



CRISIS IN SENIORS' CARE

BACK TO THE FUTURE pg 7

Who pays the price? Who reaps the profit?

STRETCHED TO THE LIMIT pg 8

Members speak out about deteriorating conditions in long-term care



Time to act on the evidence

The B.C. Liberals wanted a conversation on health with British Columbians – and they got an earful.

Citizens want improvements. Better access to primary care. Multi-disciplinary care teams in 24/7 community clinics. More home support for seniors, bulk purchasing for prescription drugs, and specialized day surgery centres.

But the tougher pill for B.C.'s pro-privatization politicians to swallow is that British Columbians aren't all that interested in a greater role for the private sector in health care.

They're not demanding competition between hospitals, new markets for private clinics or more contracting out.

So, B.C. politicians may not like what they are hearing, but they have every reason to change course.

Their policies have pushed health care to the tipping point.

Charges of neglect, and the subsequent health authority takeover of a Victoria care home, has brought into sharp focus the impact of contract

flipping on continuity of care for the elderly.

Health authorities are reporting a seemingly unbreachable gap between supply and demand for workers that makes staffing – not funding – health care's real sustainability crisis.

Multinational corporations like Compass are now looking to import workers from overseas in order to fill vacant positions while keeping wages low and profits high.

Meanwhile, concerns over accountability, cost effectiveness and quality continue to swirl around more than three-quarters of a billion dollars worth of privatized hospital services.

At the core of many of these problems is *Bill 29* – the legislative lynchpin for the restructuring and privatization of health services over the past five years.

But ironically, it's *Bill 29* – or rather the Supreme Court decision striking down key sec-

tions of the legislation – that may provide the opportunity for solutions. In discussions with government about how to implement the ruling, HEU has put forward a compelling case to end the contract-out-at-any-cost approach to health care that's failed British Columbians so badly.

We've put forward proposals that address the staffing crisis by making sure that both current and laid off health care staff are able to work for the benefit of patients and residents.

There are plenty of other good ideas out there as well – proven public solutions that have reduced surgery waits, increased access to primary care and cut costs.

But what's needed is political leadership that's prepared to put evidence before ideology, listen and learn from those who are putting innovations to work on the front-line, and to change course on policies that just aren't working.



JUDY DARCY

Rights, redress and respect

During the first month that we've been meeting with government on the *Bill 29* Court decision, I can't tell you how many times I've drawn upon your stories to illustrate the challenges health care is facing on a daily basis.

Your stories have made it crystal clear that *Bill 29* has failed patients and workers – and in so many ways. In fact, it's astounding that government hasn't jumped at the opportunity to use last June's Court decision to make things right.

But no, from the outset, they've insisted that health employers should have an unrestricted right to contract out your work.

We've come to the table with practical solutions and a commitment to secure a just settlement

Over the past five years, that policy has been responsible for compounding staff shortages in health care, eroding services and compromising patient and resident care.

We know there is a better way.

We've come to the table with practical solutions and a commitment to secure a just settlement for the thousands of HEU members whose rights were trampled by the legislation.

Working with our legal team and armed with solid evidence to support our positions, we've debunked government's claims that their actions were necessary to ensure a sustainable health care system.

They continue to say that "market discipline" was required to improve health care. But they can't prove it. They can't produce any significant evidence to back up that claim.

That's pretty scary when you think about the hundreds of millions of dollars in services that have been privatized. Not to mention the thousands of workers whose livelihoods were destroyed.

Our approach is different. We believe that the *Bill 29* decision can help repair the damage that has been done and improve health care, while ensuring that members' charter rights are protected in the future.

Solving the staffing crisis is one of our biggest challenges.

We say laid-off workers are part of the solution. We need a plan that will bring their skills and experience back into health care while providing stable and secure workplaces for current employees.

The fact is, we need all hands on deck.

I hope that by the time the *Guardian* reaches your mailbox we will be able to report that progress has been made on these proposals. And that we have received a serious response to our demand for redress for members impacted by *Bill 29*.

In the meantime, I want to acknowledge and thank the incredible team that is representing you at the *Bill 29* negotiating table.

Along with our partners in the Facilities Bargaining Association, they are working extremely hard to make sure that justice in the courts translates into justice on the ground.

voice.mail

Family member speaks out

Many of the sad stories that have been coming from the Beacon Hill facility in Victoria were eerily familiar to me. In fact, I'm sure that many family members in certain facilities across the province were nodding their heads in recognition.

As chairperson of the Family Council at the Nanaimo Seniors Village – another Retirement Concepts facility – I have been part of efforts over the past few years to lobby for significant improvement in the delivery of service. We have taken our wide variety of concerns many times to facility management, to Retirement Concepts, to sub-contractors, to the Vancouver Island Health Authority, to Licensing, to our NDP and Liberal MLAs, to the media, and even to the Nanaimo City Council.

Concerns that have been expressed to these authorities are similar to Victoria's. Some family members have complained of significant and frequent staff shortages, or of staff being stretched so thin that some residents have had to self-medicate, or go for long periods of time between baths. They have also complained of apparent food shortages, of some residents experiencing significant weight loss, or of situations where new staff have not had the time to be properly trained on new equipment that they are expected to use, and so on.

However, the unhappy reality is that we have felt largely unable to effect long-term change.

For family members, the simple truth that emerges is that most of these problems have occurred because of a lack of continuity in the care of residents. And in Nanaimo, continuity has been lost because staff have

been fired and new staff have been rehired three times in the past few years in this publicly-funded, for-profit facility.

And where is the Vancouver Island Health Authority?

Unhappily, its role seems to shift from the preferred goal of finding ways to actually enhance the delivery of service to seniors, to one that just monitors transition plans as facilities and their residents lurch from one crisis to the next.

The second truth that quickly becomes apparent to family members is that the real source of the problem is the legal framework under which these facilities operate. The problem is *Bill 29* and *Bill 94*, which permit draconian labour practices, allowing repeated mass firing and rehiring, and destroying any possibility of continuity in the care of elderly. This diminishes the lives of the elderly in this province, sometimes in horrific ways.

B.C. Health Minister George Abbott has said that he can see no problem with *Bill 29*. He is displaying either a staggering ignorance about what is actually going on in these facilities, or a frightening lack of honesty about the situation.

The time has arrived for this government to show its concern for the vulnerable elderly. They must dismantle *Bill 29* and *Bill 94*.

KIM SLATER

Chairperson, Nanaimo Seniors Village, Family Council

Active and liking it

I was an angry, apathetic, disenfranchised union member and – like lots of other people

– unwilling to accept some responsibility for what was or wasn't happening. At some point, I realized that I wanted to know more about the workings of the union. So I started going to meetings, talking to people, and taking some union courses.

I am pleased to be part of something that is so inclusive. As a grassroots member of the

Provincial Executive's clerical committee, I am seeing first-hand what happens when a few good people get together and share a vision. Being part of a growing, extremely positive movement has been rewarding for me, and I want to encourage everyone to step up and get involved. You are the union!!

ERIN GRANT
Nanaimo Local

WWW Looking for information about your union?

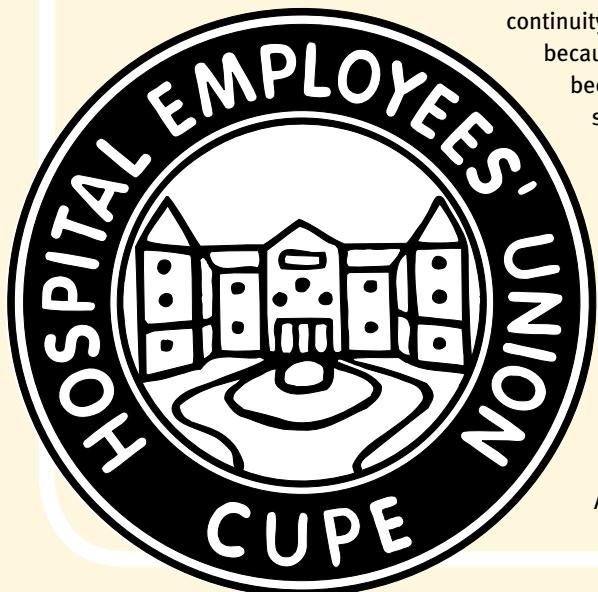
HEU has an informative, user-friendly website (www.heu.org) with sections on education, health and safety, human rights, bargaining, a calendar of events, plus the latest member newsletters and news releases.

If you're looking for information on collective agreements and wage schedules, benchmarks, scholarships and bursaries, or the union's work opportunities – click on the *Member Resources* button.

Click the *About HEU* button and you'll find the union's history and a full explanation of how the union works at both the provincial and local levels. This section also has the union's constitution and bylaws, information about HEU's Provincial Executive and the union's biennial convention.

The *Guardian* icon on the home page will give you current and past issues. If you're looking for information on the union's equity committees, just click on the *Human Rights* button.

And for up-to-date details on HEU's *Bill 29* talks with government and health employers, check our *Bill 29* section by clicking on the icon in the top right sidebar of our website.





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BILL 29 TALKS: Unions call for redress, restored bargaining rights

Compensation and redress. Labour stability. Restored collective bargaining rights. Improved health care services.

These principles are guiding union negotiators as they enter the second month of talks with government on the repercussions of the Supreme Court's June 8 ruling that struck down key sections of *Bill 29*.

And HEU secretary-business manager Judy Darcy says securing redress for members whose rights were trampled by *Bill 29* is a priority for the union, even though government has so far insisted that the Court's decision is "prospective" or forward-looking only.

"We believe the court's decision is retroactive and that the government has an obligation to provide compensation for the damage that was done," says Darcy.

"We're also going to ensure that members' charter rights are protected in the future as government moves to implement the court's decision over the next few months."

Darcy says that finding common ground with government on the meaning of the *Bill 29* decision has been challenging. But both sides agree that that the outcome must be improvements to health care delivery.

"We have an opportunity at these talks to find solutions to some of the major challenges we face in delivering care to patients and workers," says Darcy.

"And there's no question that the real sustainability crisis facing health care right now is a shortage of skilled, experienced health care workers."

HEU and its union partners in the Facilities Bargaining Association have proposed that a comprehensive health sector human resource strategy is critical to tackling the growing recruitment and retention crisis and addressing labour adjustment issues.

"Many health care workers who lost their jobs as a result of *Bill 29* would jump at the chance to put their skills to work for patients and residents once again," says Darcy. "They are an important resource that must be tapped by our health care system."

"At the same time, we need to make sure that those currently employed in health care – by health employers and by contractors – have stable and secure employment."

Government representatives, on the other hand, have insisted that health employers continue to have the right to contract out work and lay off workers.

But as the *Guardian* goes to press,



HEU's secretary-business manager Judy Darcy opens *Bill 29* talks with government on September 6 in Vancouver.

they have so far not disclosed relevant documents to back up their claim that five years of post-*Bill 29* contracting out and privatization have improved health care delivery.

Government representatives have so far refused to release details of more than \$750 million in privatization deals and have admitted that evaluations of their cost effectiveness "do not exist."

HEU has filed more than a dozen freedom of information requests in an attempt to obtain the missing information.

"In our view, government has an obligation to back up their claims that contracting out has been a success," says Darcy.

The HEU negotiating team is made up of representatives of the Provincial Executive and the Provincial Bargaining Committee, and supported by senior staff, legal counsel and union researchers. HEU is leading negotiations on behalf of the Facilities Bargaining

Association (FBA).

The FBA, along with the Community Health Bargaining Association, the Nurses Bargaining Association and the Health Science Professionals Bargaining Association have agreed to negotiate separately with government and health employers on issues that are specific to their collective agreements and membership.

All four bargaining associations will meet jointly to discuss common issues, as well as any legislative changes needed to bring government's laws into line with the charter.

Government has said they hope to conclude the *Bill 29* discussions by year's end.

In the meantime, HEU members are encouraged to stay on top of developments at the *Bill 29* talks by monitoring the union's website where they can also sign up for email updates.

Current and former health care workers who lost their jobs as a result of *Bill 29* can also download a brief questionnaire from the site that will assist the union in finding out how members were impacted by the legislation.

It's also available from HEU locals and from the Provincial Office.

OLIVE DEMPSEY
MIKE OLD

What's happened so far?

Since the Supreme Court struck down key sections of *Bill 29* on June 8th of this year, HEU has been active on several fronts to secure members' constitutional rights and obtain redress for members whose rights were violated in the past.

June 13 • Health unions write the Premier, calling for a meeting to discuss the implementation of the Supreme Court's decision.

August 2 • Health Minister, George Abbott, agrees to engage in a process of negotiations, while asserting the government's view that the decision is "prospective only."

September 6 • Health bargaining associations meet with government officials to lay out a meeting schedule and address general issues.

October 2 • the Facilities Bargaining Association begins meetings with government and Health Employers Association of BC representatives. Eight days of meetings are held in October.

October 24 and 25 • HEU holds information meetings in the Lower Mainland and Victoria for those impacted by *Bill 29*

November • meetings between the FBA and government continue. Meetings between government and the Nurses, Health Sciences and Community Bargaining Associations begin.

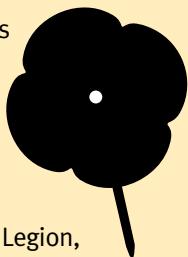


COFFEE BREAK

On November 11, 1918 at 11:00 a.m., WWI ended when soldiers laid down their weaponry. That's why Canadians mark the 11th day of the 11th month as a day of remembrance and observe a minute of silence at 11:00 a.m.

Here are a few facts about Canadian veterans that you may not know.

- Today, there are more than 250,000 war veterans in Canada.
- The poem "In Flanders Fields" by Canadian Lieutenant-Colonel John McCrae was first published by *Punch* on December 8, 1915.
- The Royal Canadian Legion, with 400,000 members and affiliates, is Canada's largest veterans' organization. It advocates for adequate benefits and pensions for vets and their families and raises funds for seniors, housing programs and community activities through its National Poppy and Remembrance Campaign.
- In 2004, the B.C. government issued a Veteran Licence Plate to commemorate the 60th anniversary of D-Day. To date, more than 31,000 plates have been issued.
- In 1885, Canada's Nursing Sisters treated wounded soldiers during Canada's North-West Rebellion. Since then, Canadian military nurses have joined every mission sent by Canada.
- Approximately 117,000 Canadian men and women have died during Canada's participation in warfare and peacekeeping operations.
- About 500 Aboriginal soldiers lost their lives while serving in Canada's armed forces.
- An estimated 8,000 Aboriginal Canadian soldiers volunteered in the Korean and two world wars, but the exact number is unknown because the Department of Indian Affairs' count only includes those with treaty status.
- In 2002, the federal government offered a \$39 million compensation package to about 1,800 Treaty Indians for denying them many post-war rehabilitation benefits.



Welcome aboard sisters and brothers

In recent months, nearly 400 new members have voted to make HEU their union of choice. Most are working in the province's long-term care and assisted living facilities.

The union welcomes 30 care staff working at Westshore Laylum Rest Home in Delta, 86 care and support staff working at Penticton's Haven Hill Retirement Centre, 70 nurses and care aides employed by Abbey Therapeutic

Services, Inc. at Beacon Hill Villa in Victoria, 48 care and support staff employed by St. Charles Manor in Victoria, 35 support staff employed by West Canada at Morgan Place in Surrey, and 60 care and support staff employed by D2 Education Services Inc. at Evergreen Cottage and Bear Creek Lodge, also in Surrey.

In September, 15 assisted living workers employed by Garden View

Village in Kimberley joined the union.

Twenty animal technicians working at the BC Cancer Agency's Animal Resource Centre voted yes to the HEU in mid-October. And 17 hospital security officers who are employed by Domcor Health Safety and Security Limited at the Prince George Regional Hospital were certified in late October.

HEU encourages all new members to request a copy of the new members' kit, a guide to the union's operations.

Know your rights

What are my rights when I am sick?

As part of HEU's ongoing know and enforce your rights member education, here are the answers to some commonly asked questions on sick time.

This information is based on language in the facilities subsector and community health collective agreements. Members in other sectors are encouraged to look up the specific language contained in their collective agreements. If you have any questions, talk to your local union shop steward for clarification and guidance.

Do I have to provide my employer with a sick note each time I am ill?

No. A medical certificate from a physician is not automatic for every absence; however the employer does have a right to request a doctor's note as proof of illness. *See Article 31.03 (facilities) and Article 28.3 (community health).

My employer has a policy that all employees requesting sick time must provide a doctor's note (proof of illness) on each occasion. Is this policy allowed?

An employer cannot have a blanket policy. Each application for sick leave will stand on its own facts. If your employer is enforcing this policy, then

you should contact your local shop steward to discuss initiating either an individual and/or a general grievance.

What should I do if I have to bring in personal medical information?

If you are required to submit medical information, you should not give it to your manager or supervisor. Instead, that information should be given directly to the Occupational Health Nurse (OHN), or designated Privacy Officer at your facility.

What does the Occupational Health Nurse do with my information?

The OHN has a duty to keep your medical information confidential. It is not to be disclosed to anyone else without your written permission.

Will the OHN contact my doctor directly?

Occupational Health Nurses are not authorized to contact your doctor directly unless you give them permission in writing. Authorization forms to disclose medical information should not be signed until you consult with your local shop steward.

What information should my manager receive?

Your manager should only receive

information that you have had medical attention and are cleared for regular work duties.

If you have limitations that directly affect your work duties (i.e. you are unable to lift more than 20 pounds), then your manager should know your limitations, but does not need to know your diagnosis. Work limitations often require a duty-to-accommodate (DTA) or a graduated-return-to-work (GRTW) program. If this is the case, you'll need to meet with your local shop steward.

Filing a WCB claim? Need information?

HEU's WCB department advocates for members through both the review (Workers' Compensation Board Review Division) and appeal (Workers' Compensation Appeal Tribunal) processes.

If you have a work-related illness or injury, you'll need to apply for WCB benefits on your own.

But if your claim is denied or your benefits are discontinued, then you can call HEU's WCB hotline at 604-456-7186 or toll-free at 1-877-438-5550 for advice or assistance. The hotline is monitored daily by HEU's WCB representatives.

<<newsbites>>

Memorial pays tribute while class action suit moves forward

Standing on the site of a once forgotten cemetery in New Westminster is the recently-completed Woodlands Memorial Garden – a moving, historical tribute to those British Columbians with intellectual and mental disabilities who lived and died behind institutional walls.

Between 1920 and 1968, residents of Woodlands or Essondale (now Riverview in Coquitlam), who died without family, were buried in the cemetery on the Woodlands grounds with modest grave-stones to mark their passing.

Then, in the 1970s, the provincial government re-designated the cemetery site as a park and ordered the

removal of all the grave-stones, erasing the memory of more than 3,000 individuals who remained buried there.

It was not until after Woodlands closed in 1996 that former residents joined with family members and advocates to successfully mount a campaign to create a memorial on the site, near Queen's Park Care Centre off McBride Avenue.

The project, which began in 1999, was carried out through a partnership between the B.C. Self Advocacy



Self-advocates gather to celebrate the opening of Woodlands Memorial Garden in New Westminster.

Foundation, the B.C. Association for Community Living, and the B.C. government. The names of those buried are now displayed on plaques and

DAN TATROFF AND MIKE OLD PHOTOS



Speakers Colleen Flood and Frank Dobson took the shine off international private health care models, in a symposium that reinforced the urgent need to implement proven public innovations coast to coast.

Putting public innovations to work

It's not every day that policy makers, politicians, academics, trade unionists and health professionals – from all political stripes – come together with a common purpose.

But on November 6, just such a group spent the day at a unique symposium where presenters pulled no punches about the problems facing health care and the leadership that's needed to put public solutions into practice.

Experts from B.C., Alberta, Ontario and the U.K. described a wide range of public innovations that are already achieving impressive results, but have not been broadly implemented.

Throughout the day, example after example demonstrated that it is possible to reduce wait times, free up badly-needed hospital beds, deal with crowding in our hospital emergency rooms – and save money – if the leadership is there and governments are willing to put many of these proven innovations to work throughout the system.

In a political environment where the B.C. Liberal government has indicated that it is preparing to expand the private sector's role in health care, the gathering couldn't have been more timely.

In recent months, cabinet ministers have made no secret about their desire to adopt British "reforms" that among other things would require hospitals to compete with each other for funding.

And they've touted those reforms as huge successes in the U.K.

But it just isn't so, according to British Member of Parliament Frank Dobson, who was a health secretary in Tony Blair's Labour government.

"The future and popularity of our

National Health Services (NHS) has been put at risk by the introduction of market forces and private, profit-seeking providers," he told his audience. "The profiteers and their right-wing followers are claiming it is a success. But nothing could be further from the truth."

Throughout his address, Dobson repeatedly urged people not to be fooled by "all sorts of false claims being peddled to try to convince you that pseudo market changes in Britain are doing well."

He said the recently-introduced private, for-profit health facilities in Britain are carrying out the simple, cheap, less-risky operations, while public hospitals are left to carry out the higher risk, complex and expensive operations in addition to providing emergency and intensive care services.

And even though the private facilities are carrying none of the extra cost burdens, operations done privately cost at least 11 per cent more per operation than those performed in Britain's public hospitals.

"So the British taxpayer is getting from the private sector nine operations for the price of ten. Not much of a bargain," he quipped.

And he dismissed any benefits in adopting a funding model for hospitals where "money follows the patient."

With the introduction of patient-focused funding and a competitive market in Britain, administrative costs have soared from four per cent to 15 per cent – or \$32 billion dollars (CDN).

"The overall result has been a mess," he said. "It's caused a major backlash against the Labour government with anti-cuts campaigns rising up all over the country."

Keynote speaker Colleen Flood, who is a Canada Research Chair in Health Law and Policy, and the Scientific Director of the Canadian Institutes for Health Research, Health Services and Policy Research, thoroughly debunked many of the assumptions made by the Supreme Court of Canada when it struck down provisions prohibiting private health insurance for medically-necessary services.

Chief among them was the Court's notion that freedom to purchase private health insurance will reduce wait times – something she says is simply not true.

The international experience shows that countries with a combination of private and public delivery also have problems with waitlists and wait times. And the Court ignored laws and regulations used in countries with mixed models to protect the public health care system.

"The Court praises European systems, but does not come to grips with the financing dynamics of those systems," she said.

She also pointed out that in countries where private insurance exists, that insurance "has to pay for everything." It is not a "top-up" used in addition to public health care coverage.

And in her home country New Zealand, where the two-tier health care system has been applauded for its success in reducing waitlists to six months, that success "was achieved by edict," she said. "By law, you can't be

on a waitlist if your condition cannot be dealt with in six months."

Throughout the rest of the day, presenters showcased numerous examples of innovations that have succeeded in reducing wait times and waitlists, unclogging busy ERs, and improving health care delivery – all within the public system. And they were adamant that these solutions must be introduced on a much wider scale to preserve and strengthen public health care coast to coast.

Building on the Evidence was sponsored by the Canadian Centre for Policy Alternatives, Doctors for Medicare, the BC Health Coalition, and union supporters.

Watch www.heu.org for an online webcast of the day's events.

PATTY GIBSON



hundreds of recovered gravestones have been returned to the site and incorporated into memorial walls.

The "Window Too High" sculpture (shown at left) reminds visitors not to forget the troubling legacy of institutionalization.

People with disabilities, relatives, friends and advocates celebrated the completion of the memorial garden in early summer, but a class action lawsuit filed against the province by former residents of Woodlands remains unresolved.

Despite a government report in 2001 that found evidence of extensive systemic abuse at Woodlands – and recommended compensation for former

residents – Victoria has opted for a protracted court battle that excludes many survivors and demands that vulnerable individuals show proof of abuse.

For more information on this case, check out the BC Coalition of People with Disabilities website (www.bccpd.bc.ca) and the B.C. Association for Community Living website at www.bcocl.org/institutions.

Canada's military spending exceeds Cold War peak

Canada is spending more on its military today than it has since the Second World War, says a recent study by the Canadian Centre for Policy Alternatives, which shows Canada's

military spending will reach \$18.24 billion in 2007–08, an increase of nine per cent over 2006–07, and will continue to rise to \$19.42 billion by 2009–10.

The study's co-author Stephen Staples says, "Military spending is higher now than it was in the peak of the Cold War, when Canada was at war in Korea."

Canada climbed to the thirteenth highest military spender in the world this year, up from sixteenth. Within the 26-member NATO alliance, Canada has moved from seventh to sixth highest military spender.

"One of the public's greatest misperceptions is about how much Canada

now spends on its military," Staples says. "Canada's military spending is so substantial that it outspends the lowest 12 NATO members combined."

Since September 11, 2001, Canada's military spending has increased by 27 per cent, and after the next two years of planned increases, will be 37 per cent higher than 2000-01. (CCPA/CALM)

Record 47 million Americans without health insurance

U. S. Census Bureau reports show that a record 47 million people in the United States did not have health insurance last year. That was a jump of 2.2 million from the previous year.

CUPE convention adopts major anti-privatization plan

HEU's 53-member delegation to CUPE's national convention in mid-October threw their full support behind a series of initiatives that will fight back against all forms of privatization in the country's public services.

The two-year, multi-million dollar campaign will also target international and inter-provincial trade deals that benefit corporate interests at the expense of workers and their communities.

The HEU delegation also joined the majority of their CUPE sisters and brothers in adopting strategic action plans aimed at building global solidarity, strengthening members' bargaining power, raising wages and securing pension coverage for the union's lower-paid members, and meeting global green targets.

"All these initiatives are essential," says HEU president Fred Muzin. "The acknowledgment that building international solidarity is fundamental highlights that privatization is a global problem, and must be fought globally if we are to be successful." (see *President's Desk this page*)

"Our members will really benefit from a national campaign on privati-

zation," says HEU's financial secretary Donisa Bernardo. "We're going to make sure that we have the resources available to play a key role in this fight."

She noted that while the convention's outcomes were very positive overall, "our delegation was disappointed that proposals to secure better representation for women on the CUPE's National Executive Board (NEB) were not adopted by the convention. Clearly, there's a lot more work that needs to be done on this issue."

The two-year, multi-million dollar campaign will also target international and inter-provincial trade deals

Delegates elected six women to the 23-seat NEB and adopted recommendations from the National Women's Task Force to introduce a mentoring program, hold a National Women's Bargaining Conference, develop a Code of Conduct for all CUPE events, and boost resources for work on equality issues.

The convention heard from several speakers including Saskatchewan-born recording star and activist Buffy Sainte-Marie, NDP Leader Jack Layton and Toronto mayor David Miller.

More than 2,000 delegates from across Canada attended the five-day convention. Fifty-two per cent were women and 40 per cent were first-time delegates.

PATTY GIBSON

Outsourced workers report low morale, poor customer service

Contracting out is hurting workplace moral and the quality of customer services, says a new research report from the Canadian Centre for Policy Alternatives.

Outsourced BC Hydro and Medical Services Plan workers interviewed for the study report a deterioration in the quality of their work life, including lower morale, lack of training, a

devaluing of employee knowledge and increased work surveillance.

The report examines how outsourcing has affected BC Hydro and MSP workers who were outsourced to Accenture and Maximus, respectively. In both cases, work previously done by public-sector employees is now administered by a for-profit, multi-national corporation.

<<newsbites>>

According to analysis by Physicians for a National Health Program, more than half of the increase came from full-time workers, including 1.4 million in families with incomes greater than \$75,000. About 600,000 were in families with incomes between \$50,000 and \$70,000.

Among the uninsured nationwide were 8.6 million children – an increase of about 600,000, or eight per cent, from 2005.

In Florida, for the first time in at least 20 years, more than one in five residents were uninsured. Texas led the nation with nearly 25 per cent.

18,775 citizens say no to VIHA's P3 hospital plan

Citizens for Quality Health Care took their campaign to the B.C. Legislature on November 7, where NDP MLA Claire Trevena presented their petition calling for hospitals in Campbell River and the Comox Valley to be upgraded and maintained within the public health care system.

The petition had been signed by 18,775 people.

Over the past 18 months, the citizens' group has been fighting plans by the Vancouver Island Health Authority to replace the existing acute care hos-



FRED MUZIN

PRESIDENT'S DESK

Back from the brink

Public services are the most effective, efficient way to sustain and improve the quality of life for everyone. All British Columbians need and deserve proper shelter, nutritious food, educational opportunities, an adequate income and the right to live with dignity.

It is absolutely unconscionable that despite a booming economy and endless resources available for the 2010 Olympics, not to mention a string of mega-projects, B.C. is experiencing an escalating crisis in homelessness and now leads the country in child poverty.

Many governments, who are elected to serve the people and balance out the inequities of a free market system, have opted instead to facilitate massive privatization deals where corporations are able to reap enormous profits from the public purse.

Whether it's through contracting out services, selling off public assets, pushing public-private partnerships (P3s) or exporting our natural resources for processing elsewhere, the drive to privatize is violating the public trust and undermining the common good.

By under-funding public services of all kinds (i.e. creating longer waitlists for surgery or increasing class sizes), governments have created an artificial sense of crisis and fuelled the perception that we need alternatives to "fix" emerging problems.

Those alternatives are always private, more expensive, and they lack any form of public accountability.

Under the guise of the 'god of the free market', cross border agreements like TILMA are now being used to lower the standards for legislation and regulations between provinces. And the Security and Prosperity Partnership (SPP) is being developed to facilitate deep integration with the Americans.

In response to all this, our national union, CUPE, has adopted a strategic plan to aggressively defend public services against privatization.

As CUPE members, we will be working over the next two years with over half a million sisters and brothers from coast to coast to defeat governments' privatization agenda. And as part of that strategy, we will be building stronger international alliances to fight privatization on a global scale.

Workers everywhere are standing up to the same corporate forces that threaten Canadian resources and services. We have much to learn from them.

In El Salvador, workers are beating back health care privatization. In Cochabamba, Brazilians have successfully stopped water privatization. And Venezuela, under President Hugo Chavez, has repeatedly stood up to pressure from multi-national oil companies and established health services and literacy education for all his people.

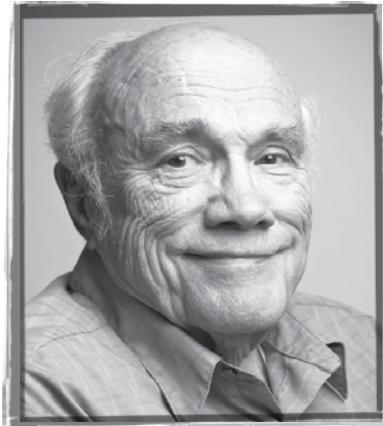
We're on the brink of a disaster, but by joining in solidarity with others – across Canada and across the world – we are stronger, and we will be able to shape a future that puts public good ahead of private profits.

Workers everywhere are standing up to the same corporate forces that threaten Canadian resources and services.



Citizens for Quality Health Care representatives from Campbell River and the Comox Valley delivered an impressive boxload of petitions to the provincial legislature in early November.

Pictured above (from left) are Richard Hagensen, Gwyn Frayne, Ed Jarvis, Lois Jarvis, Barb Biley, Janet Fairbanks and Joanne Banks.



BACK TO THE FUTURE

There's a perfect storm brewing in long-term care. Unless this provincial government is prepared to change direction, and soon, seniors' care will continue to deteriorate. And elderly British Columbians will most certainly pay the price.

It's a grim forecast. But when you consider the combined impact of under-funding, a critical bed shortage, and the BC Liberals' fixation with promoting private, for-profit facilities – regardless of cost or consequence – it's clear that seniors' care is in serious jeopardy.

Earlier this fall, freedom of information (FOI) requests filed by the media and the Opposition New Democrats revealed a trail of incidents involving abuse and neglect at Beacon Hill Villa – a publicly-funded, for-profit facility owned by Retirement Concepts.

In this case, complaints to licensing stretched back to 2002, with the vast majority occurring after the facility contracted out its entire care staff in 2004.

Not unlike Nanaimo Seniors Village—where Retirement Concepts terminated sub-care contracts and the entire care team was laid off three times in four years – Beacon Hill Villa also has a history of contract-flipping.

“Neither of these situations are isolated incidents,” says HEU's secretary-business manager Judy Darcy. “On the contrary, a clear and disturbing pattern has emerged where several corporate employers have abruptly terminated sub-care contracts after workers joined HEU or after the sub-contractor negotiated a first collective agreement with the union.”

Darcy says the root of the problem is *Bill 29* – the legislation that B.C.'s Liberal government used to facilitate privatization in acute and long-term care.

“Contract-flipping is an obvious attempt by these private owners to avoid unionization, duck their responsibilities to the collective bargaining process, and keep wages as low as they possibly can,” she says.

The result is a destabilized workforce, retention and recruitment problems, sub-standard working and caring conditions, and millions of taxpayer dollars going into investors' pockets instead of front-line care.

For many, it's a déjà vu scenario that's unraveling more than two decades of improvements in the province's nursing home sector.

When HEU first embarked on its now historic organizing drive in long-term care in the early 70s, conditions were appalling. Most workers' wages hovered just above the minimum, publicly-funded beds were limited, private-pay facilities were expensive, and short-staffing was the norm.

“The overwhelming reason that these workers sought to join a union didn't have anything to do

with wages,” recalled HEU organizer Sharon Yandle in *The Heart of Healthcare*. “It had to do with the conditions of patient care.”

In one private hospital, she says, “We had to essentially stop the organizing and try to launch an investigation into the conditions of patient care because they were so terrible.”

In the years that followed, HEU organized about 90 per cent of the workers in the long-term care sector. As working conditions improved, so did caring conditions.

Prior to sweeping into government in 2001, the BC Liberals produced their infamous “new era” document. It pledged to “work with non-profit societies to build and operate an additional 5,000 new intermediate and long-term care beds by 2006.”

In a pre-election interview with the *Guardian*, Gordon Campbell was even more explicit, vowing to provide more not-for-profit beds.

“I favour not-for-profit because when you deal with not-for-profit in communities you are actually building communities as well as health care,” he said, adding that “you provide a quality of care, and quality of facility that I think is significantly better.”

While the Liberals' subsequent failure to build the badly-needed long-term care beds is well known (in fact, they closed 2,400 long-term care beds in their first term), less attention has been paid to the flagrant about-face that occurred in respect to their promise to bolster not-for-profit seniors' care.

According to a 2005 research report by the Canadian Centre for Policy Alternatives (CCPA), more than 90 per cent of the net residential bed closures since 2001 were in the not-for-profit sector.

And where new beds were built in the Liberals' first term, the vast majority went to the private sector.

The CCPA report notes that prior to 2001, about 75 per cent of the province's seniors' care homes were non-profit and 25 per cent were for-profit. Of those, the vast majority of for-profit providers were individual proprietorships.

Not anymore. While access to publicly-funded residential care has steadily diminished, corporate involvement in both residential care and assisted living has virtually exploded.

One need look no further than information posted on the BC Care Providers' Association website to see how well the private sector is faring in the Liberals' “new era” world of seniors' care. Of 2,600 new beds scheduled for completion in 2007 and 2008, a whopping 85 per cent are being delivered through the private sector. Less than 15 per cent have been awarded to not-for-profit agencies.

“What we're seeing is an unbridled effort to corporatize seniors' care in B.C.,” says Darcy. “There's a lot of money to be made from providing care to vulnerable seniors, and this government is making sure private operators are given plenty of opportunities to turn our



Who pays the price? Who reaps the profit?

long-term care homes into profit-making businesses.”

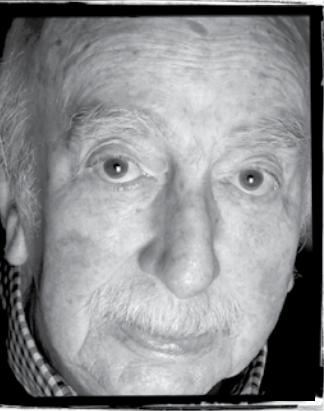
International research literature on the performance of for-profit and non-profit long-term care facilities is substantial, and the findings are conclusive: for-profit ownership is associated with severe quality deficiencies, added user charges, lower staffing, and higher costs both within and beyond the continuing care system.

A 1998 research study in the U.S. that analyzed all inspection surveys across all states in close to 14,000 facilities found that profit-making facilities had 30 per cent more violations of standards than non-profit facilities.

A Manitoba study found that for-profit nursing homes had far higher hospitalization rates for such conditions as dehydration, pneumonia, falls and fractures. And research into staffing levels in B.C.'s long-term care facilities, reported in the March 2005 issue of the *Canadian Medical Association Journal* (CMAJ), showed that, for the same government funding, levels for care and support staff were considerably lower in for-profit facilities.

A follow-up article published in CMAJ's January 2007 issue made this observation. “Differences in staffing between for-profit and not-for-profit long-term care facilities are not surprising. Given the same level of funding, for-profit facilities must, by definition, divert some of their funding to profits. Since staff costs account for a large portion of total budget expenditures, this is a natural place to realize cost savings.”

PATTY GIBSON



STRETCHED to

A flurry of controversy surrounding deteriorating conditions in some of the province's seniors' homes has shone a light on just how difficult it is for nursing staff to meet the needs of residents in their care.

FOR years, HEU members have spoken out about the impact of understaffing, heavy workloads, and higher patient acuity on their working and caring conditions.

In 2005, two focus groups comprised of care aides gave their union a frank assessment about what needed to change if care was to improve.

A top priority was support for staff to be able to report problems and advocate on behalf of their residents, without fear of reprisal.

And they zeroed in on low-staffing levels as a major cause for a host of other problems affecting residents, including lack of time to turn people, which increases the incidents of bed sores, and not enough time to monitor fluid intake or feed those requiring extra assistance with meals.

The focus group also reported that diapers were used more often to cut down on the time it takes to assist some elderly individuals to use the bathroom, and that they were strapped for time to mobilize people. Concerns were expressed about a shortage of rehab staff to work with residents recovering from strokes or falls.

Two years later, it would appear little has changed. If anything, things have gotten worse.

A focus group of care aides and licensed practical nurses held in Nanaimo in mid-October echoed many of these same issues.

A major theme that emerged throughout the session was how inadequate funding and an overall scarcity of resources impact resident care and essential service staffing levels.

Examples include not replacing workers who call in sick, banning overtime, regularly shuffling staff to other work areas, or only replacing part of a shift.

Other issues cited during the group's discussion included outdated or incomplete treatment plans, poor communication, care aide exclusion from nursing team meetings or shift "report", fear of management reprisal for speaking out, and crushing workloads.

As well, members pointed to the dramatic changes they've seen in the profile of patients now being admitted into residential care: the acuity levels are higher, many have multiple diagnoses requiring multi-level care, and there are increased numbers of patients with

dementia and unpredictable behaviours. There's also a growing trend of younger residents who are dealing with a range of physical and mental conditions.

Many caregivers have seen a marked increase in residents who have violent or aggressive dementia.

Yet, they say, there have been no staff increases, and in too many cases, there have been decreases. Some workers feel they don't have the additional training or education needed to meet the challenges that come with an increasingly complex resident population.

One care aide described a resident who has a two-person care plan in place and is known to be violent. With staff shortages, the care aide usually works alone with that resident. Her manager told her not to bother bathing the resident due to her aggressive nature.

"I can't *not* bathe her," she said. "But then [the resident] punched me in the face."

While employers seem preoccupied by their financial bottom line, members noted that at the end of the day, the people affected the most are the residents and patients they serve.

"If we're working short-staffed, residents don't get baths, don't get dressed. They're in their pyjamas, in bed, for dinner," said another care aide.

And if the bath team is working short, a care aide may get pulled in to assist, but that leaves a gap in the dining room without enough staff to feed the residents.

Members also say there are never enough supplies. They have to cope with equipment shortages such as slings and mechanical lifts. Some items are locked up

or not re-stocked. And some equipment is not being properly maintained or sterilized.

And with the introduction of "integrated job descriptions," where more duties – like laundry, bed-making and dietary chores – are being shifted to front-line caregivers, there's even less time for direct nursing care.

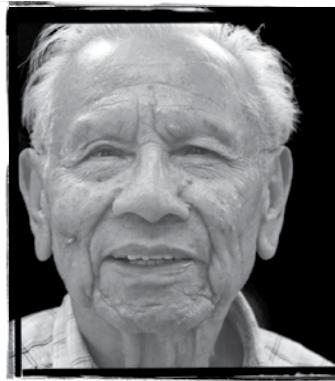
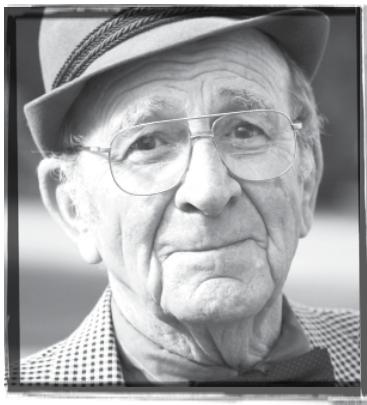
What the research says

Numerous research studies – undertaken primarily in the United States – now show that staffing levels and inadequately trained staff are major contributors to undiagnosed dysphagia and poor oral health, resident deterioration, hospitalization, malnutrition and dehydration.

Here in B.C., a 2006 review of 34 research articles from Canada, the United States, England, Australia, New Zealand and Hong Kong – prepared for the Ministry of Health's Nursing Directorate – establishes a clear link between inadequate direct care staffing and higher rates of adverse outcomes for residents.

And they not only concur that staffing levels make a crucial difference to quality of care, but that all levels of





the limit

direct care staffing – registered nurses, licensed practical nurses and care aides – contribute to quality care.

Several studies included in the research revealed that when you look at such quality of life indicators as frequency of meaningful activities, quality of socialization and opportunities for choice, residents in higher-staffed care facilities spend less time in bed, experience more social engagement and consume more food and fluids.

Where staffing levels are inadequate, residents are more likely to suffer from falls, fractures, infections, weight loss, dehydration, pressure ulcers, incontinence, agitated behaviour and more frequent hospitalization.

Taken as a whole, these research studies suggest that in order to improve quality of care and avoid adverse

outcomes, residents need more than four hours of direct care per day. Many facilities in B.C. are still striving to provide the 2.8 hours per resident per day recommended by most health authorities.

According to the research, it takes eight minutes to provide one episode of toileting assistance, seven to 11 minutes to assist a resident with activities of daily living, and about 18 minutes for group feeding when there is one care aide to three residents.

However, chronic under-staffing often prevents workers from providing this level of personal care.

As one long-time care aide explains, “When we’re short-staffed, we have to prioritize what



doesn’t get done.”

“It’s hard to leave work undone,” added an LPN, who’s worked in health care for 17 years. “It’s the kind of people we are. We are caregivers. We’re working with people, not objects.”

PATTY GIBSON AND BRENDA WHITEHALL

Medical officers in B.C.’s five health regions have the authority to inspect care homes and investigate complaints.

Every senior has the right to safe, quality care

Anyone who believes a resident’s health, safety or dignity is at risk – or who has general concerns about the quality of care in a seniors’ home – can lay a complaint with the licensing officer responsible for monitoring the facility’s operations.

B.C.’s *Community Care and Assisted Living Act* and *Adult Care Regulations* set out clear standards of care to protect and respect long-term care residents.

This legislation also gives medical officers in B.C.’s five health regions the authority to inspect care homes and investigate complaints. And if they discover problems, they are able to take action to protect residents.

Depending on the situation, the officer can impose a fine, place conditions on a license, suspend it or cancel it altogether.

All complaints must be investigated, and every complaint, even if it is easily resolved, must be documented in the health authority’s file for that facility.

Filing a licensing complaint

The easiest way to make a complaint is to phone the health authority licensing office. The type and scope of the investigation will depend on the nature of the complaint and

level of risk to residents. Licensing officers are required to act without bias and will maintain a high level of discretion throughout the process.

B.C.’s legislation also provides legal protection for anyone laying a complaint. Under section 22 of the *Act*, facility operators are prohibited from taking any action “against its

express concerns about services, programs or treatment without fear of reprisal.

And it is the legal responsibility of all licensed facilities to report any regulation infractions to the resident’s contact person, the primary health care provider, the medical health officer and the facility’s funder. A log must also be maintained of all minor

employee or agent” for reporting a problem, as long as the complaint is made in good faith. And it is illegal for a facility operator to “alter, interrupt or discontinue, or threaten to alter, interrupt or discontinue, the service of a person in care as a result of a report or a suggested or stated intention to make the report.”

To contact a licensing officer, call the health authority where the facility is located and ask to speak to a licensing officer in the Community Care Licensing Program.

To obtain a copy of the *Act* or *Regulations* for long-term care facilities, go to: www.publications.gov.bc.ca/ or call Crown Publications at 1-800-663-6105.

Standards of care

Provincial legislation sets out standards for care that among other things include the right to a safe, clean environment; freedom from neglect, emotional, financial, physical or sexual abuse; courteous, respectful treatment; an individual care plan in place that provides for nutritional and oral care, as well as recreational and leisure activities.

Residents also have the right to privacy and confidentiality; to designate a contact person (or advocate), and the freedom to

accidents and illnesses that do not require medical attention and are not considered “reportable incidents”, as well as all unexpected events involving residents.

Reportable incidents include aggressive or violent behaviour between residents; attempted suicides; disease outbreaks; emergency restraints that are not approved; emotional abuse, neglect, verbal harassment, or confinement; falls, and unexpected illness or medication errors that require emergency care or hospitalization.

Examples of neglect include leaving a resident in a soiled diaper for a long period of time; the inappropriate use of restraints; rushed meals without eating assistance; failure to monitor liquid intake for sufficient hydration; failure to provide assistance with grooming and dressing, and a lack of social and recreational opportunities.

Need an advocate?

The BC Seniors Advocacy Network has trained advocates in each health authority. To contact an advocate in your area, or to get general assistance on how to proceed with a concern, contact the BC Seniors Advocacy Network at 604-684-8171.

Agents provocateurs exposed at Montebello

Undercover Quebec police officers who infiltrated a peaceful protest at the recent Security and Prosperity Partnership (SPP) summit have sparked a call for an independent judicial inquiry into the conduct of security forces at the Montebello talks.

Communications, Energy and Paperworkers Union president Dave Coles, who first exposed the undercover agents' identity, has joined the Canadian Labour Congress (CLC), the Canadian Union of Public Employees and the Public Service Alliance in their demand for an investigation.

"The fact is that these three police officers jeopardized the safety of everyone in that protest," says Coles.

"We all know that constables and sergeants of the Quebec Police Force do not make these decisions on their own. What the Canadian public needs to know is who ordered them to do it."

CLC president Ken Georgetti says the fundamental issue at stake is Canadians' right to protest government policies "without the chilling effect of masked, armed and aggressive police officers in their midst."

The SPP has been called "the next generation of free trade talks" between Mexican, U.S. and Canadian leaders. Citizen, environmental and labour organizations have raised alarms about the SPP's intention to weaken government protections, while increasing the power of multi-national corporations in areas like immigration, food and agriculture, natural resources, and public services.

40,000 sign on to \$10 NOW petition

On the sixth anniversary of the last increase in B.C.'s minimum wage, a broadly-based delegation including low-income earners lobbied politicians in Victoria for a raise and delivered to the Campbell government the names of 40,000 British Columbians who have so far signed the \$10 NOW petition at <www.bcfed.com>.

The \$10 NOW lobby team met October 31 with Labour Minister Olga Ilich and NDP Leader Carole James. And they hosted a lunch attended by more than 30 MLAs from both parties to make the case that B.C.'s minimum wage should be boosted to \$10 an hour to give 250,000 low-paid workers a long overdue raise.

The delegation, led by B.C. Federation president Jim Sinclair and secretary treasurer Angela Schira, included representatives of young workers and students, poverty experts, people with disabilities, and an Anglican priest along with low-wage earners Valerie Rogers and Brent Frain, who work at a McDonald's restaurant in Langley.

"How is a person making \$8 an hour supposed to live?" Rogers asked in the meeting with the labour minister. And while Ilich pointed to B.C.'s average wage to suggest that the minimum wage wasn't really an issue, Rogers responded "I don't care what the average wage is, I don't make it."

"What are you going to do to help low-income earners?" Rogers wanted to know.

Although Ilich told the delegation they had made a compelling case that

she would take back to her colleagues in the Legislature, Gordon Campbell had a different message. The Premier told reporters that the door was closed on an increase.

A request from the Federation to meet with Campbell went ignored.

Sinclair says the lobby efforts in Victoria were positive and he pledged that the labour movement's campaign would continue until the minimum wage is increased and tens of thousands of workers are brought up to the poverty line.

"We're definitely not going to give up," he says. "Campbell had no problem voting himself a 54 per cent wage increase, but he won't do the same for minimum wage earners."

Sinclair says that if low-income earners received the same increase as the Premier, the minimum wage would be \$12.32.



B.C. Fed president Jim Sinclair (pictured above at October 31 press conference) led a delegation of young workers, poverty advocates and others in a lobby of the Legislature to demand a hike in B.C.'s minimum wage to \$10 an hour.

BCNU takes government to court over illegal medicare billing

The BC Nurses' Union (BCNU) finally had its day in court over the provincial government's failure to prevent medical practitioners from bilking the medicare system and taxpayers by double-dipping.

In April 2005, BCNU launched legal action to stop the practice of extra billing and user fees charged for services already covered by medicare.

During the three-day hearing in B.C. Supreme Court, the union presented affidavits detailing numerous infractions to B.C.'s medicare laws, including a Williams Lake woman who was

offered a fast-tracked neurologist appointment if she paid a \$350 fee, and numerous cases of private clinic surgeons being paid by the Medical Services Plan, yet charging patients an additional clinic service fee.

BCNU is arguing that this is a clear violation of the province's *Medicare Protection Act*.

And the provincial government is disputing the union's right to bring the matter to court.

Check BCNU's website for updates at <www.bcnu.org>.

>>notebook>>



A one-size-fits-all funding model will benefit some of the region's 32 seniors' care homes, while penalizing others.

VIHA's shell game robs Peter to pay Paul

In response to a flood of complaints earlier this fall about care levels in some privately-run seniors' homes, the Vancouver Island Health Authority (VIHA) has announced plans to raise direct care staffing levels to 3.24 hours per resident per day over the next three years.

But here's the catch. The health authority is only providing a fraction of the funds required to pull this off. To make up the shortfall, it's imposing a one-size-fits-all funding model that will benefit some of the region's 32 seniors' care homes, while penalizing others.

If the plan goes ahead, three Victoria facilities will lose nearly \$2 million in direct annual funding while several others will be forced to reduce staffing for dietary, housekeeping, programming and other support services.

On the chopping block are Mount St. Mary's, which is set to lose \$476,000 in annual funding; Broadmead Lodge, which will lose \$1 million; and the Kiwanis Oak Bay Pavilion, which will be short \$341,000.

It's no surprise that the whole idea has sparked a groundswell

of opposition. Residents, families, and concerned advocates fear care will be compromised in those public facilities that have worked hard to maintain higher standards, while facilities with a poor track record – many of them privately operated – will benefit.

There's an obvious absurdity at play here. VIHA is set to reward long-term care operators that have privatized services and reduced staff, while cutting those that have the highest standards of excellence.

The BC Care Providers Association, which represents many continuing care facilities in the province, points out that VIHA's extra \$6.5 million, or four per cent increase, ranks only slightly higher than the province's basic cost of living increase.

They want verification that costs are realistic, and sustainable, and will not jeopardize quality of care.

It's the least we should expect for our seniors in a province that's boasting a four billion dollar surplus.

PATTY GIBSON • COMMUNICATIONS OFFICER

Labour calls for measures to protect and respect temporary foreign workers

It's become clear to the trade union movement that governments and corporations are using Canada's Temporary Foreign Workers Program (TFWP) as a cheap labour strategy which exploits foreign workers by paying them low wages with no benefits and no protection against the outcome of accidents and injuries on the job.

For everything from construction work to live-in care, the program is supposed to bring in offshore labour on a temporary basis to alleviate shortages of Canadian workers. Instead, it "turns back immigration policy 100 years," says Jim Sinclair, president of the B.C. Federation of Labour.

"It creates second-class workers in British Columbia. It creates vulnerable workers and it's a dead-end road to dealing with labour shortages."

Corporate employers have two accommodating governments – one in British Columbia, the other in Ottawa – which have teamed up to make it much easier to import labour from abroad.

Last February, they jointly announced changes to the TFWP that extend the period of employment for offshore workers to 24 from the previous 12 months. New rules also speed up the application process and allow employers to cut the time they were required to advertise job availability to Canadian workers, from six weeks to seven days.

Even before these changes were introduced, there were calls to investigate possible abuses under the TFWP. Last year's revelation that workers from Latin America were making less than \$5 per hour boring tunnels for the Canada Line rapid transit project in Vancouver brought the program into sharp focus.

One of the main charges raised by the program's critics is that TFWP projects are not properly overseen. A study by the Canadian Labour Congress



(CLC) released in March stated that "workplaces are not inspected by labour inspectors, employers are not monitored to assure contract compliance, and migrant workers are not offered measures through which to report rights abuses and have them investigated."

"Many of these workers are afraid to complain because they know they'll be shipped home if they do," says Sinclair. "Every step the government has taken is to make it easier for employers to find and exploit cheap labour."

A primary recommendation from the CLC study is that Canada fill any legitimate labour shortages through improved immigration policies rather than through temporary employment, which ships workers back home once the job is done. It also calls for a dispute resolution mechanism in cases where foreign workers have complaints about wages, benefits or working conditions and for labour to be included in determining jobs or skills shortages and local prevailing wage rates.

Sinclair concurs: "There needs to be an agreement between labour, business and government over what our labour needs are over the next decade."

New measures must target racism, states the study. "Since the 1970s...

women entering Canada in response to demand for domestic workers – the majority of whom have been from the Caribbean and the Philippines – have only been granted temporary status. This differs from the permanent status granted to European women entering Canada as domestic workers in the first half of the twentieth century."

The CLC demands all women admitted as domestics be allowed to apply for permanent residency.

Regarding health workers, the study notes the recent abuse of foreign workers at a private, for-profit care home in Kelowna. Meanwhile, there are plans by some Canadian provinces to bring in temporary health care workers from Barbados in the Caribbean, with the potential for further abuse.

The study calls for "ethical recruitment guidelines for the public and private recruitment of international health workers," and demands no workers be recruited under the foreign workers program until these are instituted.

"The Temporary Foreign Workers Program is not about immigration," says Sinclair. "It's about exploitation."

DAN KEETON • VANCOUVER WRITER

Compass to bring in overseas workers

In October, HEU sounded the alarm about plans by multinational corporation Compass Group to hire temporary foreign workers to fill housekeeping and dietary positions in Vancouver Island hospitals by year's end.

In their application to the Temporary Foreign Workers Program, Compass blamed their chronic recruitment and retention issues on the regional labour shortage.

However, HEU's secretary-business manager Judy Darcy says the staffing crisis is the result of low wages and substandard working conditions, introduced when the government used *Bill 29* to contract out hospital support services.

"The recruitment and retention solution is simple," she says. "Victoria should require health care contractors to provide living wages to their workers."

Darcy pointed out that those health authorities who directly employ cleaning and dietary support workers – and provide better wages, benefits and working conditions – do not have the recruitment and retention problems seen by Compass and other sub-contractors.

She says that the government and corporations like Compass – which posted \$1.01 billion CDN in operating profits last year – can afford to provide fair wages and decent working conditions.

"Government has a choice. They can support a sustainable solution that includes living wages, or they can continue to prop up a failed privatization experiment to protect Compass' profits, at the expense of vulnerable foreign workers and patient care."

>>voices>>



In no other province can employers "opt out" of employment standards through substandard agreements

Is another charter challenge waiting in the wings?

While the B.C. government grapples with the repercussions of the Supreme Court of Canada's landmark ruling on *Bill 29*, it needs to consider the constitutionality of another piece of legislation passed in 2002.

Bill 48 (the *Employment Standards Amendment Act*) excludes unionized workers from the *Employment Standards Act*, the law that establishes minimum workplace protections and benefits.

Prior to *Bill 48*, if a collective agreement went below the basic floor set out by the *Act*, the provision could be grieved at the Labour Relations Board and the substandard clause deemed illegal.

Not anymore. If an agreement mentions any of the core provisions of the *Act*, it is excluded from the *Act*. That means unions must now work to secure basic rights (maximum hours of work, overtime pay, termination pay) that others are guaranteed under the law.

This has created a powerful incentive for employers to seek out and certify with "employer-accommodating" unions who are willing to agree to conditions of employment that are inferior to what other workers are required to receive by law.

B.C.'s largest employer-accommodating union, the Christian Labour Association of Canada (CLAC), is a case in point. Since 2002, CLAC has steadily expanded its membership in B.C. by "negotiating" substandard collective agreements. My research found many CLAC agreements with clauses for overtime pay, annual vacations with pay, and termination pay that are below the *Act's* minimum floor.

By excluding unionized workers from the *Employment Standards Act*, this government is denying thousands of people the legal rights to which they are entitled. In no other province can employers "opt out" of employment standards law through substandard agreements, as they now can (and do) in B.C.

It's time for this government to revisit *Bill 48*, rescind this arbitrary exclusion, and ensure all workers are guaranteed the same basic employment rights – regardless of union status.

David Fairey is a labour economist with the Trade Union Research Bureau and a research associate of the Canadian Centre for Policy Alternatives.

HEU raises funds through annual walk

About 18 HEU members, staff, family and friends joined in the 22nd Annual AIDS WALK for LIFE on September 23 to help raise money for

the British Columbia Persons with AIDS Society (BCPWA).

This year, the HEU Team far surpassed its \$2,500 fundraising goal by collecting more than \$6,000 in pledges.

Since 2003, HEU's Lesbian and Gay Standing Committee has raised about \$12,000 for BCPWA through skydive and walkathon

fundraising initiatives.

"HEU is committed to social activism, community alliance building to advance progressive change, and fighting for the human rights of people living with HIV and



AIDS," says the union's president Fred Muzin.

"Victory in the war against this disease will be rooted in our capacity to engage in

effective communication, and social and political action."

The tally for Vancouver's AIDS WALK for LIFE 2007 is more than \$350,000.

HEU scholarship fund awards \$10,000

This year, HEU's bursary awards program helped support 18 union members or their family members to access post-secondary education opportunities.

Together, the Provincial Office and several participating locals issued more than \$10,000 in individual bursaries that ranged between \$350 and \$1,000.

"Over the years, HEU's scholarship and bursaries program has helped hundreds of individuals to

advance their education," says HEU financial secretary Donisa Bernardo. "In recognizing the importance of higher education, the union – together with participating locals – is committed to assisting members and their families in training and career prospects."

The bursaries are tenable at any post-secondary educational institution and are awarded to students who need financial assistance and can demonstrate satisfactory academic standing.

Joint policy committee tackles residential care

One of the most important agreements to come out of the last round of facilities sub-sector bargaining in 2006 was

the creation of a joint policy committee to address quality care and staffing issues in seniors' facilities.

Since then, the Residential Care Policy Committee (which includes union, government and health authority representatives) has met on six occasions to lay the groundwork for two major reports. The first will contain recommendations on training requirements, standards and delivery methods for residential care aides. The second will make recommendations to improve quality care and staffing in seniors' homes.

"The work of this committee is building on the momentum that exists among our members and others to improve the quality of care for B.C.'s

LIVING WAGE CAMPAIGN

OLIVE DEMPSEY

Union members working for Sodexo, Compass and Aramark are taking their fight for safety and dignity in the workplace out to local communities and beyond.

HEU ACTIVISTS ON THE MOVE

In less than a year, more than 3,500 HEU members will bargain their second collective agreements with multi-national contractors Sodexo, Aramark and Compass. And that means members of the union's living wage campaign are on the move, building momentum and speaking up for workers' rights to fair wages and safe working conditions.

During October, workshops trained teams of members to gather community endorsements for the campaign's message that "work should lift you out of poverty, not keep you there."

"We have to work in unity," explained one workshop participant. "Working by yourself you can't make your dreams come true."

Living wage teams are asking community members and organizations to support the campaign by writing letters of endorsement, signing the petition and spreading the word through their own networks.

The petition calls on health authorities to fulfill their mandate "to promote strong and healthy communities by ensuring their cleaning and food service workers have access to living wages and safe working conditions." The petition is available online at www.heu.org, along with information sheets and other campaign materials, which have been translated into both Punjabi and Chinese.

Campaign outreach teams will also be seeking

support within HEU and the broader labour movement by speaking at local meetings, educational workshops and other union events.

As the campaign rolls on, members' personal stories have emerged as the most powerful tool for increasing awareness and galvanizing support. These spoken testimonials are being documented as written profiles and will soon be available online. Organizers are also preparing a living wage video series, which will highlight how five different HEU members working for the "Big 3" are dealing with low pay and difficult working conditions as they fight for living wages, respect and dignity on the job.

When asked about the impact of low wages on her life, one dietary aide in Victoria says that for her, like many others, it comes down to time. As a single mother with two children, she has to rely on overtime pay and extra shifts just to make her bill payments for the month.

She says a living wage would not only allow her to happily give up her nickname – "the overtime queen" – it would also allow her to spend more time with her children and maybe even have a little left over for herself.

Despite the personal hardships, campaign activists see their work as more than just a fight for fair wages. It's also a fight for quality patient care and improved health care services.

"If I don't have time to get my work done, the nurses can't set up the room for surgery," explains

As the campaign rolls on, members' personal stories have emerged as the most powerful tool for increasing awareness and galvanizing support.

I believe all workers deserve a fair day's pay

"A living wage means you don't have to work two or three jobs to make ends meet."

a Living Wage Campaign



Barb, a housekeeper working on Vancouver Island. "They have their schedule, so if you don't have time, you hinder doctors and nurses and patients."

These real-life accounts about the impact of low wages, short staffing and unmanageable workloads have become a compelling indictment of privatization and a failing low-wage strategy in health care.

Attendees at a recent BC Health Coalition meeting listened in shocked silence as living wage members described their personal challenges and dangerous working conditions. At the end, they were eager to endorse the campaign and many invited these HEU members to present their stories at upcoming meetings and events.

At the same time, the union is preparing for a spring bargaining conference where delegates will elect their bargaining committee and determine the priority demands that will go to the negotiating table in 2008.

For ongoing updates, check out the Living Wage Campaign webpage at www.heu.org.

seniors,” says HEU research staffer Jennifer Whiteside.

HEU representatives on the committee include Jacqueline Zilkie, an LPN at Kaslo Hospital; Georgina Moseley, a residential care aide at Glacier View Lodge, and Marnie Mander, a residential care aide in the Ridge Meadows extended care unit.

Community social services matter

No matter where you look in the community social services sector, workers are struggling to meet the needs of those who require temporary or ongoing support in their lives – many of whom are among society’s most vulnerable citizens.

Over the past several years,

this sector has suffered from cutbacks and an overall lack of recognition for the critical role these services play in the lives of individuals, their families and communities.

That’s why HEU and our sister unions – in the Community Social Services Bargaining Association of Unions – have declared March 2008 as Community Social Services Awareness Month. Under the theme “Community Social Services Matter”, the campaign is aimed at building greater understanding and support among community leaders, politicians and the public.

Campaign preparations are now in full swing. Members are being asked to join with other community social services workers and supporters in their



HEU-sponsored student journalism awards went to (from left) Aaron Joseph, Tamara Cunningham and Justine Davidson pictured above with union secretary-business manager Judy Darcy.

communities to host public awareness activities throughout March that will help shine a light on their work and the services they provide.

Tool kits will be distributed in November, with campaign materials available in the new year. For more information visit www.communitysocialservicesmatter.ca.

Union supports journalism awards

For the second year, HEU has co-sponsored the Jack Webster Foundation Student Journalism Awards.

The awards – which provide \$2,000 tuition scholarships for B.C. students who have excelled in their craft – were presented in Vancouver on

October 22 during the annual Jack Webster Awards dinner. Recipients included Tamara Cunningham (Thompson Rivers University), Aaron Joseph (Kwantlen University College) and Justine Davidson (Langara College).

Providence care model benefits care aides

About 600 HEU residential care aides (RCAs) working for Providence Health Care at Holy Family, St. Vincent’s Langara, Brock Fahrni, Youville and Mount St. Joseph’s are celebrating a huge benchmark review victory.

In April 2005, Providence implemented a new care model, which required RCAs to take additional training in order to dispense and admin-

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>> factfile

In 2004-2005, 33 per cent of Canadians over the age of 65 lived in residential care.

B.C. has approximately 255 long-term care homes – about 74 per cent of those are for-profit.

In Canada, there are about 1,952 nursing homes, and only 22.5 per cent are publicly-owned and operated.

There are nearly three times more women than men living in Canadian residential care homes.

The *Canada Health Act* does not govern long-term care facilities – who owns them, what they’re called, what type of services or care they provide. Instead, they are regulated by provincial legislation.

There’s been a reduction of more than 1,400 long-term care beds in B.C. since 2002.

In 2005, there were 54,000 transfers from long-term care to emergency units in B.C. Of those transfers, 50 per cent were hospitalized for 10 days or longer.

According to Stats Canada, most reported incidents of violence in residential care homes involved residents attacking one another.

In Ontario nursing homes, there were 1,415 reported resident-to-resident assaults in 2006, and an average of four reported violent incidents per day (including staff injuries). Over the past 10 years, there have been 20 resident-to-resident homicides investigated; with the assailants ranging in age from 35 to 92.

AFTER THE SHIFT

BRENDA WHITEHALL

Clinical secretary **JESSE KAILA** juggles work, family and volunteer responsibilities to provide people with disabilities in the South Asian community with financial support.

MAKING TIME TO HELP OTHERS

Working as a coordinating clerk at GF Strong Rehabilitation Centre, Jesse Kaila didn’t anticipate the day a loved one would become a patient.

In 1992, a car crash left Kaila’s brother Joga, then 24, a paraplegic.

“The first two years were very emotional,” recalls Kaila, now a clinical secretary at GF Strong. “It was especially hard on my parents. My brother was very active, played sports, and he’s the baby of the family. They wanted him to get married, have kids and a full life of his own.”

While Joga was in GF Strong’s Spinal Cord Injury Unit, the family met another East Indian patient going through a similar tragedy.

“I realized that it’s hard trying to explain what’s going on to families who don’t understand the language, and there was no support group.”

So Kaila, a 20-year HEU member, and a few advocates contacted the B.C. Paraplegic Association searching for resources.

Within two years, she helped form a fundraising and granting committee – the South Asian Rehabilitation Club (SARC) – to assist patients, families and caregivers.

“We discovered that a lot of people didn’t have financial support. They couldn’t afford equipment or the costs to renovate their houses, and we saw a need to fundraise.”

Kaila, who grew up in Squamish with two sisters and two brothers, has been doing volunteer work since high school.

Her first fundraising initiative for SARC, in association with the British Columbia Paraplegic Foundation (BCPA’s associated Foundation), was selling homemade samosas to colleagues at work.

And for the past 12 years, she’s been the primary organizer of the Bhangra Festival, an annual dinner-dance fundraiser.

“It’s an ethnic Indian night with food, music and Bhangra dancing... It’s been really successful. We also give out bursaries each year to people who are disabled and want to take school courses.”

In addition to her volunteer SARC board duties, family commitments, working full-time and raising two teenaged daughters, Kaila makes time to play basketball twice a week. How does she juggle

everything?

“I just do it,” she laughs. “You have to be really organized and be able to coordinate things. I send myself email or voice mail messages to remind myself of things I need to do.”

“People complain about their lives a lot,” she continues, “but we have so much to be grateful for if we have our health. We are incredibly lucky.”

“If something needs to be done, do it,” says Kaila. “If we all help just a little bit, it can make a big difference to someone else’s life.”



KAILA

continued from page 13

ister medications to residents – duties and responsibilities that exceeded their Nursing Assistant I benchmark.

Members at the Holy Family site were the first to file a Job Review Request, which began a process that lasted more than two years and eventually encompassed all the above sites, as they phased in the new care model.

Then, on November 1, the day before the case was set for a hearing, the employer and the union resolved the matter. Effective immediately, RCAs will receive a 25 cent per hour premium for dispensing and administering medications.

And they will be paid retroactively back to the date they started performing these duties.

Because the care model was phased in at different times,

the retroactive payments will vary from facility to facility.

“I was so impressed by our members,” says HEU servicing representative Wendy Beer. “They stayed strong and united throughout the process. They worked together to keep up the pressure and coordinated an effective petition campaign, all of which made this resolution successful.”

Beer says that care aides should be receiving retro payments in early February.

Clerical benchmark review stalled

At press time, HEU’s clerical benchmark review committee was still awaiting arbitration dates after the year-long negotiations between health unions and the Health Employers

Association of BC (HEABC) reached an impasse.

It was also waiting for HEABC’s reply to the union’s letter on selecting an arbitrator.

Talks broke down in late August when HEABC demanded that 25 per cent of the \$1 million allocated for the 2007/2008 fiscal year be used to pay employers’ cost of benefits – including vacation time, stat holidays, and pension contributions.

“Health union representatives have worked very hard over the last 12 months to reach agreement with HEABC on a number of changes to benchmark language,” says assistant secretary-business manager Zorica Bosancic. “This last-minute impasse – in what has already proven to be a long and difficult series



Zhang Jianmin, Executive Chairman of the Beijing Municipal Federation Trade Unions, with union president Fred Muzin at an educational forum held at HEU’s Provincial Office. The nine-person delegation was visiting Canada to learn about a North American approach to collective bargaining. While in Vancouver, the delegation met with several labour organizations including the B.C. Federation of Labour.

of talks – further delays justice for our members.”

Since July 2006, a review committee – made up of three HEU members, one HEU staff resource person, one BCGEU representative and employer representatives – has been

examining all 84 clerical benchmarks in the job family’s 11 sub-categories.

A \$3 million cumulative fund was negotiated during 2006 bargaining to review clerical benchmarks and fund resulting wage adjustments.

NOVEMBER

DECEMBER

JANUARY

FEBRUARY

NOVEMBER 26-28

B.C. Fed policy convention

DECEMBER 1

World AIDS Day

DECEMBER 3-7

PE budget meeting

DECEMBER 6

Day of Remembrance & Action on Violence Against Women

DECEMBER 10

International Human Rights Day

DECEMBER 25-26

JANUARY 1, 2008

Statutory holidays (HEU offices closed)

JANUARY

HEU election of local officers

JANUARY 15-17

PE meeting

JANUARY (TBA)

Check www.heu.org for HEU’s Annual Work Opportunity application deadline

FEBRUARY 12

HEU clerical workers’ awareness day

FEBRUARY 25-29

PE meeting

PUBLICATIONS MAIL AGREEMENT NUMBER 4007486

Margaret Laurence’s *The Stone Angel* hits the big screen

“ I love a character who doesn’t let life flatten them out. Hagar never denied anything. She doesn’t deny her own death, and that makes her strong. If people see that in her, and see her transformation at the end, then I’ve done my job. ”

Academy Award winner Ellen Burstyn is talking to Canadian film critic Katherine Monk about her role as Hagar Shipley in Kari Skogland’s new film *The Stone Angel*, adapted from Margaret Laurence’s classic novel by the same name.

“I think she really found love at the end, even though she wonders if she ever really loved enough. And you know, as you get older, these are questions you begin to ask yourself. To be honest, I’m still working them out for myself,” says Burstyn.

Since Laurence’s highly-celebrated tale was first published in 1964, Hagar has become a towering figure in Canadian fiction. And thanks to Skogland, she’s about to take her place in Canadian cinema.

Hagar is a 90-year-old woman living an isolated existence. She’s prideful, argumentative, cantankerous, fiercely independent and she’s armed with a compelling sense of humour.

Hagar’s story chronicles her battle with family and circumstance as she tries to hang onto her independence during the final days of her life. Her journey – which begins when she runs away to

FILM

THE STONE ANGEL
Buffalo Gal Pictures, 2007.
(90 min.)

Director & Screenwriter:
Kari Skogland

Adapted from the novel
by Margaret Laurence



By connecting us to the inner world of one old woman, we are reminded of just how important the final stages of life are.

avoid being placed in a care home – unfolds against a rich tapestry of memories where we come to understand this surprising woman, who does things her own way, right to the very end.

Her story emerges from flashbacks into the scenes and memories she can no

longer control as she ages. Every person has a story, or so the adage goes. If anything, *The Stone Angel* reminds us that every person has more than one story and that the elderly are people who are holding onto many, many stories.

Skogland sees Hagar Shipley this way: “She is all woman. She struggles with her heart versus her head – and spends her life making tragic mistakes. She was brought up to revere social status, very British rules as if it was the secret to success. Yet she chose to rebel against that ideal and ended up spending her life at odds with that decision. She finally discovers that love is pure and simple and that’s what life is about. It’s a bittersweet, packed moment and one we can all learn from.” (The Toronto International Film Festival 2007, Canadian Film Programmes Blog).

For me, Burstyn’s portrayal of Hagar on the big screen comes at a time when numerous people around me are wrestling with many of the same concerns Hagar’s family faces, from finding care to arranging a move. What *The Stone Angel* so forcefully reminds those of us who are confronted by such a host of logistical issues, is not to lose sight of

the person at the centre of it all.

Over the years, the novel has become a controversial classic: when it has not been a staple of student reading lists, it has been banned as blasphemous and even obscene. But more than four decades later, *The Stone Angel* continues to resonate with readers and audiences for its insights into the world of the elderly. By connecting us to the inner world of one old woman, we are reminded of just how important the final stages of life are, and that they should not be lost to the myriad of issues, logistics and details that accompany end-of-life care.

EMMA KIVISILD • VANCOUVER WRITER

New director for Kelowna office

Servicing representative **Denis Nogue** is the new director of the HEU Kelowna regional office after bidding a fond farewell to **Katherine Kreller**, who retired after 16 years with the union.



NOGUE

Katherine started her HEU career in 1991 as a rep at the union's Prince George office before transferring to Kelowna in 1995. She became a director in 2002.

Denis brings a wealth of experience to his new role – having worked as a stores attendant/transport driver at Vernon Jubilee Hospital starting in 1981, and moving into organizing and servicing with HEU in 1991. Congratulations to them both.

Retirement notes

After 37 years as an HEU member, **Sheila Aitchison** retired this summer from Canada Way Care Centre. During her health care career, Sheila worked as a care aide and LPN, and held the position of senior trustee at her local.

Helen Shoemaker has retired from housekeeping at Elkford Health Care Centre. An HEU member since 1989, Helen – a former local chair – plans to travel and spend time with her grandchildren.

LPN **Elsie Breda** has retired from Dr. Helmcken Memorial Hospital after 28 years of service. She was a local chair and shop steward for 24 years, and was actively involved in establishing the long-term care facility at Dr. Helmcken.

Care aide **Mary Gay** has retired from her position at the Castlegar and District Community Health Centre's, Talarico Place. A long-time union activist and chief shop steward in her local, Mary is retiring after 17 years of service on the nursing team.

HEU member wins CUPE award

Thom Marshall from the union's Vancouver General Hospital local won an award for "Best photo of a CUPE member at work or in the community" at this year's CUPE National Convention. The winning photograph was from a May Day rally.

OH&S rep takes on B.C. Fed assignment

HEU's occupational health and safety representative **Ana Rahmat** has accepted a one-year assignment as OH&S director at the B.C. Federation of Labour. **Della McGaw** is filling Ana's position.

HEU activist will be missed

Long-time activist **Darryl Horner** passed away from liver cancer in October at the

age of 43. Darryl had worked in support services at Lady Minto Gulf Islands, Gorge Road and Victoria General hospitals during his 21 years as an HEU member. He held several positions at his local, including chair and chief shop steward, and he endlessly advocated for human rights.

BCGEU brother remembered

And HEU said goodbye to a friend, life-long social justice activist

Tom Kozar, a former BCGEU vice-president and retired BCIT college instructor.



KOZAR

"Tom Kozar was a tremendous trade unionist and relentless in his pursuit for social justice," says HEU president Fred Muzin.

"His work in advocating for the 'Spirit of the Republic' monument in Victoria to commemorate the Mac-Paps' struggle in the Spanish Civil War against the fascists helped to educate a generation. His crusade on behalf of freeing Leonard Peltier and John Graham from arrest and incarceration strengthened our resolve against injustice. Tom's commitment and endless energy in fighting for justice and dignity for working people will never be forgotten. We will miss him terribly and carry on his work."

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Ethnic Diversity

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



PRESS 2

First Nations

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



PRESS 3

Lesbians and Gays

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

www.pridepages.org



PRESS 4

People with disAbilities

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



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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• Nelson
1-800-437-9877

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a **Living Wage** Campaign

Because work should lift you out of poverty,
not keep you there.

**“If there’s poverty pay
anywhere in the system,
it undermines everyone
in the system.”**

RODNEY BICKERSTAFFE,

past president of UNISON, England’s largest public sector union.

Thousands of HEU members who work for multi-national corporations Sodexho, Aramark and Compass live from pay cheque to pay cheque. They clean hospitals and prepare food for patients, while struggling under low wages and sub-standard working conditions.

**SPEAK OUT FOR DIGNITY, EQUALITY AND LIVING WAGES.
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