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Toxic Free Canada is the new voice of the Labour Environmental Alliance Society (LEAS) which was founded in 1998.

Under our new name we continue to bring workers and environmentalists together with others to eliminate health and environmental toxins, build a green economy and reduce our carbon footprint on the planet.

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GUARDIAN

SUMMER 2009 • VOLUME 27 NUMBER 2 • THE VOICE OF THE HOSPITAL EMPLOYEES' UNION

greening health care

how we can save lives,
save money, and save
the planet. PAGE 8





HEU's LPN advisory group members are working to protect LPNs' rights and advance their professional nursing practice in the face of a full-scale campaign by BCNU to move health care workers into their union. SEE PAGE 11

Union activism builds strong communities

As HEU members gear up for public-sector bargaining, a larger debate about workers' rights and the role of unions in these uncertain economic times has surfaced on the pages of local papers as well as in the national media.

With unemployment on the rise, and more job losses on the horizon, there are those who are calling for unionized workers to roll back their contracts – as if a race to the bottom could ever hope to stabilize a weakening economy. Others dismiss unions as no longer relevant in the face of a global financial crisis.

But history tells another story.

Achievements at the bargaining table have always benefitted the entire community. They've helped create a better quality of life for all workers – union, non-union and those who are unemployed, disabled and retired.

And they've been key to building strong local economies.

In the health care sector, thousands of HEU members over the past 65 years have

waged critical struggles that have improved our own working conditions and raised the standard of care for patients and residents.

Beyond the bargaining table, HEU has been at the forefront of such pivotal battles as the fight for medicare, pensions, women's equality, unemployment insurance and social programs that we all rely on.

In the last few years, after organizing

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thousands of newly privatized hospital support workers, the union launched what is now a community-wide campaign for a living wage, in an effort to extend rights gained at the bargaining table to low-waged workers throughout B.C.

Most recently, it was the union's tenacious advocacy over 2002's notorious *Bill 29* that enshrined collective bargaining as a charter-

protected right for all Canadians.

This Labour Day, HEU members can celebrate with pride our respected place in the nation's trade union movement, knowing that we are not only relevant, but essential, to making our workplaces and communities healthier, stronger and more democratic.

Many of the stories in this issue of the *Guardian* reflect the vital advocacy work

HEU members do in our efforts to achieve justice and fairness on the job and in society as a whole.

From tackling huge environmental issues in the way we deliver health care, to providing basic information on how to protect ourselves, our patients and residents from outbreaks of infectious diseases, to championing the human rights that impact every one of us – these stories demonstrate the true role of the labour movement.

On September 7, take a moment to honour our proud history of activism, the power of solidarity to create positive change, and the critical part you play in creating a better future for all British Columbians.



COMMENT

Health care workers hold the key

In the last few months, I've had many opportunities to hear from members about how seriously conditions have deteriorated on the frontlines of health care and community social services.

Now, with Victoria announcing a \$360-million "shortfall" in health funding, I am astounded that this government's only solution to managing change is another rash, cost-cutting exercise.

But there is another way. It starts with consulting staff, right across the continuum of care, about where and how to do things differently.

Instead of heading down the same old cost-cutting path, government needs to look to its front-line staff – the people who know the work, who understand the problems first-hand, and who are able to use their expertise to develop real solutions to health care's challenges.

We understand all too well that health care is always changing. It has to, in order to deal with emerging issues such as population growth, new strains of disease, staff shortages, unforeseen disasters or new technologies. If the system is going to grapple with those challenges successfully, it must be equipped with the resources it needs to develop new approaches and innovations that will strengthen care over the long-term.

But that demands forward-thinking solutions and a future vision. Health care workers hold the key to solving many of health care's problems. So if government wants to manage change effectively, it must not throw away the knowledge and experience of its front-line staff.

JUDY DARCY

That means investing in skills upgrading and training. Expanding job opportunities. Strengthening job security. It means making special adjustments where needed. And it means valuing the entire health care team.

It also needs to build on the policy work that has brought LPNs and care aides face-to-face with health authority executives and ministry officials to improve bedside care in a way that is both sensible and sustainable.

More cuts and privatization are just not the answer. They

will do nothing to expand the capacity of our system to meet the needs of British Columbians. We've already seen the results of that

Collective bargaining can't solve every problem in health care, but it can create stability and find solutions that benefit workers and patients alike.

approach, and know the harm it has caused.

Collective bargaining can't solve every problem in health care, but it provides a valuable opportunity for all parties – government, health employers and health care unions – to create stability throughout the system and find solutions that benefit workers and patients alike.

That's what's needed, now more than ever. This is our message to government. And it will be our approach when we head to the bargaining table in the next few months.

voice.mail

BCNU actions constitute a raid, says CLC president

The following letter was written to the Canadian Federation of Nurses' Unions president, Linda Silas on July 30, 2009.

Dear Sister Silas,
This is further to my letter of July 14, 2009 appointing Hemi Mitic to investigate, on behalf of my office, the activities of the British Columbia Nurses' Union (BCNU) that have given rise to the above complaint.

Brother Mitic met with each affiliate and reported back to me. There is ample evidence to support the complaint that the BCNU is engaged in activities which constitute a raid of a CLC affiliate in violation of Article 4 of the *Canadian Labour Congress Constitution*. There is compelling evidence both verbal and written, and at the same time the BCNU is making the argument on its website that because the CLC has not yet placed them under sanctions,

somehow their behaviour is acceptable and not contrary to the Constitution.

Since the BCNU is attempting to recruit members for their union at the expense of CLC affiliated unions, I therefore find this is a raid and will report it as such to the CLC Executive Committee.

Given the historical support the CFNU has demonstrated toward the CLC, the Constitution and to overall union solidarity throughout the years, I do not believe a national union such as the CFNU supports this type of behaviour.

I find the raiding by the BCNU particularly puzzling given the forceful interventions made by Deborah McPherson in the Industrial, Wood and Allied Workers of Canada/Hospital Employees' Union (IWA/HEU dispute). In that case Sister McPherson strongly called for the imposition of sanctions on the IWA. As you know, I did impose sanctions on the IWA at that time.

There are a number of other options available to the unions under the legislation governing labour relations in B.C. that the BCNU could have chosen. It is possible to achieve many of the objectives they outline through existing structures, and in

cooperation with the other health care unions in British Columbia. It is not my position to advocate what those structures should be, but I do know there are other solutions that are not as aggressive or hostile to the overall labour movement. When we met earlier, I did offer the services of the Congress to see if we could explore other alternatives. Unfortunately, the BCNU did not accept that offer.

I respectfully request that the CFNU direct the B.C. Component to cease this action. I do hope the CFNU Executive Board will come to the conclusion that the collective solidarity of being inside the house of labour, particularly in this time of global crisis with attacks on both public and private sector workers, is important to the security of nurses across the country. As you know, in other parts of the country, the Congress and other affiliates are working closely with the respective nurses' unions to advance the issues important to them.

The participation of nurses' unions, along with other health care unions, has been critical in our ongoing fight-back Medicare Campaigns. Nurses' unions are also an important component of the Canadian Health Coalition (CHC) and the regional health coalitions. Clearly, it is important for all working people to present a united front in these campaigns.

Accordingly, I hope that the CFNU will take its obligations under the *CLC Constitution* seriously and take the appropriate actions with respect to the BCNU.

In the interim, pursuant to Article 4, Section 8(c) of the CLC Constitution, I have instructed the Pacific Region of the CLC to take steps to suspend the BCNU from participation in labour councils and education programs as well as access to Congress services.

I have also written Jim Sinclair, President of the B.C.

Federation of Labour (BCFL) to have the BCFL Executive Council take action to suspend the BCNU from participation on the BCFL Executive Council and all BCFL activities.

I remain available to discuss this at your convenience and await the decision of your Board before making my final conclusions regarding the applicability of the Constitutional provisions regarding sanctions.

In solidarity,
KEN GEORGETTI, PRESIDENT
Canadian Labour Congress

Re-training funds for laid-off health care workers in B.C.

IF YOU WERE LAID OFF FROM A HEALTH CARE JOB in B.C. due to contracting out between January 28, 2002 and January 25, 2008, you may be eligible for reimbursement of re-training costs.

To qualify, you must have been a member of a union in the Facilities Bargaining Association. You may be eligible for reimbursement of past, current or future re-training costs.

The re-training funds are available as a result of a settlement between health unions, health employers and the B.C. government related to a June 2007 Supreme Court of Canada ruling on *Bill 29*.

You can obtain an application form and eligibility criteria by contacting the Joint Bill 29 Re-training Fund by email or telephone.

DEADLINE FOR APPLICATIONS: Sept. 30, 2009



- 604-456-7184
- 1-877-476-7184
- jointbill29retraining@heu.org





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A unique peer advocacy project is helping seniors get action on their issues • 12

Union urges government to make strategic investments in health care

For HEU members who are already struggling to provide badly needed health care services under increasingly difficult conditions, another round of cutbacks is almost impossible to comprehend.

Despite years of funding shortfalls that have cut services to the bone, B.C.'s newly appointed Health Minister Kevin Falcon told health authorities in mid-July that they will have to make another \$360 million in spending cuts.

HEU's secretary-business manager Judy Darcy says the union is urging government to abandon its hard-line stand.

"Cutbacks are not a solution," she says. "They are the root of the problem. Instead of denying health authorities the resources they need to deliver quality services, government needs to make strategic investments in public health care that will pay off in the long run."

Initiatives such as Richmond Hospital's Hip and Knee Reconstruction Project, the Fraser Health Authority's early intervention program for youth with psychosis, and the realignment of primary care and home and community care as they did in the Northern

Health Authority, have all increased access and treatment, reduced waitlists and saved money.

Darcy says British Columbians cannot afford to lose critical services at a time when they need them most. "When economic times are tough, this is precisely when we need a health care system that is accessible, responsive

"When economic times are tough, this is precisely when we need a health care system that can provide people with the care they need."

and equipped to provide people with the care they need. What can be more important than that?"

Surgeries, community care, clinical hours and diagnostic procedures are some of the areas that will be on the chopping block, as each health authority struggles to rework its budget. It was not clear at press time, however, how deeply or in what manner health care workers would be impacted.

"Our first step is seeking face-to-face meetings with health authorities," says Darcy. "We want to ensure all options are explored in their budget processes and that our members'



collective agreement rights are fully protected."

She says health authorities are already expected to cut administrative and support services by \$25 million per year over the next three years, which threatens to put many frontline services at further risk.

Reaction to Falcon's directive has been widely unfavorable from media commentators. Editorial writer Paul Willcocks, for example, put it this way: "Governments can do what they want. But we've just been through an

election campaign. And the Liberals did not talk about reducing the level of health care in the interests of fiscal responsibility... Quite the contrary. They promised to protect health care."

Although government continues to suggest health care spending is not sustainable, B.C.'s health costs took up about 6.6 per cent of the provincial GDP in 1995. Today, it's slightly higher than seven per cent.

And since 2001, B.C.'s health spending has fallen from second to seventh place among Canadian provinces.

Reports condemn faulty infection control practices

Finally, the evidence is in. The B.C. Centre for Disease Control (CDC) has declared that "cleaning is the cornerstone to managing C. difficile infection outbreaks," and that "enhanced cleaning protocols must be adhered to rigorously."

That directive was contained in its highly critical investigation report into a stubborn C. difficile outbreak at Nanaimo Regional General Hospital (NRGH) that lasted, officially, for 11 months. Although the Vancouver Island Health Authority (VIHA) received the report in August 2008, it was not made public until June 2009.

The CDC isn't alone in its findings. A second review, by VIHA's own chief medical health officer Dr. Richard Stanwick, backs the CDC's conclusions. In his March 2009 report, Stanwick takes a close look at VIHA's infection prevention and control practices,

and finds deficiencies at every level.

"Organizationally, infection control must be valued, both in practise and perception," he states.

Add that to the CDC's assertion that cleaning is fundamental to infection control management, and the result is what HEU members and their union have been saying for years – cleaning is critical to patient care.

These two latest reports detail how VIHA's infection control program has broken down at every level of the organization. And it shows that senior VIHA management has failed to take infection prevention and control seriously.

Internal and external communications around the C. difficile outbreak was fractured and inadequate. And support services have been too easily sacrificed to achieve cost-savings.

When it comes down to actually cleaning the hospitals, the CDC concludes, "there were insufficient numbers of cleaning staff... and they were not adequately trained."

CDC's condemnation of Compass Group, the corporation that holds the multi-million dollar commercial contract for housekeeping at VIHA facilities from Victoria to Nanaimo, ends by recommending VIHA "review the environmental cleaning contract and audit their environmental services to ensure appropriate levels of staffing and cleaning protocols are being adhered to..."

CDC's recommendation of an audit suggests the current auditing mechanism in place at B.C. hospitals is insufficient. Public outrage over the state of VIHA's hospitals and long-term care facilities after

continued on page 14



COFFEE BREAK

Greening health care: test your knowledge

This issue of the *Guardian* is taking a close look at how we can help make health care more environmentally-friendly. Take a moment to give this quiz a try. Answers are on page 15.

1. If natural resources were distributed equally to all people on the planet, each person would get 1.5 hectares. How many hectares are currently required to sustain the average Canadian?

- a) three hectares
- b) five hectares
- c) seven hectares
- d) nine hectares

2. By reducing waste, how much money was Toronto's Hospital for Sick Children able to save each year?

- a) more than \$25,000
- b) more than \$100,000
- c) more than \$300,000
- d) more than \$400,000

3. How many recycled tin cans can be produced from the energy it takes to produce one new tin can?

- a) 10
- b) 15
- c) 20
- d) 25

4. Research shows that incinerating 10,000 tons of waste creates one job; putting the same amount in a landfill creates six jobs. How many jobs are created by recycling that same 10,000 tons?

- a) 12
- b) 17
- c) 24
- d) 36

5. What was the most common material found in the garbage during an Ottawa General Hospital waste audit, conducted several years ago?

- a) food
- b) paper
- c) biomedical waste
- d) plastic

6. Who wrote, in 2007, that we have an estimated 10 years to put significant measures in place to curb carbon dioxide emissions fast enough to avert a dangerous rise in global temperature?

- a) Dr. James Hansen, NASA's Chief Climate Scientist
- b) Dr. David Suzuki, award-winning scientist, environmentalist and broadcaster
- c) Rajendra Pachauri, Chair of the Intergovernmental Panel on Climate Change
- d) Stephen Harper, Prime Minister of Canada



Community Social Services members set bargaining priorities

With their sights firmly set on 2010 bargaining, HEU delegates attending the union's Community Social Services bargaining conference in early June headed home with a renewed sense of unity and determination.

It's time, they say, for government and employers to deal with the mushrooming retention and recruitment problems facing their sector.

They also elected a bargaining committee to represent them at the multi-union bargaining table.

Know your rights

Disease outbreaks: how to stay safe

This spring's Human Swine Influenza A (H1N1) pandemic again raised concerns for many health care workers about the risk of contracting this disease and others, such as MRSA, VRE or C-difficile, at their work sites. Over the years, the union has negotiated strong occupational health and safety language in its collective agreements, and recognizes the Occupational Health and Safety Agency for Healthcare in B.C. (OHSAN) as its primary authority for implementing policy and practice.

In this era of heavy workloads, under-staffing and short-staffing, it's imperative that workers take the extra time to protect themselves, their patients and the visiting public. Health and safety is a shared responsibility between employers and staff.

In B.C., employers are legally obligated to inform employees about the risks of work-related hazards, including exposure to infectious diseases like "swine flu" and SARS. Employers must provide workers with personal protective equipment (PPE) – gloves, gowns, goggles and face masks, including fit-tested N95 respirator masks when necessary. Workers need to be trained on wearing N95 masks to ensure the respirators fit snugly and

seal the face properly to provide the necessary protection from airborne particles.

Employers are required to comply with B.C.'s *Occupational Health and Safety Regulation*, adopted under the *Workers Compensation Act*, which has clear guidelines on working safely.

Under the *Occupational Health and Safety Regulation* – parts 5.54 (Exposure Control Plan) and 6.33 to 6.40 (Biological Agents) – employers are required to do a risk assessment of all

Employers are required to do a risk assessment of all jobs that have potential contact with biological agents.

jobs that have potential contact with biological agents, and to establish an exposure control plan.

There are also health and safety provisions in facilities (article 37), community health and community social services (article 22) collective agreements to help keep workers safe, as well as language requiring employers to establish Joint Occupational Health and Safety Committees (JOHS). These committees are responsible for receiving, investigating and recommending solutions to any OH&S complaints.

As a worker, you have the right to know about any workplace hazards and also the right to refuse unsafe work (part 3.12, *OH&S Regulation*).

Contact your nurse clinician, infection control nurse, occupational health and safety committee or your direct supervisor to clarify safety measures.

If you believe you are not properly protected, contact your shop steward or servicing representative. You can also fill out a workplace incident report or hazard form. At press time, the Public Health Agency of Canada confirmed more than 10,000 cases of H1N1 influenza. These statistics only capture those confirmed by laboratories, and they're climbing at a staggering rate.

It's been widely reported that per capita, Canada has the highest rate of H1N1 cases in the world, including an outbreak at several summer camps in Ontario. And there's growing concern about H1N1's impact on flu season this fall.

The World Health Organization has recommended that health care workers be immunized in all countries to maintain a functional health system as the pandemic evolves.

For more H1N1 information, go to: www.bccdc.ca, www.worksafebc.com, or <www.ohsah.bc.ca>.

<<newsbites>>

Climate justice project to develop green policies

The Canadian Centre for Policy Alternatives (CCPA) and the University of British Columbia have landed a one-million dollar grant to study the social and economic impacts of climate change and develop innovative green policies.

The five-year grant from the Social Sciences and Humanities Research Council will create the Climate Justice Project (CJP), which will fund more than 20 researchers and support the participation of about 40 community organizations, including environmental groups, trade unions, anti-poverty advocates, First Nations, business

leaders and other research institutes.

"By bringing citizens together to wrestle with the hard choices and trade-offs required for a carbon-neutral society, we hope to develop fair climate policies that work for everyone," says Marc Lee, CCPA senior economist and CJP co-director.

The CJP will conduct research in four main areas: impacts of carbon pricing and alternative options for reducing greenhouse gas emissions; green jobs and the transition to a sustainable economy; making B.C. communities more resilient to climate change, and developing innovative tools for education and citizen engagement in transformative change.

B.C. welfare rolls jump almost 50 per cent

British Columbians had to wait until three days after the May 12 provincial election for the release of a government report showing a dramatic increase in the number of people now relying on welfare.

According to the withheld report, there were close to 11,000 more people on B.C.'s welfare roles in March 2009 as compared to the previous March – up almost 50 per cent in one year.

Although the information was ready for posting on the government website by April 21, emails obtained through *Freedom of Information* requests reveal the government's Public Affairs



Equity conference combats discrimination

The more than 120 members and special guests who gathered for HEU's equity conference in Richmond on June 16 and 17 were in a particularly celebratory mood. That's because the union's constitutional standing committees – Ethnic Diversity, First Nations, People with disabilities and Pink Triangle – were not only coming together to plan for the next two years, but were also welcoming a fifth group into the fold, Women.

Musqueam Nation elder Jewel Thomas, a former HEU member, opened the conference with a greeting, followed by HEU secretary-business manager Judy Darcy, who thanked everyone for attending and applauded the expansion of the equity caucuses to include women.

Darcy also recognized the importance of the ongoing work of the standing committees in bringing equality issues forward in their workplaces, in their communities and in the labour movement. HEU president Ken Robinson welcomed members to the two-day conference, sharing his vision of an equitable society, and praising members for the individual and collective stands they are taking against discrimination, intimidation and harassment.

Guest speakers, all activists in their

own right, included Aboriginal lawyer Sharon McIvor, live-in caregiver Jocelyn Vergabera, Romi Chand of PeerNetBC and Harminder Magon, the equality staff person at CUPE National. Each talked about their personal experiences with discrimination, and some of their successful efforts to combat it.

All emphasized that there was still a

Participants focused on their experiences in the workplace, and the action they will take to further human rights on the job.

lot to do, and encouraged members to take on the challenges.

Humour was also high on the conference agenda. Participants were treated to a performance by comedy troupe *Stand Up for Mental Health*, an endeavour that HEU supports. Four entertainers brought their own brand of humour to the stage, triggering gales of laughter and waves of applause. All had learned their craft by taking the *Stand Up for Mental Health* comedy course as part of their therapy. Check it out at <www.standupformentalhealth.com/>.

On a more serious note, conference participants focused on the discrimination they experience or witness in

the workplace, and the action they can take to further human rights on the job. Each caucus also elected committee members, which include veteran activists along with recently engaged members, and developed wage policy proposals for public-sector bargaining.

Action plans focus on workplace and local initiatives, designed to make the union stronger and more equitable for all HEU members.

Ami Dosanjh, a seasoned equity activist and member of the Ethnic Diversity caucus, was energized by the conference, calling it open and positive. "People, especially new participants, were not afraid to say how they felt. That's not the case in most workplaces," she says.

"My hope is for people to get involved and for HEU to make our collective agreements clear and easily understood so that members can stand up for themselves and for each other in the workplace."

HEU financial secretary Donisa Bernardo wrapped up the conference by congratulating the committees for their contribution to the union, and thanking

attendees for their vision and dedication.

HEU members interested in the work of the standing committees, or who may want to contact a committee representative in confidence about an equity issue, can call the appropriate equity phone line. See page 15 of the *Guardian* for a list of the committees' dedicated phone numbers, or visit the Human Rights section on our website <www.heu.org>.

MARGI BLAMEY



Guest speakers included Aboriginal lawyer Sharon McIvor.

Bureau stopped it from going out until after election day.

In the face of a deepening recession, B.C.'s child and family advocate Mary Ellen Turpel-Lafond has also publicly expressed her frustration that the Premier referred her concerns to a committee, instead of agreeing to a joint leaders' meeting.

The number of two-parent families now living on welfare jumped 77 per cent in one year.

New Michael Moore film takes on Wall Street

Love him or hate him, Oscar-winning filmmaker Michael Moore is definitely not boring. He's gone head-to-head

with the powers-that-be on everything from gun control, to the Iraq war, to the U.S. health industry.

Now, he's taking on Wall Street.

Opening October 2, Moore's latest documentary will explore the root causes of the global economic meltdown, and the corporate/political transgressions that led to what he calls "the biggest robbery in the history of this country."

Earlier this year, the 55-year-old writer-director sent out a nationwide call for "a few brave people who work on Wall Street or in the financial industry to come forward and share what they know."

As yet untitled, details of the plot

are still more or less under wraps. Nonetheless, Moore promises his fans this latest documentary will be "the biggest crime story ever told."

Calgary health workers sue private payroll company

Contracting out payroll and human resources in the former Calgary Health Region may end up costing the private company that took on those public services a bundle – a whopping \$50 million bundle, to be exact.

On May 21, workers represented by the Health Sciences Association of Alberta launched a class-action lawsuit against Telus Sourcing Solutions Inc. (TSSI), which landed the contract

in 2004. In their statement of claim, workers outlined a litany of errors in the administration of their payroll and benefits that included missed pay, overpayments, and pension contribution errors.

They also describe deep frustration with their inability to get accurate information or prompt resolutions when calling the company's customer service representatives for help.

"We never had these kind of problems before the health region contracted out our payroll services to TSSI," says Maureen Mackrory, one of the plaintiffs in the class-action suit. "After four years of frustration, we've finally had enough."

Qualicum care staff win new and improved contract

Residential care aides at Qualicum Gardens care home on Vancouver Island are equally clear on two things in their workplace: their commitment both to one another and to the residents they serve.

It's that commitment that helped them win a new and improved collec-



With pink slips in hand, members took to the picket lines and galvanized support from families and the community.

tive agreement in early June, survive a mass layoff, and prevent another contract-flipping fiasco in long-term care.

After more than a month on the picket line, and after being issued pink slips by their employer Pro Vita, the Gardens' 60 care aides achieved a four-year agreement that lifts wages by 12.5 per cent for most workers, including a five per cent increase in the first year, retroactive to September 1, 2008. The employer also agreed to extend any improvements in benefits negotiated for other Pro Vita sites to the Gardens' care staff.

"This is a tremendous victory for a wonderful group of workers who took on a really tough fight," says David

Durning, HEU bargaining representative. "There are definitely lessons to be learned from these sisters and brothers for those who are dealing with other contractors and subcontractors."

Qualicum Gardens' care aides were first contracted out to Pro Vita under the BC Liberals' 2002 Bill 29. They reorganized, achieved a first collective agreement in 2006, and were determined in this round of bargaining to raise their wages and improve both their working conditions and their ability to care for Gardens' residents.

Contract talks, which began in September 2008, were tough going. In February, Pro Vita gave notice to cancel its care contract with the facility's managing company Chartwell Seniors' Housing REIT. And in April, members rejected the employer's final offer by 85 per cent.

With pink slips in hand, members took to the picket lines and galvanized support from residents, their families, the community and HEU members at neighbouring facilities.

Christine Brennan, secretary-treasurer of the local and an alternate on the union bargaining committee, says the substandard wages had caused huge recruitment and retention problems in the facility.

"Our turnover was brutal," she said at the time. "We're always working short-staffed. It's impossible to provide the level and quality of care our residents deserve under these conditions."

As supporters rallied to the workers' concerns, Pro Vita reversed its decision to pull out of Qualicum Gardens, and a tentative agreement was reached in the first week of June.

Chartwell, the largest private player in Canada's seniors' housing sector, receives \$5.5 million a year from the Vancouver Island Health Authority to operate 85 long-term care beds at the facility. It subcontracts care services to Pro Vita and support services to WestCana.



PRESIDENT'S DESK

Squeezing health care isn't working

KEN ROBINSON

In June, your Provincial Executive attended more than 100 meetings of HEU locals. Everywhere we went, we heard the same story. HEU members are deeply concerned about how much health care is suffering as workers are already stretched beyond reasonable expectations.

No matter what area of health care we work in, HEU members are doing their best to provide safe, quality care under extremely difficult circumstances. We see first-hand the results that cutbacks, under-funding and privatization have already had on health care. That's why continuing to squeeze health authority budgets isn't going to work.

B.C. already has one of the leanest health care systems in the country.

Whether it be the next wave of long-term care closures, rural services being

downgraded or fewer elective surgeries, these cuts will deny British Columbians the services they need. It's also a recipe for increased privatization that will continue to erode universal health care. Those who can afford to pay out-of-pocket for certain health care services will be able to access them, and those who can't, won't.

Unfortunately, in most communities,

there's a wall that exists between what is happening inside our care facilities and what's happening outside. But it's a false barrier. What we experience inside the system, as workers, and what's happening to our communities because of economic pressures are deeply connected.

None of us are immune to the larger economic realities that impact everyone. But if ever there was a time to protect our health services, that time is now.

Health care may not be the first thing on someone's mind if they have just lost a job, or discover they won't be able to make a rent/mortgage payment. But as health care workers, we know that at some point, that people will need health services, and those services must be there for them.

That was certainly the case in Kelowna at the height of the July fires. I want to commend members who worked beyond the call of duty to ensure the smooth evacuation of 100 residents living in Brookhaven to a temporary emergency shelter at Cottonwoods Care Centre.

Whether it's in a crisis like this, or day-to-day work, HEU members are deeply committed to the care they provide. That's why I'm asking all HEU members to let your Provincial Executive and local executives know exactly how decisions made by government and their health authorities are affecting your work.

By keeping your union informed, we are in a much better position to speak out against cutbacks, defend decent jobs, and advocate for the services we all rely on.

<<newsbites>>

The suit was filed on behalf of 4,000 workers, and must be certified by the Court of Queen's Bench to proceed.

Court upholds BCTF's right to advertise

The Supreme Court of Canada has ruled that B.C.'s two transit agencies – TransLink and BC Transit – violated the *Canadian Charter of Rights and Freedoms* when they denied the BC Teachers' Federation (BCTF) and the Canadian Federation of Students (CFS) their right to purchase advertising space

on the sides of buses during the 2005 provincial election.

BCTF president Irene Lanzinger hailed the July 10 ruling as a victory for the right of teachers to speak out about conditions in the classrooms.

The transit authorities had rejected the ads, saying they were not a public service and they would "cause offense" or "create controversy."

The eight Justices unanimously upheld an earlier ruling by the B.C. Court of Appeal that policies banning political advertisements are unconstitutional. The ruling recognized that political

speech is at the core of the freedom of expression guarantee in the charter.

The issue first arose in 2004 when the BCTF tried to buy space on buses for an ad that read: "2,500 fewer teachers. 113 schools closed. Our students. Your kids. Worth speaking out for."

The BCTF was joined in the transit ad case by the CFS, who had also been refused ad space. Their ad to encourage youth-voting, stated: "Register now. Learn the issues. Vote May 17, 2005. RocktheVoteBC.com."

Public health care gets boost from local governments

The BC Health Coalition is working with local governments to bring a resolution on private, for-profit clinics to the Union of British Columbia Municipalities' Annual Convention at the end of September.

Victoria and New Westminster city councils have already endorsed the motion, which calls on the provincial government to stop the expansion of private, for-profit surgical and diagnostic

clinics, require accountability and transparency in the operations of for-profit clinics, and expand the capacity of public outpatient facilities.

The BC Health Coalition is distributing the endorsement request to other local governments. In its preamble, the resolution highlights how private, for-profit clinics not only violate the principles of equal access to health care, they are also proven to cost more than public facilities and to increase wait times by draining health care staff from public hospitals.



HEU's first-ever occupational conferences in 2005 forged new ground in the union's bargaining preparations.

Getting ready to bargain

As HEU prepares for this fall's occupational conferences for facilities subsector members, the *Guardian* is taking a close look at the union's five occupational subcommittees. Co-chaired by members of the Provincial Executive (P.E.) and members-at-large, the subcommittees carry out convention decisions and deal with issues referred to them by the union's executive.

In addition to the ongoing work of promoting and advancing the rights of members in their specific job family, the subcommittees are charged with taking on a leadership role at the occupational conferences.

These conferences will bring together HEU members from across the province to share ideas, discuss workplace and occupation-based issues, identify a short list of bargaining priorities, talk about the impact of the current political and economic climate on bargaining, and promote occupational issues both within and outside the union.

"Grassroots participation in these subcommittees makes our union stronger, more effective and more democratic," says HEU secretary-business manager Judy Darcy. "And they provide an opportunity for members who are passionate about an issue to put that enthusiasm to work for their union and colleagues."

PATIENT CARE (NURSING TEAM)

HEU's patient care members provide direct nursing and therapeutic services in acute and residential care. They include licensed practical nurses, care aides, activity workers, rehabilitation and physiotherapy assistants, social services counselors, and porters.

In recent years, low-staffing and heavy workloads have had a huge impact on bedside nursing and personal care, the bulk of which is done by LPNs and care aides. For LPNs, who are playing a key role in solving the province's nursing shortage, compensation has not kept pace with other provinces or with the advanced practice and leadership roles that have come with an expanded scope of practice.

"Members are concerned about the utilization of LPNs and care aides, especially now that the government has been talking about cutbacks," says subcommittee co-chair Debera Willis, an LPN at 100 Mile District General Hospital. "LPNs have some pretty significant issues, including the standardization of practice across the province."

"I have always been an advocate for collaborative practice and quality of work life," says LPN Jacqueline Zilkie, P.E. member and subcommittee co-chair. "Workload and staffing levels are critical issues in the workplace for LPNs and care aides."

The subcommittee will continue to build on the work of the policy tables, negotiated in 2006 bargaining, where nursing team members are able to take their issues directly to government and health authorities.

And as part of National Nursing Week, the subcommittee will once again carry out a major outreach campaign highlighting their contribution to professional nursing practice.

The nursing team subcommittee also includes HEU members Allen Kuffert, Sylvia Neden, Patricia Crown, Tracey Augustine, Margie Anderson (P.E.), and staff advisors Heather Arnold and Marcy Cohen. Contact: <patientcare@heu.org>.

PATIENT CARE TECHNICAL

The patient care technical category covers a wide range of complex, highly specialized occupations, such as information technologists; pharmacy, lab and renal techs, buyers, pathology attendants, perfusionists; ophthalmic, orthopaedic and OR technicians.

Workers in this occupational group face a number of challenges, including a lack of skilled technologists and specialists, the offloading of duties and responsibilities resulting from skills shortages, and evolving technology with limited training opportunities.

"While we made significant progress in the recognition of this job family for their skills and abilities in our last contract, the major issues still facing these members are workload, recruitment and retention, and outstanding benchmark reviews," says Sandra Giesbrecht, P.E. member and subcommittee co-chair.

She says the subcommittee looks forward to attending the conference, networking with members, listening to their priorities, and gathering information.

"We are lucky this term to have a diverse group of technical workers on our subcommittee, who are working together in a pre-bargaining year."

The patient care technical subcommittee also includes HEU members Deb Andrew, Brandi Magnus, Nelia Quilala, Kerri Winter, Collette Funnell, Victor Elkins (P.E.), staff advisors Barb Lemky and Loni Mezzarobba. Contact: <patientcaretechnical@heu.org>.

CLERICAL WORKERS

The clerical team works in more than 80 job classifications, such as nursing unit assistants, medical transcriptionists, payroll supervisors, buyer assistants, bed booking clerks, and staff schedulers.

Job security is a top concern for clerical workers, along with outstanding benchmark reviews, compensation for training, excessive workloads, backfilling vacancies, and the lack of recognition for continual computer skills upgrading.

"Our work is not given the respect it deserves because it's often seen as non-direct patient care," says Carol Kenzie, P.E. member and subcommittee co-chair. "When health authorities are forced to make cuts, the first place they go is the clerical field. In this respect, we face an uncertain future."

Kenzie credits the 2005 clerical conference and the union's previous clerical subcommittee for creat-

ing a groundswell of activism among workers, and hopes to build on that momentum.

"The last subcommittee did a lot of great work setting up the lines of communication," says Kenzie. "They started the newsletter *PaperWork* and compiled a provincial email distribution list to network with clerical workers. We're excited to continue that work and bring in new ideas of our own."

The subcommittee's plans include: building the clerical workers action network, organizing Clerical Team Appreciation Day on November 18, publishing more issues of *PaperWork*, and continuing to raise awareness about clerical roles in health care.

The clerical subcommittee also includes HEU members Erin Grant, Sue Crabbe, Joyce Davison, Stuart McCready, Gregg Steele (co-chair), Bev Trynchy (P.E.), and staff advisors Máire Kirwan and Brenda Whitehall. Contact: <clericalworkers@heu.org>.

SUPPORT WORKERS

HEU support workers play a critical role that spans everything from food preparation and maintaining clean, sterile environments to transporting biohazardous materials, and handling a complex inventory of equipment and supplies.

Contracting out, privatization and workload are major issues for support workers.

"I hope the subcommittee can help improve the understanding of our members, the government and the public as to the important role we play in providing safe and healthy facilities across the province," says John Evans, housekeeping supervisor at Swan Valley Lodge and subcommittee co-chair.

P.E. member and subcommittee co-chair Rhonda Bruce agrees.

"We plan to do a lot of communication with our members through outreach, and by drawing attention to their work by hosting another Support Worker Day on October 28," says Bruce. "I feel that support workers are the roots of HEU, and without them our tree would fall down."

The support workers subcommittee also includes HEU members Shelley Bridge, John Fraser, Diane Willey, Violet Ayala, Becky Jacobson (P.E.), and staff advisor Nina Dhillon. Contact: <supportworkers@heu.org>.

TRADES AND MAINTENANCE

HEU trades and maintenance workers are responsible for the safe, continuous operation of a facility's infrastructure, equipment, energy and plant systems. Jobs include electricians, power engineers, carpenters, boiler operators, and maintenance supervisors.

Recruitment and retention, lack of preventative infrastructure maintenance, and health and safety are some of the challenges in the trades and maintenance field.

P.E. members Lynnette Kingston and James Barrett are assigned to the trades and maintenance subcommittee, which will meet prior to their conference.

Kingston says job security is also troubling members at her work site.

"When our subcommittee meets, we'll be setting goals and creating an action plan," she says. "This may include collecting and analyzing comparative data... reviewing apprenticeship programs and safety issues."

Adds Barrett, "We also act as a member resource because we have access to information through our staff advisors and the work of previous subcommittees."

The subcommittee includes HEU members Robert Bonham, Robin Elliott, Alex Gutowski, Albert Magnusson, Brad Stang, and staff advisor Noel Gulbransen. Contact: <tradesandmaintenance@heu.org>.

COMMUNITY SECTORS

HEU's community health bargaining conference is October 14 and 15. Registration forms are available on HEU's website <www.heu.org>. Deadline is September 1 at 5:00 p.m. And in June, community social services members held their bargaining conference in Victoria. See page 4.



They're calling it **the biggest threat to human health** in this century. It affects everything from the food we eat to the air we breathe, to our access to safe drinking water. **Climate change** is an urgent, global problem and HEU members are well-positioned to make a difference.

greening

First. Do no harm.

This principle has guided health care for centuries. It's a simple warning that even the best of intentions can have unwanted consequences.

A typical fever thermometer, for example, contains enough mercury to contaminate a lake of about 20 acres. And medical waste incineration is the second largest source of dioxin emissions in Canada. Not only does the health sector produce millions of tons of waste each year, it also uses about twice as much energy as office buildings, making it a substantial contributor of climate-altering greenhouse gas emissions.

Over the past decade, climate change has emerged as a world-wide threat, compounding other concerns about toxins from consumer products, industrial pollutants and other contaminants in our air, water and food supply.

In May, researchers with the University College of London named climate change as the biggest threat to human health in the 21st century.

Our health and the planet's are interdependent

More and more, those who work in the health care system are recognizing that the well-being of humans cannot be separated from the health of the earth. And they're taking action. HEU members, along with many others, are building a green health care movement, one that includes groups like the Canadian Association of Physicians for the Environment (CAPE) and the Canadian Coalition for Green Healthcare.

"We have a duty to look after ourselves and to look after the earth," explains Carolyn Unsworth, co-chair of the union's newly minted Environment Subcommittee. "The sicker the environment, the sicker patients are when we see them."

The Environment Subcommittee was created by the P.E.

It's estimated that Canadian hospitals produce approximately 100 pounds of waste per week per patient.



prior to HEU's 2008 biennial convention, where delegates passed an Environmental Action Plan. That plan calls for negotiating green contract language and developing local workplace environment committees, as well as supporting public water use, green meeting principles, recycling and waste diversion.

HEU members take action

The range of HEU members' roles in health care means the union is uniquely positioned to offer key contributions to green health care initiatives, says Unsworth.

"HEU members have a lot of power. We work in stores, purchasing, patient care, trades and maintenance, kitchens, cleaning and clerical. We need to tap in to this expertise."

There's no better illustration of this first-hand know-how than Bill Vaughn, who was working as a casual in materials management and stores when he initiated Kelowna General Hospital's first recycling program.

He was inspired, he says, by the daily task of removing garbage bags full of items that were not garbage, but recyclable materials such as plastics, cans and bottles. He discovered that these materials not only cost the hospital more in landfill fees, they were also producing unnecessary waste and greenhouse gas emissions when they arrived at the incinerator or garbage dump.

"I could see everything that was in [the bags]," says Vaughn. "And knowing what we were doing, I didn't think it was right. I shook my head every time I was hauling the garbage down."

And Vaughn hauled a lot of garbage. It's estimated that Canadian hospitals produce approximately 100 pounds of

How many earths does it take?

Ecological footprints are a way to measure the amount of the earth's resources needed to sustain humans and their activities.

Ecological footprint studies are based on the understanding that the earth provides services, such as clean air and drinking water, climate stability, and food production.

Everything we do, from the energy and raw materials in building construction to the greenhouse gas emissions produced from driving, are subject to the finite limits of the earth's ability to provide resources and to process waste.

And humans have pushed past these limits.

The ecological footprint of each Canadian is approximately 7.1 hectares. That means if everyone put the same demands on the

earth's capacity as Canadians, we would need four earths to support us. In contrast, the average footprint in Japan is 4.9 hectares and in Sri Lanka it's one hectare.

Today, the United Nations estimates that the global population is using the resources of 1.3 planets. By the mid-2030s, we will be using the equivalent of two earths. And of course, we only have one.

An ecological footprint study of North Vancouver's Lions Gate Hospital – the first of its kind in North America – assessed their footprint as 739 times larger than the hospital's physical area, or 4.9 hectares per inpatient.

The study also found that 1.7 million pairs of gloves were used in the year studied, amounting to 35 tons of waste. Other studies have found that hospitals in Canada use on average six times more electricity than they do in Switzerland.

Can we be healthy on an unhealthy planet?

Hurricanes, heat waves, floods, forest fires, temperature spikes and droughts are all increasing as the earth's climate becomes less stable.

The effects on human health are direct and indirect, and include respiratory problems from increased air pollution, hunger and malnutrition from decreased crop yields, exposure to prolonged disease transmission cycles, and lack of access to safe drinking water.

Vulnerable populations, both in the global south and here in North America, are most at risk. But scientists predict that all of us will be affected as the climate becomes less stable.

According to the World Health Organization, "climate change threatens to slow, halt or reverse the progress that the global public health community is now making..."



What is climate change anyway?

The earth's atmosphere is made up of a combination of gases that let in the sun's rays and hold just enough heat to maintain a temperature that allows life to flourish.

The pollutants from human activity are changing the composition of the atmosphere, which prevents heat from escaping, and warms the earth. This is called the greenhouse gas effect.

Modern human activity, such as burning fossil fuels, deforestation, and intensive agriculture, has released huge quantities of carbon

**how we can
save lives
save money and
save the planet**

health care

The union's Environmental Action Plan calls for negotiating green contract language, developing local environmental committees, supporting public water use, and more.

dioxide and other greenhouse gases in a short period of time. Current levels of methane and carbon dioxide are higher than they have been in nearly half a million years.

The global average temperature has risen by 0.7 degrees Celsius since 1900, and the northern hemisphere is substantially warmer than at any point during the past 1,000 years.

This rise in average temperature does not always mean hotter weather. Instead, it destabilizes the complex balances of the earth's natural systems.

This not only leads to extreme weather and temperature spikes, it's also melting polar ice sheets, driving up sea levels, accelerating species extinction, and threatening food and water supplies around the world.

Snow melt from Himalayan glaciers, for example, provides

water to major rivers in the region. As these glaciers disappear, so does the water supply for millions of people.

Here at home, a recent study predicted that the low-lying city of Richmond could eventually be submerged by rising sea levels. And in California, a major source of vegetables and fruits for B.C., the governor declared a state of emergency earlier this year due to drought conditions.

For these and many other reasons, the UN has stated that, when it comes to climate change, it "couldn't be more urgent ... to act now to safeguard our own survival and that of future generations."

waste per week per patient. An ecological footprint analysis of Lions Gate Hospital in North Vancouver, the first of its kind in North America, found that more than 1.75 million gloves were thrown out each year, and an estimated 220 tons of paper was brought in to the facility even though less than half that amount was recycled.

It took a series of back and forth meetings with management, the region's waste reduction office, and the recycling company before Vaughn convinced the Regional District to do a waste audit of the Kelowna hospital. He learned that about 70 per cent of the "garbage" he sent to the dumpsters could have gone to the recycling station instead.

Vaughn used this data to help calculate the cost savings in the proposal for a hospital-wide recycling system that he presented to management. It was not a quick process, but after three persistent years, Vaughn got the program up and running.

"I did it all on my own time," says Vaughn, "because no one else was doing it."

His determination paid off. After two weeks, the hospital's garbage was reduced by 56 per cent and they saved \$25,000 in tipping fees in the first year.

Vaughn is just one example of members from around the province who have taken leadership to integrate environmentally sustainable practices into their work sites, whether they're long-term care facilities or acute care hospitals.

HEU members, in the 1990s, worked with the Labour Environmental Alliance – now called Toxic Free Canada – on a groundbreaking project to address the issue of toxic cleaning chemicals in the workplace.

Check out these resources:

- Global Footprint Network** www.footprintnetwork.org
- Health Care Without Harm** www.noaharm.org/us
- Canadian Association of Physicians for the Environment** www.capec.ca
- Canadian Coalition for Green Health Care** www.greenhealthcare.ca
- Sustainable Hospitals** www.sustainablehospitals.org

by Olive Dempsey

Health authorities on board

Today, the environment is a consideration in all B.C. health authorities, although the Interior Health Authority (IHA) is recognized as a leader in this area. Vaughn's recycling program was one part of the many changes implemented in recent years.



From phasing out mercury thermometers and toxic cleaning products across the region, to site-specific initiatives, like the use of lake water to cool the building at Kelowna General Hospital (KGH) and the introduction of more energy-efficient boilers and lighting retrofits, the diversity and scope of initiatives reflect the reality that every part of health care delivery has an environmental impact.



This diversity is reinforced in the IHA's newly introduced "Green Teams" which include workers and managers from many occupations and sectors. And it's also this diversity that gives the Green Teams their strength, explains Aman Hundal, IHA's Manager of Environmental Sustainability.



"Everyone wants to better the environment, it doesn't matter if you're a porter, a receptionist or a manager," says Hundal.

"These are the people who walk the hallways... because Green Teams represent different professions and sectors, they're able to look at a problem and fast track it through... and this reduces implementation time."

Melody Bailey, an HEU member and KGH accounts clerk, has been on the IHA-wide Green Team since it started in March. She estimates HEU members make up about half the committee, representing finance, IT, purchasing, and more.

Green solutions save money and jobs

This cross-section of occupations reflects the range of changes – from installing movement-sensitive lights to reducing printing and eliminating bottled water – that have brought sustainability into their health care setting. Bailey has seen real improvements, but says there's still a lot to do.

"I'm very excited," she says. "It's a learning process to look at what we've done and ask where can we take this now?"

As Hundal sees it, this momentum is positive for people and the planet, as well as the health authority and its budget. Decreasing the environmental causes of illness such as cancer, birth defects, respiratory, cardiovascular and gastrointestinal ailments decreases demand on costly health services, he explains.

At the same time, a smaller ecological footprint, means the IHA will purchase fewer carbon offsets and pay less in carbon taxes, as they meet the requirement for public-sector operations to be carbon neutral by 2010. He says it's a win-win situation for everyone, a sentiment that Vaughn echoes in his assessment of the recycling initiative.

"It's a good cause for the environment," says Vaughn, "but let's not forget it helps save money and could help save jobs."

"Wake up Harper!"

When 4,000 forestry workers marched to the Prime Minister's office in June, they left a symbolic alarm clock to alert Stephen Harper to the suffering of forestry communities.

Canada's largest forest union says the government's announced \$1 billion for environmental improvements in the pulp and paper industry won't save any mills or prevent further job loss. Communications Energy and Paperworkers union president Dave Coles says 55,000 jobs have been lost in the industry over the last two years.

"This money cannot be used to lower the price of the production of pulp and make our industry more competitive with the U.S.," he says.

The industry needs loan guarantees to keep viable mills open and help the industry restructure.

There are 300 forestry-dependent towns in Canada. (CEP/CALM)

Union sisters are on the rise

The majority of trade unionists in Canada are women with 2.15 million women members as compared to 2.07 million men. Unionized women are closer to achieving pay equity than their non-unionized counterparts. Women in unionized full-time jobs earn an average of 94 per cent of the average wage paid to full-time unionized male workers.

That gap is much larger for non-unionized, full-time working women who earn only 81 per cent of the average wage paid to non-union full-time male workers.

Members on track for a living wage

It took more than nine months of bargaining, strong strike votes, and in some cases, mediation, but HEU members working for Sodexo, Aramark and Compass (the Big 3) have all ratified second collective agreements with these multinational contractors.

Despite the difficult bargaining environment, which was overshadowed by an economic downturn and growing unemployment, members made important progress toward a living wage, and secured much-needed improvements to benefits.

Those gains took countless hours of preparation and negotiation by bargaining committee members, and were built on the momentum of the union's living wage campaign. In the lead-up to negotiations, hundreds of members participated in rallies, community outreach activities, presentations, the creation of a 50-foot living wage banner, member surveys, and other actions – all of which created a groundswell of support for their bargaining demands. Wage increases range between 11 and 15 per cent over the term of the contracts, which expire September 30, 2012.

All of the contracts also achieved significant health and safety improvements, which give members the ability to take action on their need for adequate supplies, appropriate protective equipment, necessary training, workload issues, and more. The agreements also include new rights for casual workers, such as access to benefits, seniority and regular shifts.



In May, Living Wage member activists delivered the 15,000-strong living wage petition to Premier Gordon Campbell at a campaign stop in Burnaby.

"This was not an easy bargaining process," says HEU secretary-business manager Judy Darcy, "but I am proud of the achievements we've made and of the living wage campaign, which

Already, the campaign is gaining ground with plans for a "living wage employer" recognition process.

will carry on well beyond this round of bargaining, in the union and in the community."

Already, the community campaign is gaining ground with plans for a "living wage employer" recognition process, tools to help workers advocate for living wages in their workplaces, lobbying city councils to pass living wage by-laws, and more.

The newly hired living wage campaigner Michael McCarthy Flynn

says HEU's campaign laid a lot of the groundwork for a movement that's now growing throughout the Lower Mainland and the rest of the province.

"HEU's campaign is a model for the larger campaign," says Flynn. "The union showed how it was possible to mobilize workers and develop stronger bargaining powers for unions."

Others have also recognized the work of HEU's living wage activists. The Canadian Association of Labour Media honoured the campaign with three national awards at their annual conference in May. Two of them specifically celebrated the campaign's storytelling and member advocacy.

Flynn said the campaign's approach of reaching out to communities and bringing workers' stories to light is an example that will be used in the broader fight for greater economic justice for low-waged workers.

>>notebook>>



Despite government's tiresome spin on "out-of-control" health spending, we do have a choice.

It's time to make a decision. Canadians already have.

Haven't we all had just about enough of governments' endless dithering over public health care? Polls consistently uphold Canadians' deep appreciation of our universal health care system – particularly in light of our U.S. neighbours' struggle to deal with the gross inadequacies of their private medical system.

Isn't it time to abandon once and for all the so-called public versus private health care debate, and make a commitment that any innovations, efficiencies or changes will be public – publicly funded, delivered, operated and owned? With such a gutsy decision in place, it would be possible for governments to put their energy into making our public health care system work – for everyone – instead of continuing to weaken it with cuts and privatization.

And the private promoters – from within the system, the business community, academia or elsewhere – could join the rest of us and invest their time, energy and talent in fine-tuning proven, public initiatives and developing new ones.

The successful Hip and Knee Reconstruction Project at Richmond Hospital could be replicated, with appropriate adaptations, right across the province. Sault Ste. Marie's Group

Health Centre, the largest community health centre in Canada, could inspire similar primary care centres throughout B.C.

We could model our home support services after Denmark's approach, adopt Ontario's Wait Times Strategy, and expand B.C.'s own reference-based drug program. And there are more, many more examples of programs and redesigns we could utilize that have shown they can reduce costs and improve care. All of them are public.

Citizens across the country have been telling governments for decades that they want our public health care system maintained and strengthened. Most recently in B.C., the government's own multi-million dollar "Conversation on Health" in 2007 confirmed that sentiment. Again.

So, despite government's tiresome spin on so-called out-of-control health care spending, the doom and gloom scenarios perpetrated by the private health lobby and the curse of the ageing Baby Boomers, we do have a choice. We can choose to "keep it public." Isn't it time for government to do just that?

MARGI BLAMEY • HEU COMMUNICATIONS OFFICER



Union movement calls for respect, teamwork and solidarity

A full-scale campaign by the BC Nurses' Union to move workers – represented by its sister unions in health care – into the BCNU has been strongly condemned by labour organizations in B.C. and nationally.

At press time, Canada's highest labour body had imposed sanctions on the BCNU for engaging in "activities which constitute a raid" – a clear violation of Article 4 of the Canadian Labour Congress Constitution.

Sanctions include instructing the Pacific Region of the CLC to take steps to suspend the BCNU from participating in labour councils and education programs as well as accessing Congress services, and calling on the BC Federation of Labour Executive Council to "take action to suspend the BCNU from participation on the BCFL Executive Council and all BCFL activities."

CLC President Ken Georgetti also asked the Canadian Federation of Nurses' Unions to "take appropriate actions with respect to the BCNU." (See letter p2)

And in an open letter to BCNU members in June, the B.C. Government and Service Employees' Union, CUPE BC, HEU, the International Union of Operating Engineers (Local 882) and the United Food and Commercial Workers Union (Local 1518) detailed how the BCNU leadership's campaign undermines collaborative nursing prac-

tice, professionalism and team work.

Although that campaign is currently focused on LPNs, they pointed out that BCNU's leadership "has also been clear that they've got a wide range of unionized health care workers in their sights," including care aides, unit clerks, ambulance paramedics, and others.

"When push comes to shove, how will BCNU represent our professional interests, especially if they believe we're stepping on the toes of an RN position?"

That same month, BCNU's actions caused CUPE National president Paul Moist to withdraw from his scheduled speaking engagement at the Canadian Federation of Nurses' Unions convention.

HEU secretary-business manager Judy Darcy says B.C.'s health unions need to strengthen their shared goals and trade union principles, not throw them away.

"In recent weeks, I've met with hundreds of LPNs," she says. "Many are questioning the purpose of BCNU's 'associate membership drive' and they're worried that BCNU has his-

torically worked against their professional interests.

"Our goal is to further those interests, achieve recognition for LPNs' advanced practice and leadership roles, and address compensation that has fallen behind other provinces," says Darcy.

"To achieve that goal, it is critical that LPNs are united and strong as we head to the bargaining table."

HEU member Leah Gantzer, an LPN at Kiwanis Care Centre in North Vancouver, says bargaining issues are critical, and that government has a duty to compensate LPNs for their expanded responsibilities in health care.

"Finally, we're working to our full scope of practice," says Gantzer. "At my facility, I'm replacing a senior RN, and am now running the unit. That includes participation in care conferences, medication reviews, resident assessments, overseeing care aides, patient advocacy, and a lot more."

Gantzer says LPNs have come a long way because of HEU's advocacy. "There's been so much work done on our behalf to further and protect our scope of practice, to gain more train-

ing opportunities, and to provide us with representation on the floor when difficulties arise with employers.

"We're fully responsible for our own practice, although RNs don't always understand this. We're governed by our own college, and many of us are now employed to do the full range of what we were trained to do."

She says she doesn't understand BCNU's sudden interest in LPNs. "Why now? When we went to full scope, they worked against LPNs. That created a lot of animosity and misunderstandings on the floor. So, when push comes to shove, how will BCNU represent our professional interests, especially if they believe we're stepping on the toes of an RN position? They have no stake in furthering our practice."

HEU's research director Marcy Cohen says this is why the vast majority of Canadian LPNs are not in the same union as RNs. "LPNs have their own unique professional interests. They need their own voice and representation to fully advance those interests."

Cohen points out that LPNs have their own policy tables, where they meet directly with government and health authorities on their issues. She says an independent voice is particularly important with the regulations and legislation governing LPN practice coming up for review in the near future.

Debera Willis, an LPN at Fischer Place in 100 Mile House, wants her colleagues to think carefully if they're asked to sign a BCNU associate membership card.

"We work collaboratively, but we have very different issues. We share the same goal of quality care, but we don't want to be silenced in a union dominated by 28,000 RNs."

Willis says in the midst of the nursing shortage, government needs to ensure that all LPNs are being utilized to their fullest scope of practice. "We are not a threat to RNs, we are part of the solution, but we do need our own union to represent our own interests and to continue advancing our professional practice."

Find out more at: www.heu.org and www.respectsolidarity.ca.

>>voices>>



The so-called "run of rivers" policy of the Campbell government will wreak havoc all up and down the coast.

Save our wild salmon – the "soul" of our province

Even though B.C. voters have given Premier Campbell the right to continue destroying our fish habitat, we have to face the facts – the wild salmon is on a clear and certain path to extinction unless British Columbians are ready to take up the fight.

We now know that hundreds of thousands of Fraser River sockeye are being slaughtered by lice from fish cages on their amazing voyage to the high seas. The same is true of pink salmon, which are lost to lice from fish farms every year in the Broughton Archipelago and Clayoquot Sound.

And now, we have the so-called "run of rivers" policy of the Campbell government, which will wreak havoc all up and down the coast, extending into central B.C. where the rivers start and where the salmon are critical to First Nations.

We must not forget the Stuart system sockeye, which go through the Nechako, a once mighty river rendered little more than a creek by the careless indifference of Alcan, as it makes its electricity contrary to the original deal with government.

When those salmon are eliminated – and it's not if, but when – there will be no reason not to dam the river above its confluence

with the Thompson at Lytton. In fact, a dam has been on the books and in the dreams of those who love to build big things, since the mid-1940s.

Much is yet to come. The Bute Inlet rivers project, diverting 17 rivers, is on the horizon – a development that will provide power not for B.C., but for export.

Then, there is the marvelous Klinaklini River, which rises in the Chilcotin plateau and is home to all five species of Pacific Salmon (seven if you count Steelhead and Cutthroat), and is one of the most important Eulachon runs in B.C. This project will involve a 17-kilometer tunnel that developers admit will create a barrier to fish migration.

The Pacific Salmon is the "soul" of our province. All British Columbians must realize what's at stake and protest in every non-violent way we can. Either we quit... or fight. I'm for the latter.

• Learn more at www.ourrivers.ca and www.rafeonline.com.

Rafe Mair • POLITICAL ANALYST, AUTHOR, AND ENVIRONMENTAL ADVOCATE

Nanaimo local wins Blue Poppy Contest

Congratulations are in order to all union locals that helped raise awareness about the importance of health and safety on April 28, the National Day of Mourning.

As part of its annual blue poppy campaign, HEU's People with disAbilities Standing Committee held a contest this year for the most creative activities undertaken to educate co-workers about the dangers workers are exposed to on the job – and how to prevent injuries.

The top prize went to HEU's Nanaimo local. On the morning of April 28, members set out with quizzes and stickers in-hand, calling

themselves "The Do and Don't Sisters."

They visited all departments with prepared quizzes for each, and encouraged members to put their heads



Nanaimo's Do and Don't sisters

together to answer the questions. Other activities included a workload survey that ran throughout the month of April



Children's and Women's Wheel of Chance

and a wide distribution of workload stickers.

"It was a huge success," says Nanaimo local vice-chair Betty Avaiki. "We drew a lot of attention, and were able to listen to our sisters' and brothers' concerns."

Each of the four runners-up were also creative with their approach.

PHSA Amalgamated local put on a fabulous barbecue with more than 400 people in attendance. The local used a "Wheel of Chance" and a display board with information about health and safety, long-term disability, WorkSafeBC, and more to educate everyone attending the event.

Pleasant Valley Armstrong local created an eye-popping visual display of photos, headlines, articles and poetry to remember fallen workers locally, nationally and internationally.

Kamloops/Thompson local hosted an information table with plenty of goodies and a cake with the words: "Work Safe Stay Alive."

And Dogwood local pre-

sented an information display, distributed a survey, and gave out prizes for participation.

Settlement reached for Community Social Services workers

A settlement totaling \$425,000 has been reached with the provincial government for community social services workers who lost their job security provisions under the BC Liberals' 2002 contract-breaking legislation – Bill 29.

HEU's share amounts to about \$45,000 which is based on the number of members the union represents in the community social services sector. A committee will be recom-

BALANCING IT ALL

PATTY GIBSON

COLLEEN MCKENNA coordinates a unique project that is helping seniors resolve their issues and maintain the right to make their own decisions.

ADVOCATING FOR SENIORS

Over the past 15 years, Colleen McKenna has devoted herself to working with seniors in a variety of capacities. Currently, as part of her staff responsibilities at Vancouver's 411 Seniors Centre, she is coordinating a unique peer advocacy project that helps individuals deal with problems they cannot resolve on their own.

"The more people learn about the B.C. Seniors Advocacy Network, the more we're hearing from seniors about every kind of issue they are facing," says McKenna.

These include tenancy problems, where seniors may be facing eviction, residential care issues, financial abuse, and problems accessing income programs, health care or home support.

"Regardless of the specific challenges a senior may be up against," explains McKenna, "when someone calls us, our role always is to assist them to use the skills and abilities they already have, and then support them to have a voice in decisions being made about their lives."

McKenna admits that's not always easy. At the moment, the network has about 120 trained advocates – most of them seniors – who are the backbone of the program.

"Sometimes a person will make a decision that the advocate wouldn't make for themselves," she says. "In those cases, the advocate must put aside

their feelings and continue providing whatever support the person requires to have their choices respected."

The Network offers its advocates – all of whom are seniors themselves – a three-day training course that covers the principles, ethics and basic steps people need to take when advocating for an individual, how to set appropriate boundaries, available resources for seniors, and how advocates in the network can support each other.

"Wherever possible, we also try to offer our advocates opportunities for ongoing training," says McKenna. "And we've developed a course on systemic advocacy, typically offered over two days, to help our advocates learn how they can make a difference at a higher level."

A mother of two young children, with close family ties and a strong connection to her own grandparents, she is deeply moved by the seniors she meets who don't have family supports and are forced to deal with situations all by themselves.

In this respect, she says, her work is extremely fulfilling. But it's not all a one-way street. Over the years, McKenna's learned a lot from the elders she's worked with, and appreciates the connections she's made.



OLIVE DEMPSEY PHOTO

"I tend to be more of a listener than a talker. When you take the time to listen, you discover a lot about the amazing lives many seniors have led, and you learn about things that are so different from your own experience."

"This is especially true in B.C., where people come from all over. You end up hearing so many fascinating stories from people."

"Sometimes I think we can fall into the trap of only thinking about seniors as a homogenous group. When that happens, we tend to forget that seniors are individuals, just like everyone else, with very unique lives and so much to share."

McKenna strongly supports the idea of creating a provincial advocate for seniors, and says the Network keeps track of systemic problems encountered by individuals in order to bring them to the attention of B.C.'s various policy and decision-makers.

At the same time, the B.C. Seniors Action Network partners with other community groups and unions, like HEU, to work on common issues as well as expand the Network's referral and advocacy resources.

Last year, HEU worked with the Network to research and publish an advocacy toolkit for seniors on long-term care issues.

For more information, you can contact Colleen McKenna by phone at 604-684-8171 or by email at <cmckenna@411seniors.bc.ca>.

mending how the union should use its share of the settlement to collectively benefit all members working in the sector.

The settlement was reached by HEU, the B.C. Government and Service Employees' Union, the Canadian Union of Public Employees B.C., and the Health Sciences Association of B.C.

In 2007, the Supreme Court of Canada ruled that the charter-protected right to freedom of association had been violated because *Bill 29* arbitrarily eliminated key provisions contained in the unions' collective agreements.

At issue under this settlement was the removal of

job security provisions from negotiated collective agreements that specifically affected community social services workers.

New benchmark for pharmacy supervisors

In July, HEU successfully negotiated a new benchmark for Pharmacy Technician Supervisors after months of province-wide member consultation, conference calls, and meetings with the Health Employers Association of B.C. (HEABC).

The union organized a Pharmacy Technician Supervisor Joint Committee, and then met with employer representatives to define the process through a Letter of Intent, draft the benchmark

language, and determine the application of the benchmark for outstanding Job Review Requests (JRRs). "We've done a lot of work to ensure we consulted with our members, gathering feedback and information from them on their work responsibilities. We had a great committee," says HEU's classifications representative Teressa Ford.

The new benchmarks are Pharmacy Technician Supervisor III (supervisory level) and Pharmacy Technician Supervisor IV (administrative level).

Although benchmark language has been agreed to and signed by the employer and union, the parties are still in the midst of trying to

determine an appropriate rate of pay.

"We had some very successful negotiations," says Ford. "The employers were prompt, respectful and recognized the work of Pharmacy Technician Supervisors, and gave them credit for the work they do... What's also important is that we created a new benchmark for a group recently moved into patient care technical."

In 2006 bargaining, pharmacy technicians were moved from patient care into the patient care technical family.

Additional meetings have been set to negotiate wage rates for Pharmacy Technician Supervisors. Watch HEU's website for updates.

Legal action launched to defend members' contract rights

HEU and other unions in the Facilities Bargaining Association (FBA) have filed a statement of claim in the B.C. Supreme Court to safeguard the contractual rights of licensed practical nurses and other health care workers.

The legal action was taken in response to a campaign by the BC Nurses' Union (BCNU) to sign up members of FBA unions as "associate members" with the express promise of providing them with advice on grievance and arbitration matters.

FBA unions say they have a clear legal and contractual obligation to represent their

continued on page 14

AFTER THE SHIFT

PATTY GIBSON

HEU member **VICKIE PHILLIPS**, a lab assistant at Surrey Memorial, is helping bring critical medical care to the people of Ghana, Africa.

BRIDGING THE DISTANCE

It's a long way from Surrey, B.C. to Accra Ghana in West Africa. But HEU member Vickie Phillips bridges the distance with a commitment to medical care that crosses the Atlantic and keeps her busy "after the shift."

A lab assistant at Surrey Memorial Hospital, Phillips has worked over the past 10 years to help

The crude realities of Ghana's cash-payment medical system forces children to remain in hospital, after they've recovered, until their medical bills are paid.

"For years, we collected, sorted and stored – sometimes in our own homes – the medical supplies and equipment needed to eventually set up a fully functional clinic. Then, we'd move all these donated goods into shipping containers that were sent to Ghana and stored there for a couple of years while the clinic was being built."

Several weeks before the Ghana-Canada Medical Centre opened its doors in February, Phillips travelled to Ghana for a month and a half to volunteer on site.

"I went with the idea of working in the lab, but quickly found myself taking on a lot of other tasks... There was just so much to be done. It was very

eye-opening and an amazing experience. One that made me truly appreciate what we have back home."

While there, Phillips had the opportunity to tour Accra's teaching hospital Korle Bu. Her experiences on the pediatric ward sparked a new interest – she has now set her sights on a volunteer project that will keep bridging the distance between B.C. and Ghana – this time through children.

"It was really shocking," she says. "The shortage of medical equipment, the sorely lacking items that we

take for granted as part of our care here – like hospital gowns, eating utensils, and even beds for patients, so they don't have to share with another sick person." But that was only part of the situation that inspired Phillips to shift her volunteer activity to Korle Bu.

She also witnessed the crude realities of a cash-payment medical system where children are forced to remain in the hospital, after they've recovered, until their medical bills are paid.

"Whole families would be there, cooking and looking after their children, all of them sharing a bed," she says. "I couldn't just walk away and not help."



Phillips (front right) and fellow volunteers with their supplies for the new clinic.

When she returns to Ghana in October, she'll be taking reams of paper and crayons to the sick children at Korle Bu to help them create pictures and stories that will be posted for purchase through a soon-to-be launched website. At the same time, she is seeking support from two local hospitals in the Lower Mainland to do the same thing with sick children here.

"Each set of artwork sold would include something from a child in Ghana and one from a child here. Not only will this empower the children by knowing they are helping themselves and others, through therapeutic art, but they'll understand that another child shares the same fears when feeling sick, just like themselves, even though they are half a world apart."

She says she has already fundraised about \$2,000 to buy oximeters, cannulas and ambags, which she will take with her when she returns to Korle Bu in the fall.

"There are so many things needed to help these children in terms of supplies, but also in financial support to help families pay their children's medical bills so they can be released from hospital."

If you want to know more about these projects, you can contact Vickie Phillips at vphillip@shaw.ca, and you can check out the independent foundation <www.korlebufamilyfund.com>.

continued from page 13

members, and ensure their collective agreement provisions are enforced. By advising members of other unions on grievance and arbitration matters, they say,

the BCU is interfering with those legal obligations, and could jeopardize members' rights by advising them on a collective agreement they do not administer on a day-

to-day basis.

HEU says there are laws in B.C. that protect the rights of workers to join and change unions, and others that provide for labour

stability in the health care system. Those laws are not at issue in this legal action.

Supply chain services must stay in FBA

In a late-July meeting with the Facilities Bargaining Association (FBA) the B.C. Health Authority Shared Services Organization (SSO) confirmed that it has no current plans to contract out any work within the supply chain.

At the same meeting, the FBA presented a strong case on the importance of ensuring supply chain services stay within the FBA agreement. Members are very concerned about the potential loss of important collective agreement rights, wages and career opportunities, if

they are transferred into a different agreement.

"HEU members have a lot to contribute toward increased savings in the supply chain, but they need the stability of knowing they will keep their FBA contract," says HEU secretary-business manager Judy Darcy.

The SSO also confirmed that there are no additional plans for job losses in supply chain services, despite health authority announcements regarding savings in this area. And although payroll services had been identified for review and possible consolidation, SSO representatives advised the union that these services are not under active consideration at this time.

INFECTION CONTROL – from page 3

cleaning was privatized in 2004 resulted in the hiring of Westech Systems to create and implement a standardized audit tool for housekeeping services across the province.

At the time, HEU and others criticized the audits because they did not consider staffing levels, training, or cleaning/disinfecting protocols. They only evaluated what was "clean to the eye" – for example, no dust,

no dirt, no scuff marks.

More importantly, this is the first time that an external body has called on the health authority to review a contract. The recommendation should spark a serious discussion within VIHA and government about the false economy of contracting out, given the mistakes and costs incurred by the outbreak.

Other jurisdictions where hospital hygiene has also come under scrutiny have

determined that infection prevention is cheaper than control and containment. The financial and human costs of an outbreak put truth to the old saying, "an ounce of prevention is worth a pound of cure."

Should VIHA ignore the recommendation, Dr. Stanwick provides a back-up recommendation: "If necessary, deploy additional resources to manage contracts so that the performance expectations are fully realized."

SEPTEMBER

OCTOBER

NOVEMBER

SEPTEMBER 4

HEU bargaining demand deadline (facilities)

SEPTEMBER 9-10

Occupational Conference: Support

SEPTEMBER 15-16

Occupational Conference: Trades & Maintenance

SEPTEMBER 17-18

Occupational Conference: Clerical

SEPTEMBER 22-23

Occupational Conference: Patient Care Technical

SEPTEMBER 24-25

Occupational Conference: Patient Care (Richmond)

OCTOBER 5-9

CUPE National Convention (Montreal)

OCTOBER 14-15

HEU Community Health Bargaining Conference

NOVEMBER 3-4

HEU Wage Policy Conference

NOVEMBER 11

Remembrance Day (HEU offices closed)

NOVEMBER 23-25

B.C. Federation of Labour Convention

Powerful alliance fights for water

Across the border in Oregon state, the Klamath Tribes are poised to win a hard-fought battle to save their ancestral river from destruction. Flowing from Oregon's high desert to the coastal redwoods, the Klamath is the third most important salmon river in the United States.

Upstream Battle, an award-winning documentary screened at this year's DOXA film festival in Vancouver, traces the Klamath's struggle to remove four hydroelectric dams on the Klamath River, which are responsible for destroying salmon runs in the river and in the Pacific Ocean.

From the opening frame to the last, this film presents a compelling story about how powerful change can happen when groups with conflicting needs set aside their individual differences and compromise for a greater good.

Although the Klamath Tribes (which include the Karuk, Yurok and the Hoopa nations) have achieved much, the outcome of their struggle is not yet known. If they and other stakeholders are successful in their fight to remove the dams – which were built to generate electricity and provide irrigation water to Oregon farmers – it will be the largest project of its kind ever in the U.S.

Upstream Battle opens with stunning footage of the Klamath River basin under overcast skies. An elder, paddling the river, speaks to the camera: "The river is a spirit; it has a life of its own."

The film then travels with Klamath activists capturing their efforts to create a diverse coalition that includes farmers, ranchers, conservation and fisherman's groups, and other stakeholders. Together, they take on PacifiCorp, a power company controlled by the world's richest man – Warren Buffet.

In 2002, tribe members witnessed one of the worst fish kills ever recorded in the U.S. Almost 70,000 adult salmon died in front of their eyes. In 2006, low runs of wild Klamath salmon caused severe fishing restrictions in both Oregon and California.

"A hundred years ago, up to a million salmon would swim upstream to their spawning grounds on the Klamath each year," says *Upstream Battle* filmmaker Ben Kempas. "Today, only a few thousand return to the river."

For almost two years, Kempas followed tribal activists, utility managers, irrigators and fishermen in their battle for the river.

"I found it fascinating how determined they all were to find a solution to a seemingly hopeless conflict," he says. "We've been witnessing how stereotypes don't stand the test of time. And

FILM DOCUMENTARY

UPSTREAM BATTLE

Preview Productions, 2009
(97 min.)

Writer, photographer, director:
Ben Kempas



we've seen some astonishing alliances between old enemies."

Since the film's release, Klamath activism has focused on dam re-licensing requirements, which ultimately gave PacifiCorp two choices: either install \$300 million worth of fish ladders and other improvements, or remove the dams altogether. Faced with those costs, the corporation struck a tentative agreement in November with California and Oregon state and federal officials to remove the four dams by 2025.

According to Troy Fletcher, a Yurok tribal member and Klamath activist, the proposed agreement is intended to be a blueprint for peace on the Klamath River. The agreement provides an adequate supply of water to farms and wildlife refuges, while addressing the need for affordable power for irrigators. In return, more water will be made permanently available to the lower river for the benefit of fisheries and coastal communities.

In June, a bill to fund Klamath River dam removal with a surcharge on Oregon ratepayers won approval from the Oregon state government. While the bill's passage doesn't guarantee the dams will come down – that will require further federal action – it is a key win in the process.

Upstream Battle documents the beginning of a continuing struggle. It reminds us how important it is to build bridges that will reconcile differences.

Fletcher says it best in the *Klamath News*: "We have charted a course based on collaboration, not conflict, to bring about the biggest river restoration effort in American history. In the Klamath Basin, we want to see farmers farm, wildlife thrive, fishermen fish, native Tribes embrace their respective cultures and to restore a valuable national treasure."

ESTHER SHANNON • VANCOUVER WRITER

Congratulations

HEU member **Deb Andrew** will become the first medical lab assistant to serve on the Board of Directors for the Canadian Society for Medical Laboratory Science, effective January 1, 2010. "I'm very nervous and excited at the same time," says Andrew of her national appointment. "But I have lots of time for reality to sink in."

Andrew, who's worked at Fort St. John General Hospital for the past 10 years, has been an active member of HEU's patient care technical subcommittee and heavily involved in initiatives to set up a college for medical lab assistants in B.C.

Retirements

Staff in the ambulatory care department at St. Mary's Hospital in Sechelt wish nursing unit assistant **Evelyn Harker** all the best in her retirement. Harker joined HEU in 1978, and has worked at St. Mary's since 1991. She plans to spend her time quilting, travelling and doing aqua-fit.

The HEU staff sends congratulations to two long-time colleagues retiring in the coming weeks from the union's Victoria office.

Stan Hambley became an HEU member in 1973 when he was hired as a licensed practical nurse at Royal Jubilee Hospital. He started doing temporary servicing assignments at

HEU's Victoria office in 1989, becoming permanent in 1992.

He says the two highlights of his career have been doing arbitrations and being involved in the pay equity process.

Hambley says, "I absolutely love doing arbitrations, preparing for hearings, doing the direct and cross-examination – the whole process."

Although he has no concrete retirement plans, Hambley says he will spend time camping.

And **Tony Beliso** retires after 32 years as a staff and HEU member. Beliso joined HEU as a stores supervisor at Mount Saint Joseph Hospital in 1977. Later, he worked for two years as a temporary servicing representative at HEU's Provincial Office, and then relocated to Victoria for a permanent position in 1997.

Beliso held many offices at his local, including chairperson and treasurer.

His favourite part of servicing work, he says, was "resolving grievances without the necessity of going to arbitration."

Upon retirement, Beliso plans to travel, do landscape design work, and later do a road trip with his wife when she retires next year.

In memoriam

Friends of nursing unit assistant **Rhonda (Williams) McKenzie** were saddened by

her death in April. McKenzie started at Wrinch Memorial Hospital in Hazelton as an office clerk in 2004, before training to become a unit clerk two years later.

She also worked as a pharmacy technician for United Church Health Services, at the same work site in Hazelton, before going on LTD in 2007.

And long-term care aide **Erin Waddell** of Nanaimo Travellers Lodge passed away in June, after nearly 18 years of service. She had worked in facilities across the province for 30 years as a care aide, and had been on long-term disability at the time of her death.

Provincial election wins

Congratulations to HEU's former bargaining director **Raj Chouhan** who held onto his MLA seat in Burnaby-Edmonds by a wide margin, and CUPE researcher **Kathy Corrigan** who was elected as a first-time MLA in the riding Burnaby-Deer Lake.

Corrigan also worked with HEU's research department in recent years.

Answers from page 4 environmental quiz:

1. seven hectares
2. more than \$400,000
3. 20 cans
4. 36 jobs
5. paper (at 45 per cent)
6. Dr. James Hansen

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Ethnic Diversity

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

PRESS 2

First Nations

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

PRESS 3

Lesbians and Gays

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

PRESS 4

People with disAbilities

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

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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