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WINTER 2009 • VOLUME 27 NUMBER 3 • THE VOICE OF THE HOSPITAL EMPLOYEES' UNION



FOCUS ON BARGAINING

HEU members are standing united:

- to achieve bargaining priorities
- to protect programs and services
- to provide solutions for better care





JOSH BERSON PHOTO

HEU's Provincial Bargaining Committee: Front row: Joyce Beddow (Ashcroft local), Jim Kelly (Vancouver General local), Debera Willis (100 Mile House local), HEU president Ken Robinson, Joanne Dickie (Lions Gate local), HEU secretary-business manager Judy Darcy and HEU assistant secretary-business manager Bonnie Pearson. Back row: Jim Calvin (Chilliwack Amalgamated local), Chris Duckett (Powell River local), Marina Beauchamp (Kelowna local), Josh Charette (Support Services Facility/FHA), Laura Neil (Royal Jubilee local), HEU financial secretary Donisa Bernardo and John Gillies (Royal Jubilee local).

Rising to the challenge in 2010

As the *Guardian* goes to press, the union is fully immersed in public-sector bargaining. Community health had reached a tentative settlement on December 19. Over the holiday season, the Provincial Executive will review the proposed contract in preparation for ratification votes that will be scheduled in January.

In the community social services sector, early talks initiated by the employers' association, had ended without a deal. And in facilities, negotiations had begun with HEU laying a solid foundation for more detailed discussions in the New Year.

Against this bargaining backdrop, HEU members are working hard to provide care amid rapid changes taking place throughout health and community social services. Those changes have created upheaval and disruption on a number of fronts affecting members' jobs as well as the critical programs and services British Columbians depend upon.

With the arrival of 2010, the important

work of advocating for seniors and defending public health care will be front and centre for union activists in all areas of the province.

As for-profit operators continue to flip contracts and destabilize care, our ongoing *Stand UP for Seniors' Care* campaign will be

As government and its health authorities pursue another round of privatization in B.C. hospitals, locals are drawing on their own expertise to demonstrate viable public options to contracting out.

pushing back against further privatization in the sector.

The B.C. Ombudsman's recent recommendations (*see page 3*) to improve staffing and care in residential facilities have validated members' concerns and will provide an important focus for a renewed campaign.

And as government and its health authorities pursue another round of privatization

in B.C. hospitals, locals are drawing on their own expertise to demonstrate viable public options to contracting out.

Finally, on an emerging front, 2010 will be a year when HEU will take on a major leadership role in promoting sound environmental policies in our workplaces and in our communities.

That work began last year when the Provincial Executive created the union's first environmental subcommittee. And now, HEU is working with the B.C. Federation of Labour and other public-sector unions to press government and employers to take action that will make our workplaces more environmentally sound.

In all these areas, HEU will continue to develop new leadership at all levels of the union, and carry forward our legacy of activism to improve the working lives of our members and sustain vital public services for British Columbians.



JUDY DARCY

Breaking new ground

Every round of bargaining has its own challenges. But in a year when health care is facing severe cuts to programs and services, the province is dealing with a rapidly growing deficit, and government has imposed a public-sector wage freeze, those challenges make for a particularly tough round

of bargaining. But despite these pressures, I believe current contract talks have the potential to break new ground. What it will take is a commitment by all parties to work together for the betterment of health care.

That's why your bargaining team in the facilities subsector has headed to the table with innovative, realistic solutions that can improve health care, save money in the short, medium and long term, and most importantly, help make health care sustainable for the future.

Our proposals stand in sharp contrast to government's quick-fix service cuts – cuts that create more problems than they could ever hope to solve, and end up costing a lot more in the long term than they could ever hope to save.

Over the past number of months, we have developed a range of solutions that can help solve health care's fiscal problems, while advancing our members' bargaining priorities. Those include job security, maintaining benefits, and seeking increased compensation for LPNs, nursing unit assistants (unit clerks), and certain other occupations.

For example, rising drug costs are one of the largest expenses in health care. But it doesn't have to be that way. We have very concrete ideas, backed up by solid research, that shows how we can protect members' entitlements while achieving significant savings.

Another area that can realize enormous cost-savings is reducing injury rates among health care workers. In long-term care, the injury rate has now reached 10 per cent. That's compared to an all-industry average of three per cent. We propose a joint initiative that's based on programs with a proven track record.

And who can deny that by utilizing HEU members more effectively, we can make needed improvements in care delivery and save dollars? By removing barriers and increasing access to appropriate training, many HEU members – rehab

assistants, pharmacy technicians, LPNs, care aides and nursing unit assistants – could take on much broader roles.

And finally, as every HEU member knows, the health care system is running on over-

time. In this area alone, we can work with health authorities to reduce costs and improve members' work/life balance.

Every one of these solutions has the potential to improve care, realize savings, and contribute to the sustainability of B.C.'s health care system.

What's critical now is that employers recognize that contract talks provide a real opportunity to tackle a range of problems in health care – to the benefit of health care workers, health employers, patients and residents.

“Over the past number of months, we have developed a range of solutions that can help solve health care's fiscal problems while advancing our members' bargaining priorities.”

voice.mail

HEU member pulls woman to safety

This is a story that I wanted to share, as it's an incredible act of heroism by a young member of the Hospital Employees' Union. Sarah Shedeger, 23, works as a nursing unit assistant (unit clerk) in the emergency department at Royal Inland Hospital in Kamloops.

While driving home from work around 1:15 on a Sunday morning, Sarah approached the Overlander Bridge. She noticed two cars parked at the end of the bridge, and assumed there was a fender-bender. But then she noticed a young, distraught woman sitting on the railing at the opposite side of the bridge. Sarah pulled over and quickly dialed 911 to report the incident.

The 911 dispatcher said that the police would be coming, and then transferred Sarah to

Fire and Rescue. She informed them what was happening and asked what she should do, as nobody else was stopping to help. “Do what you think is right,” the Fire and Rescue dispatcher responded.

As Sarah was telling me her story, her eyes filled with tears, and I too found myself reaching for a napkin. Sarah said, “I'm shivering just talking about it. Personally, I couldn't let her sit there by herself. I turned the car around. By the time I reached her, she had moved over the side of the railing, hanging [over the river] by her arms. I slowly pulled over, trying not to alarm her, and opened my window to ask if I could come and talk to her.”

Sarah continued, “The woman was sobbing and said, ‘yes’. I put on my hazard lights and approached her. I was shaking and asked her what was wrong. She said, ‘Too much is going on in my life.’ I responded by saying that if this is about a relationship, it's not worth it, and sometimes you just need a hug. And then I asked if I could give her a hug. She said ‘yes’. As I hugged her, I was able to pull her over the railing.”

Once Sarah had pulled the young woman to safety, she held her until the police arrived. The

police took Sarah's name and phone number, and asked if she needed a ride home. But Sarah made her way home on her own.

This is clearly an example of how health care workers are committed to helping others even when they're off-shift.

CATHY HAMILTON

Kamloops Thompson local

Congratulations for a job well done on behalf of LPNs

I would like to acknowledge HEU's classification team, legal counsel and support staff for the incredible work they recently did in an arbitration to represent Royal Columbian Hospital (RCH) licensed practical nurses, who work in the emergency department.

I was subpoenaed to be a witness in the six-day classification arbitration hearing to defend the rights of the LPNs in the emergency department (ER), who have acquired many certifications and taken further training to advance their skills.

Such training includes: Casting/Splinting, Immunizations, IV Initiations, Advanced Wound Care and Advanced Assessment (Heightened Expectations) courses. Much of this training was done on members' own

time, to best serve the public in the ER.

We started the Job Review Request (JRR) process in collaboration with HEU's classification department in 2007. With their dedication and persistence, the 12 LPNs achieved their right to an arbitration hearing. It was a daunting task to research and gather all of the background supporting documents to present the best case for LPNs at RCH emergency.

The classification representative and her supporting team achieved that goal, and far surpassed any of our expectations. I witnessed the best organized case and presentation ever. The HEU team's amazing advocacy for the LPNs' right to be recognized for increased responsibilities was outstanding.

I was proud to have so many of the LPNs come to the arbitration on their own time to support this process. I also have to commend the dedication of the representatives from other HEU locals to further support the LPNs.

The arbitration presented its closing argument on December 11.

We now await the decision. But no matter what the outcome, we already know that HEU did an incomparable and superior job in representing us.

We truly hope for the best outcome to further support LPNs, and to recognize our great contribution to B.C.'s health care system.

ANITA DICKSON

LPN, Consultant

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Looking for a comfortable, waterproof jacket to keep you dry this winter? HEU's Gortex jackets are **ON SALE FOR \$100**. You can buy yours now at 50 per cent off the regular price. Just call HEU's switchboard at 604-438-5000 or (toll-free) 1-800-663-5813.





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HEU welcomes recommendations

Investigation into seniors' care conditions unparalleled in the history of Ombudsman's office

While HEU members struggle to provide seniors with the best care they possibly can, a long-awaited report from B.C.'s Ombudsman Kim Carter calls on government to implement key changes to protect seniors and improve their care.

The first of two reports, entitled *The Best of Care: Getting it Right for Seniors in British Columbia*, was released December 17. It is the result of a province-wide, systemic investigation into seniors' care issues, which began in August 2008.

That investigation was triggered by a flurry of licensing complaints and media reports, at the time, about deteriorating conditions in some of B.C.'s residential care facilities.

Of Carter's 10 recommendations to government, three were identified as key: a bill of rights for seniors in residential care to be posted prominently in all care facilities; a provincial website with detailed information on each care facility including ownership, costs, staffing levels, direct care hours, and more; and an expanded role for resident and family councils to be entrenched in legislation.

HEU's research director Marcy Cohen, who coordinated the union's

presentation to the Ombudsman last December, is pleased with the report overall, particularly the recommendation calling for a provincial website with detailed information on each care facility.

"The website is an innovative way to provide the public with transparent information about staffing and quality of care," says Cohen.

"Because it will also include information on whether a facility is publicly or privately owned, it will be very clear which facilities are using public dollars to support quality care and good staffing levels, and which ones are not."

Cohen says the union will be con-

As part of the union's Stand UP for Seniors' Care campaign, scores of HEU members voiced their concerns to the Ombudsman through emails, phone calls, and letters.

tacting Carter to thank her for the report, and to ask that information on whether or not staff have been contracted out in a facility also be included on the website.

She also notes that, as part of the union's *Stand UP for Seniors' Care* campaign, scores of HEU members had voiced their concerns to the Ombudsman through emails, phone calls, and letters.



JOSH BERSON PHOTO

HEU members working in residential care deal with a wide range of challenges, including low staffing levels, heavy workloads and a lack of supplies needed to provide residents with safe, quality care.

In her report, Carter says the public response to her investigation "has been unparalleled in the history of our office." The investigation team received more than 600 responses to its questionnaire, spoke with more than 300 people by phone, and opened more than 200 individual complaint files.

Complaints spanned everything from poor food quality to inadequate responses to concerns about care.

Ironically, the report comes at a time when HEU members working in three long-term care homes – owned and operated by Retirement Concepts – have been laid off as a result of another failed attempt to contract out care services.

This is the fourth time care contracts have been flipped at Nanaimo Seniors Village and Dufferin Care in Coquitlam. At Beacon Hill Villa, staff have been laid off three times and care has been disrupted to such an extent in the past that the facility was put under administration by the health authority in 2008.

And at Sunridge Place in Duncan – the private, for-profit care facility that replaced Cowichan Lodge – staff received lay-off notices four days after they had voted to join HEU.

"There's no other explanation for what's happened at Sunridge except to force lower wages and benefits onto care staff in order to boost corporate profits," says Cohen.



"In all these cases, continuity and quality of care for the residents is jeopardized. When you destabilize the workforce, you compromise the care. And you cause unnecessary disruption and anxiety for the seniors and their families."

Clearly, she says, we're going in the wrong direction and it's our seniors who are suffering.

To add to the problem, the provincial government has allowed publicly funded, but independently operated, care homes to opt out of the Health Employers Association of BC – and its provincially negotiated collective agreement – which sets out a common standard for wages and working conditions.

At press time, more than 30 facilities have opted out – or deaccredited – from HEABC. Most are large corporate firms.

The second and final part of the Ombudsman's report is scheduled for release in March 2010.

PATTY GIBSON

MARK YOUR CALENDARS

CUPE National's long-term care tour is coming to B.C. in January. The tour will feature noted advocate Toby Edleman, of the Centre for Medicare Advocacy.

Edleman has a long history of working for long-term care reforms in the United States and was instrumental in helping bring about a nursing home reform law in 1987.

The tour will visit Vancouver on January 19, Kamloops on January 20 and Victoria on January 21. The event will be of particular interest to seniors' advocates who want to explore innovative ways to push for needed reforms in B.C.

For more information, check out the union's website at <www.heu.org>.

Jan.

19

20

21



COFFEE BREAK

A recent study by Britain's New Economics Foundation analyzed six different jobs to assess their value to society and their impact on communities. Here's what they found.

Note: British currency uses pounds (£) instead of dollars (\$).

The elite banker

"Rather than being wealth creators, bankers are being handsomely rewarded for bringing the global financial system to the brink of collapse. Paid between £500,000 and £8 million a year, leading bankers destroy £7 of value for every pound they generate."

Child care workers

"Looking after children could not be more important. As well as providing a valuable service for families, they release earnings potential by allowing parents to continue working. For every pound they are paid, they generate up to £9.50 worth of benefits to society."

Hospital cleaners

"Hospital cleaners play a vital role in the workings of health care facilities. They not only clean hospitals and maintain hygiene standards, but also contribute to wider health outcomes. For every pound paid, over £10 in social value is created."

Advertising executives

The industry "encourages high spending and indebtedness. It can create insatiable aspirations, fuelling feelings of dissatisfaction, inadequacy and stress. For a salary of between £50,000 and £12 million, top advertising executives destroy £11 of value for every pound in value they generate."

Tax accountants

"Every pound that a tax accountant saves a client is a pound which otherwise would have gone to HM Revenue. For a salary of between £75,000 and £200,000, tax accountants destroy £47 in value for every pound they generate."

Waste recycling workers

These workers "do a range of different jobs that relate to processing and preventing waste and promoting recycling. Carbon emissions are significantly reduced. There is also a value in reusing goods. For every pound of value spent on wages, £12 of value is generated for society." (BBC News)

Fraser Health security officers join HEU

Six years after the Fraser Health Authority contracted out its protection services, more than 150 hospital security officers are once again HEU members. They overcame more than a year of obstacles – employer intimidation, high rates of staff turnover and battles at the labour board, before winning their right to be certified with HEU in early-September.

The security officers are employed by Toronto-based Intercon Security at 14 acute care sites, including the new Abbotsford Regional Hospital and Cancer Centre, Surrey Memorial Hospital, Royal Columbian Hospital, and others.

Members are now bargaining their first contract. Many of the security officers currently earn as little as \$11 an

hour, with no paid sick days and minimal extended health coverage.

"This is a victory for all of us who are challenging privatization," says HEU secretary-business manager Judy Darcy. "Every time workers in contracted-out services join a union, we send a message that privatization should not be a route to low wages and inadequate working conditions."

Know your rights

Benchmark review updates

Facilities "page 209" benchmark series review completed

After nearly three years of extensive consultations with HEU members, meetings with the Health Employers Association of BC (HEABC), and mediation with labour arbitrator Vince Ready, the Facilities Bargaining Association has finally concluded the "page 209" benchmark series review as negotiated in 2006 bargaining. That review covers nine different benchmark series in the collective agreement.

In the "page 209" process, the language in many benchmarks was revised to reflect increased complexity, responsibilities and/or expanded scope. For some, there were revisions to the required education, training or experience.

These benchmarks received wage grid increases. It is expected that any-

one matched to the current benchmark will be matched to the revised benchmark. There were a few benchmarks where no changes were made because they generally reflected the work being performed.

Employers will pay the new rates – from the \$2-million fund – to affected members as soon as possible, but no later than three (3) pay periods after November 25, 2009. Retroactive payments – back to April 1, 2008 – must be made within six (6) pay periods.

Some benchmark language changes were of a "housekeeping" nature, and therefore, there's no grid rate increase for those benchmarks – Ophthalmic Technician I, Stores Attendant II and III, and Perfusionist Assistant.

Three benchmarks – Rehabilitation Assistant, Program Coordinator I and

Program Coordinator II – received interim rates and have been referred to a classification arbitrator for final determination.

Clerical benchmark series review referred back to arbitrator

At press time, the Facilities Bargaining Association was also in the process of finalizing an implementation agreement on the \$3-million clerical ("page 208") benchmark series review, and is awaiting a hearing date with labour arbitrator Vince Ready. While agreement has been reached in several areas, the final allocation of funds is still at issue.

HEU will publish a newsletter when outstanding matters have been resolved and an implementation agreement has been reached.

The union's WCB team is just a phone call away

HEU's Provincial Office WCB team represents ill or injured workers across the province through the Review Division (first level of appeal) and, if further action is required, the Workers' Compensation Appeal Tribunal (the final level of appeal).

The union's WCB representatives – when authorized by members to handle their appeals – collect medi-

cal data, write submissions, request extensions (if needed) and attend formal hearings.

The WCB staff also handles long-term disability (LTD) appeals for the Lower Mainland. Servicing representatives at the union's regional offices still do their own LTD files.

In 2009, our WCB department processed about 400 appeals, and opened

97 new LTD files in the Lower Mainland alone. If you need assistance with a WCB or LTD claim, please phone HEU's WCB Hotline at:

- 604-456-7186 (Lower Mainland)
- toll-free at 1-877-438-5550.

The hotline is monitored daily, and you'll get information much faster than going through the union's main switchboard.

<<newsbites>>

B.C. now has the lowest minimum wage in Canada

Although British Columbia has the highest cost of living, according to Stats Canada, our province has the lowest minimum wage rate in the country. In fact, B.C. is the only province to not increase its minimum wage since 2001, lagging far behind Ontario, Nunavut and Québec.

Québec's minimum wage has climbed three times in as many years. Currently at \$9.00 an hour, the rate will increase to \$9.50 on May 1, 2010.

How does B.C.'s minimum wage – \$8.00 an hour, or a \$6.00 an hour training wage for new workers – measure up nationwide?

As of 2009, Nunavut leads the way nationally with a \$10.00 an hour minimum wage, followed by Ontario at \$9.50 (it will climb to \$10.25 on March 31, 2010), Newfoundland and Labrador will jump to \$9.50 an hour on January 1, 2010 (and \$10 on July 1); Saskatchewan's now at \$9.25, Manitoba is at \$9.00, the Yukon is \$8.89 (but increases every April 1), Alberta's rate is \$8.80, Prince Edward Island is at \$8.40, while New Brunswick and the Northwest Territories sit at \$8.25.

Nova Scotia is slated for two increases over the next year. Their current minimum wage is \$8.60 an hour, but will hike up to \$9.20 on April 1 and \$9.65 on October 1.

CUPE report calls for more residential care funding

Canada's long-term care is in crisis, and it's only going to get worse as the population ages, says a new report by the Canadian Union of Public Employees.

Steady under-funding, understaffing and privatization have placed Canada's elderly in a two-tiered system where costs, access and quality vary depending on your income and where you live.

The solution, as outlined in the research, is increased federal funding tied to legislated standards of care, more care hours, and a phasing out of for-profit providers that cut corners at

HEU plus LPNs: A team that works

Beyond a network, HEU's LPN outreach team has worked tirelessly on the frontlines of a raid that threatens to turn back the clock on more than a decade of professional momentum.

Nicole isn't afraid to talk to anyone. Bobby knows where her values lie. Jen focuses on the facts. Gabriel thinks about his profession's future. Barb does the research. Deb takes her responsibilities seriously.

Each has their own reasons for engaging in HEU's outreach campaign to LPN members, but they also share a common goal – to make sure LPNs' voices and profession are protected in the months and years to come.

If the success of their outreach is any indication, LPNs are well positioned to be a strong and united profession in health care. Team members have built an LPN network, conversation by conversation, that is now a movement for increased recognition and respect.

They first came together to increase HEU's knowledge of LPNs' views and concerns, and to help their colleagues understand HEU's advocacy record on LPN issues.

But when the BC Nurses' Union launched its full-scale, unprecedented raid to bring HEU members into their union, this work developed into a powerful campaign.

"HEU is where all my values are," says Bobby Peterson, an LPN from Parksville and a 27-year union activist. "This union stands up for all its members, and has always been there when I needed them."

"When I realized that I could be taken out of HEU, without a voice, I got involved."

Gabriel Dela Cruz didn't have Peterson's history to draw on, but he shares her worries.

"The question 'why' came to mind," says Dela Cruz, an LPN at Louis Brier

Home in Vancouver. "BCNU's leaders tried to remove LPNs from health care in the 1980s and I thought why do they want us now?"

At the outset of BCNU's raid, which began with an offer of "associate memberships", Barb Nederpel, an LPN from Royal Inland Hospital in Kamloops, had a lot of questions. So she took them straight to the source.

"I spoke with [BCNU president] Deb McPherson and many others from BCNU, and did not hear anything that gave me the impression they would ever support our professional practice the way HEU does," says Nederpel.

"I looked into the history of both

"I learned how LPNs have more control over their practice than I ever knew.

I discovered the College cannot advocate for LPNs and it is HEU that has been working diligently to move our practice forward."

unions. I learned how LPNs have more control over their practice than I ever knew. I discovered the College cannot advocate for LPNs and it is HEU that has been working diligently to move our practice forward."

When the LPN network started, Nederpel was not alone. Many LPNs weren't aware of the ways HEU has helped advance their profession.

Members spent hours explaining the history of the union's advocacy, describing significant achievements at the policy tables, discussing the bargaining strategy paper, as well as setting the record straight on issues like



OLIVE DEMPSEY PHOTO

the 2004 government-imposed 15 per cent wage rollback on all members of the Facilities Bargaining Association.

"I was particularly frustrated with the misinformation about the 15 per cent rollback," says Jen Jacome, an LPN from Royal City Manor in New Westminister. "I couldn't believe how many LPNs had been told that HEU negotiated this, when it's just not true."

Jacome even carried copies of the 2004 bargaining bulletin, showing HEU's demand that job classifications with recruitment and retention issues be exempt

from the government's plans, including LPNs, the patient care technical family, IT jobs, and others.

"I made sure they knew that HEU fought back against this legislation, plain and simple," says Jacome.

Though they're not always easy, these are some of Deb Willis' favourite conversations. She calls them the "aha moments," when she helps one of her LPN colleagues understand their professional history and their growing potential within HEU.

It was this potential that encouraged Willis to stand for election to the facilities bargaining committee this fall.

"I was motivated by my own love of HEU, but also because LPNs entrusted me with this responsibility. I wanted LPNs to know there was someone who would carry their issues forward."

Nicole Donaldson's focus has always been on moving forward, and holding the ground she's worked hard to gain during her 33 years in health care.

"As an LPN I had to fight to be accepted," says Donaldson, who has learned over the past months this is a shared experience among many LPNs.

"We feel comfortable with each other, and we understand we have common issues and common frustrations. I've been meeting the most wonderful people, and I've enjoyed every single one of my contacts."

The real strength of HEU's growing LPN network may be a new sense of unity among LPNs that is also strengthening the union as a whole. In the midst of the raid, HEU members from all occupations have pulled together in recognition of their shared interests and goals.

"The diversity in HEU's membership is really a reflection of the whole health care team," says Nederpel.

"When it comes down it, whether you work in nursing, supplies or scheduling, it all matters, it all needs to be respected and recognized."

OLIVE DEMPSEY

the expense of elderly residents.

"Quality residential care should be available to all seniors who need it, on an equal basis," says CUPE president Paul Moist.

"But across Canada, depending on the province and the profit structure of a facility, seniors can be forced to pay extra fees for everything from physiotherapy to incontinence pads."

Tommy rolls in his grave

Their province is known as the birthplace of Canada's public health care system, but that didn't stop the Saskatchewan government from opening the door to private, for-profit surgical clinics this fall.

The Saskatchewan Health Coalition says private clinics shouldn't even be under consideration, since the evidence shows they lead to increased costs and decreased access for patients.

A Manitoba study, for example, found that patients whose doctors worked only in public facilities waited 10 weeks for cataract surgery, while patients whose doctors worked in both public and private facilities, waited 26 weeks.

And the numbers from Alberta show that hip replacement surgery in a public hospital costs about \$10,000, while the same surgery in a for-profit clinic costs up to \$21,000.

Despite the data and experiences from other provinces, Saskatchewan's health minister says his government will consider paying private, for-profit clinics to perform surgeries in an effort to clear up a "backlog" of patients on waitlists.

Rallies and Court victory mark National Medicare Week

On November 18, more than 200 public health care supporters from across Vancouver Island celebrated National Medicare Week on the lawn of the B.C. Legislature. They were joined by NDP MLAs, including Health Critic Adrian

Dix and NDP leader Carole James, who supported their call on the provincial government to reverse recent cuts to services, end privatization in seniors' care, and provide adequate funding to health authorities.

The rally was one of many events organized across the country.

That same week, the BC Health Coalition, along with Canadian Doctors for Medicare and other public health care advocates, won the right to act as interveners in a legal case that has repercussions for public health insurance across the country.

The B.C. Supreme Court case, launched by Brian Day and a consortium of private, for-profit clinics,

continued on page 6

HEU equity caucuses plan 2010 activities

The big news for 2010 is the launch of an equity newsletter, which will include reports, photos and event information from the union's five equity standing committees. "We're really excited to be publishing an equity newsletter," says HEU equity officer Sharryn Modder. "It's been in the works for a long time. Some of the caucuses have issued their own newsletters, but this will be an overview of all the committees and will be a great outreach tool."

Women's Committee

The Women's Standing Committee has a couple of outreach campaigns on the horizon. In the new year, they'll be encouraging HEU locals to create women's committees or support groups at the local level. And they're also organizing events for International Women's Day on March 8. Each year, the committee will choose a different theme for IWD. Their 2010 focus is on the child care crisis in Canada. The women's committee became an equity standing committee at HEU's 2008 convention. They can be reached at <womens@heu.org>.

First Nations Committee

The union's First Nations Standing Committee is in the process of updating their educational materials, including an information booklet. Each year, the committee is involved in initiatives around National Aboriginal Day on June 21 and the National Day of Healing and Reconciliation on May 26.

The committee is also producing a DVD on traditional healing practices for First Nations people in long-term care facilities. They're involved with Sisters In Spirit, a national organization producing a documentary on missing Aboriginal women in Canada, with a focus on Vancouver's Downtown Eastside. And they'll be sponsor-

ing a new HEU First Nations Scholarship to send an off-reserve youth with fetal alcohol spectrum disorder to Whitecrow Camp on Vancouver Island this summer. They can be reached at <fnations@heu.org>

Pink Triangle Committee

The Pink Triangle Standing Committee is designing an AIDS awareness pin and planning activities for the International Day Against Homophobia in May. They'll continue to publish quarterly issues of *PridePages*, and play an active role in *Out There for Medicare* campaigns. They also do ongoing outreach at HEU locals and in the community around LGBT and AIDS education. They can be reached at <glesbian@heu.org>.

Ethnic Diversity Committee

The Committee for Ethnic Diversity is producing a special 2011 calendar noting diverse cultural holidays, history and events. They're also actively involved in March 21 activities to commemorate the International Day for the Elimination of Racial Discrimination with a new poster and sticker campaign. They can be reached at <ediversity@heu.org>.

People with disAbilities Committee

The Blue Poppy Campaign is the main initiative of the People with disAbilities Standing Committee. It marks the National Day of Mourning on April 28, honouring workers killed or injured on the job. The committee sends out blue poppies and posters to locals across the province to commemorate the day, and this year will be holding their second annual Day of Mourning contest.

Watch for details in a secretary-treasurer mailing. The PWD committee is also updating their LTD/WCB information pamphlet. They can be reached at <pwd@heu.org>.



KEN ROBINSON

PRESIDENT'S DESK

Strong shop steward base key in 2010

Over the past few months, I have been meeting with HEU members in their locals, at conferences and conventions, and at numerous rallies around B.C. and I can tell you, people are angry. They see government pouring hundreds of millions of dollars into the Olympics while, at the same time, telling British Columbians that there's no money for health care and other public services.

Members are frustrated by the many cutbacks in health care that this government has made since it revealed its record deficit in September. They know that the damage done today will not be easily repaired tomorrow.

Under pressure from Victoria, health authorities are making hurried changes that have left communities reeling. Addiction and mental health services – including scarce youth resources – have been chopped. Seniors' programs that enable people to live well

at home have been terminated. Therapies like the early intervention program for young children with autism are gone.

As well, members at the Tilbury Laundry in Delta will

be displaced as the facility is closed, the land put up for sale and the services contracted out. Food services workers in the eastern part of Fraser Health are developing a proposal to counter the health authority's intention to privatize their work. Laundry workers throughout Vancouver Coastal are also facing privatization. And the Interior Health Authority has already told HEU security officers at Royal Inland Hospital that their work is going to be outsourced to a private, for-profit company.

But I have to tell you how proud I am of HEU members who are so active and involved in the face of all these challenges. This fall was one of the busiest ever with more than 1,000 members engaged in our own pre-bargaining conferences plus the B.C. Federation of Labour and CUPE National conventions.

Our shop steward network, a top priority at HEU's 2008 convention, is growing. And with CUPE making 2010 the year of the steward, HEU's commitment to strengthen and increase that network will be bolstered by the Canada-wide focus.

Your Provincial Executive is continuing to help build our locals. They are lending their support, on the ground, to members as they work to make our locals stronger and better able to enforce hard-won rights under our collective agreements.

By the time you read this, we'll have ushered in the New Year. But as we head into 2010, I want to thank the membership, the P.E. and our staff for all their hard work and dedication. Together, we will keep moving HEU forward as we strive to make gains for our members, our communities and society as a whole.

"Together, we will keep moving HEU forward as we strive to make gains for our members, our communities and society as a whole."

<<newsbites>>

continued from page 5

challenges the B.C. Medical Services Commission and the provincial government's right to protect patients from extra-billing and user-fees for medically necessary care. The case will involve an audit of Day's private clinic, as well as submissions from patients, doctors, private clinics and the government.

New regulations in residential care

New regulations under the *Community Care and Assisted Living Act* will make it easier for staff, residents

and families to make complaints about inadequate staffing levels.

The new *Staffing Coverage, Regulation 42 (1)* states that: "A licensee must ensure that, at all times, the employees on duty are sufficient in numbers, training and experience, and organized in an appropriate staffing pattern to meet the needs of the person in care, and assist persons in care with activities of daily living... in a manner consistent with the health, safety and dignity of persons in care."

But HEU's research and

policy director Marcy Cohen says the changes have not gone far enough.

"Staffing levels have not kept pace with the growing acuity of the resident population," says Cohen. "Higher minimum staffing levels are needed to ensure quality care."

"In HEU's submission to the Ombudsman, we recommended minimum staffing levels of 3.2 hours a day of direct care for each resident. Many facilities today are far below that level."

Another shortfall is no provincial standard for regular inspections. Although health

authorities are required to post their most recent inspection reports, the frequency of inspections varies throughout B.C.

But there are other useful regulation changes, such as improved admissions screening; disclosure (upon admission) of all additional charges or fees; the process for launching a licensing complaint; revised language on falls prevention and continuing education for staff, and the introduction of staff performance evaluations.

"In anticipation of the Ombudsman Report, which

was just released in part, the government felt they needed to do something to improve their oversight on quality care in the province's residential care facilities," says Cohen. "This is good as there are some positive changes like the new language on falls prevention and adequate staffing."

But with the ongoing challenges in residential care, it's important to keep residential care issues in the spotlight. Submitting complaints to Licensing, based on these new regulations, is one way of doing that.



The road to public sector bargaining

FOR MANY HEU MEMBERS, the bargaining process may seem overwhelming. It's meticulously detailed, uses labour relations jargon, and is often shrouded in mystery. And yet, it's one of your union's most important functions, which ultimately has a direct impact on your daily working life and your paycheque.

Negotiating a collective agreement – which is a legally binding contract between your union and employer – outlines the working conditions, rights, wages and benefits for all members covered by that contract. And it must be ratified by the membership in a democratic voting process.

So how does an idea at the local level end up as an issue addressed at the bargaining table, and later implemented in a signed collective agreement? Generally, it's a long road that begins with member consultations, as nobody knows or understands your work better than you.

FACILITIES SUBSECTOR

Preparations for this round of bargaining began last spring when the union sent out a special mailing to announce the facilities Occupational and Wage Policy Conferences.

With the facilities, community health and community social services contracts set to expire on March 31, 2010, HEU organized a series of two-day pre-bargaining conferences under the theme Our Work Matters! They were an opportunity to bring together first-time as well as seasoned activists from across the province to network, identify bargaining priorities, and discuss issues specific to their occupational grouping.

In what the union dubbed “a pre-bargaining year”, locals were invited to select participants to attend those conferences. The union had initiated the pre-bargaining conference series in 2005, which were so successful that delegates passed a resolution at 2008 convention to incorporate them as a regular part of future bargaining preparations.

Facilities locals were encouraged to hold special meetings in the summer with the five occupational job families – patient care, patient care technical, clerical, support, trades and maintenance – to discuss workplace and job-specific issues, and debate and pass bargaining demands. Those demands had to be passed by majority vote, signed by the local chair and secretary-treasurer, or designate, and submitted to the Provincial Office by September 4, 2009.

This time around, because the Wage Policy Conference was scheduled earlier than usual, the HEU Provincial Executive made a commitment to submit bargaining priorities from each Occupational Conference directly to Wage Policy. This was in addition

to the bargaining demands already submitted by locals. In other words, it gave locals a second-chance to pass bargaining demands that they may not have thought of prior to the Occupational Conferences.

In today's tough economic and political climate, this process also helped streamline the priorities into a short, focused list of realistic demands to take to the bargaining table.

WAGE POLICY

Following the Occupational Conferences, participants were encouraged to liaise with their local's elected delegate(s) to the Wage Policy Conference, held in Richmond November 2 to 4. It was an opportunity to generate support for the bargaining priorities identified at each of the conferences.

Meanwhile at the Provincial Office, a Bargaining Demands Committee was appointed by the Provincial Executive to review and prioritize all the demands and resolutions submitted by locals. If several locals submitted the same or similar demand, then the committee put together a “composite” demand. The same process occurred for the submitted resolutions. Then the committee recommended either concurrence or non-concurrence of each demand or resolution being considered by delegates.

The Provincial Executive can also forward recommendations on wage and contract demands to locals and delegates prior to the Wage Policy Conference.

A copy of all proposed bargaining demands and resolutions – from locals as well as the Provincial Executive – were sent to all Wage Policy delegates and locals 15 days before the conference.

Then, during the Wage Policy Conference, about 400 delegates debated, passed or defeated bargaining demands or resolutions, and elected a new Provincial Bargaining Committee.

The 10 elected members are joined on the bargaining committee by the union's president, secretary-business manager and financial secretary. HEU's secretary-business manager is their chief spokesperson, and is also the lead negotiator for the multi-union Facilities Bargaining Association.

The bargaining committee meets within 30 days of the conference to discuss issues referred from Wage Policy, and to strategize on bargaining. And they also meet with the other unions in the FBA to prepare for negotiations with the Health Employers Association of BC (HEABC).



Members attended a series of occupational conferences in the fall to network, identify bargaining priorities, and discuss issues specific to their job families.

COMMUNITY SOCIAL SERVICES

About 1,400 HEU members working in community social services – a sector plagued by a recruitment and retention crisis – bargain as part of the Community Social Services Bargaining Association of Unions (CSSBA). The lead union is the B.C. Government and Service Employees' Union (BCGEU). The bargaining association represents 13 unions, including HEU, the Canadian Union of Public Employees B.C. and the Health Sciences Association.

HEU's community social services members hold a pre-bargaining conference to discuss priority demands and elect representatives who will sit at the multi-union bargaining table.

Bargaining demands are submitted to CSSBA, which then meets to prepare for negotiations with their employer, Community Social Services Employers' Association (CSSEA).

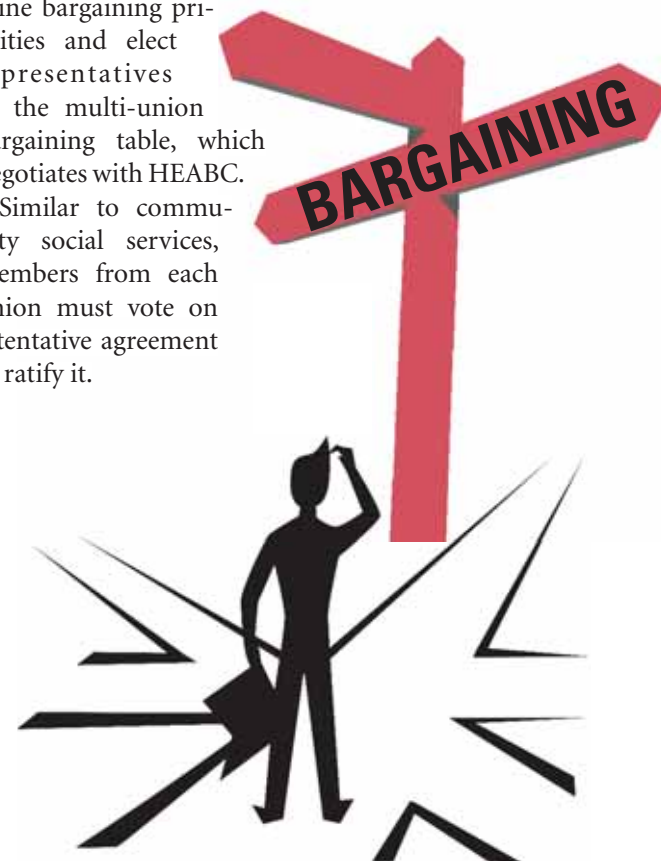
Once a tentative agreement has been reached, a membership vote is held by each union. The contract is ratified by a majority vote.

COMMUNITY HEALTH

HEU's 1,388 members working in community health are mostly represented by the Community Subsector Association of Bargaining Agents (CBA), with BCGEU as the lead union, but some bargain with the Paramedical Professional Bargaining Association.

The union's community health workers hold their own pre-bargaining conference, where they determine bargaining priorities and elect representatives to the multi-union bargaining table, which negotiates with HEABC.

Similar to community social services, members from each union must vote on a tentative agreement to ratify it.





UNITY **STRENGTH**

Wage Poli set bargai

By the time HEU members attending the union's 18th Wage Policy Conference, held in Richmond B.C., concluded their bargaining preparations for a new facilities subsector collective agreement, they were able to head home knowing unity, strength and solidarity had been among their top achievements.

From the moment HEU president Ken Robinson opened the three-day conference on November 2, delegates were ready to tackle an ambitious agenda with respect for one another's goals, and a determination to advance solutions that would protect jobs and services in what promises to be a tough round of public-sector negotiations.

The foundation for the many hours of discussion and debate ahead was well-laid on the conference's opening night at a special evening forum, Building Solidarity.

Members representing community social services,

community health and the facilities subsector's five occupational families – patient care, patient care technical, support, clerical, and trades and maintenance – provided the 271 delegates with brief presentations on their work, the impact of government cuts, and the bargaining priorities each group had set in previous occupational and sectoral conferences.

That discussion set the stage for what many seasoned delegates described as one of the most open and focused union plenaries they had ever attended.

The opening evening wrapped up with a passionate address from Jim Sinclair, B.C. Federation of Labour president, who thanked HEU members for the work they do “every day for tens of thousands of British Columbians who depend on you to be healthy... It's human beings who care for people, it's not cash registers,” he said. “Hearing what you do every day – it's humbling.”

And he reminded delegates how critical it is that workers right across the public sector stand together and support one another to achieve fair contracts.

In the two days that followed, delegates debated and passed a series of bargaining demands aimed at improving working and caring conditions throughout B.C.'s hospital and residential care facilities.

In setting the stage for those discussions, HEU's secretary-business manager Judy Darcy outlined the principle challenges facing health care workers in today's bargaining climate. Chief among them, she said, is the provincial government's public-sector wage freeze, the burgeoning provincial deficit, and a stunning rollout of short-sighted cuts to programs and services that hurt patients, residents and workers.

But she also stressed that HEU members, across the spectrum of care, are the very people who are key to solving health care's challenges.

And she credited delegates with their willingness to support both common issues and issues specific to particular groups at the bargaining table.

Top bargaining priorities for this round of contract talks included job security provisions, protecting benefits, and compensation increases for LPNs,



We are the solution.

JUDY DARCY is the secretary-business manager of the Hospital Employees' Union and chief negotiator for the Facilities Bargaining Association.

Here are some key excerpts from her report to HEU's 18th Wage Policy Conference.

“There is no doubt we're in for a tough and complicated round of bargaining. First, government has now become clear and unequivocal that there is a wage freeze throughout the entire public sector that will extend through the 2011-2012 fiscal year...

“Second, health authorities have been told to cut \$360 million in program spending in the current fiscal year, and the impact is becoming clearer every day; cuts to mental health and addiction programs, to seniors' care, to services for vulnerable children.

“Surgeries are being reduced. Preventative health programs are being decimated. And a range of workers – from front-line care staff to those who provide critical support to front-line care – are being laid off in communities across the province.

“And you know, it's mind-boggling just how short-sighted these cuts are. Virtually every

commentator is now so obvious to all of you v

“But we also go to the a number of strengths estimated.

“The first and most im comes to meeting hea we are the solution...

“Whether it's our mem who have already help Organization find \$150 three years.

“Or LPNs who are hel shortage by working t practice...

“Whether it's clerical w health care together – aging the increasing co



SOLIDARITY

Community delegates setting bargaining agenda

nursing unit assistants and certain other occupations with increased responsibilities.

COMMUNITY HEALTH

Members working in B.C.'s community health sector established their own top bargaining priorities on October 14 and 15 during a two-day conference held at the union's Provincial Office in Burnaby.

Top priorities included maintaining and improving health and welfare benefits, obtaining direct-pay cards for prescription drugs, addressing scheduling issues, and attaining special adjustments for LPNs, employment counselors and other workers in difficult-to-recruit and retain jobs.

The 25 delegates in attendance included mental health and community support workers, care aides and LPNs, and administration and payroll staff.

They also elected bargaining committee members Graham O'Neill from the North Shore local and Carol Ryan-Hunter from the Kamloops Thompson local, who along with HEU servicing representative

Joey Hartman, will join their sisters and brothers from other unions in the sector.

The Community Bargaining Association's lead union is the B.C. Government and Service Employees' Union (BCGEU).

COMMUNITY SOCIAL SERVICES

Delegates attending the union's community social services bargaining conference in Victoria on June 3 and 4, made compensation, restoration of sick benefits and sick time, special leave, plus improved extended health benefits and transportation allowances their main priorities for this round of bargaining.

They'll be going to the table in the midst of a recruitment and retention crisis that has rocked the sector in recent years. Most agencies are now suffering from severe staff shortages and an inability to attract trained workers. Many employers are now forced to hire workers who don't have appropriate training.



Delegates elected a bargaining committee to represent HEU members at the multi-union bargaining table where BCGEU is the lead union.

Marilynn Rust and David Huespe, along with HEU servicing representative Bob Wilson, will be working with bargaining representatives from the other 12 unions in the sector.

HEU members attending the conference included workers in residential care, vocational training, women's transition houses, and general community services.

PATTY GIBSON

saying what's perfectly
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complexities of health care.

"Or care aides, the unsung heroes and heroines of health care, who are now taking on new roles in acute care.

"Or trades workers who are saving dollars through a combination of preventative maintenance and reining in outsources that are very expensive...

"Or pharmacy techs who are taking on more responsibility all the time. And the list could go on.

"We are the solution. There are 270 job classifications in our sector. And each one of them is part of the solution...

"And when we stand united to protect services and decent jobs, not only for ourselves but for everyone who depends on them - we are stronger.

"And that's exactly what we're going to do. Let's get on with the job!"



JOSH BERSON PHOTOS

HandyDART employer seeks deep concessions

HandyDART is the public transportation service that many people with disabilities living in Metro Vancouver depend on to take them to and from medical and other appointments. Up until the beginning of 2009, the women and men who drive and maintain the buses and look after the administrative work were employees of Translink, a B.C. government-owned agency.

But on January 1, 2009, Translink contracted out to an American outfit, MVT Canadian Bus (MVT). And on October 26, for the first time in almost 30 years, HandyDART workers – members of the Amalgamated Transit Union (ATU) Local 1724 – took job action. They are still on strike as the *Guardian* goes to press.

HEU members won't be surprised to hear that MVT seems to care less about the service or the people who deliver it, and more about its bottom line. The new, for-profit HandyDART employer wants deep concessions from the staff, including giving up a pension plan that took two decades to realize.

You can support the ATU HandyDART workers. Tell Translink board members to reconsider the misguided decision to contract out HandyDART services (email: board@translink.ca). And take action by visiting the ATU Local 1724 website (<http://atu1724.com>) to help these sisters and brothers achieve a fair collective agreement.

CUPE paramedics protest Bill 21

Like the rest of the labour movement, there were a lot of HEU members shaking their heads on November 7 when the provincial government legislated an end to the CUPE 873, Ambulance Paramedics of B.C.'s seven-month-long strike.

The legislation marked a shameful first in Canadian labour history – the first time striking workers were legislated “back to work” by a government while they were in the middle of voting on a contract offer from that very same government.

Although B.C.'s Health Minister Kevin Falcon initially claimed the repressive legislation was intended to address the H1N1 pandemic, CUPE released information from a Vancouver Olympic Organizing Committee (VANOC) memo demanding that the provincial government end the strike in order to ensure the 2010 Games.

HEU's living wage activists share lessons with community members

The message that “work should lift you out of poverty, not keep you there” was heard loud and clear during bargaining for members employed by Sodexo, Aramark and Compass.

And it continues to resonate with union activists, low-waged workers and even some employers, as the campaign takes root and grows in the community.

HEU activists, who worked many long hours on the campaign, are now offering their insights, experiences

Falcon also came under fire for using the pandemic when the ambulance paramedics were already working under Essential Services orders, and many were still being denied flu shots.

The legislation, ironically titled the *BC Ambulance Paramedics Collective Agreement Act (Bill 21)*, imposed a one-year contract retroactive to April 1, 2009.

CUPE BC president Barry O'Neill condemned government's action saying, “It's an insult to our 3,500 ambulance paramedics and to all working people to attack the democratic rights of collective bargaining.”

O'Neill was deeply involved in the negotiations and says *Bill 21* was totally unnecessary. “We were very close – a weekend meeting away from a ne-



MURRAY BUSH PHOTO

gotiated collective agreement.”

CUPE has been holding rallies in communities across the province to protest *Bill 21*.

As Ambulance Paramedics of B.C. president John Strohmaier says, “The strike may be over, but the labour dispute isn't, and won't be until we have a freely bargained collective agreement.”

The main issues in the dispute remain response times, staffing, the \$2 an hour “on-call” system in rural B.C., training and retention.

Right to demonstrate

The Supreme Court of Canada has refused to hear appeals from citizens demanding compensation for inconvenience suffered during a 2003 demonstration by Montréal workers – represented by CUPE Local 301.

The Court of Appeal concluded the right to travel by car without suffering undue delay does not fall under the *Canadian Charter of Rights and Freedoms*.

>>opinion>>



CLC calls for national summit on pensions

The Conference Board of Canada reports that poverty rates among Canadian seniors doubled between 1995 and 2005. One-third of Canadian workers aged 24-64 have no personal retirement savings at all, and 61.5% of workers (11 million people) have no workplace pension.

Public pensions are good in their design but governments chose decades ago to keep the benefits low. Even the maximum amounts available through the Canada Pension Plan, Old Age Security (OAS) and the Guaranteed Income Supplement (GIS) fall short of providing the level of income people need to maintain decent living standards.

We have three key suggestions for protecting pensions and improving retirement security. We propose an enhanced CPP as the cornerstone of pension reform with a doubling of benefits so that the proportion of average earnings replaced by CPP rises from 25 per cent to 50 per cent, over seven to ten years, to \$1,635 per month.

This would be financed by a modest increase in worker and employer premiums.

The CPP already covers 93 per cent of working Canadians and offers them an accurate sense of the pension income they can expect. The CPP is highly risk tolerant and portable, has the lowest administration fees of any pension plan in the country, and cannot be matched by any provincial or regional solution.

The CLC is also calling for an increase in the Guaranteed Income Supplement (GIS) so that no senior lives in poverty. This could be accomplished by investing \$682 million in additional GIS spending. And finally, we propose a federal system of pension insurance. The pensions that Canadians worked so hard to earn should be insured up to \$2,500 per month (\$30,000 a year) per person, much as our bank accounts are now.

What's needed now is a national pensions summit that would bring together government, business, labour, and other stakeholders to develop real pension solutions that ensure no Canadian is left behind.

KEN GEORGETTI • PRESIDENT,
CANADIAN LABOUR CONGRESS

“Public pensions are good in their design but governments chose decades ago to keep the benefits low.”

Obama's battle to reform health care

As U.S. President Barack Obama's first year in power comes to a close, it is marked in a large part by his battle to bring public health care to the American people.

In the end, whatever plan is approved can only be a disappointment to the scores of trade unionists and other health care advocates who have seen the original vision compromised to such an extent that it can no longer be called true reform.

The responsibility for this failure can be traced to unrelenting pressure from some of the nation's most powerful lobby groups, which have spent tens of millions of dollars in the past year to stop reform and protect their industries' profits.

As it stands, the U.S. will spend more than \$2.5 trillion in 2009 on a health care system that is overwhelmingly controlled by private interests.

The major corporate stakeholders in the U.S. health care sector include health insurance companies, the massive pharmaceutical and hospital industries, and business employers who already pay employee health care premiums and don't want to pay more, as well as those who have never paid such premiums and never want to.

Doctors have also played a major role in the health care reform debate through their state and national associations, many of which adamantly oppose public health care.

Alternatives to America's market-based health care system offered varied, complex and highly controversial options. The major reform was centered on plans to establish public health insurance for non-disabled individuals under age 65.

That goal, however, was entirely lost in the months of debate where corporations spent a colossal amount of

money to protect their profits and kill health care reform.

Their victory is being seen as a triumph for private insurance companies who will further benefit in the absence of a public plan.

According to federal data collected by the U.S. Center for Responsive Politics, a non-partisan organization that researches money's influence on American politics, the health sector spends more dollars lobbying Congress and federal agencies than any other sector of the economy.

Between January and September 2009, health care interests spent over \$396 million to influence the reform outcome. If current trends continue, the Center predicts health sector lobbies are likely to spend more than one billion dollars in 2009.

In one example, the pharmaceutical giant Pfizer spent more than \$16 million in 2009 alone, about \$4 million more than it had in 2008.

One of Britain's leading newspapers, the *Guardian*, recently reported that the U.S. health care industry is funding six lobbyists for every member of Congress, all in an effort to either bury reform or buy their version of it.

In addition to the vast amount of money going into lobbying, as of October, special interest advocacy groups spent a reported \$1 billion on political ads, with most of it targeting the health care debate. It's this spending



that fueled the summer-long wave of fearmongering and disinformation about health care reform.

Meanwhile, in 2007, about 45 million Americans under the age of 65 lacked health insurance. Millions

may be attributed to the lack of insurance coverage.

And according to the U.S. Children's Defense Fund, "Today, 8.1 million children are uninsured and considerably more than 500,000 pregnant women are uninsured."

Pointing out that a lack of insurance compromises access to health services, the Fund's website notes, "People who are uninsured live sicker and die sooner. The United States is the wealthiest nation in the world, yet children's health status in our country, as measured by selected indicators, is among the worst in the industrialized world."

Clearly, the battle to reform U.S. health care has pushed Obama and his Democratic party to the wall. For Americans, any effort to truly reform health care in the future may have been lost for generations to come. For Canadians, it's a warning to protect our public health care system while we still can.

ESTHER SHANNON

The original goal was entirely lost in the months of debate where corporations spent a colossal amount of money to protect their profits and kill health reform.

of low-income, uninsured people – mostly children and parents – are not enrolled in Medicare and Medicaid, the joint federal/state means-tested public program designed to cover low-income people.

Estimates of the number of U.S. deaths caused annually by the absence of universal health insurance are as high as 20,000. One study concluded that in the age group 55 to 64 alone, more than 13,000 extra deaths a year

>>voices>>



"This latest loss amounts to a massive breach of faith on the part of the government."

Government backslides on community living

On November 18, without any consultation, the B.C. government eliminated a section of the *Community Living Act* that required a majority of the Community Living B.C. (CLBC) Board of Directors be individuals with disabilities and family members.

It was a final blow to the principles at the core of the Crown Authority, which was set up in 2005 to administer services and supports to people with developmental disabilities. At the time, the community overcame its initial skepticism about the new model and worked with government to enshrine several key elements in CLBC's mandate.

They included keeping services for children and adults together, implementing a provincial system instead of a regionalized one, and having a majority of individuals with disabilities and family members on CLBC's board.

This last was to ensure CLBC would be governed, in part, by people with first-hand knowledge and experience about the services themselves. Under then-minister Stan Hagen, these provisions were included in the Act and widely supported by all MLAs in the legislature. But step by step, government

has reversed these original commitments, without consultation and in clear opposition to community wishes.

Earlier this year, a regional system was implemented. Next, services for children with special needs were taken out of CLBC and returned to the Ministry. Now, community living advocates have been eliminated from the CLBC board.

What this latest loss amounts to is a massive breach of faith on the part of the government, which was happy to use the community to achieve its ends, but has systematically broken every commitment made to the community that worked long and hard to support what many believed would create a better way of providing services to children and adults with disabilities, and their families.

Combined with budget cuts, community living is rapidly being moved in the wrong direction. Sadly, it will be a long time before the disability community trusts working with the government again.

TIM STAINTON • PROFESSOR, UBC; DIRECTOR, B.C. ASSOCIATION FOR COMMUNITY LIVING



St. Paul's local celebrates their clerical team.

Clerical Team Appreciation Day

On November 18, the union's second annual Clerical Team Appreciation Day, HEU locals throughout B.C. took time to recognize the contribution of their clerical team. Celebrating with balloons, cakes, cookies and flowers, some locals held raffles and many distributed posters,

fridge magnets and lanyards. It was a day to raise awareness about the important – but often invisible – role our clerical team plays in delivering quality patient and resident care.

There are nearly 10,000 HEU clerical members who work in approximately 85 different job classifications. They include nursing unit assistants, medical transcriptionists, payroll supervisors, purchasing assistants, bed booking clerks, staff schedulers, and many more.

Bill 29 Re-training Fund applications

Applications for a five-million dollar re-training fund, as negotiated in the *Bill 29 Settlement Agreement*, are now available for regular

employees – covered by the Facilities Bargaining Association contract – who have been laid off or bumped due to contracting out since January 26, 2008.

The Joint Bill 29 Re-training Fund was established to offer assistance for training in an “area of need”, as determined and approved by the employer, for a job classification in either the facilities or community subsectors. The Fund will pay for tuition, course materials and a daily stipend per training day (pro-rated based on member's FTE).

The Fund will only cover a course or program taken at a B.C. public post-secondary college or institute, or a B.C. School District Continuing/Adult/Education program.

An exception may be made if the program is not offered in a B.C. public institution.

Members will not be eligible for re-training funds if they choose to bump, fill a vacancy, or take the enhanced severance package.

Shared Services Organization update

The Health Authority Shared Services Organization (SSO) is a major consolidation effort that the B.C. government and its health authorities have initiated over the past year. Its development was accelerated after a record provincial deficit was revealed in September.

The first phase – the province-wide consolidation of the supply chain which covers purchasing, stores,

inventory and distribution – is almost complete. It encompasses all the health authorities, and also includes Providence Health Care (PHC), an affiliate of the Vancouver Coastal Health Authority (VCHA).

SSO is now taking over information technology in Fraser Health, Provincial Health Services (PHSA) and VCHA/PHC, as well as payroll, accounts payable and accounts receivable in VCHA/PHC and PHSA.

SSO is changing organizational structures with some workers being relocated. Becoming part of SSO may also mean a change of employer for some. However, at this time, HEU members remain employees of the health

BALANCING IT ALL

MARGI BLAMEY

Receptionist extraordinaire **JEANETTE PRICE** has brought a great sense of humour and a quick wit to one of the toughest jobs in the union.

HEU BIDS VALUED STAFF MEMBER A FOND FAREWELL

Every year, thousands of people call or come to HEU's Provincial Office in Burnaby. Most are members, some are employers, many are repeat visitors including the union's staff, other labour representatives, delivery and service personnel, or lawyers and mediators. Occasionally, there's even a politician or two.

Whatever the reason for a phone call or visit, chances are good that each one has been greeted and frequently helped by Jeanette Price, HEU's switchboard operator and receptionist extraordinaire for 14 years.

It's because of Price's exceptional ability to guide, counsel and care about anyone who contacts HEU that staff and members have joined her and her family in celebrating her upcoming retirement.

Being the front-line voice and face of the Hospital Employees' Union requires a calm, confident and welcoming countenance backed by intelligence, knowledge and the ability to think on one's feet. A good sense of humour, a quick wit and a love of people doesn't hurt either.

Price has all of these qualifications in abundance – and more. However, as she tells it, that hasn't always been the case.

“I don't think I had the confidence when I arrived at HEU,” she says. “It's come as a result of what I've learned through being here.

“The exposure to the inequities of life, of be-

ing treated unfairly or of not being in a union, has opened my eyes and my heart. It's tragic when there is nobody to speak on behalf of those less fortunate than ourselves.”

Life lessons learned on the job have overflowed into Price's personal life, and most specifically to her two daughters, who are both young women now, but were in elementary school when their Mom started at HEU.

Life lessons learned on the job have overflowed into Price's personal life, most specifically to her two daughters.

At a recent party celebrating Price and her contribution to the union, her daughters lauded their mother's example. Price's husband Greg repeated the praise, noting that life with three strong women keeps him a man of few words.

Her co-workers, members of Communications, Energy and Paperworkers Local 468, also showered her with accolades, noting her generosity, her kindness and her unfailing cheerfulness. Price was speechless – almost.

“The outpouring [of affection] from my sisters and brothers, HEU's Provincial Executive and many members has been overwhelming. I didn't realize I'd



TONI HAWLEY PHOTO

touched so many,” Price says with incredulity.

Indeed, she has touched thousands of lives. Re-counting her experiences at HEU, Price notes that helping people has covered a wide range of requests and situations, some serious and some light-hearted.

An all-too-frequent scenario is guiding people to the Provincial Office. Many who have walked through the reception area to hear Price telling a caller that they've just passed the turn-off and are headed into New Westminster.

Price laughs as she remembers how she recently gave very detailed directions to a lost driver, only to discover at the end of the conversation – and much to their mutual amusement – that he was calling from the HEU parking lot.

By the time this issue of the *Guardian* is out, Price will have retired effective December 17.

Does she have some advice for her successor? Yes. “Have a good sense of humour. Take calls seriously, but not to the point of becoming too personally invested. And leave it all behind when you go home.”

And when asked how she would like to be recognized for her years of service, Price says, “You could just put ‘Jeanette was here and now is gone.’”

Simple. But not easy, because for HEU, members and staff, we'll be missing an angel.

authority that hired them. During a December 1 meeting with the Health Employers Association of BC (HEABC) and SSO representatives, HEU brought forward several concerns, including the issue of bargaining unit designation.

Now that HEABC and HEU with the rest of the Facilities Bargaining Association have begun negotiations, the bargaining unit designation of SSO staff is part of discussions, and the union's position is that members remain in the facilities subsector.

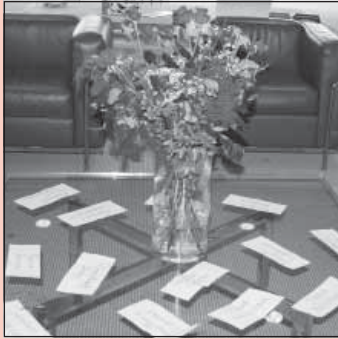
HEU commemorates Montréal massacre

Union members throughout B.C. commemorated the 20th anniversary of the Montréal Massacre on December 6.

And on December 7, the Provincial Office held a vigil to honour the 14 women killed – including a CUPE clerical worker – at l'École Polytechnique de Montréal.

Secretary-business manager Judy Darcy paid tribute to the women, and then our sisters on the Provincial Executive each read a victim's name and placed a rose in a vase, followed by a moment of silence.

To mark this historic date, the B.C. Federation of Labour also produced a Community Toolkit to Stop Violence Against Women. The kit provides background information, lobbying tools, and organizing strategies to initiate changes to tackle violence against women.



BRENDA WHITEHALL PHOTO

The B.C. Fed has asked local governments to work with women to conduct safety audits and take concrete steps to make communities safer. And they've called on the provincial government to restore and expand funding for important public services, on which many women and their families depend.

To remind political leaders that government action is needed to end violence against women, HEU and other Canadian labour orga-

nizations supported the "20 Days – 20 Ways" postcard campaign spearheaded by the Canadian Labour Congress.

These postcards urged the Prime Minister to increase funding to women's shelters, provide pay equity, implement a nationally-funded child care program, establish better public pensions and access to Employment Insurance, invest in social housing, and set a national standard for welfare rates.

Labour speaks out at climate talks

Union activists from across Canada joined thousands of delegates at December's United Nations talks in Copenhagen to push for a fair, legally binding and ambi-

tious agreement to reduce the world's greenhouse gas emissions.

On behalf of CUPE's environment committee, HEU Provincial Executive member Carolyn Unsworth participated in the Canadian Labour Congress' daily lobbying efforts and other activities calling for the principles of a "Just Transition" (social and economic justice, as well as green jobs and support for workers impacted by new regulations) to be included in any climate change agreements.

As the conference came to a close, references to a "Just Transition" remained in the draft text of the international accord. However, the conference ended with disappointment and strong criticism from

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ON THE JOB

BRENDA WHITEHALL

Renal dialysis technician **TAMARA EHRENFELLNER** has worked in a variety of jobs over her 28 years as an HEU member, and she's witnessed a lot of changes.

GETTING TO KNOW PATIENTS IS THE BEST PART OF THE JOB

A groggy voice answered my call after several rings. Tamara Ehrenfellner had only slept four hours when I awakened her. "I worked an afternoon shift yesterday, but was called back in at one in the morning for an emergency procedure. I didn't get home until 5:30."

What type of emergency would drag a renal dialysis technician back to Royal Columbian Hospital (RCH) in the middle of the night?

A suicide attempt.

"We deal with the [drug and poison-induced] suicide attempts – lithium, methanol, all of them – because they require dialysis."

But Ehrenfellner hasn't always been in a job where she needed to be on call 24/7. Over her 28 years as an HEU member, she's worked in a variety of jobs and witnessed a lot of changes. And she's part of a generation of health care workers who received intensive on-the-job training.

"I've seen how health care has changed and how technology has evolved," she says. "Thirty years ago, dialysis could take 14 hours, now it's done in four. We used to use latex tubes. We used to reuse respiratory masks. I remember when needles would be sterilized and we'd reuse them. You'd never think of reusing a needle now."

Although Ehrenfellner, 46, works with some acute

cases in ICU, CCU and emergency, most patients on the renal unit have chronic kidney disease. Her job is setting up and troubleshooting the machines and making preparations for the dialysis.

"Thirty years ago, dialysis could take 14 hours, now it's done in four... I remember when needles would be sterilized and we'd reuse them. You'd never think of reusing a needle now."

was in RCH's sterile processing department (SPD).

Seven years later, she moved to the stores department, stocking sterile supply carts for the wards. A year later, she became an operating room aide.

"They hired me in the O.R. because of my work in SPD," explains Ehrenfellner. "It's like the other end of SPD, where you get the sterile supplies and set up the O.R. tables. You tend to circulate a lot in that job, running in and out of the O.R. to help them out. Sometimes, you just go, go, go, without a break, depending on what's happening."

Then in 1994, after having a baby, she decided to work part-time and accepted an opening in the renal

"Kidney disease can hit anyone – every age, every ethnicity, rich or poor, anybody," she says. "It's hard because dialysis is end-stage and we do have patients who die."

Ehrenfellner began her health care journey in 1981 after graduating from high school with no specific career path in mind. Her first job

department. At that time, there was no course, so her supervisor trained her for two months.

"Each job helped me get to the next job. Because of my SPD and O.R. experience, I got the job on the renal unit."

Ehrenfellner says the leap from the O.R. to renal was huge. Over the years, she's had to learn three different dialysis machines and a whole new system for each one.

"It was scary because now I was dealing [directly] with patients... In renal, people are coming in two to three times a week, so you get to know them and build relationships."

Like many health care workers, Ehrenfellner had to learn to cope with patient deaths.

"I usually need to be alone," she says. "Sometimes you think you're okay when you get home, and then your emotions go. It's difficult."

Ehrenfellner says the variety of patients she meets is the best part of her job, but workload, long hours and short-staffing are serious workplace struggles.

"I work 12-hour shifts and there's a lot of overtime. From Monday to Friday, we do 80 to 90 patients a day just on the renal unit... It's very, very busy."

She's also concerned about budget cuts and how bureaucratic decisions are made. "I've seen how the patients suffer, and it's very challenging. The funny thing is, the patients are now the main reason I'm still here, even though it was the scariest thing when I first started in renal."



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international environmental movements and some world leaders after talks failed to achieve a legally-binding agreement to reduce greenhouse gas emissions.

Canadian negotiators, specifically, came under fire for obstructing key talks to move forward on science-based targets and provide support for developing countries, as well for the continued exploitation of Alberta's oil sands – considered to be the world's dirtiest source of energy.

As Canada continued to win the tongue-in-cheek "Fossil of the Day" award during the two-week meeting, Unsworth grew more and more embarrassed by her country's role in the conference.

"I kept saying Harper is not representing the voices

of Canadians and this is not being done in our name," she says. "Harper needs to clean up the tar sands and clean up our reputation. If I have one thing to do, after this meeting, it's to stir up the union movement so we can hold him accountable at the next climate talks in Mexico."

Despite the frustrations, Unsworth was also inspired by the power of citizens coming together for change.

"The spirit of the people was so intense," she says, "watching the hope of everyday people was amazing."

Many are calling the thousands of international actions and the millions of petition signatures the beginning of a worldwide mobilization that will continue in the lead up to next year's conference in Mexico.



100 Mile House dietary worker, Shirley Plautz

HEU celebrates support workers

October 28 marked the union's second annual Support Workers Day to honour the important role these members play on the health care team.

Because many support workers' jobs require heavy lifting and repetitive movements, this year's theme

was on mind-body health (or "wellness").

Province-wide celebrations on this day included a variety of activities, such as raffles and setting up information tables, plus distributing cake, pizza and flowers.

HEU support staff work in about 35 job classifications including food preparation, maintaining clean and sterile environments, transporting biohazardous materials, and handling a complex inventory of equipment and supplies.

Beacon Hill Villa staff end strike, ratify new contract

Striking support services members – employed by Compass and working at Beacon Hill Villa in Victoria – returned to work on

December 9 after a one-week strike, while their bargaining committee continued negotiations with Compass. Members ratified a revised offer by a 90 per cent majority vote on December 14.

The HEU workers had been on strike since December 2, when talks broke down with Compass over substandard wages. And after months of negotiations and mediation with Labour Relations Board arbitrator Grant McArthur, members had voted 87 per cent in favour of job action, issuing strike notice on November 26.

Since December 31, 2007, about 20 HEU dietary, laundry and housekeeping members had been working without a contract at the private, for-profit, 80-bed residential care facility.

JANUARY

FEBRUARY

MARCH

JANUARY 17 - FEBRUARY 12
CLC Pacific Region Winter School, Harrison Hot Springs

JANUARY 19-21
HEU Provincial Executive meeting

FEBRUARY
Black History Month

FEBRUARY 9
B.C. Legislative Assembly House resumes

FEBRUARY 14
Chinese New Year

MARCH 2
B.C. Legislative Assembly – Budget Day

MARCH 8
International Women's Day

MARCH 14
Daylight Savings Time begins

MARCH 21
International Day for Elimination of Racial Discrimination

MARCH 22
World Water Day

An odyssey of solidarity and hope

When three feisty, Latina immigrant women take on Los Angeles high-end clothier – Forever 21 – for better wages and working conditions, their lives turn upside down during a three-year battle to bring labour rights into the abhorrent sweatshop environment that many garment workers endured.

The Emmy Award-winning documentary *Made in L.A.* chronicles the lives of Lupe Hernandez from El Salvador, and Mexicans Maura Colorado and María Pineda, who through their workplace struggles become activists and leaders.

Working in garment sweatshops for low pay in terrible conditions, these women came together with other immigrant workers at the Garment Worker Center in Los Angeles to protest and demand basic labour protections and human dignity. They launched a lawsuit and boycotted Forever 21 in a campaign that lasted three challenging years, sometimes pitting the women against one another. And many workers encountered threats, intimidation and violence during their fight for justice.

Although the immigrant workers won their case, the real story is in the organizing and solidarity they and their supporters maintained throughout, and how it changed them.

By participating in the campaign, Lupe, Maura and María developed confidence, public-speaking skills and learned to be strategic. They also took control over their personal lives, while demanding workplace rights and dignity for all. There are strong parallels in their stories to those of HEU's Living Wage Campaign activists.

The documentary is hopeful and funny, but also tragic. The story of immigrant workers struggling for a better life for themselves and their children is familiar to many Canadians. They



find jobs, but only "jobs that other people won't do." Long hours, low wages and abuse are common. Employers are quick to say, "if you don't like it, leave."

In one powerful scene, Lupe travels to New York City on a solidarity tour. She visits an apartment – kept as it was since 1897 – where a family of Polish Jews lived, barely surviving on earnings from their sewing piecework.

Along the walls, photographs showed sweatshop workers, more than 100 years ago, marching with signs that read "organize". Lupe realized that her story is deeply rooted in history, and will also be our future unless we change it.

In another scene, Maura watches a videotape of her three children left with her parents in El Salvador 18

years earlier. Leaving them was the only way she could support them – just as so many HEU members are separated from their families and send remittance payments each month.

We also see María make a presentation to university students. She's nervous, but she's found her voice. María holds up a

blouse that sold for \$13 retail, and explains that she earned just 19 cents for sewing it. When she asked for a better deal, the supervisor said she talked too much and fired her. As María said, "It's humiliating. They throw your dignity on the floor and you have to accept it."

After winning a settlement, Lupe reflects on the personal transformation she's experienced, and notes that "from something bad, you can create a masterpiece."

Made in L.A. is a thought-provoking story. As Lupe, Maura and María go from victims to empowered advocates, they each have the newfound strength to make personal changes in their lives as well.

For more information, visit their website at <www.madeinla.com>.

JOEY HARTMAN

FILM DOCUMENTARY

MADE IN L.A.
American Documentary Inc.
2009 (70 min.)

A film by Almudena Carracedo and Robert Bahar
Bilingual: English and Spanish
(with subtitles)

Retirements

Staff at Royal Inland Hospital in Kamloops wish nursing unit assistant **Sue Crabbe** all the best when she retires in January. Crabbe became an HEU member nearly 34 years ago, and spent the first 10 years of her career as an LPN.

Chairperson of her local for the past four years, Crabbe says she's grateful to HEU for providing members with the tools they need to help them be diligent and professional in their efforts to ensure the employer abides by the collective agreement.

Over her working life, she's seen many changes in the workplace.

"HEU is a wonderful social union; a community-based union," says Crabbe, who also sat on HEU's clerical subcommittee. "I encourage members to keep on working on social issues and continue the work to keep the employer on track."

She and her now-retired husband look forward to travelling throughout Canada and perhaps the southern United States.

In memoriam

Sadly, **Heather Lofstrom**, a staffing clerk at St. Paul's Hospital, passed away in August after a long battle with cancer.

Lofstrom worked in staffing for nearly 10 years before going on medical leave.



LOFSTROM

Diagnosed with a rare form of cancer in July 2006, she battled it valiantly, recalls her colleague Suzanne McFarlane. Through sheer tenacity and force of will, Heather briefly returned from LTD to work in the year preceding her death.

Lofstrom, who loved music, was a single mother. She is survived by her son Hugh.

Long-time dietary aide **Greta Hantke** of Acropolis Manor in Prince Rupert passed away in October, after more than 20 years of service.

A former shop steward and activist, and of Nisga'a and Haida culture, Hantke served from 2000 to 2004 on HEU's First Nations Standing Committee.

She had retired in January, only 10 months prior to her death from cancer.

Her passions included cooking, baking, beading and

sewing. She will be missed by all who knew her, and particularly by her husband of 48 years, Horst.

Welcome to HEU

On December 7, **Carol Delveris** joined the Provincial Office staff as the union's coordinator of finance. A chartered accountant, Delveris has worked in both the public and private sectors.

And **Jacque de Aguayo** joins the HEU staff on January 5 as director of legal services. An accomplished private practice lawyer, de Aguayo has worked at the Public Service Alliance of Canada for the past eight years.

We are also pleased to announce that **Brendan Dick**, director of membership services, was appointed to the newly created director of benefits position on October 1. Brendan brings a wealth of experience from his work as chair of the Municipal Pension Plan.



BRENDA WHITEHALL PHOTO

Ethnic Diversity Standing Committee members Lila Wong, Amarjit Dosanj, Mary Jetko, Marva Vidal and Avelina Vasquez worked with artist Favianna Rodriguez to develop a new International Day for the Elimination of Racism poster.

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PRINTING
Mitchell Press

The *Guardian* is published on behalf of the Provincial Executive of the Hospital Employees' Union, under the direction of the following editorial committee:

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PRESS 1

Ethnic Diversity



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

PRESS 2

First Nations

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

PRESS 3

Lesbians and Gays

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

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.

PRESS 5

Women's

The HEU Women's Standing Committee works with women's groups, coalitions and other union committees to advance women's social and economic rights. Want to get involved?



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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