



The B.C. Government has opened up a
“CONVERSATION” ON HEALTH CARE.
Make sure your voice is heard.

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GUARDIAN



THE VOICE OF THE HOSPITAL EMPLOYEES' UNION • FALL 2006 • VOLUME 24 NUMBER 3



SETTING THE AGENDA Convention delegates change their union and put in place concrete plans to protect members' rights and strengthen public health care

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Delegates make historic change

Shortly before midnight on October 6 the gavel came down on HEU's 25th biennial convention. It adjourned a ground-breaking gathering of more than 500 delegates, who, over the course of five days, made key changes to the union's structure and laid out solid strategic initiatives (see page 8) that will strengthen locals, prepare our defense of public medicare, and plan for 2008 bargaining with the major private contractors in health care.

Delegates amended the constitution to align the union's regional boundaries with the province's five geographical health authorities and they redefined the composition of HEU's Provincial Executive.

The result? Greater regional representation and accountability within the union – and the ability to more effectively coordinate labour-management relations and address workplace and community issues on a regional basis. And delegates directed the union to hold twice-yearly regional meetings to facilitate this work.

A GROUND-BREAKING gathering of more than 500 delegates made key changes to the union's structure and laid out solid strategic initiatives.

These and other changes flow directly from the recommendations of the *Task Force for a New Union* – mandated by the 2004 biennial convention – and its 18-month consultation with union members.

HEU's new regions are: Vancouver Coastal, Fraser, Interior, Northern and Vancouver Island. The positions of fourth and fifth vice-presidents, as well as two member-at-large positions, were deleted and replaced with four additional regional vice-presidents.

Other significant amendments provide locals with more flexibility around executive elections, budgets, the steward structure and membership meetings.

Voting delegates ratified Judy Darcy's appointment as the union's secretary-business manager and elected 20 members to the new Provincial Executive including Fred Muzin, who was re-elected president, and Donisa Bernardo, who was elected financial secretary, replacing Mary LaPlante who retired after 22 years in the position.

Both are full-time officers of the union based in the Burnaby provincial office. Muzin, who has held the position since 1993, previously worked as a biomedical engineering technologist at St. Paul's Hospital in Vancouver. Bernardo, a PE member for the past eight years, is a pharmacy technician who hails from Royal Inland Hospital in Kamloops.



JOSHUA BERSON PHOTOS



JUDY DARCY

Delegates mapped out our future direction

During a week of intense deliberations – marked by frank, impassioned debate – your representatives to HEU’s biennial convention voted for key changes that open up the union to more member involvement and provide the tools and structures needed to protect members’ rights on the ground (see page 8).

Our task now is to involve members across the union in the work of rebuilding our locals, enforcing our collective agreements, promoting the right to a living wage and securing the

future of public health care.

That’s why your new Provincial Executive is hitting the ground running. Armed with clear direction from convention delegates, the PE’s first order of business is to create concrete action

Now it’s time to get on with the job of making HEU a stronger force in our workplaces and in our communities.

plans that involve locals in shaping the course of the union’s work over the next two years. Top priorities include organizing the first of what will now be twice-yearly regional meetings, where locals will work together to develop a coordinated response to the employer on issues like workload and short-staffing; putting an expanded shop steward training program into place; and creating the tools members need to make their voices heard – loud and clear – in the Premier’s “conversation on health.”

But that’s only the beginning. Members in all HEU sectors need information about their collective agreement protections so they can enforce their rights in the workplace with confidence.

Given the huge problems plaguing members in community social services, the PE will be actively working with other unions in that sector to raise public awareness and support for those issues.

And with contract bargaining on the horizon in 2008, for members employed by the major private corporations in health care, the PE will be mapping out a living wage campaign that will reach out to the ethnic and faith organizations to which many of our new members belong.

It’s a busy time. No doubt about it. But given the energy and enthusiasm I saw at this convention – my first as your secretary-business manager – I know we’re up to the task.

Two years ago, convention delegates laid out a course for timely and genuine change in the way the union operates. Members wanted more flexibility at the local level, more opportunities for involvement at the bargaining table and between contracts, and more accountability overall.

Two years later, after an 18-month consultation with members across the province, delegates made those changes happen.

Now it’s time to get on with the job of building a stronger union so that HEU can be a more effective force in our workplaces and in our communities.

voice.mail



JOSHUA BERSON PHOTO

Retiring financial secretary Mary LaPlante delivered her final report to members amidst spontaneous applause and standing ovations.

Mary pledges her solidarity forever

I want to extend my sincere thanks to the membership of the Hospital Employees’ Union for the wonderful 22 years I have had as your financial secretary.

The tribute that was given to me during our recent biennial convention certainly gave me pause to reflect on my time with HEU. Your kind words, gifts and humorous memories during convention were overwhelming.

It has been my honour and privilege to serve HEU members throughout these many years and it will continue to be in the years to come. You, the members, have always been my strength and you have always given me the encouragement to move forward. During conven-

tion, I heard the words many times that I had “inspired members” over the years. I would like to express my appreciation for those comments, but that’s me. I want to be there for you in whatever way I can.

I will greatly miss being an officer of our great union, but HEU is in excellent hands with Judy, Zorica, Fred and Donisa and the newly-elected Provincial Executive.

HEU is also in a strong financial position, but the union must continue to be vigilant in its spending in the lead up to the next big round of collective bargaining.

In closing, I just want to say, thank you again for all you have given me over the years. Be strong, sisters and brothers. I will always be there for you and I will miss you.

Solidarity forever!

MARY LAPLANTE

Sodexo members, working together for a better future

I represent Sodexo workers in Vancouver’s Lower Mainland. I attended my first HEU convention in October, where we were honoured to receive the Certificate of Courage award for our fight to improve our working lives.

We believe union solidarity is the key to winning our struggle for fair wages and

better working conditions. It is through the union that we gather our inspiration to build a better society, one that is more humane, with better working environments that are free of abusive exploitation.

Hunger is not a number. Hunger is a crime. It’s a sad fact that 50 per cent of our children live below the poverty line when there is no lack of riches in our world and no lack of nutritious food. There is no lack of doctors and no lack of teachers.

Our desire as union members is to work together to build a better society where individuals truly have equal rights.

LUCIANO SANCHEZ
Central Care

Special thanks from HEU’s Task Force

We’re done! After 18 months, the HEU *Task Force for a New Union* has now completed our mandate.

Established at the 2004 convention, we set out to seek membership input and develop recommendations to make HEU stronger. After a process that involved direct contact with over 1,300 members in 94 communities, our final recommendations were presented to HEU delegates at the 2006 convention.

At the end of convention, it was rewarding to see that the major Task Force recommendations had been adopted.

We now have a new regional structure with more accountability to members, strategic planning initiatives, greater flexibility for locals and educational investment in our activists, open elections and a requirement to hold pre-bargaining conferences.

We are also confident that the foundations are now in place to create other changes that members told us were important.

Throughout the process, we felt privileged to meet so many of you while visiting your locals and communities, to hear your concerns and ideas, and to learn so much about our union.

We saw how hard you work and how proud you are of the important services you provide. We have every confidence that HEU will still be here in another 60 years.

Our work is finished, and we thank everyone who contributed to its success.

In solidarity,

JANICE VARGA
Juan de Fuca

BECKY JACOBSON
100 Mile

HAROLD BURNS
South Okanagan

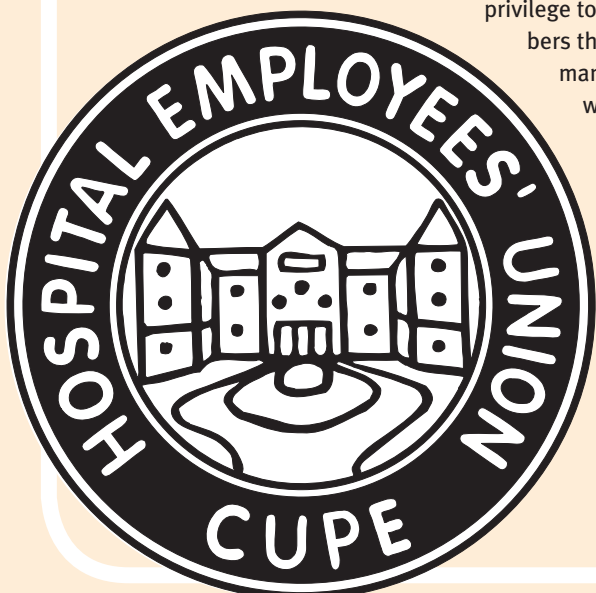
IRIS REAMSBOTTOM
Ridge Meadows

CAROLYN UNSWORTH
Queen’s Park

CATHY HAMILTON
Kamploops / Thompson

JOANNE FOOTE
Fraser Crossing

VICKI POBURN
Cranbrook





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Poll gives snapshot of changing union

Workload and privatization issues are top-of-mind for HEU members

Workload. It is the single most important issue HEU members want their union to take on.

That's just one of the findings contained in a comprehensive poll of more than 800 union members conducted this past September.

And not surprisingly, nearly three out of four members say their workload has increased over the past few years – a number that's remained virtually unchanged over the past six years.

And while the number of HEU members who report that they've been injured at work has fallen to 31 per cent from 39 per cent last year, two of every five continue to feel pressured by employers to work while sick or injured.

"Crushing workloads are affecting both members' health and front-line services in every sector," says HEU secretary-business manager Judy Darcy.

"That's why it's so important to make sure that our newly-bargained regional workload committees and other health and safety protections in our collective agreements are effectively enforced."

HEU members also continue to be concerned about the privatization of health care and four out of five say the union should continue to oppose these policies because they take resources away from front-line services and patients.

And more than half of HEU mem-

bers reject the claim that their jobs are no longer at risk from privatization or contracting out.

"Members are pretty clear about the risks and costs of privatization to the public and to workers," says Darcy.

"And I expect many will share their views and experiences with privatization in the course of the government's 'conversation' on health over the next few months."

And underscoring the economic impact that privatization and wage cuts have had on members, the poll shows that the number of HEU households taking home pre-tax incomes of less than \$30,000 has risen to 15 per cent – from 11 per cent in 2003.

One-quarter of HEU members say staff morale has worsened in the past year and another 20 per cent say it's worsened a lot. Only 13 per cent say morale has lifted – a slight improvement over 2003.

On a more positive note, the survey also checked in with members about the last round of collective bargaining and found that protecting benefits, sick leave and vacation were their most important priority – while the signing bonuses were rated least important.

There was a high level of satisfaction with the way the union communicated bargaining developments to members – and represented members' interests to the media and the public.

And if you think you've got a few more grey hairs this year, you're in good company.

The entire HEU membership is getting older – the number of members



LPN stewards in Kelowna participate in a day-long PRF advocacy training workshop

Licensed Practical Nurses are putting the PRF process to work

Securing a Professional Responsibility Form (PRF) – similar to the one used by RNs – was a huge accomplishment for licensed practical nurses in 2006 bargaining. A process is currently underway across the province to train LPNs on using the PRF kits and educate them about their importance.

"The achievement of the new language in the collective agreement and the development of the PRF is a victory for LPNs in B.C.," says Jacqueline Zilkie of HEU's nursing team. "This valuable process will enable LPNs to maintain their Standards of Practice and Competencies when nursing in today's challenging working conditions."

Now that LPNs in British Columbia are practicing to full-scope, their duties and responsibilities heavily overlap those of an RN, and the need to protect themselves, their patients and residents is increasingly vital.

"The PRF is a tool for LPNs to address their concerns regarding their expanded scope of practice – such as working conditions or a work assignment," says nursing team member Doreen Plouffe. "It's opened the door to giving LPNs more of a voice in their professional practice and provides formal documentation to bring forward to management."

PRF kits are currently available at most facilities. They can be ordered – similar to grievance logs – by your local executive. If you do not have an on-site shop steward, contact your servicing representative.

"The PRF will allow LPNs to not only bring concerns but also potential solutions to employers to improve working conditions, safety and workload," says Zilkie. "It can be a winning process for everyone involved."

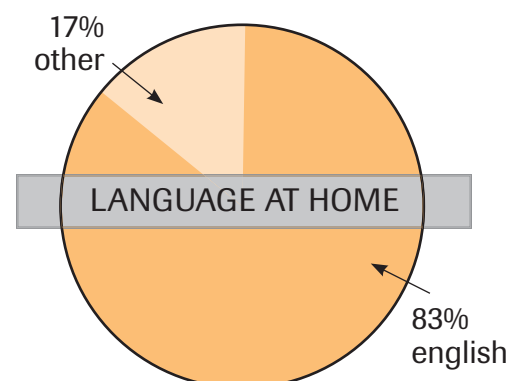
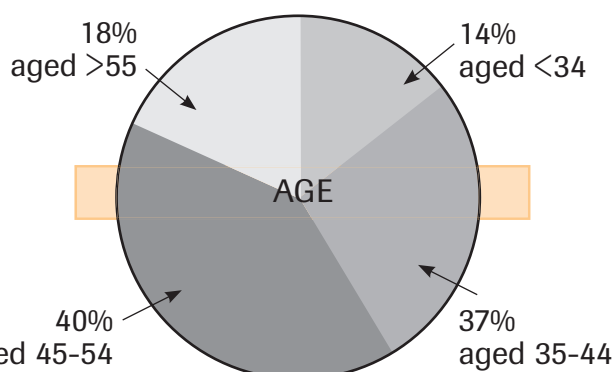
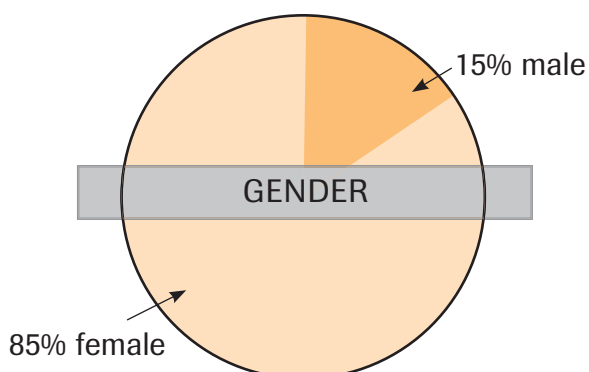
over 45 years of age has increased by six percentage points to 58 per cent in just three years.

The telephone survey of 802 HEU members was carried out by the polling firm Viewpoints Research from September 6-11. It's considered to

be accurate to within 3.4 percentage points, 19 times out of 20.

The survey will be used to identify areas in which the union needs to improve services to members.

MIKE OLD
COMMUNICATIONS DIRECTOR





COFFEE BREAK

Caffeine – a central nervous system stimulant – is Canada’s most popular drug. A natural ingredient found in cocoa, coffee beans and numerous plant seeds, leaves and fruit, caffeine even acts as a pesticide against insects feeding on these plants.

Here are some interesting tidbits:

- Each day, nine out of 10 Canadians consume caffeine in some form.
- Caffeine may treat headaches, including migraines.
- Caffeine increases metabolism, but does not suppress your appetite.
- Caffeine does not sober up drunk people.
- Primary sources of caffeine include coffee, tea, soft drinks, chocolate, herbal remedies, energy drinks, dietary supplements, and more than 1,000 prescription and non-prescription drugs, such as pain relievers and cold medication.
- One of the world’s first-known coffeehouses opened in Venice, Italy in the early 17th century. Since then, coffeehouses – or cafés – have become popular social meeting places.
- Similar to nicotine, caffeine is addictive with physical cravings, an increase in tolerance over time, and withdrawal symptoms – headaches, irritability, lethargy, depression and insomnia.
- More than eight cups of java a day may cause tremors (“the shakes”), panic attacks, high blood pressure, depression, nausea, insomnia, dehydration, irregular breathing and heart rate, stomach ulcers, and poor fine-motor coordination.
- The fair trade coffee movement supports small-scale coffee producers to invest more money in their own economies, including health care, education and the environment.
- The only unionized fair trade coffee available in B.C. is Café Etico.



Health care workers make HEU their union of choice

Workers continue to turn to HEU in large numbers, a trend that makes the union the clear choice for unorganized health workers in a variety of sectors.

“It’s a sign of our reputation,” says secretary-business manager Judy Darcy. “Health care workers know that we are a strong, democratic union that works hard on behalf of our members.”

Since Bill 29, more than 5,500 workers in 153 work sites have joined HEU. For many, this was not just a matter

of signing a union card. Harassment, intimidation and lengthy legal battles often stood in the way of certifications and first contracts. However, new members maintained their right to organize themselves and to bargain with their employer.

And this growth shows no signs of slowing down. In just the last few months, HEU has gained more than 850 new members. Many are new Canadians and have joined a union for the first time.

Some of the more recent groups of workers to join HEU are employed by Simpe Q at Windermere, Inglewood, Dufferin and Pinegrove care centres. Others are employed at sites that include the Good Samaritan Christenson Village, St James Society’s Tamara House, Royal Arch Masonic Home, the Vancouver Recovery Club, Bethel Group Home, Quesnel Addiction Services and Caresource’s West Vancouver Care Centre.

Arbitration process begins as Compass workers keep up the pressure on British corporation

Union members continue to put pressure on Compass Group for first contracts on Vancouver Island and in the Lower Mainland.

In October, Compass Group employees working in Vancouver Island Health Authority facilities backed their bargaining team’s effort to reach a first contract with a 96 per cent strike mandate.

The union has applied to the Labour Relations Board for assistance in reaching a first contract with the British corporation using Section 55 of the B.C. Labour Code – a provision that is intended to help reach first contracts through a process of mediation and arbitration.

Grant McArthur has been appointed as a mediator.

The union bargaining team representing more than 700 cleaning and food service workers has been at the bargaining table since last April. The parties last met on October 2.

No progress has been made on the key issue of wages. Most Compass employees earn about \$10.56 an hour.

That’s also the case in the Lower Mainland where 200 Compass workers in the Provincial Health Services Authority facilities voted 99 per



HEU members in Victoria celebrating their 96 per cent strike vote. Compass workers on the Island have been looking for a first contract since last April.

cent in favour of strike action.

The Section 55 process for the PHSA members has now entered the arbitration phase, and Don Munroe has been appointed as the arbitrator. He’s expected to review both parties’ written proposals in mid-November.

In her report to HEU’s recent convention, secretary-business manager Judy Darcy updated delegates on the Compass negotiations.

She urged Compass to quit stalling and negotiate a fair deal.

“After all these years, do you really think our members are going to fold their tents and go home – there’s not a snowball’s chance in hell of that happening,” Darcy told delegates.

Last year, HEU reached first contracts with Compass’ competitors Aramark and Sodexo that will bring workers’ wages to more than \$13 an hour by 2007. Those corporations have cleaning and food service contracts with the Vancouver Coastal and Fraser Health authorities.

<<newsbites>>

California legislators vote for public health care

It was a hopeful September for California residents, who were one signature away from affordable, universal health care.

Unfortunately, their Governor had no intention of giving it to them. Although it passed both the state assembly and the state senate, Governor Schwarzenegger used his constitutional power to veto Bill 840 – a piece of legislation that proposed a Canadian-style single-payer health care system throughout California.

Also called the *California Health Insurance Reliability Act* (CHIRA), Bill 840 would have made California the

first U.S. state to guarantee health, dental and vision care, as well as prescription drug coverage for all its residents, including the approximately seven million who currently have no coverage at all.

CHIRA’s many supporters regularly held up Canada’s system as a solution and an example of a more cost-effective, humane and efficient way to provide health care. In particular, they cited U.S. administrative costs, which are more than double those in Canada, despite producing inferior health outcomes.

The large-scale public support for this Bill is part of a growing movement for universal health care, gaining strength in many areas of the United States.

Canada gets its first ‘sweat-free’ province

Manitoba is about to become Canada’s first province to adopt a sweatshop-free or “No Sweat” purchasing policy. The initiative guarantees that all government-supplied clothing is produced in working conditions that conform to International Labour Organization (ILO) standards, as well as a factory’s local labour laws.

The NDP-led provincial government plans to implement the policy later this fall. It is expected to impact approximately \$1.6 million in annual spending on items such as uniforms for security and prison guards, natural resource officers and provincial

Let's talk health care solutions

The B.C. government has embarked on its 12-month "Conversation on Health" to seek the public's views on how to improve and "sustain" public health care.

The \$10 million project includes online discussion boards and a series of 16 regional forums.

But its launch, just days after the B.C. finance minister made dire predictions of out-of-control health spending (see below), has left many wondering if this conversation is really about more service cuts, user-fees and privatization – and not the wide-open dialogue promised by the Premier.

"There are a lot of reasons to be skeptical about this 'conversation,'" says HEU secretary-business manager Judy Darcy.

"But it's also critical that we make sure our members – the front-line experts – bring solutions to the table based on their experiences and insights."

Here are some solutions worth talking about:

More public surgery clinics to better manage waitlists.

In North Vancouver, a joint replacement assessment clinic reduced wait times to see orthopedic surgeons from 50 weeks to between two and four weeks.

And a two-year-old pilot project at Richmond Hospital dedicated operating rooms and staff to orthopedic surgical procedures and reduced surgery waits by 75 per cent.

These are proven public solutions that should be implemented by all health authorities.

Better staffing in residential care.

This will improve seniors' care and take pressure off emergency rooms. In the past year, 54,000 long-term care residents were transferred to ERs. And half stayed in the hospital for 10 days or more.

More RNs, LPNs and care aides would reduce the number of hospital visits for bed sores, dehydration, malnutrition and falls.

Restoring home support services.

Supporting seniors in their homes provides an early warning system for emerging health problems – and helps ensure good nutrition, hygiene and basic social support.

Cutting these services has increased overall health spending. More home support will help seniors and people with disabilities live independently, delay institutional care and reduce emergency room visits.

Establishing full-service community health centres.

These centres, along with multi-disciplinary primary health clinics, provide a broader range of care and more access to education and preventative health services than a traditional physician-only practice.

And since the clinic's team – physicians, nurse practitioners, counselors, outreach workers, pharmacists, dietitians and others – are paid on salary rather than on a fee-for-service basis, more time can be spent with patients who require the attention.

Putting the brakes on drug companies.

Drug costs are a major expense both in health care and for individuals. That's due to the introduction of new, more expensive drugs and increased prescriptions.

But most of these drugs are just new versions of less expensive older drugs – and no more effective.

B.C.'s reference-based drug program covers five categories of drugs and makes sure that the most cost-efficient option is prescribed. It's saved Pharmacare \$44 million with no negative impact on patients' health. Let's expand this program to increase public savings.

Consulting citizens at all levels of decision-making.

Our health care system needs help to make services more responsive to our communities.

Representation on health authority boards needs to be broadened beyond business leaders. Family councils should be introduced in long-term care facilities. Community-based patient advocates and regular health forums would improve the quality and efficiency of health policy decisions.

Building on our successes in public health care.

Universal health insurance means that Canadians spend half as much as Americans on health care and have much better outcomes. Comprehensive health coverage also provides a competitive advantage to Canadian companies.

MIKE OLD
HEU COMMUNICATIONS DIRECTOR

Get in on the Conversation

There are lots of public solutions for public health care. It's important that B.C.'s "Conversation on Health" include them.

Privatization costs more, provides fewer services and leads to inferior care for patients. You know that. The Health Conversation is your chance to make sure the rest of B.C. knows it too.

Here's how you can speak out.

1) **Register for public forums.** Only 100 people will participate in each of the 16 regional forums. Register now at www.bccconversationonhealth.ca or by phoning: 1-866-884-2055.

2) **Participate in online discussion** topics about health care at www.bccconversationonhealth.ca.

3) **Put your voice on record** by calling 1-866-884-2055, or by emailing ConversationOnHealth@victoria1gov.bc.ca or by mailing a letter to: Ministry of Health, 5-3 1515 Blanshard St. Victoria, B.C. V8W 3C8.

Let's make this conversation about making public health care stronger.

RED ALERT OR RED HERRING: a closer look at health spending

Are health care costs spiraling out of control? That's the line coming out of Victoria, as the government's "Conversation on Health" kicks in to high gear.

And their claim – that health care could gobble up 71 per cent of all government spending by 2017 – seems intended to restrict discussion to user-fees, service cuts and more privatization.

But it's all in how you spin the numbers, as syndicated columnist Paul Willcocks recently pointed out.

To reach their alarming 71 per cent figure, finance min-

ister Carole Taylor made assumptions about future government revenue and health care cost increases that contradict the ministry's own data.

From 1995 to 2005, health ministry spending increased by an average of only 5.5 per cent – not the eight per cent Taylor predicts in her calculation. In that same time, government revenues increased by about six

per cent, not the mere three per cent Taylor forecasts.

Once you add up the real numbers, health care costs are more likely to be about 40 per cent of government spending in 2017, the same as they are today.

Put another way, health care spending in 1985 represented about 5.5 per cent of the provincial Gross Domestic Product (GDP) – a measure of all economic activity. In 1995, it was about 6.5 per cent of GDP and in 2006, it will be about 7.3 per cent.

The crisis is clearly not in the numbers, but in who adds them up.

You can read Willcocks' column at www.willcocks.blogspot.com.



B.C. leads the nation for highest poverty rates

The benefits of B.C.'s growing economy are not reaching all British Columbians, says a recent report by the National Council on Welfare. Despite the province's \$2.6 billion budget surplus, social assistance incomes are the lowest they've been in 20 years.

Compared to the rest of Canada, the B.C. government is one of the stingiest when assisting those in need. In this province, a couple with two children receives less social assistance than they would anywhere else in the country – an amount that leaves them struggling at 52 per cent below the poverty line.

According to Statistics Canada, B.C. also leads the nation in overall poverty rates, with Canada's highest number of low-income residents and the largest number of children living in poverty.

Social workers demand more community living funds

Community Living BC (CLBC) is struggling with a \$44 million shortfall and a waitlist of more than 3,000 people – a situation that has prompted the BC Association of Social Workers to demand the government begin an immediate budget review and allocation of additional funding.

Two years ago, when the B.C.

Liberals formed the agency and charged it with providing support to developmentally disabled British Columbians, community advocates and service providers warned that the government could use the new crown corporation to cut funding and offload responsibilities.

Today, their predictions look more like reality. Many families and clients are unable to receive the services outlined in their needs assessments and a growing number are feeling pressured to move from licensed group homes to more informal and less "costly" residential sites.

In the last round of bargaining, HEU members in the community social

HEU welcomes new financial secretary

The union's new financial secretary Donisa Bernardo is a pharmacy technician from Royal Inland Hospital in Kamloops, where she has spent the past 22 years as a union activist, advocating for members' rights and stronger public health care.

"I have been honoured to serve members at the local and provincial level," says Bernardo, "and I am looking forward to the many ways that I can build on this tradition in my new role as your financial secretary."

Bernardo was first elected to the Provincial Executive in 1998, as a regional vice-president for the Okanagan. For the past six years, she has served as a senior trustee and senior trustee elect. She describes her trustee experience as a huge learning opportunity, which offered her hands-on knowledge of HEU's financial policies and practices, as well as an understanding of the challenges and opportunities in administering the union's assets.

HEU's history of prudent financial management is a tradition that Bernardo plans to continue. She recognizes that fiscal stability ensures members can benefit from all the union has to offer, including education opportunities, substantial strike funds, community campaigns and strong bargaining.

"HEU's operating budget must be in a strong financial position if we hope to achieve important gains for our members at the bargaining table," says Bernardo.

She believes that strength in the present and future also requires a strong connection between financial and political strategies. For this reason, Bernardo says, she "strongly supports

HEU's four-year strategic plan and the allocation of the finances that will make sure it succeeds."

Finances, however, are not the only thing on her mind. The new financial secretary also sees an opportunity to further participate in what she believes is today's most important fight, advocating for public services, public investments and public health care.

"We know, as HEU members, that the public system is the best way to provide universal access to quality care," says Bernardo. "It is a system we must strengthen so it can meet the needs of all British Columbians."

To win this fight, Bernardo plans to continue the union's involvement in



PATY GIBSON PHOTO

important coalition work, collaborating with community members, youth groups, seniors groups, and organizations like the BC Health Coalition.

As she explains, "Only by working effectively with partners in our communities will we protect what Tommy Douglas fought for – an efficient, high quality medicare system."

Along with her many ideas about the future, Bernardo's message is clear. To HEU's 43,000 members she says, "I am here to support your leadership, listen to you and advocate for your issues now and in the years to come."

OLIVE DEMPSEY
HEU COMMUNICATIONS OFFICER

PRESIDENT'S DESK

Social justice goals reaffirmed

HEU's recent convention provided members with the opportunity to reaffirm their commitment to a social justice organization that accepts responsibility for strengthening our communities, fighting poverty and homelessness, promoting quality public services and opposing discrimination in all its forms.

Nowhere was this more dramatically highlighted than in the debate over Constitutional Amendment 111, which called for our four Equity Standing Committees to be replaced with a single Human Rights Committee.

Ten years ago, after a tremendously difficult, tear-filled and traumatic debate, we entrenched committees to increase representation for people with disabilities; gay men, lesbians, bisexual and transgendered members; people of ethnic diversity and First Nations members.

Our Provincial Executive took this initiative very seriously. We established a permanent full-time equity officer, created budgets to fund committee meetings and outreach programs, and we worked to promote and advance principled positions.

Clearly, our equity committees' efforts to educate members – in every part of the union – is paying off.

Over the years, they have advocated for humane immigration policy; developed ethnic diversity cookbooks; patented the Blue Poppy to acknowledge injured workers; sponsored First Nations cultural events; promoted Aboriginal Peoples Day; organized multi-union pride events; fundraised to combat AIDS, and much more.

So it was no surprise at this year's convention when delegates passionately defended the continued need for our equity committees and soundly defeated Amendment 111.

Members understand that people with disabilities face huge, unnecessary challenges every day, and that basic accommodations – even providing down escalators for RAV rapid transit – are disregarded.

They know that deplorable treatment of Canada's Aboriginal people continues, something that was underscored by the Harper Conservatives' rejection of the Kelowna Accord.

They're aware that the attempt to reopen the debate over same sex marriage similarly continues discrimination. And they know that anti-terrorism mania targets people of colour and of Muslim descent, as illustrated by the RCMP's actions against Maher Arar, who was falsely deported to torture in Syria.

HEU's leadership in addressing fairness and justice has come a long way. And our new PE reflects this. There are 15 women and six men with representation from most equity-seeking groups.

In the last week of November, CUPE National will be holding its first Human Rights Conference. HEU will be represented by about 50 members from all regions. Along with our sisters and brothers in CUPE BC, we will have the welcome responsibility of sharing our experiences over the past decade, listening to the stories of others and strategizing to advance an agenda for dignity.

Delegates passionately defended the continued need for our equity committees.

<<newsbites>>

services sector also brought up concerns about funding shortages leading to severe recruitment and retention issues.

HEU has set aside resources to raise the profile of members in this sector and the critical work they do.

New regulations help protect night workers

B.C.'s new "pay before you pump" regulations are an important milestone in the fight for full protection for people working alone in gas stations and convenience stores, says BC Federation of Labour president,

Jim Sinclair. The new rules – also known as "Grant's Law," in honour of the young worker Grant Dapatie who was killed during a 'gas and dash' incident in 2005 – are scheduled to go to public hearing before the end of the year.

Sinclair credits the DePatie family with this success, calling it a tribute to their courage and initiative.

"This step is due to the tireless efforts of the Depatie family to reduce the risk of another tragedy," Sinclair said.

"It opens the door to stronger regulations to provide real protection for those working alone at night. The Depaties deserve the thanks of work-

ing people for the campaign they have undertaken."

Sinclair emphasized that this is only a first step. He says the Federation believes further regulations, including requirements to have workers employed in pairs and behind secure windows after 10 pm, should be referred to a public hearing in the new year.

Federal Tories boost drug company profits

It's hard to believe that any government would hand over several hundred million dollars to pharma-

ceutical companies, especially when those resources are badly needed in our public health system. But Stephen Harper's Conservatives did just that when they recently extended drug manufacturers' patent protection from five to eight years.

The regulations, originally introduced by the Liberal government in 2004, were brought into effect by the Conservatives in early October. They impact 25 per cent of all brand-name drugs sold in Canada and give pharmaceutical companies a monopoly on drug sales for an additional three years.

Tories lack political will to fix health care

Federal NDP leader **Jack Layton** spoke to the union's 25th biennial convention in Richmond. Here is an excerpt from an interview with the *Guardian* following his address to delegates.



MIKE OLD PHOTOS

In its recently-launched “Conversation on Health” B.C.’s provincial government claims our public health care is not sustainable. Is this true? Is universal, public health care something we can no longer afford?

It's not true. The Campbell government is not telling the people of British Columbia the truth. Our health care system is sustainable. It needs some changes to accomplish that. It needs to focus on things like care, long-term and home care, it needs to focus more on preventative issues and health promotion, it needs to include a pharmacare component that will help us control the cost of drugs, not only to people but to the health system as a whole.

It needs a number of other reforms as well that have been well documented and put into practice in some places, so we know they work, including here in Canada. There's no question our health care system can be sustainable. By starting the conversation that way, it's like starting a conversation based on a lie. You're not going to get very far in pursuit of the truth, and in pursuit of real change, if you start the conversation out that way.

Besides, we've had lots of conversations. It's another word for talk and we've had plenty of talk. The recommendations about what needs to be done are

for all of us – very expensive for some – and it'll reduce the quality of the public health care that is available for the average Canadian.

So what do you want the Harper government to do about the situation?

We want them to take strong action using the *Canada Health Act* to force the provinces to abide by the fundamental principles of medicare in Canada, because right now what is happening is death by a thousand cuts.

“The Campbell government is not telling the people of British Columbia the truth. Our health care system is sustainable.”

It started with Ralph Klein in Alberta. It moved through Ontario with Mike Harris. And then of course it's been picked up by Gordon Campbell, with a vengeance, who's trying to move faster in this direction than anyone

else – and is succeeding. We see this explosion of for-profit medicine here in British Columbia...and of course there's a political force behind this that develops because these for-profit operations become

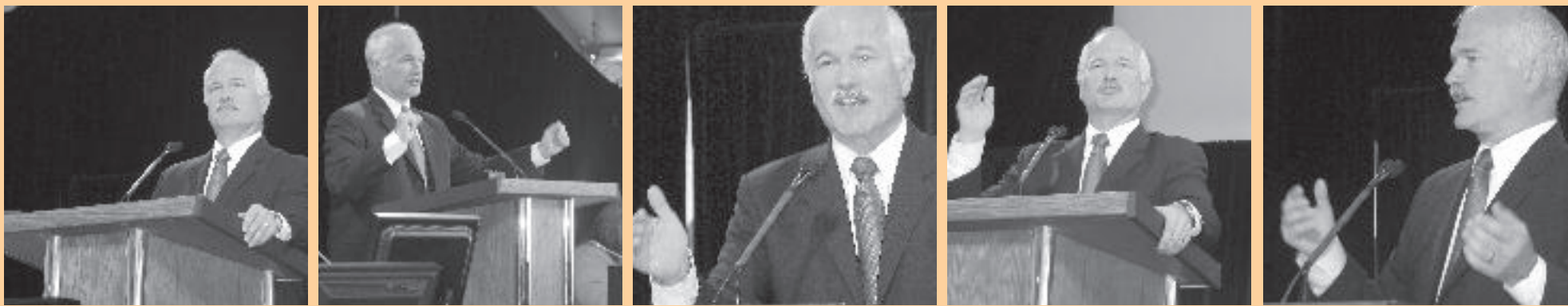
Canada that would start with catastrophic drug costs and then move toward other key elements like bulk-buying of drugs, national formulary and various other steps that would give us a health care system that includes the medication component.

Pharmaceutical costs now are the second highest cost element in the whole health care system. We spend more on pharmaceuticals than we do on doctors. This is why we need reform in this area through a Pharmacare program.

We know from our members that childcare is a constant challenge. The Conservatives have ignored plans for a national program. What hope do we have now for the future of childcare in Canada?

The hope resides in a program, a piece of legislation called the *Canada Childcare Act*. Denise Savoie has presented it to the House, working with our child and youth critic Olivia Chow, and this piece of legislation would make child care a reality from coast to coast to coast, and would establish the federal government's responsibility and role to provide financial assistance to all provinces in the aid of high quality, public-sector, universal childcare in Canada.

It's the first time that a piece of legislation to set this



available through the Romanow Commission and other studies and reports. It's actually time to get beyond the talk and make those changes happen.

The B.C. government has tolerated several high-profile violations of the *Canada Health Act*, but they have had few responses from Ottawa. Why isn't the federal government enforcing this legislation?

I believe there's a lack of political will in the Harper government and that lack of political will is actually motivated by a lack of support for our public health care system. This is a political party that feels that allowing our public health system to atrophy is somehow acceptable, and that the private, for-profit component should be allowed to grow and flourish. What this will do is make health care more expensive

increasingly politically powerful. Fortunately, there's a group of doctors that are rising up in defense of public health care and that's a good thing. What Ottawa needs to do is use the powers under the CHA, and we would suggest going even further and amending the Act to be stronger.

Drug costs consume a growing amount of health care spending. What's stopping the creation of a national Pharmacare program?

I don't believe the Conservatives favour action in this area. The big drug companies are in a very comfortable position right now and seem to be the ones that get listened to rather than ordinary Canadians. Premiers, groups that understand the health care system, the Royal Commission on Health Care and the NDP have all called for a Pharmacare program for

out has ever been before Parliament...The exciting news is that apparently we may have convinced the Liberals and the Bloc Quebecois both to vote for it. If that happens, this NDP bill on childcare has the possibility of actually passing and becoming the law of the land even though the Conservatives are opposed to it...

The Liberals failed for 13 years to deliver and when they did deliver they didn't do it in legislation. We warned them that if they didn't have legislation to back up their initiative, it could be torn up by any future government. And that's exactly what happened. So this piece of legislation would be something that couldn't be ignored by any government. And we invite HEU members to join in and send us their indication of support for the national childcare program.

YOU CAN READ THE FULL INTERVIEW WITH JACK LAYTON ON THE UNION'S WEBSITE – WWW.HEU.ORG



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Strength. Unity. Action. On

Convention 2006 gets down to business



JOSHUA BERSON PHOTOS

CHANGING THE UNION > KEY POINTS

- a new regional structure and twice-yearly regional meetings
- more regional vice-presidents, with direct accountability to their regions
- relaxed provincial requirements allowing for more flexibility in the local structure
- more rank-and-file membership involvement on PE sub-committees
- occupational conferences in all sectors, to be held prior to bargaining
- designated time for each sector (e.g. community social services, community health) to debate their bargaining demands at future wage policy conferences
- open-campaigning for Provincial Executive positions
- a multi-level, skills-based, activist education program
- “knowing your rights” workshops delivered locally and regionally by member facilitators
- creating a plan to translate key parts of the union’s collective agreements into other languages
- steps to assist new delegates at future conventions
- training and tools for members and staff to promote the use of clear language

With four-year contracts covering most of the union’s membership in place, delegates to HEU’s 25th biennial convention laid out a series of action plans to defend members’ collective agreement rights, protect public health care and prepare for private-sector bargaining in 2008.

But they didn’t stop there. They also put communication and accountability measures in place to achieve those strategic objectives.

Specifically, delegates directed the Provincial Executive (PE) to hold a post-convention planning meeting with the union’s newly-appointed committees and provide locals – by April 2007 – with a blueprint for acting on the convention’s action initiatives.

Progress reports will be issued every six months.

Resolutions aimed at boosting grassroots union involvement in provincial activities were also adopted, with an expanded role for rank and file members on PE sub-committees.

And following the success of last year’s pre-bargaining conferences, occupational conferences will be held in all sectors, including community health and community social services, prior to bargaining. One conference in each of the following six job families will also be held: patient care, technical, trades, clerical, support services and patient care technical.

Know Our Rights, Enforce Our Rights

Building strength on the ground, in the workplace, emerged as a top priority for action over the next four years.

Elements include member education, a regional focus on workload issues, and workplace campaigns to enforce new and pre-existing collective agreement rights.

A key goal will be to bolster shop steward training, mentoring and support in an effort to double the number of current shop stewards.

The plan also spells out the need to continue to communicate and network within the occupational and sectoral groupings that met prior to the union’s last round of public-sector bargaining.

Protect and Strengthen Public Health Care

On the eve of Premier Gordon Campbell’s year-long “Conversation on Health,” convention delegates adopted a comprehensive action strategy to



“In reflecting on the past 22 years as your financial secretary, I have to say it has been challenging, rewarding, serious and even funny at times...I will always be there for you. I love you all.”
LaPlante

“We are not just speaking for ourselves... We are speaking out on behalf of patients and clients and residents who are vulnerable and often voiceless.”
Darcy

“We have many things on the immediate horizon. None is more important than reaching out and involving members in their union. We need to rebuild our locals and re-energize our activist base.”
Muzin



ANNE DOTE Regional Vice-President • Valley	MARGIE ANDERSON Regional Vice-President • Interior	BECKY JACOBSON Regional Vice-President • Interior	CAROL KENZIE Regional Vice-President • Interior	CATHY PINSENT Regional Vice-President • Vancouver Coastal	KEVIN O'NEIL Regional Vice-President • Vancouver Coastal	LOUELLA VINCENT Regional Vice-President • Vancouver Coastal	LOIS DORAN Regional Vice-President • North	JEAN BIRCH Regional Vice-President • North	SANDRA GIESBRECHT Regional Vice-President • Vancouver Island	CAROL BUNCH Regional Vice-President • Vancouver Island

the Ground.

build support for public health care in communities across the province. Of chief concern is the rapid advance of privatized health care services in B.C. – greater than any other jurisdiction in Canada – and its impact on costs, public access, accountability, wages and service quality. And despite clear evidence that the public sector can deliver services more effectively, the B.C. government's privatization push shows no sign of abating.

Specifically, HEU will mobilize members and work with the union's coalition partners to promote positive public health care reforms and combat further moves toward private, for-profit health care.

The initiative will also focus on building a member network to engage in political action activities and calls for a political action conference to be held prior to the 2009 provincial election.

“Big 3” Private-Sector Bargaining Preparation

First contracts covering HEU members employed by Aramark and Sodexo are set to expire in the fall of 2008. At press time, Compass workers in the Provincial Health Services and Vancouver Island Health authorities were still without a first collective agreement, despite months of negotiations.

Recognizing the need to boost wages and working conditions for these and all health care workers, delegates adopted a strategy to prepare for 2008 bargaining with “the big three.”

It includes launching a community campaign for living wages here in B.C., holding a private-sector bargaining conference in 2007, and linking with allies in the global community who are facing similar struggles with the same multi-national corporations.

Efforts will also be directed toward building greater solidarity between HEU members who are employed directly by health authorities and those who work for the private employers.

What's Next?

In all, delegates adopted 16 constitutional amendments and 31 resolutions. Upcoming meetings of the PE will develop strategic priorities for the union, based on direction from the convention. And by the end of the year, the PE will have put a budget in place to support those initiatives.

Convention proceedings will be sent to locals in the new year.

And the award goes to...

This year's convention gavel was awarded to the Comox and Yuculta locals for their efforts to stop the building of a P3 hospital on the north island.

Laundry workers in the Kootenay and Okanagan regions received a plaque for their successful campaign to keep laundry services publicly delivered. And Sodexo members were honoured for their courage in standing up to their multi-national employer.

The convention also created the Mary LaPlante Sisterhood Award, which will be presented biennially to a union sister for her work promoting women's issues. LaPlante is the first recipient, in recognition of her contribution to the fight for women's equality.



Barb Biley, Comox local



PATTY GIBSON PHOTO

Delegates reaffirm commitment to equity work

First Nations dancers (above) were a special feature at this convention's Equity Night, sponsored by the union's four equity standing committees.

On the plenary floor, delegates passed a resolution that would see more First Nations members trained for union staffing positions, and they charged the Ethnic Diversity Committee with developing a plan to translate key parts of the collective agreement into other languages.

Recognizing a need to increase participation by equity-seeking groups in all areas of the union, the union's Equal Opportunities Committee will develop an action plan for consideration at the 2008 biennial convention.

Delegates reaffirmed support for the four standing committees and for their role in making the union more inclusive. As one delegate told the convention, “these committees need to stay in place until they tell us they are no longer needed.”



MARGI BLAMEY PHOTO

HEU sisters step out at convention breakfast

Members of The Shirleys (above) infused the women's breakfast with a combination of upbeat and soulful harmonies. Between sets, CUPE National Women's Task Force co-chair Barb Moore spoke about the need to increase women's participation in our unions.

Retiring financial secretary Mary LaPlante wrapped up the event by urging sisters to support sisters in the ongoing campaign to achieve social and economic equality for women.





JESSE WINFREY PHOTO

Island credit union forces strike action

Speaking at a mid-September rally for striking COPE 15 workers in Duncan, then financial secretary Mary LaPlante (*above*) pledged HEU's ongoing solidarity and support for their fight to win a fair contract with Island Surrey Credit Union and Insurance.

The 80 tellers, insurance agents, greeters and counter staff from the credit union's four island branches have been on the picket line since July 12, when their employers broke off negotiations.

"We know how important solidarity is when you are dealing with employers who think they can get away with intimidation and bullying tactics," LaPlante said.

"We expected better from a credit union."

The union's top issues are staffing and workload problems, wages, health benefits and adequate pension contributions.

For updates and to sign an online support petition, go to <www.cope15.ca>.

Your right to a safe workplace

As every health care worker knows, their work environment is one of the most dangerous of all professions. But there are strict regulations in place to protect the health and safety of front-line staff and those they care for.

Along with implementing universal safety precautions like hand-washing and wearing protective gear (gowns, masks), employers are required by law to ensure work sites meet safety standards – including air quality, lighting, exposure to infectious or toxic areas, and proper handling or disposal of hazardous materials.

Under the *Workers Compensation Act* and the *Occupational Health and Safety Regulation*, all employees have a right to know – and to question the employer – about hazards they encounter on the job. And they have a right to refuse work if they believe their safety or health is at risk. Employers are accountable to review and remedy occupational health and safety (OH&S) issues reported by their staff.

HEU plays an active role in raising awareness and advocating for the highest health and safety standards to be in place at all locals. The union also offers an introductory OH&S course – a two-day workshop for OH&S stewards.

Several resources are available to members – including the *Health and Safety Manual* (downloadable from our website), informational pamphlets and literature accessible through our library, and numerous links on our website <www.heu.org>.

Potential health and safety risks – no matter how big or small – anything

from a liquid spill to a faulty switch have to be reported, investigated and fixed. Incident reports should be filed for follow-up by management and the local OH&S committee.

"Everyone has an active role to play in keeping the workplace safe," says Ana Rahmat, HEU's health and safety representative. "It's critical to report OH&S problems and demand that employers have procedures in place to prevent injuries."

Health care workers have identified five major risks to their health and safety – workload and stress; violence; exposure to chemicals or toxins; needlestick injuries; and the most-reported, musculoskeletal injuries (MSI).

Workers in the community also report other hazards such as exposure to bed-bugs, scabies, environmental agents (dust, mold); physical conditions like broken stairs, visiting clients in low-rent hotels; and working alone with high-risk violent clients.

The Occupational Health & Safety

Agency for Healthcare in British Columbia (OHSAH) has developed a very informative online *Community Health Worker Handbook*.

Most workplaces have on-site occupational health and safety committees that include representatives from health care unions and the employer. HEU has an OH&S staff representative who is a resource person for local OH&S committees, and the union's Provincial Executive has an active OH&S sub-committee (with PE members and local members) that deals with a range of health and safety policy issues.

Over the years, the union has taken on safety crusades from eliminating the use of cleaning products with toxic chemicals to the current and ongoing needlestick injury campaign.

To learn more, visit our health and safety section at <www.heu.org>. Watch for expression of interest letters posted at your local for the Provincial Executive OH&S sub-committee.

BRENDA WHITEHALL



CALIFORNIA NURSES ASSOCIATION PHOTO

On October 5, hundreds of nurses surrounded the National Labour Relations Board Los Angeles office holding copies of signed pledges to strike any employer who tries to use a recent NLRB ruling to remove them from the union bargaining units.

The NLRB decision follows new legislation that allows employers to reduce union ranks by reclassifying workers as managers.

>>notebook>>



No matter where you look in this sector, there are serious problems.

Solutions needed now for community social services

One of the most emotional and disturbing moments in this year's biennial convention occurred when several community social services members rose to express their sheer frustration with the dysfunction that has come to characterize their sector.

"Long-term members who have been in our sector for over a decade are quitting," said one member.

"If it wasn't for the people we care for – in a very personal and close way – I'm sure I would not stay in this sector either. I would walk away. I'm there for the people we care for, the most vulnerable citizens in British Columbia."

Those words barely begin to describe the concerns that workers, clients, family members and many employers have expressed about government's ongoing failure to meet the needs of those who depend on community social services programs.

Because these workers' wages continue to be the lowest in the public sector, retention and recruitment problems are out of control. Many employers – those who can – are paying above the contract grid simply because they cannot attract and keep staff.

But for workers, lower wages and fewer benefits are only part of the problem. Chronic short-staffing has also led to long hours and huge workloads, a breeding ground for health and safety problems.

And there's more. The B.C. Association of Social Workers has demanded the Premier order a full review of community living services and immediately allocate more funding to reduce and eliminate Community Living BC's 3,150-person waitlist.

Social workers are fed up with creating service plans with the families of developmentally delayed adults, only to turn around and tell them services are not available.

No matter where you look in this sector, there are serious problems. And it's clear that solutions cannot wait for the next round of bargaining in 2010. That's why HEU's Provincial Executive is working with our union partners to expose the neglect our members, and the people they support, are forced to deal with.

PATTY GIBSON • HEU COMMUNICATIONS OFFICER

Western Australian workers fight huge fines, government retaliation over job action

For the first time in Australia's history, 107 trades workers are in federal court, facing massive fines in retaliation for a seven-day strike.

The workers, who are members of the Construction Forestry Mining and Energy Union, walked off the job in February when their shop steward was fired after raising concerns about several health and safety issues on the construction site of the Perth to Mandurah rail line. Since then, the contractor has also dismissed the project's only other worker-elected occupational and safety representative.

The case of "the 107," as they have come to be called, demonstrates the power of Australia's new *Building and Construction Industry Improvement (BCII) Act*. Under the BCII, individual workers can be fined for what is deemed "unlawful industrial action."

This Act follows the pattern of Prime Minister John Howard's recent *WorkChoices* laws, which generated the largest protest in Australia's history, as well as international condemnation. Howard, who is known for his ideologically driven, anti-labour policies, used this legislation to eliminate or reduce workers' basic rights including the right to organize, bargain collective agreements and set conditions of work.

The International Labour Organization has criticized both *WorkChoices* and the BCII for violating Conventions 87 and 98, which cover the right to organize and the right to collective bargaining. Although Australia has ratified both conventions, it has taken no action to amend the laws and comply with international standards.

Facing fines of up to \$28,000, as



CONSTRUCTION FORESTRY MINING AND ENERGY UNION PHOTO

Solidarity demonstrations, like the march to the Federal Court in Perth (above), continue across Australia in support of the 107 workers facing fines of up to \$28,000 for "unlawful industrial action."

well as extensive legal costs, many of the 107 have expressed fear about a future of financial and personal hardships. But they are not backing down.

As one of the workers explained, "At the end of the day, your beliefs are what you have. Some things that you do have consequences and we just have to fight on."

Their case has gained world-wide attention and is supported by local and international unions, including the Australian Council of Trade Unions (ACTU) and the International Confederation of Free

Trade Unions. Research by ACTU has found that since the implementation of the BCII and similar laws, wages and job security have declined rapidly, while costs of living have increased. Despite this evidence, the Australian government's determination to eliminate basic employment protection continues. In early October, they introduced legislation that gives government investigators the power to interrogate citizens about union activities, with jail sentences of up to six months for

those who refuse to answer questions.

Like the 107, the Australian labour movement has united to restore workers' rights and civil liberties. Their "Your Rights at Work" campaign includes ongoing television ads and community mobilization. It will be marked with a nation-wide day of action on November 30.

The 107 will continue their role in this historic fight when they return to court to lodge their defenses in early November.

Add your voice to the international solidarity campaign for Australia's 107 at <www.labourstart.org>.

OLIVE DEMPSEY
HEU COMMUNICATIONS OFFICER

The case of the 107, as they have come to be called, demonstrates the power of Australia's new 'Building and Construction Industry Improvement Act.'

>>voices>>



What's needed now is the political will to improve the public system.

The actual evidence uncovers an inconvenient truth

Earlier this year, more than a thousand physicians formed a new organization – Canadian Doctors for Medicare.

As doctors, a core principal of our training is to practice "evidence-based medicine," and to apply sound evidence to the decisions we make. And in health care policy, the evidence clearly shows that public health care is cheaper, more accountable, more efficient, and produces better outcomes compared to private health care.

That evidence comes from multiple studies across many jurisdictions and countries.

There is also solid evidence that waitlists grow longer when those who can pay jump the queue and when doctors work in the public and private systems at the same time.

So why do our policy makers seem to be having difficulty applying this evidence to our health care challenges?

Firstly, those who stand to gain from an increased private role in health care have used the pressures on our system to push for more private options. In some cases, they have successfully convinced our leaders to disregard the evidence. For this group, the superior

performance of the public system is an inconvenient truth.

Secondly, there are real pressures on our system. Canada now spends about \$27 billion on drugs – nearly three times what was spent in 1996, and most of us know someone who has waited too long in an emergency department. It is exactly those pressures that make it so important to apply the evidence and to strengthen, not weaken, our public system.

When you look at the evidence, the public system is quite capable of fixing things. Projects here and in jurisdictions across Canada have rapidly and successfully reduced wait times with some additional resources, good leadership and by applying the science of what we know about best practices.

What's needed now is the political will to improve the public system so that the voice of the privatization lobby fades to a faint whine.

www.canadiandoctorsformedicare.ca

DR. MARGARET MCGREGOR • FAMILY PHYSICIAN
CDM BOARD MEMBER

Caucus raises funds for HIV/AIDS

Capitalizing on end-of-summer sunshine and activities, HEU's Lesbian and Gay Standing Committee organized two events to raise money for the British Columbia Persons with AIDS Society (BCPWA).

During The Sky is the Limit fundraiser, held in

Abbotsford on September 16, HEU's skydiving team jumped in tandem with a professional instructor from 10,000 feet. Participants included Darlene Bown (Royal Jubilee), Victor Elkins (C&W), Thom Marshall (VGH) and HEU president Fred Muzin.

The skydive and post-BBQ celebration raised \$200 toward HEU's team-donation to

BCPWA's WALK for LIFE held the following weekend – September 24 – at Stanley Park.

About 25 HEU members, staff and supporters walked Vancouver's 10 km SeaWall, raising nearly \$2,700 and surpassing their original goal of \$2,000.

Since 2003, the union's team has raised close to \$6,000 for people living with HIV and AIDS in British Columbia.

Education fund open for applications

Application forms and information on the Facilities Bargaining Association's Education Fund – established as part of the 2006-2010 Health Services and Support Facilities Subsector collective agreement – are now

available on HEU's website <www.heu.org>.

The multi-union FBA agreement covers 40,000 health care workers in acute and long-term care. The \$5 million Fund will support members to upgrade their skills and increase their career mobility within the health care system through short and long-term training opportunities.

The funds are administered by a six-member committee, which includes four HEU representatives, and one each from the B.C. Government and Service Employees' Union and the International Union of Operating Engineers.

Applications for funding will be reviewed and processed by the Fund's coordi-

nator Mary Waddington.

Courses or programs that began September 1, 2006, or later, will be considered for FBA Education Fund assistance.

Hard copies of materials will be available through local union executives.

Needlestick regulation changes still limited

Following a year-long campaign, HEU says a recent amendment to strengthen the language in WorkSafeBC's sharps regulation will provide better protection for health care workers, but still doesn't go far enough.

The new regulation – to be fully implemented by January 2008 – will ensure front-line workers have access to needless devices or



JASON GREEN PHOTO

BALANCING IT ALL

BRENDA WHITEHALL

Over the decades, Kootenays home support activist **JOAN REICHARDT** has earned a reputation as someone who speaks out, takes charge and makes things happen.

STILL FIGHTING THE GOOD FIGHT

Joan Reichardt is one busy woman. She sits on the advisory committee for New Horizons (seniors' activity programs) and the board of Nelson & District Housing Society. She's the director of Community First Health Co-operative and chair of Nelson and Area Seniors Co-operative Society. She's also a member of Nelson and Area Society for Health, Connected Communities, and the Health Task Force.

If that isn't enough, Reichardt is a tenacious seniors advocate and frequent writer of letters to the editor.

And she recently celebrated her 78th birthday.

"Health care in general is a major concern of every organization I'm involved in," says Reichardt, who worked for 23 years as administrator of Nelson and District Home Support Services.

As chair of the volunteer-run Seniors Co-ordinator Society, Reichardt combats the effects government cuts have had on home support clients by helping seniors to access proper housing and basic services like cooking, cleaning and shopping.

Through her tireless community work, Reichardt has earned a reputation as someone who speaks out, takes charge and makes things happen.

"I don't think you can create an activist. You're born with the instinct to help others... I feel responsible for others, especially when you look at how tough life can be. If you're born with strength, health, intelligence and an ability to use it, it's a compulsion. I don't have any choice. If something needs to be done, I do it. It's my job."

Reichardt says she grew up in a matriarchal family. "My father died when I was young. I was raised mostly by my grandmother, who was my role model, and a very strong woman. The women in the family wore the pants, made the decisions, had the power. I was the oldest daughter of an oldest daughter of an oldest daughter which spells 'bossy boots'."

Reichardt was born in the London suburb of Richmond-Surrey, England. She moved to Saskatchewan in 1946 as a war bride, after marrying a Canadian soldier, whom she met at "a carefully chaperoned dance" in 1944.

"Since I was a small child, I grew up in an environment where my family was committed to social obligations... Back in the 1930s when Hitler was beginning to persecute the Jews, my uncle brought a number of German Jews to England. Various members of the family would house and feed them – sometimes provide clothing – until they got jobs and were on their own."

Reichardt's grandfather was a relieving officer (today's welfare worker). In the early 1930s, clients would collect relief money – paid in cash – from Joan's family home. She and her grandfather would then deliver money to clients who were unable to leave their houses. Reichardt says all these experiences set a solid foundation for her future advocacy work.

"I've always been a righter of wrongs and I'm outspoken. I'm very aware of the fact that there are



JANET LEAHY PHOTO

people who have trouble stating their case because they're too timid... I was taught to disagree with anything or anyone as long as I did so politely and used correct English."

"I was taught to disagree with anything or anyone as long as I did so politely and used correct English."

After moving to Nelson in 1968 with her husband and five children, Reichardt became actively involved in a grassroots movement to provide home support services – forming provincial and national associations, and eventually the Canadian Council on Homemaker Services, where Reichardt served as president.

"The concept of in-home care was seen as an important part of overall care and was supported by the Feds as they cost-shared 50 per cent with the provinces on all services provided by non-profits. This meant we were able to develop training and standards that were somewhat compatible from province to province. B.C. was very much in the lead in those halcyon days and it was great fun to be part of what was seen as the way of the future," says Reichardt.

"One of the most rewarding experiences I had was meeting women all over Canada who had seen themselves as 'just a housewife' and then discovered that their skills, and they themselves, were the basis for health care."

safety-engineered needles (retractable or self-sheathing needles) to protect them from needlestick injuries.

“While the revised regulation requires employers to use the safest devices, it is still limited to hollow-bore needles which fails to extend protection to all procedures using needles and sharps,” says Ana Rahmat, HEU’s health and safety representative.

“This means front-line health care workers are still vulnerable to sharps injuries and at risk of exposure to blood-borne diseases such as hepatitis or HIV.”

HEU and other unions will continue advocating for the inclusion of all needles and medical sharps in the WCB regulation. Public hear-

ings are scheduled through November in Prince George, Vancouver, Kelowna and Nanaimo.

Clerical benchmark survey in the works

The clerical benchmark review committee – with representatives from HEU, BCGEU and HEABC – have met to devise an action plan for extensive benchmark reviews.

“The committee has a lot of work to do,” says Teresa Ford (nee Prentice), HEU’s staff representative. “There are 84 benchmarks in the clerical series.

Our job is to create new, modify existing and delete redundant benchmarks. We’re especially looking at new technology and how that’s

impacted our members’ jobs.”

As health care and technology continue evolving, the responsibility levels, educational needs and workload have also increased for B.C.’s front-line workers. But these extra on-the-job duties have long gone unrecognized by the employer. And benchmarks have not been reviewed since they were created in 1987.

Ford says that although a Letter of Intent for benchmark reviews was previously negotiated, no money was attached. This time, the Facilities Bargaining Association (FBA) secured \$3 million to address outdated benchmarks in the clerical job family.

The review will include a survey, which will be avail-

able in hard copy and on HEU’s website by year’s end.

The review is expected to wrap up in July 2007.

At that time, clerical wage adjustments will begin on a “go-forward basis” – over the life of the collective agreement – based review results.

Check HEU’s website and the *Guardian* for updates, or email tprentice@heu.org with suggestions for the committee to review and consider.

Vancouver workers win settlement

The Ministry of Labour’s Employment Standards Branch has found Nanaimo Seniors Village Partnership and Well-Being Seniors Services Ltd. in violation of the *Employment Standards*

Act, and ordered the payment of \$729,261.87 to more than 100 HEU activity aides, care aides and LPNs working at Nanaimo Seniors Village.

The order stems from complaints lodged by employees and former employees of Nanaimo Seniors Village – a private, for-profit, multi-level care facility – charging that the employer “contravened the Act by failing to pay group termination pay.”

The companies were also fined \$500 for contravening Section 64 of the Act.

They are appealing the decision.

The Employment Standards determination follows two interrelated B.C. Labour Relations Board decisions brought down last year that

continued on page 14

>> factfile

In Canada, there are 633 First Nations governments or bands, representing 52 nations or cultural groups.

In a 2001 Canadian census, 1,319,890 people reported having Aboriginal ancestry.

There are over 50 distinct indigenous languages spoken in Canada. These languages fall into 11 separate families.

Until the 1983-87 First Ministers Conferences on Aboriginal Rights, First Nations people were excluded from taking part in the Constitutional developments of Canada.

The *Constitution Act* in 1982 recognizes existing Aboriginal and treaty rights that have since been reaffirmed by the courts.

In total, there were approximately 130 residential schools in Canada, from the first in the late 19th century to the last, which closed in 1996.

In 1991, Statistics Canada estimated that there were approximately 105,300 former residential school survivors.

The Canadian Council on Social Development estimates that 60 per cent of Aboriginal children, who reside in cities, live below the poverty line.

HEU represents First Nations health care staff in the Gits’xan Health Authority, and the Skidegate, and Nisga’a, and A Q’am health centres.

AFTER THE SHIFT

PATTY GIBSON

HEU shelter support worker **SUZETTE AMAYA** is using her diverse talents and interests, after the shift, to challenge negative stereotypes about Aboriginal people.

INSPIRING CONFIDENCE AND PRIDE

Suzette Amaya brings a remarkable sense of purpose to her work – both on the job and after the shift.

When she’s not supporting women, children and youth who live in Vancouver’s Downtown Eastside, who “may be fleeing abuse or who are in tran-

sition,” she’s using her energy and talent to raise awareness and break down negative stereotypes about Aboriginal people.

A mother of two young children and a self-described workaholic, Amaya is a full-time shelter support worker with the St. James Community Services Society. Her spare time is not only devoted to her family, but to producing a weekly radio show, organizing special events, promoting Aboriginal artists, running a photography business, sitting on various boards, and using every means at her disposal to champion positive images of Aboriginal people.

When asked why she holds such a demanding full-time job when she’s involved in such a wide range of creative endeavors she says, “I feel a passion to work with my own people.”

A Kwakwaka’wakw, Cree, Nisga’a, Coast Salish woman by birth, Amaya was raised in East Vancouver “with Rez time in Port Hardy, B.C.”

As an Aboriginal woman, she explains, “I identify with the women I work with in the Downtown Eastside. I grew up there. I have a passion to help

people get through the hard times and build their confidence, while they may be dealing with dire circumstances.”

“I am following in my mother’s footsteps,” says Amaya. “Although we were poor, my mother was devoted to supporting women in the Downtown Eastside. She started projects...she was a support

worker for single moms at Crabtree Corner, Raycam, the Vancouver Friendship Centre.”

Amaya is also a professional photographer who works with a wide-ranging clientele, from non-profit organizations to businesses to independent artists. And for the third year in a row she is producing a calendar that features portraits of Aboriginal people working for their communities and achieving personal goals.

The whole idea, she explains, is to “challenge Aboriginal stereotypes with images that inspire confidence and pride.”

Every month or two she produces special events promoting Aboriginal artists. Her venues are largely Vancouver

nightclubs – Sonar, Club 686, and the Media Club.

So how does she do it? “I have a very supportive husband,” she says. “And I work graveyards so I have more time in the day to do other things.”

To learn more about Amaya’s after the shift work, check out www.samaya.ca and www.thinkndn.ca. And tune into her CFRO radio show, ThinkKNDN, at 102.7fm on Mondays between 8pm and 9pm.



“I feel a passion to work with my own people.”

continued from page 13

found Nanaimo Seniors Village Partnership had violated the labour code.

The LRB awarded Nanaimo Seniors Village care staff more than \$345,000 in damages after ruling that the employer had used Bill 29 to contract out care services in an attempt to avoid unionization.

HEU training equips new activists

HEU's education department has been exceptionally busy with activities and workshops held across the province.

Workshops include Know and Enforce Your Rights, Demystifying Classifications, Women Breaking Barriers, Union Activism/Introduction

to Shop Steward, LPN Professional Responsibility Form Advocacy Training, and Introduction to OH&S.

"These are particularly important opportunities for new activists who feel they need more skills, experience and support," says education director Juli Rees.

"They offer members training in several areas and provide tools members can use to improve working and caring conditions."

HEU has budgeted \$350 per member each year to take labour studies courses offered through other organizations and institutions. Earmarked for registration or tuition fees, the money is reimbursed after receipts are submitted.

Wage replacement, per

diems, transportation and accommodation must be covered by members or their locals, which receive dues rebate cheques to support educational activities, campaigns and projects.

For more information, contact your local executive or servicing representative.

St. James local takes action on poverty

The St. James local, whose members support residents living in Vancouver's Downtown Eastside, have taken the step of joining the Raise the Rates Coalition.

"As workers, we see first hand the impact government policies have on the lives of the clients and residents we support," says local vice-chair Lou Black.

"By joining the Coalition, we can help change policies that legislate people into a life of poverty."

The provincial Coalition (www.raisetheates.org) advocates for increased welfare benefits; the removal of barriers preventing people from collecting benefits; a higher minimum wage; and opportunities to supplement benefits.

"Rates have not been raised in 12 years," says Black. "A single person receives \$510 a month. And \$325 of that is designated for shelter."

Aramark workers win right to sue

A St. Paul's housekeeper has won the right to sue the United Steel Workers of America, Local 1-3567 (formerly the IWA) on behalf of

all Aramark employees in Vancouver Coastal Health and Providence Healthcare.

In September, a B.C. Supreme Court judge gave the go-ahead for a class action suit that will decide if an estimated \$200,000 in union dues was wrongfully paid by the Aramark employees.

The dues in question were collected from October 2003 until May 2004, at which time a Labour Relations Board panel determined there was no collective agreement in force between Aramark and the former IWA local.

The workers voted to join HEU in 2004 and the union successfully negotiated a first collective agreement with Aramark last year.

OCTOBER

NOVEMBER

DECEMBER

OCTOBER 30 & 31

Provincial Executive meeting

NOVEMBER 2

PE OH&S subcommittee meeting

NOVEMBER 13

Remembrance Day
HEU offices closed

NOVEMBER 15-17

Provincial Executive meeting

NOVEMBER 23-26

CUPE National's
Human Rights Conference

DECEMBER 1

World AIDS Day

DECEMBER 3

International Day for
Disabled Persons

DECEMBER 4-8

Provincial Executive meeting

DECEMBER 6

National Day of
Remembrance and
Action on Violence
Against Women

DECEMBER 10

International Human
Rights Day

DECEMBER 25 & 26

Christmas /Boxing Day
HEU offices closed

JANUARY 1, 2007

New Year's Day
HEU offices closed

PUBLICATIONS MAIL
AGREEMENT NUMBER 4007486

Attention shoppers: check out the savings in your own backyard

We've all been there. Walmart or Zellers or Costco has a "big sale" on something and we can't wait to get to the store to buy it. But when we arrive, the sale item isn't quite what we wanted so we opt for the one that costs a little more. As we're leaving, we pass the cleaning products aisle, and a bin of back-to-school stationary, just past the rack of two-for-one socks. By the time we get to the till, we haven't bought what we came for and we've spent more money than we'd planned.

We leave feeling tired and maybe just a little conned. What we don't realize is we've also unwittingly cheated our own communities.

According to Michael Shuman's new book, *The Small-Mart Revolution*, this is an example of "community lifting." By giving our money to a big box store that takes its profits out of our community, we have inadvertently undercut the smaller businesses that provide an economic foundation for our towns and cities.

And what do we get in return? We get to buy things whose prices, compared to those of many local businesses, are often not any cheaper. It's no accident. That sale item was only designed to get you in the door. Studies consistently show that many products at big box stores cost the same or more than they do at local retailers. Thanks to sophisticated marketing techniques, we have the impression of savings.

As a result, writes Shuman, "Your illusory gain is your neighbour's loss."

"Through business tactics that have been, depending on your perspective, brilliant or ruthless, chain stores like Costco and major Internet retailers like Amazon have steamrolled almost every community's homegrown businesses."

Sooner or later, neighbourhoods across North America and around the world face the arrival of the big box store.

Its benefits and inevitability are sold to us through a series of myths; big companies are more efficient, their goods are cheaper, they provide jobs. To oppose them is to oppose progress

itself. We are told There Is No Alternative – the TINA argument – something Shuman easily refutes.

He shows us that a different future is possible, that we have the capacity to make it happen, and that the solution is in our own backyards. It's called re-localization, a way of life that promotes workers' rights, environmental sustainability and strong communities by supporting businesses that are rooted in our local regions.

Which brings us to LOIS, Shuman's other favourite acronym. It stands for Local Ownership and Import Substitution and it means that we meet our needs (banking, groceries, transportation) through local sources, whenever possible.

By purchasing goods and services locally, our money circulates throughout our regional communities benefitting many more individuals and businesses than it would if we had put it into the bulging pockets of multi-national corporations.

"The assets of these small firms are, by definition, sited in the community and owned by people residing there," writes Shuman. These companies are responsible to the communities from which they draw their human and physical resources, and are less likely to release toxins into the local environment, more likely to treat their employees fairly and invest locally.

Shuman, an economist and attorney, also points out that, "Locally owned businesses turn out to be much more reliable generators of good jobs, economic growth, tax dollars, community wealth, charitable contributions,

social stability, and political participation."

"Unlike their global competitors," he explains, "they do this without massive tax breaks and subsidies that often put local economies in a permanent hole."

That's why *The Small-Mart Revolution* calls on governments to level the playing field, to stop subsidizing large corporations, and to invest in the development of stable local economies.

Shuman assures us it's not a utopian fantasy. It's a practical road-map to building a better world one community at a time.

BOOK REVIEW



THE SMALL-MART REVOLUTION:
How Local Businesses Are Beating the Global Competition, by Michael H. Shuman, 2006

reviewed by Olive Dempsey

HEU marks passing of former president

Former HEU president **Bill Black** passed away peacefully on September 8, 2006 at the age of 90.

A trades worker at Royal Columbian Hospital, Black served as a provincial trustee on HEU's Provincial Executive from 1956 to 1968, and then as president from 1968 to 1980.

HEU's current president Fred Muzin describes Black as a progressive leader, committed to improving the lives and working conditions of health care workers across the province.

"His dedication to people and our members," said Muzin, "helped establish the proud legacy of our union and he will be sorely missed."

CUPE brother remembered

In early August, CUPE brother **Tom O'Leary** passed away in St. John's Hospital. Remembered as a "true leader and friend" O'Leary served on CUPE's National Executive Board for 12 years. He was a former president of CUPE Newfoundland and Labrador and president of local 569 for over 20 years.

"Tom's life was a model of what all union activists try to achieve," said HEU president Fred Muzin. "He was

incredibly warm and caring and always made people feel welcome, even when he heatedly disagreed with them. During his all too short time with us, he truly did make a difference."

HEU's provincial office welcomes two new staffers

In recent months, HEU's Provincial Office has welcomed two new members to the union's staff team.

Olive Dempsey is putting her training and talent to work as a communications officer and **Vince Chung**



has joined HEU's information technology team as the help-desk systems analyst.

Trained at BCIT, Chung provided technical support and expertise to colleagues at one of Vancouver's post-secondary institutions. He says that working at HEU was most appealing because he believes in our public health care system and many of the other things the union stands for.

The best thing about being here so far? "The people," Chung responds, promising to connect voices and emails with names and faces as quickly as possible.

Dempsey's background



CHUNG

includes a communications degree from Simon Fraser University, experience in public interest research, writing for progressive media, coordinating communications for the non-partisan "Get Your Vote On" campaign and, most recently, facilitating workshops for Check Your Head.

"I have great respect for HEU," says Dempsey. "I'm excited about the union's strong history of political organizing and of protecting public health care."

Retirement notes

Care aide **Sylvia Griffith**, of 100 Mile House, has retired after 16 years of service. Griffith held several positions in her local, including chief shop steward, chairperson and occupational and health steward.

Ellie Garnier of Fanny Bay, a nurses' aide for 16 years, has retired from her position at Cumberland hospital. **Dorothy McLeod**, who held several positions in the Cumberland local, has retired after 22 years of service.

Long-time local activist and care aide, **Donna Anderson**, has retired after 18 years in her position at Swan Valley Lodge and has recently relocated to Alberta.

And **Margaret Williamson**, who worked in dietary and as a porter in Surrey, Vancouver and Penticton, retired after 38 years of service.

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

PRESS 2

First Nations

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

PRESS 3

Lesbians and Gays

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

www.pridepages.org

PRESS 4

People with disabilities

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

www.alberni.net/PeopleWithDisAbilities

Talk to us Toll-Free!

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

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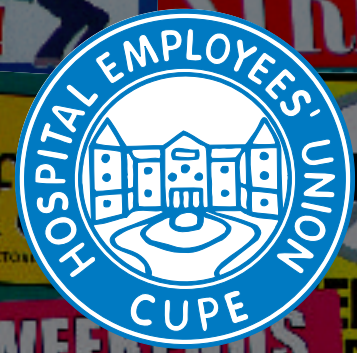
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