

Members gather to hone new skills, develop local leadership, and reclaim their power PAGE 5

GUARDIAN



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MEDICARE ON TRIAL

Supreme Court ruling turns up the temperature on health care debate



Who are they?

HEU's Task Force is made up of eight members, including union activists and Provincial Executive members, as well as three ex-officio members. The Provincial Executive has also assigned two staff from provincial office to assist the Task Force's work.

From left to right:

back

Mary LaPlante *financial secretary/ex-officio*

Harold Burns *PE*

Judy Darcy *secretary-business manager/ex-officio*

Vicki Poburn *Cranbrook*

Fred Muzin *president/ex-officio*

middle

Máire Kirwan *staff*

Joanne Foote *Fraser Crossing*

Doris Gripich *co-chair/PE*

Sheila Rowswell *chair/PE*

Joey Hartman *staff*

front

Janice Varga *Juan de Fuca*

Carolyn Unsworth *Queen's Park*

Cathy Hamilton *Kamloops, Thompson*

Task Force for a new union

It's your union. It's your Task Force. And it's your ideas that will rebuild and strengthen HEU.

That's the message to union members from the Task Force to Review HEU's Structure, as it prepares to hold face-to-face meetings with members across the regions, beginning this fall.

Established by resolution at last October's biennial convention, it's charged with carrying out a broad consultation with HEU's membership and taking recommendations for change to the next biennial convention in 2006.

Between then and now, everything from decision-making and accountability, to bargaining practices and member communications, will be under the microscope.

Task Force chair Sheila Rowswell, who works at G.F. Strong in Vancouver, says, "Our job is to listen – I mean really listen – to what members have to say. Members know where there are problems and they have ideas about how to solve those problems. I'm completely confident that we'll be able to find workable solutions together."

Reflecting on the Task Force's internal discussions so far, she says, "We don't skirt around the issues. We meet them head on. And we look for solutions. That's been our experience inside the Task Force and I want that to be the members' experience as well."

Co-chair Doris Gripich agrees. "Our Task Force meetings have been awesome. The Provincial Executive truly wants change to come from the grassroots."

Gripich, who works in materials management at Dawson Creek Hospital, thinks many HEU members don't yet understand the scope of the Task Force's mandate.

"I've talked with some members who don't realize the enormity of this review, or the changes that can come from it," she says. "Basically, it's a way to take hold of our future, together."

"We're all part of HEU. We need everyone's input to make HEU better and stronger."

Currently, the Task Force is drafting a discussion guide to be circulated throughout the membership. It identifies six broad areas: locals, regions, bargaining, conventions, Provincial Executive, and union staff.

"It's one tool to help open up discussion," says Rowswell. "But it's only a guide, not a blueprint."

The Task Force anticipates hearing some ideas from members that will not require a change in HEU's constitution and could be acted on before convention.

Everything from decision-making and accountability, to bargaining and member communications, is under the microscope.

"The spirit of this initiative is to look for ways that can help the union do things better," Rowswell says. "It's in everyone's best interests to make improvements, where we can, along the way."

The Task Force will officially launch its work in September. In the meantime, you can contact them through the Provincial Office or by e-mail:



JUDY DARCY

Conditions point to a system in crisis

Meeting with many of you in your workplaces and at regional gatherings held last spring has been an amazing and enlightening experience. And frankly, what I've learned from you about the conditions HEU members are dealing with in our health care facilities is nothing short of astonishing.

During my 12 years as CUPE president, I had the privilege of meeting with many health care workers in other parts of Canada. And while they faced huge challenges, I can honestly say that I hear things from you that I have never heard anywhere else.

Wherever I go, your stories spill forth: compromised care for patients and residents, financial hardship resulting from the 15-per cent wage cut, increased health and safety hazards, crushing workloads, and mounting retention and recruitment problems. These are the warning signs of a system in crisis. In some of our long-term care homes, short-staffing has meant bed-ridden seniors don't get turned often enough. Others are wakened and dressed at 5 am, but not fed until 8 am. In our hospitals, members face crushing workloads and are being pushed into doing excessive overtime, creating conditions that are far more

Members face crushing workloads and are being pushed into doing excessive overtime, creating conditions that are far more dangerous for workers and patients.

dangerous for workers and patients. And then there's the "unpaid" time. Members tell me that increasingly, just to get the job done, they are working through lunches and coffee breaks; often coming in early or staying late.

One story that stands out came from a lab assistant in the Okanagan. At the time, she and her co-workers were expected to stop at people's homes on their way into a 7 am shift to collect blood samples. Not only was this an expectation outside of paid working hours, but these members were being asked to knock on someone's door at 6:30 in the morning and go into a situation they had no knowledge about to take blood.

All these examples illustrate the profound disconnect between health employers' expectations on the one hand and their unwillingness to recognize and value members' work on the other.

With every story I hear, I'm aware that we can't let any of these situations become the new "normal" in health care. Because at our core, we're more than a union of health care workers. We're a union of experts. We know what it will take to make health care better. That's why our greatest task now, as we prepare for the next round of bargaining, is to let the public and politicians know the diverse nature of the critical work we do and to keep our issues in the public eye.

Wherever I go, your stories spill forth: compromised care for patients and residents, financial hardship resulting from the 15-per cent wage cut, increased health and safety hazards, crushing workloads, and mounting retention and recruitment problems. These are the warning signs of a system in crisis. In some of our long-term care homes, short-staffing has meant bed-ridden seniors don't get turned often enough. Others are wakened and dressed at 5 am, but not fed until 8 am. In our hospitals, members face crushing workloads and are being pushed into doing excessive overtime, creating conditions that are far more

voice.mail

Imagine the chaos with STV

Regarding the STV system. The counting of candidates is not the problem. It is after the counting where the problem occurs. (Even the people in charge of the STV system do not have the answers).

We have the official parties – NDP and Liberals – and let's say two Independents, four Marijuana, five Green party, six Elephant party (fictitious of course) and so on.

Imagine the chaos when a bill or change is introduced. The official opposition party and four or more "fringe parties" arguing pro and con. In theory, if 10 or more different parties, including the NDP and Liberals, are on the ballot, all 12 could be elected to the Legislature.

The only candidates to benefit may be the "fringe parties" who could be elected to Victoria with 200 or less votes and

become part of the Opposition.

J.B. LATHAM
Surrey Memorial Hospital

Take a position on electoral reform

As a laid-off HEU food service worker, I was disappointed to read in the last *Guardian* about the union's position concerning the referendum on Electoral Reform (STV).

I find it a bit odd that the union did not come out in favour of a more equitable system of voting. This union takes a position on a variety of social justice issues. To basically say that we have no position and let individual voters decide, is a bit disingenuous. Putting out signs saying: "I've had enough! Vote Change" should not be just about getting rid of the Liberals. It should be about changing the current, out of date electoral system to a much fairer and more proportional one.

Under this new system, we wouldn't have had the debacle of an election where the Liberals won 98% of the seats with less than 60% of the votes.

A non-partisan panel of ordinary citizens debated and chose this system. Yes, the Liberals put this panel in place and yes STV is not as simple as first-past-the-post, but it's a lot better than what we have now. I hope this union is not taking this position because the NDP is. If there ever was an issue this union could support – to see real political change in this province – it would be this one.

STEVE LEAVITT

HEU members put Liberals on notice

Thanks to the HEU, our members had tremendous power in the recent provincial election. When the decision was made at the last biennial convention to publicly back the NDP (not only verbally, but financially as well) it really started the ball rolling.

I've been an HEU member for 17 years and I've never seen anything like it. The teamwork was very gratifying from the local membership, all the way to the top union leadership. Also, the staff at both our regional office in Kelowna and the Provincial Office are both to be congratulated for their support.

Even though the NDP didn't win any of the constituencies in Kelowna, the Liberals have been served notice. In

Kelowna-Mission, Nicki Hokazono received the most votes ever by any NDP candidate. HEU members made the difference. Our three Liberal MLAs would do well to realize that politically, HEU is a force to be reckoned with.

If the Liberals are paying attention at all to the results, they will realize that the absolute power they enjoyed for the last four years is gone. It is a time for moderation.

I am not expecting miracles, but I expect them to give us the respect we deserve and bargain a fair settlement in the upcoming contract negotiations in 2006.

Most politicians have a shelf life of about four to six years in BC, if they're lucky. On the other hand, HEU has been around for 60 years. We have a proud history, and if Gordon Campbell thinks he can get the best of us he is wrong.

Finally, I think the election helped to heal the wounds we all suffered from the last four years. It gave us a common goal to work together again for the good of all our members. HEU helped the NDP win 33 seats after being practically obliterated in the previous election. Even though the NDP did not form government, we should all give ourselves a pat on the back for a job well done.

I plan to hold the Liberals

accountable over the next four years and hopefully you will all do the same.

CAROL KENZIE
*Buyer's Assistant
Kelowna Amalgamated*

Sodexho workers want a fair wage

I am a dietary aide employed by Sodexho and working at the UBC Hospital cafeteria.

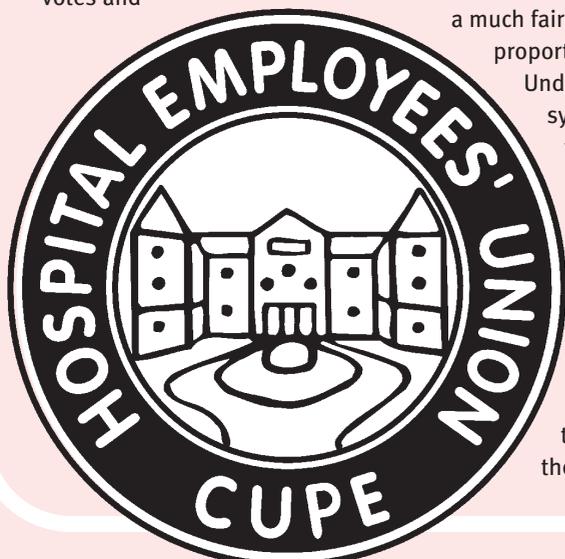
Sodexho pays us very low wages. Most of the workforce – almost 90 per cent – is paid \$10.15 an hour. The rest earn between \$12 and \$15 an hour depending on their jobs.

As a single person living in Vancouver, these wages are not enough to live on. My best friend has moved in with me just so I can pay the rent and have food on the table. Yet even with a roommate I have no extra money.

I am also a member of the HEU Sodexho bargaining committee and better wages is the number one issue at the table.

As of the end of June, Sodexho's last offer would leave most wages under \$12.00 an hour by 2008. This offer tells us that we aren't worth anything. Yet all we want is a fair collective agreement and a fair wage. Is that too much to ask?

JANICE PORS





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Our Work Matters

HEU's occupational and sector conferences are a critical part of the union's bargaining preparations.

Carol Dolliver will be among 110 clerical workers heading to Vancouver to participate in one of seven HEU occupation and sector-based conferences this fall.

"I like the idea of clerical meeting with clerical, support meeting with support, trades with trades, and so forth," says Dolliver, who works as a patient registration clerk at Queen Victoria Hospital in Revelstoke.

"It's a good idea that the union is listening to their members."

The conferences are being organized in response to last October's biennial convention, where HEU members made it clear that they wanted a way to be more actively involved in bargaining.

"For the first time, members across the province will have a place to discuss their jobs and workplace issues, network, and flesh out bargaining priorities," says HEU secretary-business manager

Judy Darcy.

"These conferences will play a critical role in preparing our bargaining strategies."

Collective agreements for the health facilities sector, community health sector and the community social services sector are all set to expire next spring. And like thousands of HEU members across the province, Dolliver is concerned that her work is unrecognized and seriously undervalued.

"I'm hoping we can come up with some innovative ways to let the public and the employer know exactly what it is we do," says Dolliver. "I'm interested in hearing the issues of other locals and learning ways to better advocate for our members."

As part of HEU's clerical sub-committee, Dolliver wants her conference to address workload, benchmark and classification issues.

And Jim Kelly, a computer

Members will discuss their jobs and workplace issues, as well as network and flesh out bargaining priorities.



HEU members perform a wide range of jobs - both on the front lines and behind the scenes - that are key to delivering quality care and client support.

technician at Vancouver General Hospital, wants the occupational conference for the patient care technical job family to tackle a number of issues affecting workers in information systems, including the multiple vacancies caused by substandard IT industry wages.

Kelly, a member of HEU's patient care technical sub-committee, agrees with Dolliver that workload is a serious problem. He also cites contracting-out, privatization and regionalization as workplace challenges that make troubleshooting in his job more difficult.

"We have critical issues related to safety hazards too," says Kelly. "Dirty keyboards and the spread of MRSA, and members getting glaucoma from excessive time in front of computer screens. These are also important issues we need to address."

Darcy says the interactive conferences will devise new advocacy strategies, provide educational support for member development, build leadership at the local level, and offer input into the union's internal structural review.

"It's an ambitious project with a tight timeline," says Darcy. "But it's an approach that can help ensure our bargaining strategies are built from the ground up."

Dolliver believes the success of each conference will rely heavily on delegates coming with an open mind and forward-thinking attitude.

"It's really important that the delegates talk to their peers before coming to the conference and bring forward issues from the whole local, not just their own individual issues," says Dolliver. "And it's also important that the delegates go back to their locals with what they've learned and see their issues through the bargaining process."

Delegates to the conferences are being selected by peers in their occupational area. They will be responsible for reporting back to their locals and liaising with the Provincial Executive sub-committees who are organizing the individual conferences.

Bargaining priorities developed during the conferences will go back to the union locals, who will later bring recommendations forward to the provincial Wage Policy Conference on January 9 and 10, 2006. Delegates to wage policy will vote on bargaining demands and elect a new provincial bargaining committee.

Support meets on September 15 and 16; Trades and Maintenance on September 19 and 20; Clerical on September 22 and 23; Patient Care on September 26 and 27, and Patient Care Technical on September 29 and 30; then Community Health on October 12 and 13, followed by Community Social Services on October 19 and 20.

BRENDA WHITEHALL

Mark your calendar

SEPTEMBER/OCTOBER 2005

HEU occupation- and sector-based conferences

Conference delegates take bargaining priorities back to union local

NOVEMBER 10, 2005

Deadline for union locals to submit their bargaining demands to HEU Provincial Office

DECEMBER 31, 2005

Last day for HEU to notify employer of intent to bargain

JANUARY 9-10, 2006

HEU holds provincial Wage Policy Conference where delegates vote on bargaining demands and elect a new bargaining committee

MARCH 31, 2006

Collective agreements expire



COFFEE BREAK

A few quotes to provoke thought, inspire or amuse...

"Although prepared for martyrdom, I preferred that it be postponed."

Winston Churchill

"Eternity is really long, especially near the end."

Woody Allen

"He knows nothing; and he thinks he knows everything. That clearly points to a political career."

George Bernard Shaw

"Though I'm grateful for the blessings of wealth, it hasn't changed who I am. My feet are still on the ground. I'm just wearing better shoes."

Oprah Winfrey



"Suppose you were an idiot. And suppose you were a member of Congress. But I repeat myself."

Mark Twain

"I have not failed. I have just found 10,000 ways that won't work."

Thomas Edison

"I stopped believing in Santa Claus when I was six. Mother took me to see him in a department store and he asked for my autograph."

child star
Shirley Temple Black



"I base most of my fashion taste on what doesn't itch."

Gilda Radner

"You can't get spoiled if you do your own ironing."

Meryl Streep

"It takes a lot of time to be a genius. You have to sit around so much doing nothing, really doing nothing."

Gertrude Stein

Transfer parameds but keep union, says HEU

HEU has asked the Labour Relations Board to transfer six groups of members into the Paramedical Professional Bargaining Association, while allowing them to remain members of HEU.

The groups include electrocardiogram technicians and cardiology technologists, electrodiagnostic technicians, youth and family counsellors, alcohol and drug counsellors, music therapists and orthopaedic technologists.

"Health care is evolving rapidly as

has the work of these members," says HEU secretary-business manager Judy Darcy. "We've prepared an excellent case for why these workers should be transferred into a more appropriate bargaining unit."

At the same time, HEU has asked the LRB to reconsider part of an earlier decision that had allowed the transfer of biomedical engineering technologists into the PPBA, while denying the union's request that they remain HEU members.

The LRB cited provisions from Bill

29 in making that part of the ruling. "The principle of preserving union affiliation through bargaining unit transfers has been backed by most unions in health care for more than a decade," says Darcy.

"We are not appealing the transfer of the biomedics into the PPBA. But we want the LRB to support a long-standing principle that has respected health workers' union affiliation when transferring to another bargaining unit."

Still no contract at Sodexho

As the *Guardian* goes to press, 1,100 union members working for the massive French corporation Sodexho are still without a contract despite four months of bargaining, a 96 per cent strike mandate and the assistance of a high profile mediator.

The main issues are poverty level wage rates and dangerously high workloads. Sodexho has refused to deal with the staffing levels at the bargaining table and has not made any significant proposal on wages.

Nearly 90 per cent of Sodexho's health care workers are paid \$10.15 an hour.

Low wages force many to hold down other jobs and the union estimates that between one-third and one-half of Sodexho employees stop working for the company after less than a year.

And that's a situation that puts every HEU member at risk, says secretary-business manager Judy Darcy.

"We must make every effort to win a fair contract for these workers," says Darcy.

"We can't allow substandard wages and benefits to become a benchmark for health employers when they bargain with the rest of us."

The negotiations covering privatized health support workers at

hospitals and nursing homes in the Lower Mainland, Fraser Valley, in Victoria and on the Sunshine Coast began March 11.

Well-known mediator Vince Ready was asked to assist in the negotiations in June and he continues to work with the parties. Also in June, the union announced its strike mandate.

Sodexho hospital workers in B.C. are among the lowest paid in the country. A recent Canadian Centre for Policy Alternatives study concluded that many lived on incomes that were well below the Statistics Canada low-income cut off.

The talks cover dietary workers at Vancouver Coastal Health Authority facilities and cleaning staff at MSA, Eagle Ridge and Mission Memorial hospitals in the Fraser Health Authority. They also cover support services at German-Canadian, Foyer Maillard and Rosewood care homes in the Lower Mainland and Central Care in Victoria.

And talks will soon begin for another 360 cleaning staff whose union ballots were finally counted by the Labour Relations Board on June 20.

They work for Sodexho at Royal Columbian, Surrey Memorial, Chilliwack General, Burnaby General and Queen's Park hospitals and at the Fellburn Care Centre (Burnaby) and Heritage Village (Chilliwack).

Negotiations are also underway for



MARGI BLAMEY PHOTO

"Let them eat cake." Marie Antoinette joined Sodexho members June 27 at an information rally outside the French consul-general's office in Vancouver.

more than 700 Aramark cleaners in the Vancouver Coastal Health Authority. Both sides have agreed to an interim grievance process while talks continue.

MIKE OLD

HEU COMMUNICATIONS DIRECTOR

<<newsbites>>

Canada's top court to hear unions' charter challenge

The Supreme Court of Canada announced in late April that it will hear a constitutional challenge to Bill 29 – the 2002 legislation that gutted health care workers' collective agreements and paved the way for massive privatization in BC's health care support services.

First launched by HEU, the BC Government and Services Employees' Union, the BC Nurses' Union and others in 2002, the challenge was dismissed by BC's Supreme Court the following year and by BC's Appeals Court in 2004.

At issue is whether the Campbell Liberals' contract-breaking law violates the equality and freedom of association rights of health care workers in BC.

What are we waiting for? Open up unused ORs

While thousands of British Columbians are trapped on ever-growing surgical wait lists, many operating rooms in BC's hospitals remain idle – wasting hundreds of valuable hours that could be used to clear up the province-wide backlog.

A recent study by the BC Nurses' Union indicates that with a minimal

extension of operating room hours, the wait list issue could be resolved.

Using the Ministry of Health's own data, plus interviews with operating room nurses and booking staff, the report says wait lists have grown 34 per cent since 2001. Meanwhile, operating rooms across BC are left in darkness for 15,000 hours each week.

The results of the study's six-month snapshot show that Burnaby Hospital uses only 60 per cent of its available operating suites; Chilliwack Hospital runs only two of its eye surgery ORs just three days a week; St. Paul's Hospital is only staffing nine of its 14 operating rooms; Penticton General's ORs are running at 50 per cent

Everything I ever needed to know, I learned in summer school

“THE POWER YOU GET FROM BEING WITH OTHER ACTIVISTS IS AMAZING,” SAYS ELIZABETH ZIEBART, WHO ATTENDED HER FIRST UNION SUMMER SCHOOL THIS YEAR.



HEU members tackled tough issues in an interactive theatre presentation that opened and closed Summer School 2005.

“It’s been a tough four years under Gordon Campbell, especially the last year, but being in a room of like-minded people is a great re-energizer.”

Ziebart, who works in material services at Prince George Regional Hospital, has been an HEU member for 17 years. And like many of the 150 members attending HEU’s week-long summer school, she wanted tools that would help her become a more effective union activist.

“It’s been a huge, huge education for me, both as a learning experience and in terms of my own personal growth,” she says.

Cindy Whiting, an activity nursing aide at Juan de Fuca in Victoria, told the *Guardian* that she’s taking “inspiration and encouragement” back to her local.

“After the strike we felt so much disappointment. We felt very vulnerable,” she explains. “But being here has helped erase that hurt and make us stronger. I feel like we’re united again, that we can make change happen.”

Held at the University of British Columbia in early July, the school featured introductory courses on leadership, union activism and shop steward training as well as sessions for experienced shop stewards and union activists.

“I have a lot of useful information to pass on to my local and many ideas about how to get more members involved,” says Veena Kumar, a member from Tilbury Regional Laundry in Burnaby.

I’ve learned so much from other locals. It was good to find out that others are going through the same things

Kumar has been a union member for 15 years, but this was the first time she’d attended summer school.

“It’s all been very enlightening, but I’ve learned so much from other locals. It was good to find out that others are going through the same things that we are.”

A member who works for the Mental Patients Association, Virginia Grespan, says she didn’t know very much about the union before attending summer school.

“Most members don’t realize how much HEU does for its members. And many people don’t realize what HEU does for the community. We fight for everyone’s rights, not just our own rights.”

The school’s theme – *Grassroots Leadership Development: Expanding our Power Base* – was reflected through the wide range of workshop sessions held during the day and at special events in the evening.

Highlights included opening and closing plenaries, an interactive

theatre piece by members about the struggles they face on the job, guest speakers, a banquet and dance, and a graduating ceremony.

Carole James, NDP Leader of the Opposition, was on hand with high praise for the dedicated efforts of HEU members. She thanked the union for making sure “health care was in the news every single day for the last four years.”

And Jose La Luz, assistant organizing director for the AFL-CIO in the United States, brought members to their feet over and over again. His impassioned presentation called on workers to organize globally to stop transnational corporations from driving wages down and trampling on fundamental rights.

Petrona Garcia, a care aide at Dania Home, was particularly moved by his speech. Speaking in Spanish, she told him that the Guatemalan army had murdered two of her brothers in 1982 because they stood up for workers and human rights and she thanked him for giving her the courage to keep going and face the future.

PATTY GIBSON
HEU COMMUNICATIONS OFFICER



La Luz condemns globalization

“You are the people who make the wheels of history turn, who make it possible for others to live a better life,” Jose La Luz told HEU members attending this year’s summer school. “I am privileged to be here with you.”

A passionate trade unionist, La Luz is currently the assistant organizing director for the central labour union in the United States – the AFL-CIO. He has been involved in several key organizing campaigns in the US, as well as one that unionized 120,000 public employees in Puerto Rico.

“Your union is the first line of defense in the fight to save public health care,” he said. “And it is no accident this government has targeted your union, because if it can do away with the first line of defense, it can achieve the goal of doing away with a system that is precious to every Canadian.”

La Luz told his audience that globalization was a dream for the wealthy and powerful, but a nightmare for workers in Canada and the rest of the Americas.

“It’s all about a race to the bottom,” he said.

Referring to the privatization of public services, he said transnational corporations – like Sodexho, Aramark and Compass – are exploiting workers in BC and other parts of the world.

First contracts for these workers “have everything to do with your standards, benefits and rights,” he said. “A good collective agreement for Sodexho is the best tool you have to negotiate a good collective agreement for the rest of your members.”

capacity, and Prince George Regional Hospital keeps 50 to 60 per cent of available operating rooms closed.

The report also shows that the nursing shortage can’t be used to dismiss the problem. Victoria General Hospital, for example, is fully staffed with OR and recovery room nurses but two to three of its ORs are unused.

And when surveyed, 80 per cent of BC’s orthopaedic and eye surgeons blame unused OR time on a lack of government funding. The problem is further compounded by seasonal closures – when doctors are on vacation during spring break, summer and Christmas.

For the full report, visit www.bcnu.ca

Union honours Miners’ Memorial Day



laid a bouquet of flowers at the grave of labour martyr Ginger Goodwin during this year’s Miners’ Memorial Day ceremony. The event was well attended by HEU members and locals,

Provincial Executive member Dan Hingley and Donna McCaskey of the Orca Shores Local in Chemainus were among those who

who laid roses along “Miners’ Row” where victims of mining disasters are buried.

VIHA to review food quality and safety

The Vancouver Island Health Authority has ordered two independent reviews of the safety and quality of food served in its health care facilities after complaints – and health inspectors’ high-hazard rating at one of the south island’s largest hospital kitchens – drew outrage from the public.

Morrison Health Care Food Services, part of U.K.-based Compass Group,

took on the VIHA food services contract almost a year ago and since then patients, residents and their families have been increasingly vocal about improperly prepared and cooked meals, poor food safety practices and the quality of the food itself.

“Good food is important when people are recovering from illness or injury,” says HEU secretary-business manager Judy Darcy. “And for seniors living in care facilities, food not only supplies nutrition, it provides comfort and pleasure.”

“These reviews are a sign that VIHA failed to exercise due diligence when it privatized food services.”

Cleaning audit bad news for private contractors

BC's first province-wide audit of hospital cleanliness is bad news for private cleaning contractors. Of the Campbell Liberals' six health authorities, three barely reached the benchmark target of 85 per cent, and the Vancouver Island Health Authority fell short of the mark. In the Fraser Health Authority, eight out of 14 hospitals failed to make the grade.

The best performance results – conducted by the independent auditing firm Westech Systems – came from the Interior and Northern health authorities, where housekeeping services remain in-house with HEU members. The NHA's overall score was 88.43 per cent. The IHA's top score –

96.9 per cent – went to Parkview Place Primary Health Centre in Enderby, and about 60 per cent of inspected facilities in the region ranked 90 per cent or better.

But the union says the external audit doesn't go far enough. And it doesn't address root causes – like workload, high staff turnover and lack of training – for low cleaning standard results. The report also fails to provide full details of the method used to determine its rating system, particularly in high-risk areas.

"The public has a right to know how these measures have been developed and how clean our operating rooms and special care nurseries are as compared to hallways and waiting areas," says HEU secretary-business manager Judy Darcy.



FRED MUZIN

Hold the line on public health care

May 17, 2005 marked the beginning of the next phase in our fight to protect public health care. Now that the BC Liberals have secured a second term in office, it's clear that over the next four years, we must continue to hold the line and push back against this government's health care privatization agenda.

The recent Chaoulli decision by the Supreme Court of Canada, which allows access to private health care in Quebec when wait lists are excessive, is a wake up call to all Canadians. Here in BC the provincial government has continued to scuttle the Canada Health Act by allowing the increased use of privatized services.

With this recent Supreme Court decision, we can expect that trend to continue.

That ruling was a clear shot across the bow for private health profiteers anxious to see the destruction of Canada's public Medicare system.

For years, American multinational insurance corporations and for-profit medical providers have viewed Canada's public health care system as a market ripe for plunder.

Should they now manage to gain a legal foothold in Canada, we can expect corporate health profiteers to use NAFTA and the World Trade Organization's General Agreement on Trade in Services (GATS) provisions to drive the last spike into our public health care system, which continues to be based on medical need rather than ability to pay. And once they are allowed to sue our governments for impeding their expected profits, it will be next to impossible to reverse course.

Incredibly, four of our seven Supreme Court justices failed in their 140-page decision to define 'excessive' wait times or to even refer to the threats posed by NAFTA and the GATS.

Medicare is Canada's greatest competitive advantage. The lack of health care coverage for 44 million Americans is the number one cause of bankruptcies in the U.S.

And recently, U.S. employers have made health benefit roll-backs a top bargaining demand. It has also become the greatest rationale for thousands of lay-offs and industrial workplace disruptions.

Incredibly, four of our seven Supreme Court justices failed in their 140-page decision to define 'excessive' wait times or to even refer to the threats posed by NAFTA and the GATS.

Front line health care workers know the truth. Medicare is sustainable. But to make it so we need greater control of pharmaceutical prices; more publicly funded long term, home and community care placements with national standards; fully utilized ORs and greater use of full scope health care providers, such as LPNs.

In our fight for public health care it is essential that we continue to expose the deterioration of services that has occurred under privatization and pressure both the federal health minister and his provincial counterparts to enforce the Canada Health Act and pass companion legislation that would define national standards of care.

Thinking of buying back pensionable service?

If you're considering purchasing past years of service in your Municipal Pension Plan (MPP), there are tools to help you maximize your future pension by giving you the information you need today.

The recently upgraded and user-friendly Purchase Cost Estimator does the calculations for you. It tells you how much it will cost to purchase the service; how much your monthly pension would increase; and how many months it will take for your purchase to pay off.

For example, let's say you were on probation for the first six months of your job, and you want to know how much it will cost to buy back those six months. Go to www.pensionsbc.ca and click on Municipal Pension Plan in the left sidebar.

In the Tools section, click on Purchase of Service in the right sidebar (halfway down). In the Purchase Cost Estimator section, click on Estimator Form or Instructions.

Enter your employer's number (found on your current 2004

Member's Benefit Statement). Follow the prompts and enter information into all fields marked with an asterisk, including the start and end dates of the period you want to purchase.

Click Calculate. The estimated cost, increase to pension and payback period will be shown (note: final figures will be calculated by MPP).

If you decide to make the purchase, click Proceed with Application and the Purchase Cost Estimator will print two forms: the Confirm Purchase Information, which you should keep for your records, and the Purchase of Service Application. Sign and date the application and take it to your employer.

Purchasing service is an important benefit for members of the Municipal Pension Plan – which was made easier and more affordable in 2002. To purchase service that occurred before April 1, 2002, the deadline is April 1, 2007. The new rates of purchase are based on your current salary multiplied by the number of months you want to buy.

<<newsbites>>



HEU secretary-business manager Judy Darcy joined Lions Gate LPNs Tracy Preece and Anne Neville who leafleted the public outside Vancouver's Art Gallery on LPN Day, May 13, 2005.

Government hears from LPNs at recent AGM

HEU's entire nursing team committee was among 270 participants attending the College of Licensed Practical Nurses' May 3 Annual General Meeting.

Participants discussed several topics related to expanded scope of practice. And they passed resolutions recommending employer-paid education in long-term care and a requirement for LPNs to have current Hepatitis B vaccines.

"Several LPNs spoke out about the urgent need for our work to be properly valued," said HEU nursing

team committee chair Doreen Plouffe.

"And I was very glad to see people from the Ministry of Health in attendance. It was important for them to hear our message – LPNs want to be recognized and compensated for our work."

Plouffe said working with the College is an important part of HEU's ongoing efforts to advocate for LPNs on such issues as safe work practices, training opportunities and appropriate compensation.

Sunset Lodge cancels Compass contract

After two years of patient complaints

and news reports about the declining state of cleanliness and food at Sunset Lodge in Victoria, the Salvation Army – which runs the 100-bed seniors' care home – has cancelled its lucrative cleaning and food services contract with British corporation Compass Group.

The Salvation Army was one of the first health employers in the Vancouver Island Health Authority to use the BC Liberals' contract-shredding law – Bill 29 – to fire more than 50 HEU health support service workers, many of whom had worked at the Lodge for twenty years or more.

MEDICARE ON TRIAL

Supreme Court decision opens door to private health care in Canada.

Almost everyone knows somebody who's experienced the frustration of waiting for a surgical procedure. In recent years, more and more stories about that frustration have emerged in the media and on radio talk shows.

And on June 9, in a 4-3 ruling, that frustration led Canada's highest court to strike down a Quebec law preventing people from buying private health care insurance for procedures covered under the public system (*Chaoulli v. Quebec*). Proponents of private health care cheered the Supreme Court's decision, while advocates for public health care warned the ruling could be the death knell for Medicare.

While it's not yet known how Canada's federal and provincial governments will respond to the decision, one thing is clear: public health care delivery must be strengthened, and that means wait lists and waiting times must be addressed.

As Chief Justice McLaughlin stated, "access to a waiting list is not access to health care."

So what's the problem with a two-tiered health care system? If people have the money, why shouldn't they be allowed to pay?

Renowned health economist Bob Evans, whose work has helped shape health policy in Canada, describes the problem this way.

"It's like going to a restaurant and waiting in line. Some guy walks in and gives the maitre'd, a 20 dollar bill. He gets seated ahead of you. If you're the maitre'd you're up 20 bucks. If you're the guy who pays the money, you get seated. But if you're in the line up, it's very frustrating."

Evans says that a private system favours people higher up the economic ladder, while creating huge pressures for everyone else. "It breaks down to the fact that a high income person has the advantage that a lower income person does not."

Evans is emphatic about the ruling's potential impact on Canadian health care. "If we lose Medicare because of this ruling," he says, "it will be a tragedy of Trojan proportions."

There are other problems with a two-tier system. Health professionals come from the public health care system, the same one we all support with our taxes. When doctors, nurses

and other health professionals go to work for private facilities, the public system loses the very medical personnel it needs to provide urgent care.

The system doesn't get better, it gets worse.

In a recent Vancouver Sun editorial, Evans and co-author Rebecca Warburton described some of the problems with a private health care tier.

"When doctors 'go private' it takes capacity out of the public system, allows wealthy patients to dodge the waits that others face for medical services, and increases demands on the public system."

And private clinics still bill Medicare for all the services covered by public health insurance.

Another problem that arises when people pay for private health care is that eventually they complain about supporting public services. Governments tend to respond by reducing taxes and that in turn increases pressure on the public system to do more with less.

"If we lose Medicare because of this ruling, it will be a tragedy of Trojan proportions."

Bob Evans, O.C.
Professor of Economics, UBC

"The thing you have to remember is that private clinics can cherry pick their patients," says Evans. "The private system will shed the least desirable patients and leave them to the public system."

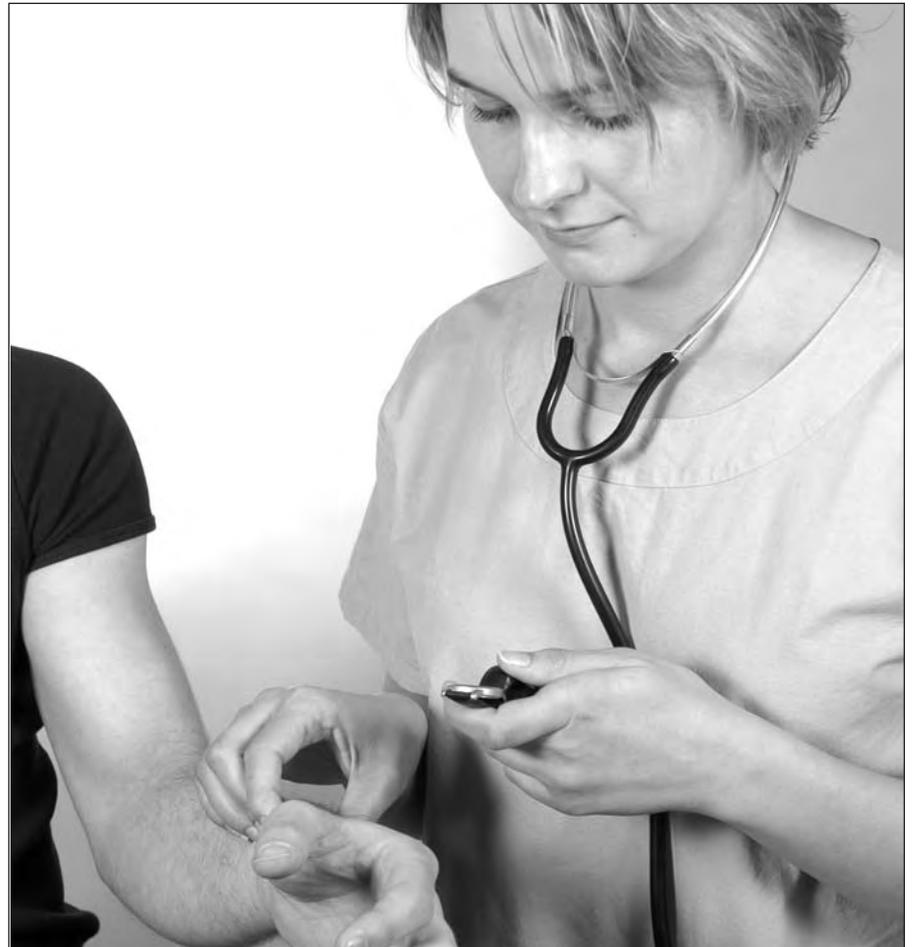
The result? The public system ends up handling the more complicated cases.

Asked about the risks involved in selling private health insurance in Canada, he says, "My first reaction is that this sounds catastrophic."

Currently, the Quebec government is asking the Supreme Court for leave, which means private health insurers won't be able to take advantage of the Court's decision for the time being. But unless governments act quickly to deal with wait lists, it is only a matter of time before private health insurers could set up business in Canada.

If that happens, Canadian health care delivery would become a trade issue, subject to international trade laws.

"Once private health insurance becomes entrenched (in Canada), it will be very difficult to remove because of trade agreements," says Evans. "The insurance companies are standing at the border with a policy in one hand and NAFTA (North



American Free Trade Agreement) in the other."

And unlike public health care insurance, he says, between 15 and 20 per cent of insurance fees are for non-service. "It goes to paper pushers, not to services – to people who devise new insurance packages, marketing cost and claims disputes."

Evans also points out that private plans limit what they will cover. In the same way that private clinics pick and choose their patients, private insurers can pick and choose their customers. Individuals with health problems end up having a difficult time purchasing their own coverage.

Not only do you have to be wealthy to take advantage of a two-tiered system, but it appears you should be healthy as well.

The Supreme Court briefly looked at health care models in other jurisdictions, specifically Sweden, Germany and the United Kingdom.

In the UK, where a private system exists alongside the public system, Evans says, "The first thing a physician will do is a wallet biopsy. Then they'll look to see if the procedure is a simple case or a complex one with the potential of many challenges. If it's simple, then

I'll see you tomorrow. If it's complex, go stand in the public line."

Australia is also an interesting example. Evans says the Australian government is ideologically in favour of private insurance, so much so that "they've built in financial incentives for companies purchasing private health care." But he adds that in the long run this system costs Australians more.

Asked about rising health care costs in Canada, Evans says, "Medicare costs are now where they were in the 1980s. A big part of the problem is that drug costs, exactly like in the US, are out of control."

And, he says, there's a management problem.

"The absence of management has been an issue for as long as I can remember. The question is: whose job is it to fix it? Who is the quarterback in the system? The cry from all these commissions and inquiries is not more money, but more management. What comes back as an echo is more money, more money."

For more information, check out Evans' paper, "Political Wolves and Economic Sheep" at: <http://www.chspr.ubc.ca/chspr/pdf/chspr03-16W.pdf>

KARIN KONSTANTYNOWICZ

Union calls for action

HEU is calling on the provincial government to take the following actions to strengthen public health care delivery in BC:

- Commit to enforcing the Canada Health Act
- Provide more long-term care beds to take the pressure off ERs and acute care beds
- Use vacant operating rooms to their full capacity
- Fund public day-surgery clinics to reduce surgical wait lists
- Recruit and train more health care personnel

ON THE GROUND

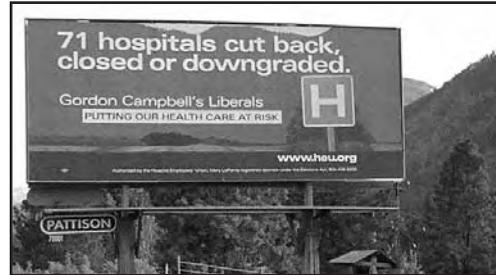
Projects got the message out

A key part of HEU's election strategy was supporting more than 80 political action projects, carried out by locals across BC. Delegates to our last convention had voted to set aside resources that would back projects aimed at getting our message out on health care, government accountability and the importance of every single vote.

Locals responded with a wide range of creative proposals. Whether it was helping voters to register on Vancouver's downtown eastside – the poorest neighbourhood in the country – or holding public meetings on health care in the Okanagan, member projects reached out to co-workers and communities.

Some reached out to multi-cultural communities in their own languages as well. And one project took our message to the airwaves on First Nations' radio. The outcome? More balance in our Legislature and a whole new group of activists who had not previously been involved.

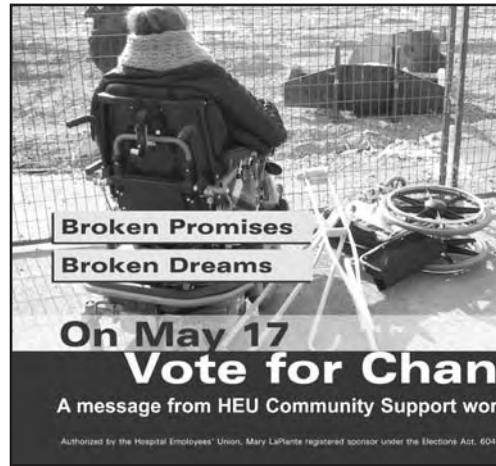
MARY LAPLANTE * FINANCIAL SECRETARY



Billboards sprang up all along BC highways and images of our members appeared in the



Health care workers took on Gordon Campbell and his Liberals with messages that held them to account and kept health care front and centre in the election campaign.



Our votes made

Strong citizen and candidate campaigns toppled 30 ministers – as voters cast their ballots to restore balance

HEU members across BC can take a lot of credit for their outstanding work in local political action and candidates' campaigns during the May provincial election. In every region, HEU members contributed to an historical comeback for the New Democratic Party – making it a force to be reckoned with in the BC Legislature once again.



And while members' reaction to the election results range from disappointment to elation, there is no doubt that HEU votes made a difference. Without the massive amounts of time and talent that health care workers gave to political activities in their workplaces and communities, Gordon Campbell's Liberals would have retained a substantial majority.

But they didn't. And now there are 33 NDP MLAs who voters are counting on to stand up for public health care, workers' rights and progressive policies that serve all British Columbians.

At the heart of the union's election strategy were the many political action plans created, developed and implemented by members in

locals from Comox to 100 Mile House, from Fort St. John to Kaslo and dozens of points in between.

Billboards sprang up all along BC highways, ads ran in papers throughout the province and multi-language radio spots including First Nations' filled the airwaves. Members sponsored public forums, leafleted malls, organized phone canvasses, coordinated picnics and barbeques and hosted fundraisers.

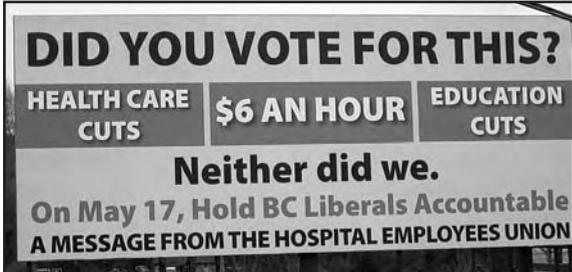
HEU members also backed the BC Federation of Labour's Count Me In campaign. They honed their political skills at Talking Politics workshops and attended all-candidates' meetings to ask the hard questions about health care and what's been done to health care workers. And regardless of the weather, they turned out to rallies to cheer Carole James when the NDP bus rolled through their towns and cities.

As if all this wasn't enough, members also found the hours to volunteer and support local candidates in their home communities.

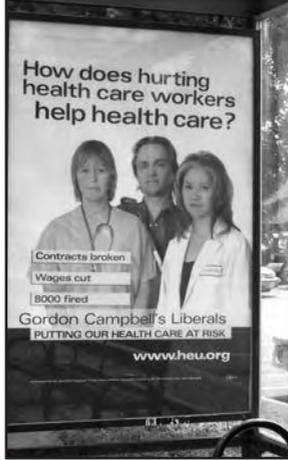
BC Fed political campaign coordinator Janet Routledge put it this way, "HEU members were everywhere. They were there at the start and they delivered."



MEMBERS



ways, ads ran in newspapers and transit shelters across the province.



MEMBERS ACROSS BC REFLECT ON VOTE

"With the help of HEU members, this was a winning riding. We've had two facilities close and there's nowhere for our seniors to go, so health care providers really spoke out and made a difference in this election."

Peggy Christianson, Cariboo Memorial Hospital

"I would have liked to see the NDP win...I'm hoping over the next four years to get our wages back retroactively; to have respect given back to us, to see privatization gone, workload safety issues addressed, and of course have better health care."

Doreen Johnson, Nanaimo General Hospital

"HEU members were strong players in our community. Our local helped mobilize the Downtown Eastside to get people registered to vote...it was reassuring and uplifting to see so many people get involved."

Lou Black, St. James Community Service

"I'm happy that we got some seats back with the NDP, but I'm not happy that Gordon Campbell got back in. I'd like to see our wages go back up...I'd like to see more stability in health care."

Manon Vinet, Masset Hospital

a difference.

Liberals - including eight cabinet
ance to government.



"As a result, we have a much larger base of seasoned activists who will hold all MLAs to account, regardless of their political party."

HEU president Fred Muzin says that while the NDP did not form government, the election changed the political landscape.

"With a substantial Opposition in place, there's much greater ability for our members to access legislators and tell them, directly, what's happening in health care."

"That access means HEU will be in a better position to offer solutions to problems that can improve working and caring conditions in BC health facilities," says Muzin.

Secretary-business manager, Judy Darcy says, "It was incredibly exciting to see HEU members exercise their considerable political power in this election."

"And they did it member-to-member and face-to-face with friends, relatives and neighbours all across the province."

"That's what democracy looks like."

MARGI BLAMEY

HEU COMMUNICATIONS OFFICER

In fact, HEU members were there at the campaign's earliest beginnings – last November's byelection in Surrey-Panorama Ridge.

That's when the BC Fed launched its political action strategy and called on affiliates to get involved. HEU members responded and their presence in Jagrup Brar's campaign was evident. With Brar's win under their belts, many members were inspired to carry that momentum forward into May's provincial election.

After four years of policies that have eroded health care and devalued health care workers, they were determined to hold government to account.

But as Routledge said last fall, "We want to create a political action movement and it's bigger than any one election."

"We want to build capacity – capacity to champion issues, influence government and hold elected officials accountable at election time and after."

HEU financial secretary Mary LaPlante agrees. "Our members can stand proud because they got out there, worked hard and brought Gordon Campbell and his Liberals into line," she says.



Raj Chouhan, new MLA for Burnaby-Edmonds, with NDP Leader of the Opposition Carole James.

ONE OF OUR OWN

HEU staffer wins seat

HEU's bargaining director, Raj Chouhan, won Burnaby-Edmonds for the NDP in May's provincial election. But Chouhan says he couldn't have done it without HEU.

"Members and staff gave up their evenings and days off to come into the campaign office and do whatever was necessary to win – and we did," he says.

Raj will spend the next four years as one of 33 NDP MLAs. And he was recently appointed Opposition critic for human rights, multiculturalism and immigration in Carole James' shadow cabinet.

Ontario government to ban mandatory retirement

The Ontario Liberal government's plan to end mandatory retirement is drawing opposition from CUPE and other labour organizations, who predict the next step by governments will be to raise the retirement age.

With each year of delayed retirement, billions of dollars in pension costs and liabilities would be eliminated for governments and employers, says CUPE.

Currently, only 40 per cent of Canadian workers are covered by workplace pension plans.

CUPE Ontario president Sid Ryan says many workers cannot afford to retire either because they have earned low incomes or they do not have pension plans.

"Those are serious issues that have to be addressed in a real way," he says. "Ending mandatory retirement doesn't do it."

In response to those who demand an end to mandatory retirement, CUPE is calling for increases to provincial low-income supplements; a requirement that all large employers provide secure, defined benefit pension plans to all employees; and a commitment by all governments to the principles of decent minimum labour standards and pay equity.

For more on this issue, check out www.cupe.ca

Cutting workers' wages: the hidden costs

Last year, the BC government cut wages for the lowest paid workers in health care by 15 per cent and increased their hours of work. The justification was to save \$200 million in operating costs.

But the hidden costs of that wage rollback may swamp the intended savings.

A body of economic research shows that employers almost never impose wage cuts on workers because cost savings tend to be outweighed by the negative consequences on workplace morale.

Wage cuts hurt workers twice: in their pocketbooks, and because they are perceived as an insult. The resulting drop in morale means staff turnover goes up and productivity falls, all of which is costly to organizations.

To get a better understanding of the hidden costs behind this wage cut, the Canadian Centre for Policy Alternatives (CCPA) commissioned the Mustel Group to survey over 500 HEU workers six months after the wage cut was imposed.

Results show that HEU workers have indeed taken a major hit to their morale.

The vast majority of workers and their families have had to cut back on household expenditures. Most of these are discretionary items, but some workers have had to move, refinance a mortgage or sell their car.

Others have gone deeper into debt, reduced their savings or increased their hours of work to compensate for lost income. Spouses and children are



Wage cuts — like those imposed on health care workers last spring — hurt workers twice: financially, and because they are perceived as an insult.

working more as well.

The financial impacts have been harder to deal with for workers at the lower end of the pay scale, those who have multiple dependents, or those who have a spouse in an insecure job.

But the morale impact is not just about money.

A key concern is that some 44 per cent of the workers polled said that quality of care had been affected in some way. Substantial percentages reported seeing increased frictions between workers, increased absenteeism, decreased productivity, and increased staff turnover.

In terms of recruitment and retention of workers, almost half of all respondents and almost two-thirds of technicians said they have considered quitting as a result of the wage cut.

These results raise serious concerns about how the wage cut and policies such as contracting-out will affect the quality of service in the health care

system. CCPA recommends that the BC Auditor General, who has already raised concerns about the quality of the work environment in the public sector, conduct a more thorough evaluation based on administrative data.

It is striking that a government so focused on improving the business climate nevertheless threw aside business wisdom in this case. In so doing, it may have launched a boomerang that will come back to hurt organizational performance and the quality of care in BC health facilities.

MARC LEE • CCPA

• This article draws on a new CCPA report, *The Hidden Costs of Health Care Wage Cuts in BC*, co-authored with Marcy Cohen, available at www.policyalternatives.ca.

>>notebook>>



The big three are accountable to shareholders - not to BC taxpayers, patients or workers.

Patients squeezed to pay for global blunders

Jamie Oliver - the 'naked chef' - recently hosted a TV documentary exposing the sorry state of school lunches in Britain.

It sparked outrage over school meals loaded with fat, salt and sugar. 270,000 Britons signed petitions demanding better food and the British government was forced to pour an additional \$470 million into improvements.

It was not good news for Compass Group - the British company that provides meals in 2500 schools, colleges and universities in the U.K. Its share prices were already down largely due to the downsizing of lucrative military contracts in Iraq.

The celebrity chef's school lunch campaign just made matters worse for Compass with several school authorities now reconsidering their food service contracts with the company.

This will all sound eerily familiar if you live in Victoria.

In June, Compass lost its contract at the Salvation Army's Sunset Lodge after months of complaints about food quality.

Then health inspectors handed the Compass cook-chill kitchen at Royal Jubilee a high hazard warning sparking investigations into food safety and quality.

You would think that bad press would result in immediate efforts by Compass to improve its service.

Think again. The reaction from Compass to the news was that the overall food quality was "up to snuff."

The fact is this: Compass isn't accountable to anyone except to its shareholders.

And you can bet that when the margins fall on its school contracts in Britain or a military contract is lost in Iraq, more rubbery green beans will show up at Saanich Peninsula Hospital.

And when Sodexo is forced to settle a racial discrimination suit south of the border for \$97 million (as it did in April), will shareholders take the hit? Or will there be fewer cleaners on shift at a Fraser Health hospital?

And when Aramark's expansion into health care is producing lower than expected profits, how motivated will the company be to settle a fair contract with its employees here in BC.

At the end of the day, the big three are accountable to foreign shareholders - not to BC taxpayers, patients or workers.

MIKE OLD • HEU COMMUNICATIONS DIRECTOR

Another wrong number?

Telus workers need your support

Its ads feature a chameleon constantly changing colours. The colour-shifting lizard is supposed to indicate a modern phone company and Internet provider that's changing with the times.

But for its 15,000 unionized employees, Telus Corp's most desired change is to make strong contract language and job security for its workers things of the past. Negotiations for a new collective agreement began in November, 2000.

But after almost five fruitless years, Telus workers are still without a contract. And according to the Telecommunications Workers Union (TWU), the company has been snubbing labour laws with impunity during that time.

The union has taken Telus to the Canada Industrial Relations Board several times. The CIRB has found Telus guilty of various unfair labour practices, poisoning the collective bargaining process, interfering in the administration of a trade union, and communicating with members in an "insidious" way to undermine the union.

The corporation has also laid-off thousands of union members and replaced them with non-union "managers" or "consultants," says Bruce Bell, president of the TWU. These could be used as strikebreakers during a full-scale dispute.

The national telecommunications giant has already imposed a partial lockout on its workers and a full lockout may be just down the line. Through the partial lockout, the company has suspended all joint union-management committees and has stopped paying scheduled wage increments or collecting union dues.

But the workers are fighting back, and they're counting on Telus customers for support – customers whom the union says have been



impacted by shoddy service. TWU points out that last year, the company was found to have under-served customers for six months.

The union is collecting letters of support from customers. These can be found at the union's special website, "Another

Wrong Number" (www.anotherwrongnumber.ca/).

Telus has imposed a partial lockout on its workers and a full lockout may be just down the line.

While there, you can decide to contact your Member of Parliament, write a letter to the editor or send a message demanding that the federal labour minister, Joe Fontana, take action.

And you can read a detailed history about how Telus is shafting its workers.

By signing a letter of support – it comes in both a printable version for mailing or faxing, and an electronic, online version – you're telling Telus workers that you're willing to take action in the near future. That might mean cancelling certain Telus services such as call waiting or caller ID, paying your phone bill by mail rather than automatic deduction, switching your long distance carrier or Internet provider. Additional actions could include a boycott of stores carrying Telus products.

"We're calling on the minister to support binding arbitration," Bell says. The CIRB had originally ruled it, and then changed its mind. "But it's still the best way to resolve this dispute.

"This isn't about more money. It's about job security and contract language," he told the *Guardian*. "It's a fight for the whole trade union movement."

DAN KEETON is a freelance writer living in Vancouver

CLC bans 'voluntary recognition agreements'

The Canadian Labour Congress will not tolerate "voluntary recognition agreements" when used by corporations to attack workers and their unions.

A resolution adopted unanimously at the CLC's 24th constitutional convention in Montreal (June 13-17) prohibits all affiliates from signing partnership contracts with companies "where an established work relationship exists with another affiliate." And it entrenches into the constitution the spirit of a former CLC protocol that was strictly voluntary, allowing affiliates to

opt out of any such agreement.

For the 44 HEU delegates in attendance, it was a huge victory.

When the Campbell Liberals eliminated health care workers' successorship rights in 2002, and 8,000 health care support jobs were privatized, foreign corporations like Sodexo, Aramark and Compass signed voluntary recognition agreements with a forestry union.

Those agreements cut wages for the newly-hired workers in half and denied workers the right to choose their own

union. Without a binding protocol, the CLC was unable to resolve the problem within the House of Labour.

In other business, CLC delegates adopted an action plan calling for the overturning of the Supreme Court decision in the Chaoulli case (that threatens public health care), a strategy to assist in organizing Wal-Mart workers, the promotion of a national child care program, and better public pensions.

For more information visit the CLC website at www.clc-ctc.ca

>>voices>>



As the public system deteriorates, it ends up serving only the poor, who have little clout with governments.

Private vs public: whose rights prevail?

The debate over private health care often seems lopsided. On one side are abstract notions about equality; on the other are compelling anecdotes about people in pain.

Why shouldn't they go to a private clinic and get that new hip? Denying someone this opportunity does seem like an infringement of that person's rights.

But that person isn't the only one with rights. The real question is whether allowing that person access to a private system would ultimately hurt the health care of millions of other Canadians.

A majority of judges on the Supreme Court concluded (June 10, 2005) that it wouldn't.

They relied heavily on a survey of foreign health care systems prepared by Michael Kirby, who headed a 2002 Senate investigation into health care.

But Kirby's survey actually points to some problems in countries where the wealthy are allowed to buy their way to faster treatment.

In his final report, Kirby rejected the idea of allowing this in Canada, arguing that it would violate the principle of equal access.

Certainly, evidence from countries like Australia is not encouraging. Dr. Joel Lexchin, an ER doctor who teaches health care policy at York

University, spent six months working at a hospital in Australia.

He says that Australian doctors have gravitated toward the more lucrative private system and in some specialties, many doctors no longer take patients who can't pay extra.

This is a familiar problem.

Once the rich start buying their services outside the public system, they resent paying taxes to support it.

They press for, and usually win, tax reductions, leaving inadequate funds for the public system.

As the public system deteriorates, it ends up serving only the poor, who have little clout with governments.

Politicians don't mind letting the poor sleep on the street, so they aren't likely to mind if the poor lack timely access to hip replacements.

Abridged from a longer article that originally ran in the Toronto Star.

LINDA MCQUAIG • TORONTO-BASED AUTHOR AND COMMENTATOR. MCQUAIG @ SYMPATICO.CA

OH&S committee takes on incident reporting

Angela was cleaning a bed in the operating room when she suddenly felt a small prick in her finger. Although she had been punctured by a used needle, she did not report the incident. Later, when Angela suffered health complications, she was surprised that her Workers' Compensation claim was rejected.

The reason? There was no record of the incident having occurred.

A May 2005 survey conducted by the Provincial Executive's Occupational Health and Safety subcommittee confirms that many health and safety

incidents, including "near misses" are not being reported. This happens for a lot of different reasons: lack of time, the first aid area being too far away, the form being too cumbersome, or the employer dismissing the incident.

But what many workers don't know is that the Workers' Compensation Occupational Health and Safety Act requires that all workers record all incidents, including near misses. And it's the employer's responsibility to ensure workers have a process in place to access incident forms.

Incident reporting provides critical information about any workplace injury or

illness trends that may be developing. And it's the information our joint health and safety committees need to deal with emerging problems.

Recently, HEU's OH&S subcommittee identified three priority issues: incident reporting, workload issues (causing burnout and stress) and the spread of infectious diseases.

One of the subcommittee's immediate tasks is looking for better ways to facilitate incident reporting, especially those that do not cause immediate injury.

The subcommittee wants to hear from you about these and any other health and safety issues affecting your workplace.

Members include: Harold Burns, chairperson (PE), Georgia Miller (PE), Kelly Knox (PE), Ginny Evans (Swan Valley), Eddie McMullen (G. R. Baker), Judy Schurack (Clearwater) and Bev Trynchy (St. Paul's).

You can contact Harold by e-mail at hburns@heu.org or by fax at 604-739-1510.

Member delivers baby in hospital parking lot

It's not every day that a stores clerk in a major urban hospital gets to deliver a baby on the way to work.

But that's what happened on June 16 to Royal Columbian Hospital's Tima Ward when she was stopped in the parking lot by a

frantic driver.

Ward rushed to her assistance to find a woman in labour sitting up in the passenger seat. She pushed the seat back and the baby boy was born almost immediately.

"You don't have time to panic. It happened so quickly," Ward told the *Guardian*.

"I was only worried about the baby choking on his mucous, but he was fine. He was crying and moving and I kept checking his breathing."

Ward – who has worked at Royal Columbian Hospital for 26 years, including 10 years as a nurse's aide and eight years as a porter – wrapped the baby in a jacket from the

BALANCING IT ALL

PATTY GIBSON

For activist **MAE BURROWS** the job of protecting the environment begins with bringing it into people's homes, workplaces and communities.

GROUPS FIND COMMON GROUND

Trade unionists and environmentalists haven't always seen eye to eye. In the past, differing interests between the two groups usually trumped any possibility of joint action.

But a lot has changed in recent years thanks to the work of advocates, like

Mae Burrows, who have spent the better part of a decade bringing workers and environmentalists together on shared issues – whether it's saving salmon habitat or ridding workplaces of toxic cleaning agents.

As the executive director of LEAS – the Labour Environmental Alliance Society – Burrows is passionate about the inherent links that exist between workers' rights, human health and the environment. But she remembers a time, particularly in the latter part of the 90s, when workers and environmentalists seemed hopelessly divided – confronting each other from opposite sides of various blockades.

"I remember thinking: just wait a minute here, we're workers and committed trade unionists and environmentalists. We can't do this division anymore. It's a corporate-sponsored divide."

Burrows wasn't alone with that realization. Other committed trade unionists and environmental advocates also recognized that something needed to change.

"So we sponsored a series of forums through the Vancouver and District Labour Council that brought together people from all sides of the issues who truly wanted to find common ground," she explains.

"Of course, these forums didn't interest people who were on the extremes of either side. But they did connect the people who wanted to build strategies that would protect workers and the environment."

Many of the environmental and labour activists who attended the forums, including Burrows, became founding members and directors of LEAS, which was formally established in 1998.

Between then and now, LEAS has brought unions and community groups together on a wide range of environmental issues that link to important health and safety problems.

Issues like cleaning products and toxins, transportation and climate change, water pollution, and cancer-causing agents are all priorities for LEAS.

"To create joint action on any of these issues, you

have to bring the environment into people's homes, workplaces and communities," says Burrows. "People don't easily connect to the environment when they think it's only about big trees somewhere else."

Growing up in Haney – a town with the Fraser and Alouette river systems running through it – gave Burrows an early education on how the environment linked to privatization and corporate control. "I saw early on how we belong to the rivers and how they should never be owned by anyone," she says. "And I learned how these corporations basically have the right of capital to pollute and poison the environment and people."

Over the years, Burrows has worked for such diverse organizations as Douglas College, the Ministry of Health, Sierra Club, North Vancouver School Board and the United Fishermen and Allied Workers' Union. All these experiences have contributed to her belief that real change happens when people join together in a common cause to take collective action.

She's also learned how important it is to look for the connections that exist within broad issues. "Privatization is a critical issue for all of us," she says. "Transnational companies treat human and natural resources in the same way – whether you're dealing with privatization in the forests, privatization through deregulation, water privatization, or the consequences of massive

privatization in our seniors' homes and hospitals."

The key is education. "People need to know what's happening before they're willing to take action. That's why it's important that we extend our workplace right to know into our lives as citizens. And it's time for corporations to come clean and tell us the many ways they are polluting the environment."

For more information, check out the LEAS website: www.leas.ca



Mae Burrows is the executive director of the Labour Environmental Alliance Society.

"People don't easily connect to the environment when they think it's only about big trees somewhere else."

car before plant services manager Mitch Weimer rushed to her with clean towels.

Once the ambulance attendants arrived, they suctioned the baby and cut his umbilical cord.

"The mother was upset and worried about the baby, but she remained quite calm," recalled Ward, the mother of a 20-year-old daughter.

The healthy baby boy – Andrew – weighed 3.5 kg.

Ward visited the baby and his mother at Royal Columbian and joked about what a great story the three of them will always share – of how Andrew came into this world in a parking lot.

Guardian wins top national award

The union's quarterly newspaper – the *Guardian* – received top honours from the Canadian Association of Labour Media in early June.

The summer 2004 issue, published within weeks of last year's health care strike, won the "Best Overall Publication" award for 2004 in its class of staff-produced, national and provincial union publications.

The award recognizes the "best combined use of writing, graphics, design, editorial content and judgment."

And for the second year running, HEU also received



the "Best Print Ad" award – this time for an ad entitled "Not Wanted" that described the skills and experience of health care workers laid-off at Lions Gate Hospital in North Vancouver.

First published in 1958, the *Guardian* has a circulation of about 50,000 and is distributed to HEU members, decision-makers and the media.

International Solidarity committee up and running

The Provincial Executive's subcommittee on International Solidarity held its first meeting of the year in early June. As part of its work plan, the subcommittee decided to again apply for matched funding from CUPE's National Global Justice Fund to continue its Central American solidarity work.

Currently, HEU works in partnership with CoDevelopment Canada on two projects focused on ending sweatshop conditions in Central American maquilas (factories).

Members of the IS subcommittee are: chair John Evans, PE; Boni Barcia, PE;

LaRee Russell, PE; Melissa O'Sullivan (Royal Columbian Hospital), Valerie Sailer (Cranbrook Regional Hospital), Tina DeSousa (Vancouver General Hospital) and Jose Monzon (Tilbury Regional Laundry).

Lions Gate LPNs want action and support.

Armed with letters of support from more than 50 doctors, LPNs at Lions Gate Hospital in North Vancouver have written to hospital management asking for a meeting to discuss problems with excessive overtime, retention and recruitment, health and safety, and the impact of the Campbell government's imposed 15-

continued on page 14

factfile

HEU represents about 1,450 Sodexho workers in housekeeping, food services and laundry. These workers are currently seeking their first collective agreements.

WHO IS SODEXHO?

Sodexho was founded in 1966 in Marseille, France

The company's 2004 revenues exceeded \$17 billion, with profits of \$274 million

CEO Pierre Bellon made Forbes Magazine's 2001 list of the world's wealthiest people with a net worth of \$1.4 billion

The Paris-based corporation has more than 310,000 employees worldwide

Sodexho was identified as the cleaning company at one of the "ten filthiest hospitals" in Britain (April 2001 study by National Health Service)

The U.S. Occupational Safety and Health Agency fined Sodexho after a piece of a food service worker's thumb was found in a turkey sandwich

In 2005, they settled an out-of-court racial discrimination class action complaint for \$80 million (US), one of the largest payouts of its kind

BC taxpayers are on the hook for more than \$400 million to pay for lucrative cleaning and food services contracts inked between Sodexho and the Fraser and Vancouver Coastal health authorities

ON THE JOB

PATTY GIBSON

ELSIE DEVINE and her fellow trades workers share a critical responsibility – together they keep the hospital functioning 24 hours a day, seven days a week.

ENGINEER RISES THROUGH RANKS

Most people visiting Prince George Regional Hospital would not be likely to run into Elsie Devine. That's because, as the hospital's chief power engineer, she works in the operating plant, which is housed in a separate building altogether.

But while she, her co-workers and the plant itself may be out of the public eye – at least most of the time – their work is critical to ensuring the hospital is able to function at all.

"If this plant happened to shut down for any reason," explains Devine, "there would be no heat, no cooling, no hot water. The hospital would come to a grinding halt."

A tunnel underneath the building connects to the main hospital. "Everything from power to water goes through that tunnel," she says.

Power engineers like Devine are responsible for maintaining and operating boilers, pumps and related equipment. It's a responsibility that never stops, 24 hours a day, seven days a week.

"There's always someone on shift," says Devine. "When I leave my shift, someone else comes on. If anything were to malfunction, if the pressure in the boilers were to change, and there was no one to respond to an alarm and make the adjustments, it could cause an explosion.

"Things can change in minutes," she says. "It only takes one glitch."

Devine originally started at the Chetwynd Hospital in 1977 as a part-time maintenance worker. She believes her three years working in a smaller hospital gave her a strong foundation in



MARY PAT WILEY PHOTO

terms of skills and experience.

She hadn't been on the job very long before one of the hospital's engineers encouraged her to get her boiler operator's ticket. She currently holds her second class ticket.

Devine is quick to encourage girls and women who are curious about power engineering to "go ahead and check it out. You don't need to be afraid of it. And you don't need to be super strong."

But you do need to be interested in the work and willing to learn.

"I've always enjoyed my work," says Devine. "It's had its challenges. But I've come through the ranks, as an operator and as a maintenance engineer. And never once have I wished I was doing anything else."

Devine was promoted to her position as chief power engineer in 1992. In addition to her regular duties, she coordinates boiler shut-downs, processes work orders, oversees basic plant operations and trains new workers.

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per-cent wage rollback.

"The lack of recruiting and retaining LPNs has put a strain on our ability to provide quality patient care," states the letter.

"In the year since our wage rollback, we LPNs have seen a deterioration of our health and well being... We also have a significant concern regarding our occupational safety and the safety of our patients."

The LPNs say the hospital cannot recruit casual employees or keep them once they are hired. And that has caused an ongoing crisis where LPNs are regularly called upon to work excessive overtime to meet staffing needs.

The letter asks

management to work with the LPNs to find solutions to the problems that have emerged in recent months.

"We are burning out, getting physically and mentally sick, and feeling used and abused," they say.

Care aide conference provides networking opportunities

Two members of HEU's Nursing Team committee recently seized the opportunity to attend an educational conference where they hosted an HEU information table and networked with other health care professionals from various facilities across the Lower Mainland.

In early June, LaRee Russell of Fraser Canyon

Hospital and Georgia Miller of Salmon Arm Pioneer Lodge were among 100 participants who attended a two-day information and team building conference – Energize Through Education: A Team Centered Approach to Care – at Kwantlen University College's Surrey campus.

Speakers and workshops provided tools for dealing with a range of behaviours – including stages of dementia, delirium, depression and schizophrenia – and promoted greater understanding of such complexities as multiculturalism, sexuality and aging.

Health care workers were

also taught basic guidelines for seniors' fitness, the importance of proper nutrition and hydration, and how to encourage social interaction among residents to help them develop peer relationships.

HEU members said this was a great opportunity to meet other care aides and share information about on-the-job issues they tackle each day.

The next conference is planned for 2007.

Bursaries available for 2005-06

Applications for HEU's bursary program are now being accepted for the 2005-2006 academic year.

This year, participating

locals and the union's Provincial Executive will award 20 bursaries and scholarships to assist members, their children and spouses (including common-law and same-sex partners) to access post-secondary educational opportunities.

You can get an application form and further information from your local union office, online at www.heu.org or by calling the Provincial Office.

All applications must be current and received by the Provincial Office, in Burnaby, no later than 5:00 pm, Friday, August 12, 2005.

AUGUST

SEPTEMBER

OCTOBER

JULY 29 (5 pm)

HEU deadline for applications to CUPE National Convention

AUGUST 1

BC Day – HEU offices closed

AUGUST 9

International Day of the World's Indigenous People (UN)

SEPTEMBER 5

Labour Day – HEU offices closed

SEPTEMBER 6-8

HEU Provincial Executive Meeting

SEPTEMBER 22

HEU deadline for resolutions to BC Federation of Labour Convention

OCTOBER 1

International Day of the Elderly

OCTOBER 3-7

CUPE National Convention – Winnipeg

OCTOBER 10

Thanksgiving Day – HEU offices closed

OCTOBER 11 at 5:15 pm

HEU deadline for January 9 and 10 Wage Policy Conference credentials and hotel forms

OCTOBER 17-19

HEU Provincial Executive Meeting

Utah Phillips' life of inspiration

U

tah Phillips is a living legend. Best-known as a travelling folk singer, storyteller and punster, he's also been a dishwasher, labourer, printer and a drifter who rode the rails.

In the oral history tradition of Woodie Guthrie and Pete Seeger, Utah has lived

his life listening, teaching and taking action against injustice.

Through his commitment to making the world a better place, Utah has joined countless picket lines, peace rallies and campaigns on behalf of migrant workers.

Born as Bruce Phillips in Cleveland, Ohio in 1935, he soon moved to Utah with his mother and stepfather. At the age of 15, he ran away, hopped a freight train and rode the rails around the country. The hobos he met taught him their songs and how to survive.

Phillips picked up odd jobs as he travelled, along with the nickname Utah. While working in a camp kitchen in Yellowstone National Park, he reportedly talked so much about his favourite country singer T. Texas Tyler that the camp cook started calling him U. Utah. It stuck.

In 1956, Phillips joined the army hoping to learn some job skills. His experience in the Korean War turned him into a pacifist and a fervent anti-racist.

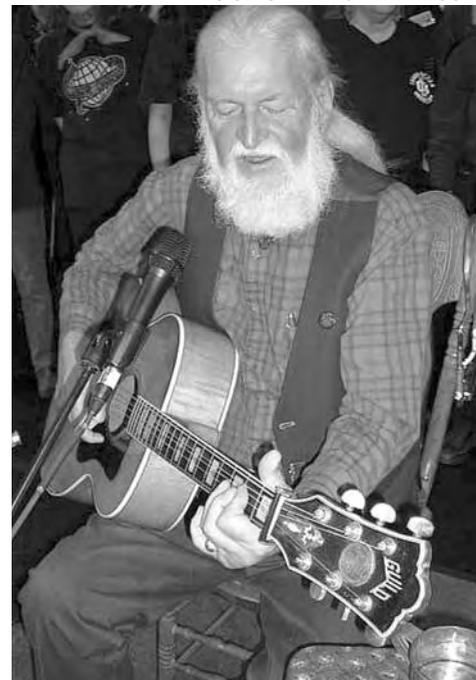
He returned to the US feeling ashamed of what he and his country had done to the Korean people. As he puts it, he "saw the collision of these two cultures – watching the one being eroded by racism that was armed to the teeth."

Back in the USA, Utah soon joined the Industrial Workers' of the World (IWW). Known as the "Wobblies" or "Wobs", this radical labour movement was formed in June 1905 to counter the conservative trade unionism of the day.

The IWW constitution opens with the declaration that the working class and the employing class have nothing in common. They welcomed immigrants, women and workers of colour in an era where the privileges of union membership were restricted to exclusive guilds and trades.

The Wobs often organized through free speech protests and re-writing Salvation Army hymns into radical protest songs.

PHOTO FROM: WWW.UTAHPHILLIPS.ORG



Many of Utah Phillips' recordings are Wobbly songs, including "Joe Hill" and "Where the Fraser River Flows".

Many of Utah Phillips' recordings are Wobbly songs, including "Joe Hill" and "Where the Fraser River Flows".

As the IWW celebrates its 100th anniversary this year, the union has about 1,000 members who, like Phillips, believe in "one big union" and "an injury to one is an injury to all".

Utah's message has reached a whole new generation through two collaborations with indie-grrl-folker Ani DiFranco. The first, "The Past Didn't Go Anywhere", is described as a message of defiance, disobedience and solidarity. The second, "Fellow Workers", is about the labour movement.

Phillips has gained a huge following, and is a regular at the Vancouver Folk Music Festival.

Audiences eagerly absorb his inspiration and go away feeling a little more able to create some positive change in the world.

Now 70, and suffering from congestive heart problems, Phillips limits himself to one performance a month. However, you can connect to his music and philosophy through his recordings.

Check your local music store, library or the internet to get your own piece of inspiration.

FOLK MUSIC

Bruce 'Utah' Phillips

A profile by Joey Hartman

Two HEU activists elected to CLC

HEU member **Victor Elkins** has been elected as one of four equity Vice-Presidents of the Canadian Labour Congress, representing the Solidarity and Pride Caucus.



ELKINS

A cardiac perfusionist assistant at BC Children's and Women's Hospital, Elkins is the chair of his local, a co-chair of HEU's Lesbian and Gay Standing Committee and a member of HEU's bargaining and amendment committees.

And HEU member **Lynne Taylor**, also from Children's and Women's Hospital, was elected to the



TAYLOR

CLC's Disability Rights Working Group as Vice-President Alternate. The 16-year union activist is a member of HEU's People with disAbilities Committee and serves as an Occupational Health and Safety shop steward.

Exhibit features union member

On June 21, National Aboriginal Solidarity Day, HEU member **Donna Dickison** participated in the opening of the Vancouver Roundhouse Community Centre's Summer Solstice Exhibition – Beginnings.



DICKISON

The exhibition's focus, a photo-based installation by Maliseet artist Shirley Bear from Tobique First Nation in New Brunswick, is "Donna's Story." It chronicles Dickison's struggles with breast cancer, substance abuse, family violence and prostitution, and her challenging experience in the residential school system.

Dickison, a care aide at Haro Park Centre and a member of HEU's First Nations Caucus, said she was there "mainly to talk about my experience through cancer, but also to speak on how much the residential school impacted my life."

She says that although it meant exposing her story publicly, it was an important educational tool.

HEU staff changes

After 18 years with HEU, coordinator of servicing **Karen Dean** has resigned to spend more time with her family and pursue other career paths. Deeply committed to the social justice movement and fighting for change, Karen also served as an education director and a servicing representative. HEU wishes Karen every success in her future endeavours.

HEU servicing representatives **Gordon Bailey** and **Barry Greenwood** are both happy to be retiring this summer. Bailey bids adieu after 29 years in the health care industry, including 11 years in servicing. Greenwood retires after 19 years at HEU. We wish Gordon and Barry all the best in their retirement years.

HEU's communications department welcomes **Elaine Bayley** to the team as our new desktop publisher. This is Elaine's first issue of the *Guardian*. Members will see a lot more of Elaine's talent as she produces pamphlets, stickers and posters for local campaigns.

And HEU welcomes back **Carol Reardon** as in-house legal counsel. Carol originally worked in HEU's legal department from 2000-2004 before branching out as a servicing representative at BCNU and briefly, at BCGEU. Carol returns in early August.

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NEW MEMBERS KIT

If you are a new HEU member and want to know more about your union, membership kits are now available through your local union office. The kits provide information about HEU's structure, resources, history and more.

EQUITY PHONE LINE

1.800.663.5813, ext. 7192
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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 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 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 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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