS BACK

Our focus in 2006:

- empowering women in the workplace
- involving women in bargaining issues
- promoting the value of our work
- strengthening women's participation at the local level

We want to hear from you.

Contact Margie Anderson, Chair, HEU's Women's Committee

By fax: 604-739-1510

By email: manderson@heu.org



EQUITY PHONE LINE

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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 sisters and brothers 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.

www.pridepages.org



PRESS 4

People with disabilities

If you are on WCB, LTD, or if invisibly or visibly disabled in the workplace, let us know how the union can better meet your needs.

www.alberni.net/PeopleWithDisAbilities



Talk to us Toll-Free!

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

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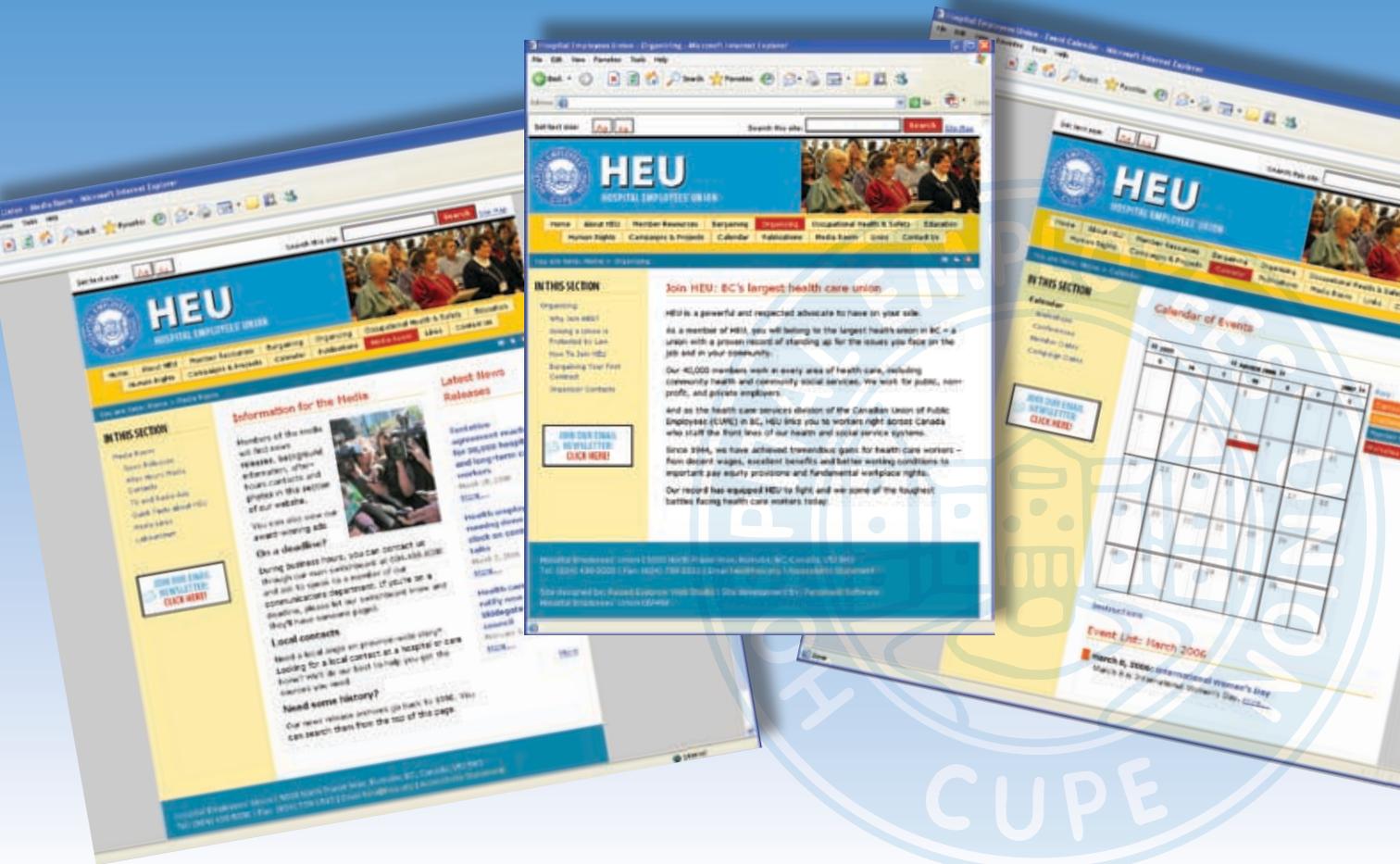
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A NEW LOOK!

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