

# GUARDIAN



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## UNITING OUR TEAM

Contract talks covering nearly 40,000  
HEU members begin in January p3





HEU members gather at CUPE's historic 50th anniversary celebration in Quebec to honour the founding of Canada's largest, strongest national trade union.



## Together, we're a powerful force for change

The year was 1963. It was the year Martin Luther King delivered his historic “I have a dream” speech, U.S. President John F. Kennedy was shot, and the Rolling Stones recorded their first single.

Here in Canada, it was also the year public sector workers from every part of the country – including HEU members – joined forces to establish what is now our largest national union, the Canadian Union of Public Employees.

Fifty years later, HEU is CUPE's health care division in British Columbia. And together, we are a powerful force for change.

Perhaps at no time in our own 70-year history, which we will be celebrating in 2014, has our alliance with our CUPE sisters and brothers in other provinces and territories been more important.

Why? Because if the federal government has its way, we are in danger of seriously damaging our universal public medicare system when Canada's *Health Accord* expires next year. And if right-wing politicians at both the national and provincial levels are able to move various types of anti-union legislation forward, Canadian unions will be weakened (see page 6).

Both of these issues were front and centre at CUPE's biennial convention, October 21-25, in Quebec City. And among the

3,000 delegates in attendance, more than 40 HEU members were engaged in the passionate policy debates that set CUPE's strategic directions for the next two years.

Upon returning to their HEU locals,

**In the New Year, we will be working closely with our CUPE counterparts in other regions of the country to keep unions strong and push back against Stephen Harper's health care agenda.**

these activists bring a renewed sense of our national networks and the strength we have when we share in a common purpose.

As we carry forward our fight for better wages, working conditions, job security, and stronger public health care in B.C., HEU members are part of a Canada-wide union of more than 625,000 workers who are also CUPE members.

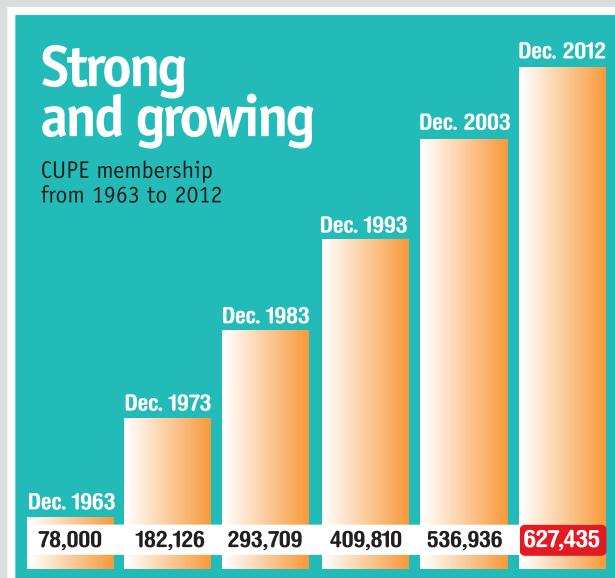
In the New Year, we will be working closely with our CUPE counterparts in other regions of the country to keep unions strong and push back against Stephen Harper's health care agenda.

Among the many speeches and panel discussions that marked the convention proceedings, one of the most inspir-

ing remarks came from Canadian and Cree author Tomson Highway who said, “Unions are the guardian of basic human dignity.”

For HEU, that statement reflects our fundamental goal as a health care union – to protect both the dignity of our livelihoods and the conditions of our work, as well as the dignity of care we strive to provide to British Columbians.

In 2014, we can use our strength at all levels to move that goal forward, for ourselves, and for all those in our care.





BONNIE PEARSON

## Teamwork has never been more important

HEU members have always understood that it takes a team to deliver care. Whether they work on the frontlines, or behind the scenes, every health care worker plays a critical role in making good care possible.

And as health authorities struggle with rising cost pressures and shrinking resources to meet British Columbians' health needs, they're also starting to acknowledge that teamwork has never been more important.

We really have no choice but to tap the full potential of the education, training and experience that all health care workers bring to the job. At the same time, health authorities have a responsibility to make these changes with great care. A case in point is on Vancouver Island where a new staffing model that includes more care aides is being implemented on patient units at Royal Jubilee and Victoria General hospitals. The Care Delivery Model Redesign has been in place at Nanaimo Regional General Hospital since September.

The change is not without controversy. Throughout late summer and the fall, the nurses' union has consistently opposed the changes, claiming they will put patients at risk. That claim has sparked comments which frequently deny the important skills care aides bring to the bedside, and pit them against their colleagues.

There's no question that RNs and LPNs are trained to meet a range of medical needs unique to their professional skills. However, there is also no question that patients — especially the elderly and those with complex medical conditions — will benefit if more care aides are in place to meet their personal care needs.

These workers are specifically trained to provide people with every aspect of individual care.

They are the backbone of personal care and bedside support in our long-term care homes, and increasingly in our hospitals.

By leveraging the skills, training and experience of all members of the patient care team — and by valuing the contributions each member brings to the team — we can help ease the overall pressures on our health system and ensure a higher level of direct patient care and support.

Certainly, there is nothing to be gained from care-less rhetoric that undermines the skills and abilities

of these allied health workers who have a great deal to offer patients in our often crowded, short-staffed hospitals.

If we are to deal with health care's challenges, and ensure the future sustainability of the system overall, every person needs a clearly defined role that fully uses their skills and abilities.

In the VIHA example, that means supporting care aides through in-service training and making sure that they're full participants in care plans.

For this to work, however, we must do away with the politics of division, recognize that there is more than enough work for everyone on health care's frontlines, and honour an approach to health care delivery that values the skills every worker brings to the team.

**Every person needs a clearly defined role that fully uses their skills and abilities.**

## voice.mail

### A thank you from HEU's Blue Poppy contest winner

Thanks to the People with disAbilities Standing Committee for the iPod you sent my six-year-old granddaughter Brooklyn, as a first prize in the HEU Blue Poppy Campaign Colouring Contest.

I want you to know that the colouring project was indeed a good way to initiate conversation about equity issues in general, and for people with disabilities in particular.

While Brooklyn was colouring, we talked. And after she finished colouring the copy that is now adorning my fridge, she said with a thoughtful frown, "I want this to be more important," and proceeded to make what she considered necessary adjustments to the copy

that was then entered in the colouring contest.

I also wanted to share Brooklyn's excitement about another first in her life — receiving her very own parcel via Canada Post.

We went to the Post Office with the paper notice, both of us very curious about who could be sending this little girl a package c/o Grandma's address.

When the box was presented to Brooklyn and I saw the sender was HEU, I knew she had won the prize for her colouring!

We both started jumping up and down, giggling in great excitement. The CUPW worker was pretty curious by this time, and offered to open it for us right there.

With her assistance, and with a lineup growing behind us, Brooklyn opened the box to show everyone her prized iPod, while I read aloud the letter of congratulations.

Amid all the squeals of delight, the CUPW worker expressed that she was impressed by HEU's ingenuity and generosity, her sentiments echoed by members of IBEW, BCGEU and CEP in the lineup.

Thanks for everything.

**WANDA HOP WO**  
Mount St. Mary Local

### BURSARY RECIPIENTS

Each academic year, a number of HEU bursaries — sponsored by locals and the union's Provincial Executive — are available for members, their children, stepchildren and legal guardians, and spouses, including common-law and same-sex partners, who need financial assistance and demonstrate satisfactory academic standing.

The bursaries, which range from \$350 to \$1,000, can support courses at any post-secondary educational institution and are administered by a bursary committee under the direction of the P.E.

*Here are the 2013-2014 recipients and their sponsoring locals:*

**Receiving \$350 bursaries:** Michelle Boham (Victoria General), Maria Ferretti-Singh (UBC local), Vahini Govender (Royal Columbian — Bill Black), Jaclynn Holmes (Royal Columbian — John Darby).

**Receiving \$500 bursaries:** Shelby Dallaire (Royal Inland), Ethan Earl (Maple Ridge — Tara Hansen Memorial), Jasmine Furby (Prince George), Lu (Bonnie) He (Vancouver General), Navjot Kandola (PHSA Amalgamated — Cathy Peters Memorial), Debbie Koopman (Vancouver General), Jon Pénas (P.E.), Zhi Yi Ren (Burnaby), Anthony Shaw (P.E. — Alex Patterson), David Somerville (Royal Jubilee), Shelly Stefanishion (St. Paul's — Robert Standell), Nicole Webb (P.E. — Ginger Goodwin).

**Receiving \$1,000 bursaries:**

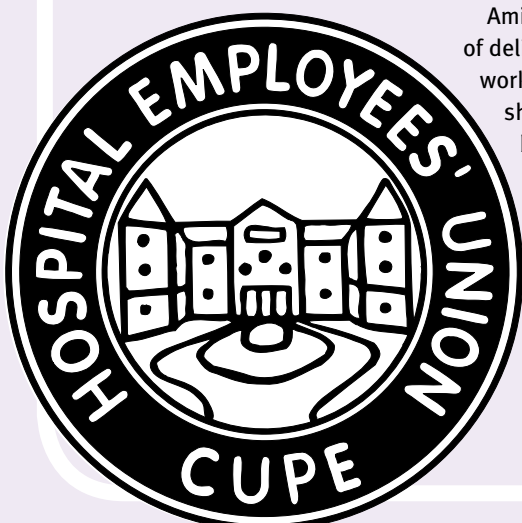
Angela Johnson (Surrey and P.E. — Edward James Ashmore Memorial), Kathlene Anne Peralta (P.E. — Ray McCready Memorial), Amandeep Toor (Surrey — Iris Andrews Memorial).



**HEU secretary-business manager Bonnie Pearson with the 2013 Jack Webster Student Journalism Scholarship winners Karla Karcioglu (Thompson Rivers University) and Michael Wallberg (University of B.C.).**

HEU has sponsored journalism scholarships through the Jack Webster Foundation since 2006.

Missing in this photo is Jennifer O'Rourke (Kwantlen Polytechnic University), the third winner of an HEU-sponsored award this year.





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## Union bargaining on all fronts

**J**ob security, protecting benefits, and a fair wage increase will top the list as HEU prepares to bargain a new contract for more than 46,000 health care workers in B.C. who are covered by the facilities collective agreement.

The multi-union Facilities Bargaining Association (FBA) – led by HEU – will sit down with the Health Employers Association of BC on January 16 to begin negotiations.

There are nearly 40,000 HEU members covered by these talks – a vast majority of the union's membership working in hospitals and care facilities.

Unlike the last round of bargaining – which lasted nearly a year – HEU's secretary-business manager Bonnie Pearson is hoping that health employers and government will adopt a more constructive approach this time.

She says the union is ready.

"We're focused. We're more than prepared to make the case for contract improvements that will benefit our members and the health care system as a whole," says Pearson.

"At our facilities bargaining conference in November, delegates set out clear bargaining priorities focused on protecting jobs and benefits – and on a fair wage increase."

Delegates also elected a new bargaining committee to sit across from the employer in January.

While facilities talks are just about to start, the union has been at the bargaining table securing contracts for thousands of other members in just the last few weeks.

### Contracted Support Services

As the *Guardian* goes to press, the union is wrapping up a complex set of negotiations covering more than 4,400 members employed by multinational corporations who are under contract to clean hospitals and feed patients.

These members work side-by-side with facilities members. But as a result of contracting out more than 10 years ago, they are no longer in the same agreement nor do they have the same employer.

The decade-long challenge has been to bargain improvements to wages and benefits that were slashed as a result of *Bill 29* and the privatization of these services.

After a year of bargaining, tentative four-year agreements were reached first with Sodexo in September, and then with Aramark in October.

The agreements follow similar patterns with wage increases of about a dollar an hour plus significant improvements to benefits – and were ratified by members in Vancouver Coastal and Fraser health authorities and at three out of four stand-alone units in independent care facilities.

Similar agreements were settled in November with Compass Group and its subsidiary Marquise.

HEU members working for Compass in the Provincial Health Services Authority, and for Marquise on Vancouver Island, ratified the agreement.

It was turned down by Compass members on Vancouver Island, and by members at one Marquise site in the Fraser Valley.

"These were difficult negotiations, but I'm confident that our members' interests were well-represented by our bargaining teams," says Pearson. "By



BRENDA WHITEHALL PHOTO

**HEU secretary-business manager and chief negotiator of the Facilities Bargaining Association Bonnie Pearson addresses delegates attending one of this fall's public sector bargaining conferences.**

working hard to produce strong strike votes – and ensuring that our rallies were well attended – our members showed these corporations that they were united and determined to make significant gains in this sector."

Under the terms of an arbitration decision, wages and working conditions for Acciona – a fourth multinational that employs HEU members at Royal Jubilee Hospital – will be based on an average of the other settlements.

### Community Health and Community Social Services

While the three largest bargaining groups in the public sector – the FBA, the BC Teachers' Federation, and the Nurses Bargaining Association – will be bargaining next year, a number of other

groups have gone to the table early.

The Health Sciences Professionals Bargaining Association – led by the Health Sciences Association – announced an agreement in October that included modest wage increases and a move to a jointly administered benefits trust.

Throughout November, the B.C. Government and Service Employees' Union led bargaining at three tables – Community Social Services, Community Health and the Public Service – and announced tentative deals on November 30.

Those deals follow a similar pattern – 5.5 per cent over five-year agreements – with the possibility of additional increases should the government's economic forecasters underestimate future economic growth.

The community health and community social services agreements include a number of further measures to provide low-wage redress in a number of job categories while maintaining job security language.

About 3,000 HEU members are covered by the two agreements and they will get an opportunity to vote on the contracts in January.

"Clearly, one of government's major objectives for this round of public sector bargaining is to secure longer-term agreements," says Pearson.

"For that goal to work for us, it must also create greater stability for health care workers and improved caring conditions in our hospitals, residential care facilities and in the community."

**HEU members working in community health (left) and community social services (right) attended the union's fall bargaining conferences to set goals and top demands.**





## COFFEE BREAK

### Historical victories

Over HEU's seven-decade history, the union has achieved several court victories that have benefited all Canadian workers. Here are two of them.

### SAME-SEX SPOUSAL BENEFITS

On August 31, 1991, the B.C. Supreme Court ordered the province's Medical Services Commission (MSC) to recognize same-sex couples as "spouses" and grant them medical coverage.



It was a ruling that benefited all Canadian workers and was the result of a groundbreaking legal battle launched by HEU.

Although HEU had successfully negotiated same-sex benefits in 1989, the MSC continued to refuse coverage for same-sex partners.

Without provincial legislation, the decision to extend coverage to same-sex partners was in the hands of individual employers.

But when HEU member Tim Knodel was denied coverage for his dying partner, the union acted with an historic lawsuit that has changed the lives of millions of Canadians by making same-sex partners eligible for medical, dental and life insurance benefits.

### FIRST NATIONS BARGAINING

Despite resistance from band councils, First Nations health care workers fought hard for union representation. And in 1995, HEU certified Haida Gwaii.

Then, on July 19, 1999, HEU achieved an historic Supreme Court of Canada victory that secured the First Nations' legal right to organize, certify and negotiate contracts – regardless of living on federal or native land.

The landmark ruling benefited all First Nations workers and secured the right for unions across the country to organize First Nations people in various labour sectors.

Today, HEU represents members from the Nisga'a, Gitksan (Gitanyow, Gitwangak), Skidegate (Haida Gwaii) and Stz'uminus nations.



## Inglewood and Surrey Memorial workers join HEU

HEU welcomes close to 300 new members working for Inglewood Care Centre in West Vancouver and the newly opened critical care tower at Surrey Memorial Hospital, who have made HEU their union of choice.

The approximate 250 members from Inglewood who work as care aides, LPNs, housekeepers, dietary, laundry workers, and other allied

support staff are employed by Care Corp.

"These members really fought hard for union representation," says HEU organizer Marie Pantelis.

"They faced a lot of obstacles, especially employer intimidation, but in the end they succeeded."

Pantelis said that over the last decade, Inglewood care staff have

been contracted out twice, and support staff have been contracted out four times.

The 30 new members from Surrey Memorial are employed as housekeeping staff by Aramark.

Both groups of newly certified HEU members will be electing their bargaining committees in the coming weeks.

## Know your rights

### New policies combat bullying and harassment

Studies show that regular exposure to harassment and bullying leads to increased stress-related illness and high rates of sick time.

That's why WorkSafeBC has implemented three new workplace policies, which went into effect on November 1, aimed at combating this problem. These policies cover 2.2 million workers across the province, including HEU members, and about 215,000 employers.

After province-wide consultation with unions and employers, WorkSafeBC has introduced amendments to sections 115, 116 and 117 of the *Workers Compensation Act*.

These sections clearly outline the responsibilities of employers, supervisors and workers to create respectful work environments. The goal of these policies is to prevent or reduce workplace bullying and harassment.

"We know that bullying and harassment are hot issues for our members," says HEU secretary-business manager Bonnie Pearson. "And we're pleased that WorkSafeBC is consulting with unions and other partners to develop and implement these much-needed workplace policies."

To support the parties in complying with these new policies, WorkSafeBC has updated its online *Prevention Manual* and issued guidelines with a resource toolkit. These can be down-

loaded from WorkSafeBC's website.

The toolkit, which includes information, templates, and training modules, can be used by employers to modify any existing respectful workplace policies so that they include harassment and bullying language to bring them in line with the new policies.

"It is the employer's legal responsibility to provide a safe work environment," adds Pearson, "but it requires the commitment of all parties – man-

agers and workers – to create an atmosphere that's free of bullying."

As an HEU member, the union encourages you to contact your local shop steward and/or health and safety committee representative if you are experiencing harassment or bullying at work.

For more information, email [policy@worksafebc.com](mailto:policy@worksafebc.com), call the Prevention Information toll-free line at 1-888-621-7233 (604-276-3100 in the Lower Mainland), or visit [worksafebc.com](http://worksafebc.com).

### Enhanced Disability Management Program

The Enhanced Disability Management Program (EDMP), jointly negotiated by the Facilities Bargaining Association (FBA) and the Health Employers Association of BC, is expected to go live in January 2014.

The program was first introduced in the 2012-2014 facilities contract. Following ratification in December 2012, the FBA requested an arbitrator's review of the consent forms that had previously been negotiated by other bargaining associations. With a successful ruling from the arbitrator, the FBA began implementation by fine-tuning the program, and training EDMP stewards.

The EDMP's goal is to support workers struggling with illness or injury to return to work in a safe, healthy and timely manner.

Through the EDMP, members may be eligible for fast-tracked medical and rehab services, or diagnostic services

and treatments recommended by a physician, which may not be covered under the Medical Services Plan (MSP) or extended health plans.

As negotiated, the FBA has designated trained EDMP stewards – who work under the direction of Chris Back – to support the program and be the primary contact for the employer's disability management professionals.

The criteria for participation covers regular employees in the FBA, who have missed one shift due to illness or injury resulting from a work-related event, or who have missed five consecutive shifts due to a non work-related illness or injury.

Employees who are struggling at work, and casual employees, may also be referred to the program, although services provided may vary.

For more information, visit [heu.org](http://heu.org).

## <<newsbites>>

### Arbitrator upholds flu vaccine policy

The controversial flu vaccine policy requiring health care workers who do not get a flu shot to wear a mask at work during the flu season has been upheld by an arbitrator.

All health care workers, including doctors who work in hospitals, residential care facilities and in community health, must provide proof that they have had a flu shot or wear a mask. The policy also applies to visitors, volunteers and outside contractors.

As a result of the October 23 ruling, HEU is advising members to comply with the new policy. Otherwise, they

risk discipline including being fired by their employer.

At the same time, the union expects health authorities to have an adequate supply of masks available for use.

The ruling is clear that employers are legally obligated to accommodate health care workers who cannot comply with the policy, for example, where medical reasons prevent vaccination.

The original policy, introduced in August 2012, required health care workers to wear an identifying badge if they had received the flu shot, and to notify a supervisor if they knew of a policy violation.

In the June 2013 revised policy,

however, there is no requirement to wear a badge and workers are now "expected" rather than "required" to report non-compliance.

The arbitrator's decision is a result of a policy grievance filed last year by the Health Sciences Association. HEU filed a similar grievance on behalf of facilities subsector members, but held it in abeyance pending the outcome of the HSA grievance.

### Tens of thousands walk for truth and reconciliation

HEU members were among the estimated 70,000 people who took to Vancouver's downtown streets on

# New report shows stunning lack of action on seniors' care

There's no question about it. Whoever fills B.C.'s new Seniors Advocate position is in for an uphill battle.

It's been more than a year-and-a-half since the province's Ombudsperson Kim Carter released her exhaustive and damning report on the state of seniors' care, which included 140 recommendations detailing how to fix the problem.

But this many months later, a new policy brief by the Canadian Centre for Policy Alternatives – based on

**“A major concern for the thousands of HEU members working in seniors' care is government's failure to implement the Ombudsperson's call for minimum levels of direct staffing care.”**

Carter's June 2013 status update – shows a stunning 66 per cent of those recommendations have been ignored.

Only six per cent have been fully implemented. And the rest are either under consideration, partially implemented, or have failed to move forward despite a government commitment to do so.

Lead author and former HEU researcher Marcy Cohen applauds the creation of a new Seniors Advocate position, but notes the advocate will face a system plagued by gaps and failures, and, apparently, little will to act on badly needed changes to improve seniors' care.

Her concern is underscored in the briefing note with this reminder: “In the lead up to the provincial election this past May, MLA Ralph Sultan, Minister of State for Seniors at the time, said that his government's overhaul of the senior-care system is ade-

quate and, about 'as done as it is going to be done.’”

Which begs the question: what *hasn't* been done?

“A major concern for the thousands of HEU members working in seniors' care is government's failure to implement the Ombudsperson's call for minimum levels of direct staffing care and measurable standards to ensure seniors receive the quality of care they need and deserve,” says HEU secretary-business manager Bonnie Pearson.

“Our members are literally being run off their feet. You can't provide safe, compassionate, dignified care

without enough staff to do the job. It's as simple as that,” says Pearson.

“Our message to government is it's time to care. It's time to invest in the people who need care and those who



provide it.”

Other key areas of concern that have yet to be acted upon include inad-

equated public reporting on service levels; lack of advocacy and support for seniors or their families in navigating the care system; failure to improve the complaints process in home and com-



munity care, and the inadequacy of home support services.

Learn more at <policyalternatives.ca>.

## OH&S courses boost safety activism

Throughout October, HEU held a series of one-day occupational health and safety (OH&S) workshops at locals and community centres in 13 areas across B.C.

About 200 HEU joint occupational health and safety (JOHS) committee members attended the training to share their workplace experiences and collaborate on solutions.

Condensing the two-day workshop into one enables more members to attend, reduces book-off and travel time, and allows co-workers to learn as a team.

“When members from the same local train together, it gives them an opportunity to take that knowledge, in solidarity, back to their work site so they're not working in isolation on health and safety issues,” says HEU OH&S representative Ana Rahmat.

“It was very informative and well-taught,” says Pauline Grange, a food services worker at Fort St. John Hospital,

who attended the training. “I gained knowledge on how to move forward with an actual hazard, and what avenues are available to professionally and correctly resolve the issue. Before the course, I didn't know who to go to on a lot of safety issues, or that we even had a safety manager. And I didn't know that we could report to WorkSafeBC if a haz-

**“I didn't know we could report to WorkSafeBC if a hazard isn't dealt with by the employer within 21 days of the committee's recommendation.”**

ard isn't dealt with by the employer within 21 days of the committee's recommendation.”

The workshops combined members from different locals and departments.

“It broadens members' understanding of OH&S issues when they cross occupational groupings,” says Rahmat. “For instance, a maintenance worker might not know the safety hazards faced by a care aide.”

The three main objectives of HEU's OH&S training are: learning from

each other about members' experiences; increasing member activism around workplace health and safety, and reframing attitudes. For example: instead of blaming workers when incidents occur, the “working conditions” should be investigated.

Parminder Bajwa, a laundry/housekeeping aide at Cowichan District Hospital, says, “I learned a lot about how to prevent injuries and also about the committee structure. Our site's OH&S committee is doing very well. I will definitely recommend it to other colleagues.”

Rahmat says HEU members have all the tools to empower themselves and be proactive. By arranging employer-paid time – as mandated in the *Workers Compensation Act* (section 130) and *Occupational Health and Safety Regulation* (section 3.5) – OH&S committee members can carry out inspections, investigations, do meeting preparation, teach workers how to fill out incident forms, and do workplace walkabouts.

September 22 to remember the painful legacy of Canada's residential schools.

“It was so inspiring, and beautiful to see all the solidarity from so many groups – all the unions, the community groups, women's organizations. The walk was filled with flags, despite the rain,” said Martin MacKenzie, co-chair of HEU's First Nations Standing Committee and representative to CUPE's National Aboriginal Council.

“It was also great to see all the young people who were there.”

The four-kilometre walk marked the end of a week of powerful hearings where scores of survivors, family members, and others affected by the 150-year

history of residential schools shared their experiences and bore witness to the extreme suffering they caused.

The walk was the first reconciliation walk in Canada, although the truth and reconciliation gathering was the sixth of seven fact-finding events held across the country. It is estimated that over 150,000 children (some as young as four years old) were separated from their families and forced to attend federally administered residential schools.

Approximately 80,000 residential school survivors are alive today. Their stories chronicle a tragic history of maltreatment, ranging from withheld food, substandard medical and dental

care, to severe corporal punishment, regular beatings and sexual abuse.

“My hope and my wish is that people will be able to heal from this,” said MacKenzie. “Residential schools didn't just affect the people who survived them, they also affected the generations that followed.

“I didn't grow up in a residential school, but my mother did. And that limited her, because she wasn't parented by her own mother. She was taught that she shouldn't be happy about who she was, that she shouldn't be happy with her skin colour, that she was dirty, that she wasn't even a human being.”

The last gathering will take place in Edmonton next year, after which a final report will be issued by the federal Truth and Reconciliation Commission.

### Funding for Therapeutics Initiative restored following sustained pressure

In late October, the provincial government reinstated up to \$700,000 of an annual million-dollar operating contract with the University of British Columbia's Therapeutics Initiative (TI).

The previous provincial NDP government established the TI in 1994 to act as an independent project run by

continued on page 6

# Public health care is worth fighting for

It amazes me that while President Obama and his allies fight hard to ensure health care for everyone in their country, we're letting ours slip away.

In 2014, the national *Health Accord* expires and the federal government has said they have no intention of renewing it.

Since 2004, the Accord provided a level of escalating federal financial support for medicare that significantly slowed down cuts to health care services here in B.C. – and across Canada.

Upon first glance, getting rid of it is a big mistake for public health care. The financial implications alone are scary.

The federal government plans to drastically cut health care transfers to the provinces – \$36 billion in reductions over the next decade.

However, the death of the 2004 Accord does give public health care advocates an opportunity to redefine what a national health accord should and can do for Canadians.

When it was first conceived, the *Health Accord* wasn't just about money from Ottawa. It was also meant to – as it was described in 2003 – “stem the tide of privatization and expand public delivery of health care.”

The current Accord, under both the federal Liberals and Conservatives, failed miserably on both counts.

Take our own province. Under the BC Liberals, we have moved down the road of privatization faster than any

other province over the past 12 years.

The Accord did not stop Cambie Surgery Centre Dr. Brian Day's dash for public health care cash.

And as for expanding public health care, there has been little development on that front either, over the lifetime of this Accord.

For example, in 2004, Canadians were promised a national pharmaceutical plan. Experts estimate that a national plan would save Canadians \$11 billion a year.

In 2006, Prime Minister Stephen Harper scrapped the plan, leaving Canada as the only country in the world with a universal health care system that does not cover pharmaceuticals.

Heading into 2014, Canadians have an opportunity to get it right. We can protect – and even strengthen and expand – public medicare by demanding a 2014 *Health Accord* that meets our needs, and not those of ideological politicians, or Big Pharma, or greedy private health providers.

That's why HEU is developing a campaign to work with allies in several communities across B.C. next year to push for a new and better *Health Accord* for the next generation (see page 10).

We want to give a voice to Canadians' demands to not only protect what we have, but to invest in improvements that expand public health care services and accessibility.

We have a lot of fighting to do, but that's because our public health care system is worth fighting for, not just for us but for future generations.



**Donisa Bernardo**  
HEU Financial Secretary

**The Health Accord wasn't just about money. It was also meant to “stem the tide of privatization”.**



**VICTOR ELKINS**

PRESIDENT'S DESK

## Take the first step in 2014

Recently, I was asked how I got involved in HEU. It was the early 90s and, as a new casual, I knew very little about how the union worked – at least, not until I ran up against an issue with my supervisor.

Looking back, I can still remember how intimidated and alone I felt when I was threatened with unfair discipline. And then I realized I could ask my union for help. Suddenly, the whole dynamic changed. An HEU steward stepped in and resolved the issue, to my incredible relief.

Shortly thereafter, I accidentally stumbled into a local meeting in the cafeteria. I was too embarrassed to leave, so I stayed. At the next meeting, I was asked to take on the position of chair.

Why I agreed was simple. I wanted to give something back. From that moment on, I became a union activist.

My story isn't unique. Most of us don't realize the value of being a union member until we have a problem.

This is especially true for those of us who never had to fight to join a union. That fight happened decades earlier. Which is why, for most health workers, the union now comes with the job. It's all part of the package.

Increasingly, however, a lot of HEU members have had to fight for union representation. Like the 250 new members at Inglewood in West Vancouver, we have members who have been contracted out multiple times and have still fought to join HEU.

**Given the growing anti-union forces that are springing up in Canada, it's clear – we cannot afford to be complacent.**

But no matter how we came to HEU, it's easy to take union membership for granted.

We forget that more than two-thirds of Canadians don't have a union. They don't have the protection of a union contract. They don't have the ability to grieve unfair treatment. They don't have shop stewards, health and safety committees, or access to the services we rely on to deal with individual or systemic problems at the work site.

But given the growing anti-union forces that are springing up in Canada, it's clear – we cannot afford to be complacent. As members of B.C.'s largest, oldest health union, we have a responsibility to protect the rights our forebearers fought for over the past seven decades. And protect them for the next generation.

That's why we're working hand-in-hand with trade unionists across the country, through the Canadian Labour Congress' Fairness Works campaign.

In 2014, we can change the channel on the anti-union rhetoric. Please, take the first step. Post the centrefold in this issue of the *Guardian* at your workplace or any other location in your community. Let's remind the public, and each other, why unions are essential to creating a fairer future for all Canadians.

## <<newsbites>>

continued from page 5

academics at the University of British Columbia to provide physicians and pharmacists with up-to-date, evidence-based, practical information on prescription drug therapy.

The TI's contract with the Ministry of Health was first reduced from one million dollars to \$550,000 in 2010, and then eliminated entirely last April by the government.

“It's great that the funding commitment to the TI has been reinstated,” said University of Victoria pharmaceutical policy researcher Alan Cassels. “It's a good first

step.”

According to Cassels, the TI has played a major role in containing health care costs for almost two decades. Compared to other provinces like Quebec and Ontario, B.C. has seen a much lower growth in the rate of drug costs, saving the province's health care system hundreds of millions of dollars annually.

The TI has also protected the health of British Columbians.

Too often, drugs outside PharmaCare contribute to over-medication and often

lead patients to take pharmaceuticals that have limited benefit – or do more harm than good.

In addition to the restored funding, the province also reinstated TI's free access to B.C. health data on drug use that it had suspended in 2012. This data tells B.C. researchers how drugs are used in our own province – a valuable tool for assessing costs and benefits of new and existing drug therapies.

“I'd encourage the province to restore the TI to the \$1-million per year budget they used

to have,” said Cassels. “That way, the project can expand their education program on the rational use of drugs targeted to physicians.”

### Alberta lawsuits challenge public health care

The ban on the purchase of private insurance to cover medically necessary health care services is being challenged again, this time in Alberta. Two Albertans have launched lawsuits because they say they were forced to

pay out-of-pocket to access health care in the United States when they couldn't get it in a timely fashion at home.

The cases are being supported by the Calgary-based Justice Centre for Constitutional Freedoms, an organization endorsed by the Canadian Taxpayers Federation, the Fraser Institute and a former speech writer for Prime Minister Stephen Harper.

Here in B.C., four patients and private clinic owner Dr. Brian Day joined in a lawsuit against the prov-

# Big Pharma's big payoff

Canada's new trade deal with Europe, unveiled earlier this fall by Prime Minister Stephen Harper, will come at a high cost to our national system of public health care.

Changes to prescription drug patent law outlined in the *Comprehensive and Economic Trade Agreement* (CETA) could add as much as \$2 billion to our country's annual pharmaceutical bill.

With Canadians paying \$900 annually per person for prescriptions, our drug costs are already the second highest in the world, after the United States.

On top of that, Canada also has one of the fastest rising pharmaceutical costs per capita among countries with more advanced economies.

That's why the Canadian Generic Pharmaceutical Association, the federal NDP, the Council of Canadians and the Canadian Centre for Policy Alternatives are all warning the public now about drug costs worsening, should CETA come into effect in 2015 as promised by the federal Conservative government.

"Harper's new deal with Europe was a dud in so many ways but nowhere is it more obvious than on prescription drugs," said Council of Canadians trade campaigner Stuart Trew.

There are two key concerns that opponents to CETA raise.

The brand name drug-makers will see their monopoly extended by several years and regulations that set the terms of patent protection would become virtually irreversible.

Specifically, CETA commits Canada to a longer patent protection period that will delay the entry of generic medicines by up to two years.

Moreover, this delay could be extended by another 18 months, as the brand name drug multinationals will also have a new right to appeal unfavourable court rulings, giving them longer control of the patented drug's lucrative life.

At the same time, the trade pact locks in Canada's current terms governing important data about the safety and efficacy of these brand name drugs.

Right now, the brand name companies must provide generic drug companies access to the results of clinical trials the brand names conduct in order to get the drugs originally approved.

Generic companies need access to this information to confirm their own manufacturing process that is key to getting cheaper generic drugs into the market quickly after patents have expired.

If CETA passes, it will be difficult for future governments to reverse these brand name drug data protection terms, and cause more delays for generic alternatives.

"Canada may not have given the brand name drug lobby everything it wanted, but two years of additional patent protection is going to cost Canadians," noted Trew.

If CETA goes through as is, Canadians will collectively be paying a lot more money for brand name drugs. And that will inevitably leave less money for other health care services and programs.

"The Indian government, which is also negotiating a trade and investment deal with Europe, successfully fought to take out the same drug patent changes because of their high

cost," added Trew.

"There is no good excuse why Canada, and the provinces, shouldn't take the same position."

In January 2012, the *Canadian Medical Association Journal* published a new study that showed one in 10 Canadians (one in nine people in B.C.) do not fill their drug prescriptions because they can't afford the cost.

A poll conducted by Ipsos Reid, and released in September by the Council of Canadians and the Canadian Health Coalition, shows that 69 per cent of Canadians oppose a Canada-European Union free trade deal that would lengthen patent protections for brand name drugs.

NEIL MONCKTON



**If CETA goes through as is, Canadians will collectively be paying a lot more money for brand name drugs. And that will inevitably leave less money for other health care services and programs.**



## Know your drug RxISK

Want to know more about a drug you have been prescribed? Check out [wp.rxisk.org](http://wp.rxisk.org)

RxISK is a free, independent website where patients, doctors and pharmacists can research prescription drugs and easily report a drug side-effect.

Prescription drug side-effects are now a leading cause of death, disability and illness along with cancer, heart disease and stroke. And in mental health care, drug side-effects are the leading cause of death.

Experts estimate that fewer than five per cent of "serious" adverse events (those causing hospitalization, disability or death) are ever reported.

And the rate of reporting for the millions of "medically mild" adverse drug events that compromise a person's functioning, self-confidence, judgment, and other abilities are even lower.

The website lets you know what side-effects are included in the 4.8 million reports submitted to the Food and Drug Administration, Health Canada, and RxISK.

You can research a drug you have either been prescribed or are currently taking. And you can report side-effects that you have experienced from taking a particular drug.

The RxISK medical team is dedicated to making drugs safer.

They estimate that, each year, 10,000 people die in Canada, 100,000 die in the United States, and 150,000 die in Europe from taking prescription medications as directed.

ince's Medical Services Commission, Minister of Health Services and Attorney-General over access to health care and long waitlists. The BC Health Coalition, defending public health care, has intervener status in the case.

The Canadian Constitution Foundation, another Calgary-based group that boasts private health care promoter Michael Walker of the Fraser Institute on its Board of Directors, is backing Day and the patients' case.

In 2005, the Supreme Court of Canada struck down

a Quebec law that banned private insurance for medically necessary services. The decision did not impact other Canadian provinces and territories directly, but has sparked the two cases in B.C. and Alberta.

The Alberta case is similar to the landmark decision in Quebec when Dr. Jacques Choulli and his patient George Zeliotis challenged that province's laws, alleging that the ban on buying private insurance for health care infringed on the *Quebec Charter of Rights* and the

*Canadian Charter of Rights and Freedoms*.

### Private member's bill calls for a national continuing care plan

On October 31, Libby Davies, the NDP Member of Parliament for Vancouver East, rose in the House and introduced *Bill C-545*, a bill to create an Act "respecting the provision of continuing care to Canadians".

The private member's bill is a comprehensive and thoughtful response to a national consensus from aca-

demics, health care professionals, and the public that Canada is lacking a comprehensive, national plan for continuing care, including home care, long-term care, respite care and palliative care.

The bill's preamble confirms the principles of the *Canada Health Act* – public administration, comprehensiveness, universality, portability and accessibility – upon which our universal, public health care system is based. It goes on to outline steps toward a pan-Canadian continuing care structure

with timeframes and funding provisions.

If successful, *Bill C-545* would establish pan-Canadian standards for best practices in continuing care, caregiver support, training, infrastructure and affordability. And it would ensure that the federal government would play a key and ongoing role in bringing provinces and territories together to meet the needs of Canadians for continuing care in a timely and accessible way.



When unions **STAND UP FOR FAIRNESS**,  
we raise the bar for everyone.

Together, we have achieved minimum  
wages, statutory holidays, weekends,  
**paid vacation time**, public health  
insurance, public **pensions**, and more.

Together, we have fought for, and won,  
**better wages and working conditions**,  
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important **health and safety** protections.

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communities.

Together, we have helped build a country  
with **fairness** as one of its fundamental  
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## UPDATE: Temporary foreign workers

Opposition to Canada's controversial Temporary Foreign Workers Program continues, despite some changes in the past year.

In B.C., the B.C. Federation of Labour is asking the RCMP to investigate allegations by foreign workers at a Tim Hortons in Fernie, who say their employer took cash payments for the overtime hours they worked, as well as payments to cover the cost of temporary work permits.

In Alberta, recently released data shows that in the first six months of 2013, one in four new jobs in that province was filled by temporary foreign workers, even though Statistics Canada reports there are currently 2.3 unemployed Albertans for every vacant job.

Alberta Federation of Labour president Gil McGowan has repeated his call for the program to be scrapped in favour of comprehensive immigration reform that would see foreign workers come to Canada as permanent residents.

And in Quebec, dozens of temporary foreign workers have helped launch a new Temporary Foreign Workers Association, which will provide access to legal aid clinics, workshops on labour rights, as well as translation services.

The association will campaign for workers to get access to employment insurance and health care, open work permits, easier access to apply for permanent residency, as well as the right to unionize.

## HEU partners with allies to campaign for public medicare on the doorstep

Stephen Harper's refusal to renew Canada's *Health Accord* in 2014 signals a serious funding crisis for B.C. and other provinces.

Tough choices will have to be made, if the federal government goes ahead with its plan to cut billions of dollars from health care transfers to B.C. over the next 10 years.

For example, if northern Vancouver Island loses \$135 million in federal health funding in the next 10 years, that loss would amount to more than half the money needed to build the new Campbell River and District Hospital.

Or consider Kamloops. A \$137 million funding hit over the next decade would more than wipe out the entire annual Interior Health Authority spending on mental health and addiction services.

With the threat of significant cuts like these on the horizon, HEU, the Council of Canadians, CUPE and other allies launched pilot campaigns last fall in two B.C. constituencies – Kamloops-Thompson-Cariboo and Vancouver Island North.

Its goal was to find out if public support could be mobilized to pressure the federal government to maintain current program funding.

For a two-week peri-



B.C. NDP health critic Judy Darcy and Council of Canadians representative Rick Turner reply to questions during the health accord town hall in Kamloops.



od covering late September and early October, HEU held daily public work-

shops about the federal cuts. As well, teams were out canvassing, distributing flyers, and talking to thousands of local residents on their doorsteps, in public places like the hockey rink or farmers' markets, and in their workplaces.

Organizers—including HEU Interior regional vice-president Barb Nederpel and Vancouver Island regional vice-president Barb Biley—also staged town halls in four communities, giving hundreds of concerned citizens the opportunity to listen

to expert panelists and share their own stories about the importance of medicare in their lives.

HEU president Victor Elkins and financial secretary Donisa Bernardo both presented at town hall meetings.

Going forward, HEU is taking the lessons learned from these pilots. This winter, we will be working with our partners to develop a national campaign to push for a 2014 *Health Accord* that will protect public health care from being underfunded by the federal government.

There's a lot at stake, but judging from the reaction on doorsteps HEU volunteers received in Kamloops and Campbell River, there's no question that people value medicare, and not only want to protect it, but expand it for future generations.

Canadians know our public health care system cannot afford any further setbacks. We need an Accord that upholds the values of a public and accessible medicare system for everyone.

NEIL MONCKTON



**There's no question that people value medicare and want to protect it for future generations.**

## >>voices>>



**HEU's support has saved lives and helped the people of the Philippines look to the future with hope.**

## Unions have led the way in responding to the disaster

When disaster struck the Philippines, HEU members were there, providing crucial support in the early days.

Through Oxfam, an international agency with deep roots in the Philippines, HEU channeled \$25,000 to help those most affected by Typhoon Haiyan, the strongest storm ever to reach land, leaving more than 5,000 dead and 13 million affected in its wake.

Your quick and generous support meant that Oxfam was able to rapidly scale up our response to the devastation with the goal of helping 500,000 people affected by the storm.

Working with strong local partners, we focused first on water, sanitation and hygiene, striving to meet people's most basic needs and reducing the risk of contagion and disease.

We've also been helping families get back on their feet, providing basic supplies and housing materials, and offering people opportunities for employment cleaning up debris and destruction. We're also taking special care to ensure women and children are safe and secure.

So far, we've helped Tacloban get its water system working

again, providing fresh water to 275,000 people. We've also distributed 5,000 kg of seed so farmers can sow a rice crop in December for a March harvest. And in the coming weeks, we'll be gearing up our efforts to help fishers and coconut growers, workers and small merchants in Samar, Cebu and Leyte restore livelihoods and rebuild communities.

We couldn't do this without the huge support of the Canadian labour movement. HEU, CUPE National and other unions have been tremendously generous. Building on the strong ties within your membership and the history of solidarity with the Philippine labour movement, unions have led the way in responding to the disaster.

HEU's support has saved lives and helped the people of the Philippines look to the future with hope. They face a huge challenge, made greater by poverty, inequality and climate chaos. But with your support, they are more confident they can build a better tomorrow.

ROBERT FOX • EXECUTIVE DIRECTOR, OXFAM CANADA

# Bangladeshi union leader calls for international action to save lives

**B**angladeshi union activist Kalpona Akter has survived harassment, psychological torture, imprisonment and the atrocious working conditions that plague her country's garment industry.

With an intense media spotlight on the plight of Bangladesh's four million textile workers, Akter is now leading a campaign to pressure global retailers to sign onto the legally binding *Accord on Fire and Building Safety in Bangladesh* that will hold them responsible for workers' safety.

On a recent North American tour stop in Vancouver, she talked with the *Guardian's* Brenda Whitehall about her quest for justice.

## What do Canadian shoppers need to know about garment workers in Bangladesh?

I know Canadian consumers, when they shop, give their attention to the logos. But just behind the logo, there are human faces, and many hands that touched these clothes. One pair of pants is made by 40 or 50 workers.

I'm here to tell consumers that behind these logos are the human faces, and they are not doing good. They are getting poverty wages. They are working in death-trap factories. They don't have a union voice.

Consumers should be angry. Go to the companies, tell them to pay more so our workers can get a decent wage. Tell them to sign the Accord, which will stop future deaths in the factories. And tell them that workers should have the right to exercise their union rights.

I know when you hear this, it's gonna feel like, 'oh, I should not buy clothes made in Bangladesh.' No. Not buying is not the solution. So please buy the clothes! If you don't buy, that would be a boycott. A boycott would be suicide for these workers. We need the jobs, but we want jobs with dignity.

## You are a labour educator and union organizer. Why did you get arrested in 2010?

Being supportive of workers' rights, we have to face many problems from the government and factory owners. It was extreme in 2010 when we were supporting the workers' voice to raise the minimum wage. First, the government cracked down on our organization. They revoked our registration so we would not have any legal entity to operate. But it didn't stop us.

I got arrested along with two co-workers, and we got 11 different criminal charges against us. They said we are the problem and the trouble-makers. We are instigating the unrest across the industrial belt.

They kept me in a place that is dirty, two feet by four feet, for seven days, and interrogated me for 18 hours in a row. I was in prison for a month, psychologically tortured. My colleague Babul Akhter, who got arrested with me, was severely beaten in police custody. Then, we were all released on

bail after a tremendous international campaign. But still, we are facing three of those criminal charges. Don't think that it was the end.

Just last year, one of my colleagues, my friend, one of the senior organizers of my centre – Aminul Islam – was kidnapped and brutally tortured and beaten to death just because he was organizing workers to join a union, just because he was supporting workers' voice to raise the minimum wage, just because he raised his voice when workers were fired illegally from the factory. Nobody has been arrested yet. That can happen to me too. That can happen to my colleagues. That can happen to my brother, who's now a union organizer.

## Does international trade union support have an impact on the ground?

It does have a lot of impact because whatever improvements have happened until now have happened because of international pressure. Signing the Accord is from international pressure... The minimum wage rise is from international pressure. Workers raised their voices, but factory owners would not listen to them. Now, they see how much attention Bangladesh is getting because of the bad working conditions, so the factory owners got afraid and raised the minimum wage. Support helps, totally.

## Is unionizing garment workers legal in Bangladesh?

Our law says workers can join unions, but it's voluntary. The problem is workers are not free to organize a union at the factory level. They'd love to join with the union. But if they raise their voices, they've been threatened, beaten, fired, falsely charged, and sometimes forced to leave their community because the community leaders are aligned with the factory owners. The factory owners' face and the government's face is one. We have 10 per cent of our parliament members who own a group of garment factories. Our legislator is our factory owner.

In our organization, we have over 80,000 solidarity members who pay their dues. They come often to learn



BRENDA WHITEHALL PHOTO

**Kalpona Akter, Executive Director of Bangladesh Center for Worker Solidarity and a former textile worker, urges unions and the public to put pressure on international clothing franchises to sign the *Accord on Fire and Building Safety in Bangladesh* to help protect workers.**

the law and their rights. There are four million garment workers, but only 30,000 to 35,000 are in a registered union. Not even one per cent.

## Do Bangladeshi workers have a voice around safety concerns?

We don't have any health and safety systems at the factory. No committee. But the Accord, it has [a provision] that every factory will get an occupational health and safety committee, which will include workers and other stakeholders from the factory. They will meet periodically and will take a look around with building inspectors, tell them how safe or unsafe the factory is, and also what needs to be done.

I think there's nothing to explain – when you hear in the Tazreen factory fire where 112 workers died, and they died because the doors were locked. When you hear the Rana Plaza building collapsed with 5,000 workers and the death toll is 1,134 and that 1,000 of them have lifetime injuries. Since 2005, we lost over 2,000 workers in factory fires and building collapses. Factory fires are nothing new; the first disaster was in 1990. But still, the government and factory owners say, 'this is a wakeup call.' It's not a wakeup call. We are overwhelmed!

I worked in a sweatshop factory for seven years, starting at the age of 12, and I went through all these horrible conditions. I made \$6.50 a month for 450 hours of work. My factory caught fire and I got locked in the production floor along with my co-workers. So, nothing has changed in my working time in terms of wages, union rights and a safe working place.

Almost every factory doesn't have a fire and smoke-safe exit. These days, factory owners have stopped locking the door which is a very basic mini-

mum, but they haven't started doing all the necessary repairs and renovation which is needed. The factory owners haven't taken any responsibility for this. But the Accord will oversee the repair and renovation for each factory which is under the Accord.

## You've risked your life to be part of a union. What would you say to Canadian workers about the importance of defending their right to unionize?

You know, when I was a kid, I can remember in my textbooks, there was something about how unity can keep you strong. There was a diagram of four sticks together and then one stick. One stick is given to one person, and he is told to try to break it. He just turned it and it broke within a second. Then he was given two. He broke them again. Then, he is given 10 and he tried a lot, but 10 together, he could not break it.

So, what I learned from that textbook – it was maybe third grade – that if you are united, nobody can break you. Nobody can break you into pieces. When I came to the union, what I learned is 'this is what was in my book!' My message to workers is that if you are with a union, you are strong. When we are strong, we can achieve a lot. We can do wonders. But alone, yourself, you will just lose. If you even [achieve] some benefit, it will be for a short time. It is not for a long time. So, if you really want long-term benefits, join a union.

At press time, about 116 apparel chains had signed the Accord. But many high-profile companies have not, including Walmart, Canadian Tire, Sears Canada, Lululemon, The Gap, and the Hudson's Bay Company.

## HEU supports AIDS fundraisers

For the past several years, HEU has joined the global community to commemorate World AIDS Day on December 1. But the union also participates in fundraising initiatives throughout the year to draw attention to the disease that has killed more than 21,000 Canadians since the HIV/AIDS epidemic began in the 1980s.

On September 5, HEU was a sponsor of REINSPIRE: Celebrating Life & Stories from the Quilt, a fundraising event at the Creekside Community Recreation Centre hosted by Global TV's Deborra Hope.

During the gala, which raised more than \$26,000 for Positive Living B.C., there was a re-unveiling of local pan-

els from the NAMES Project – Canadian AIDS Memorial Quilt, and the “One World – One Hope” quilt, inspired by the colourful work of Vancouver artist Joe Average. That quilt debuted at the 1996 International AIDS Conference in Vancouver.

Over the years, the Canadian AIDS Memorial Quilt has grown to more than 600 panels, each stitched together by friends and family who have lost a loved one to the human immunodeficiency virus that leads to AIDS.

“I’ve been a supporter of Positive Living B.C. for many years,” says HEU president Victor Elkins. “And what I didn’t realize until this event is that each panel is the size of a coffin. It’s really moving

to know that information.”

Elkins says it’s important to maintain the quilt project to remember those who have perished from the disease, and a reminder that HIV/AIDS is still a worldwide concern.

And on September 22 a delegation of HEU members, leadership and staff braved the pouring rain for Vancouver’s annual AIDS Walk for LIFE. The HEU team raised more than \$1,700 for Positive Living B.C.

## LRB clarifies status of LPN seniority and service entitlements

The B.C. Labour Relations Board (LRB) has issued two decisions clarifying the status of licensed practical nurse (LPN) seniority and service

entitlements following *Bill 18* – the legislation that moved LPNs from the Facilities Bargaining Unit (FBU) and the Community Bargaining Unit (CBU) to the Nurses Bargaining Unit (NBU) on April 15, 2013.

Since then, LPNs are covered by the nurses’ collective agreement and, by agreement between the Health Employers Association of BC (HEABC) and the Nurses Bargaining Association (NBA), their previous conditions of employment are continued under the nurses’ contract unless and until the NBA negotiates changes in the next round of collective bargaining.

In response to HEABC’s application to the LRB for a decision regarding what happens to LPN seniority and

service entitlements earned in Facilities and Community, the LRB confirmed that seniority and service for the vast majority of LPNs moves with them to the NBU, effective April 15, 2013.

Individuals who worked only as LPNs (over 90 per cent), have their seniority and service transferred to the NBU. They will be considered external candidates for job postings in Facilities or Community and will not be able to use their seniority hours for this purpose.

For LPNs affected by *Bill 18*, who also worked in other FBU or CBU job classifications, in either a regular part-time or casual capacity as of April 15, 2013, the situation is more complicated.

# First African Grandmothers Tribunal shines a spotlight on AIDS pandemic

*“The more we lack the courage and the will to act, the more we condemn to death our brothers and sisters, our children and our grandchildren. When the history of our times is written, will we be remembered as the generation that turned our backs in a moment of a global crisis or will it be recorded that we did the right thing?”*

Nelson Mandela

In 2000, South Africa was the worst-affected country in the world when it came to HIV/AIDS. At that time, 24.5 per cent of South Africans between the ages of 15 and 49 were infected – more than four million people.

According to the Stephen Lewis Foundation, progress has been made in Africa, but there is still a lot of work to be done. One of the ways that Canadians are reaching out is by supporting the Foundation’s Grandmothers Campaign.

The grandmothers-to-grandmothers initiative began six years ago. Since then, local chapters in Canada have raised more than \$16.5 million. The money flows through the Foundation to grassroots organizations in sub-Saharan Africa that advocate for and give voice to African grandmothers, directly support grandmothers and the children in their care, and continue the fight against HIV/AIDS.

On September 7, the Foundation brought the first African Grandmothers Tribunal to Vancouver, and HEU was a proud sponsor of the event.

The one-day forum featured grandmothers from South Africa, Uganda, Swaziland, Zimbabwe and Kenya who told their stories of tragedy, challenge

and triumph as a result of that continent’s HIV/AIDS pandemic.

The Foundation hosted the Tribunal to “shine a public light on the denial of their human rights, and to stand with African grandmothers and their organizations as they issue a call for action.”

HEU president Victor Elkins, financial secretary Donisa Bernardo and members from the union’s global solidarity subcommittee were among the packed audience when the grandmothers spoke at UBC’s Chan Centre.

Several of these remarkable women are HIV-positive and alive today because desperately needed antiretroviral drugs became available to them in time to stem the onslaught of full-blown AIDS.

Many of their loved ones – spouses, parents and children – have died of AIDS. Each grandmother is

now dedicated to working on behalf of orphaned children; many are the main caregiver and provider for their own orphaned grandchildren. Some have also taken on the care of the children and grandchildren of friends and neighbours.

By speaking out in their own countries about their circumstances, sharing their experiences, and shedding light on inequality and the

**Through the Tribunal, they’ve brought their stories of struggle, determination and triumph to Canada and to the thousands of grandmothers and others in this country who support their call for justice and action.**



HEU was a proud sponsor of the African grandmothers’ Vancouver visit to raise awareness about their work on behalf of orphaned children.

plight of women, the grandmothers have led the way for hundreds of women in villages and regions across their countries and beyond.

Through the Tribunal, they’ve brought their stories of struggle, determination and accomplishment to Canada and to the thousands of grandmothers and others in this country who support their call for justice and action.

The Tribunal sought to, and succeeded in amplifying the voices of these courageous women who are calling for their rights to be promoted, protected and respected – rights to property, bodily integrity, income security, freedom from violence, and quality health care.

But while these African grandmothers and the many organizations that support them have already had a huge impact, there is much more to do to stem the HIV/AIDS crisis in Africa.

You can become a grandmother or “grandother.” Find out how by going to <grandmotherscampaign.org>.

MARGI BLAMEY

All unions and employers agreed to the LRB's final decisions, issued in October and November 2013.

Visit [heu.org](http://heu.org) for more details or check with a shop steward for future clarification.

### Union launches Time to Care campaign

On Health Care Assistant Day, the union launched a new project aimed at building a strong, evidence-based case for higher staffing levels in the province's health care facilities.

The first phase supports HEU care aides, community support workers, and other health care assistants to document the realities they face in trying to meet the needs of their residents, patients and clients.

Stories from the frontline consistently demonstrate that care staff are not being given the time they need to do their jobs to the best of their ability.

Statistics also tell a disturbing story.

Not only do care aides have the highest injury rates in our hospitals and long-term care settings, they are three times more likely to strain their backs than construction workers.

During a typical day, a care aide will lift 38 patients into bed, or from a bed to a chair. The cumulative weight of all patients lifted in a day is estimated to be 1.8 tons.

But it's not only the physical toll that affects these front-line care workers. Members report a huge emotional toll as well.

When people are being pulled in so many different directions, and are not able to be there for someone – who may be lonely, or agitated, or in pain, or near death – a whole other level of stress kicks in.

A major goal of the Time to Care project is to record the impact of insufficient care staff on members' daily working experience.

To that end, participating members will track the amount of time they have been given to provide personal care, whether or not they were working short-staffed, if they had enough supplies, which tasks they were unable to perform due to lack of time, and any safety risks they encountered for them-



selves, their co-workers or their patients and residents.

At press time, more than 300 members had signed up for the project.

Anyone wanting to know more about the project, or how they can participate, should contact Margi Blamey at 604-438-5000, toll-free

at 1-800-663-5813, or at [mblamey@heu.org](mailto:mblamey@heu.org).

And throughout the summer and fall of 2013, members of HEU's care aide outreach committee visited more than 45 hospitals and residential facilities to discuss workplace issues. As part of that activity committee

*continued on page 14*

## AFTER THE SHIFT

BRENDA WHITEHALL

Royal Inland Hospital member **Kim Stuart** went from the laundry to the lab with help from the Facilities Bargaining Association Education Fund.

## NEW JOB BRINGS NEW REWARDS

**P**oking people with needles all day may not be for everyone, but HEU medical lab assistant Kim Stuart finds her job incredibly rewarding. And it's a position she trained for by accessing the Facilities Bargaining Association Education Fund.

"I was in laundry and I worked on the dirty linen side, and the job was just too heavy, so I wanted a job that was less physical," says Stuart, who works at Royal Inland Hospital in Kamloops.

"Lifting the laundry bags all the time, I hurt my shoulder. Although it was nothing really serious, I thought this isn't something I want to do long-term."

When one of Stuart's colleagues successfully completed the medical lab assistant (MLA) program through the FBA Education Fund, she was encouraged to apply. Stuart was also aware of the health care system's MLA shortage, and saw it as a good way to achieve a sense of job security.

Stuart finished the course in seven or eight months, then did a two-day workshop, and a six-week practicum.

"I was pretty lucky. As soon as I finished the course, I was fortunate to get my practicum in the lab, and they hired me right out of my practicum... I never went back to laundry from there."

The Golden, B.C. native first joined the union as

a casual housekeeper in 2005, before posting into a full-time laundry job the following year. She admits that pursuing a new occupation was a bit daunting.

"I was nervous because I had to actually pass a typing test even to get into the course, and I was a horrible typist. So that was my first big challenge, to get past the typing test, and then it was pretty nerve-racking because I still worked full-time and did the course on my time off."

**"I was pretty lucky. As soon as I finished the course, I was fortunate to get my practicum in the lab, and they hired me right out of my practicum... I never went back to laundry from there."**

There are many rewarding aspects of her job, she says, including variety and her interactions with patients, particularly "sweet, older patients" at Tudor Village, RIH's satellite lab.

Stuart recalls, with a laugh, her first experience accessioning blood from a "real" patient.

"Oh, I was shaking. I was pretty nervous. When you do the workshop, you actually poke quite a few people, who are also in the workshop. So it kind of gives you an idea how it's going to be. But when you actually go into the lab for the first time, you have to poke a person you don't know and communicate with this person."

"When you're drawing blood, not every patient is easy. It can be very tough. But most people are really nice when you're learning. I caught on quickly, so it was a good experience for me. I really enjoy it."

As part of her job, Stuart also does electrocardiograms and has worked in pathology doing autopsies.



**Stuart says that pursuing a new occupation was a bit daunting at first, but well worth the effort.**

"You have to have a lot of knowledge. We work in Emerg too – and when a trauma comes in and the doctor says, 'I need a cross-match. I need an INR.' You need to know exactly what to take, and quickly. Everything is STAT."

"I can't say enough about how great it was for me. When I did my practicum, I got money for my practicum as well as paid part of my wages. It really helped me – I could still work as well as go to school. It made a big difference for me being able to go into a different job."

*Due to overwhelming interest this year, the Fund is currently not accepting any new applications. Although the application process is currently closed, previously approved applicants can continue to send in receipts.*

continued from page 13

tee members recruited 28 care aides to sign up for the union's occupational health and safety courses. Of those, 15 have taken on occupational health and safety stewarding duties at their work sites.

## Arbitrator upholds right to speak out

An arbitrator's ruling has reaffirmed that union members officially representing HEU may speak about delivering health care services at public events.

HEU licensed practical nurse Tina Irvine, a former local secretary-treasurer at Stanford Place, talked about her work and the realities facing seniors in care and the staff who look after them at a public forum in

Parkville early in 2012. She was speaking out not only as a union representative at a highly publicized, HEU co-sponsored forum, but also as an experienced caregiver at the private, for-profit residential care facility.

Irvine's observations on the impact of wage cuts on staff morale and resident care were reported in a local newspaper, and she was suspended for six shifts without pay shortly afterward. Irvine grieved the suspension.

On September 10, 2013, arbitrator Chris Sullivan upheld the union grievance that Irvine was unjustly disciplined and ordered Stanford Place to pay her the wages for the period of her suspension and remove

a disciplinary letter from her personnel file.

Sullivan wrote, "The facts surrounding the incident in question support a conclusion that the grievor's statements did not exceed the limits of propriety, and were within the range of fair comment. The substance of her speech captured her own experiences at the workplace and her observations of the impact of significant wage and benefit cutbacks on staff morale, turnover, and the provision of services. Suffice it to observe all the grievor's statements had reasonable foundation."

This is an important decision because it confirms the ability of HEU members, acting as representatives of the union, to participate in pub-

lic forums and other community events, to speak of workers' real experiences, and to advocate for quality health care services without fear of employer retaliation.

Read more about the grievance and the arbitrator's decision at <www.heu.org>.

## HEU members' appreciation days

On August 28, HEU support workers in facilities across the province organized events in their workplaces to celebrate Support Workers' Day. Under the theme "Health Thrives with Support", members focused on the critical link between quality support services and delivery of care.

And to acknowledge the often invisible contribution

HEU's trades and maintenance workers bring to health care services, these members celebrated their unique role behind the scenes on October 1, under the theme "Laying the Foundation for Health Care."

In the New Year, HEU members in the patient care technical family have designated February 19 as their day to raise awareness about the many different jobs they do on health care's frontlines. And HEU's clerical members will celebrate their role in health care delivery on April 23.

HEU members in all classifications are encouraged to take a moment on these days to recognize the contributions their co-workers bring to the health care team.

JANUARY

FEBRUARY

MARCH

APRIL

### JANUARY 19 - FEBRUARY 21

CLC Winter School, Harrison Hot Springs

### FEBRUARY 5 - 7

Provincial Executive Meeting

### FEBRUARY 10

Family Day  
(HEU offices closed)

### FEBRUARY 19

Patient Care Technical Day

### FEBRUARY 26

Pink Shirt  
Anti-bullying Day

### MARCH 8

International Women's Day

### MARCH 19 -21

Provincial Executive Meeting

### MARCH 21

International Day for the Elimination of Racism

### MARCH 22

World Water Day

### APRIL 2

Earth Day

### APRIL 23

Clerical Team  
Appreciation Day

### APRIL 28

International Day of Mourning

## Talking union with a new generation

The working world that young people face today is unlike that of their parents or any other previous generation. Lessons learned by working people over decades of struggle can seem almost irrelevant today.

Author Nora Loreto begins *From Demonized to Organized, Building the New Union Movement* with a description of her own hometown, a working class suburb of Toronto where unions once played a vital role in the community.

While a student, she protested the destructive economic policies that fragmented that world, but was dismayed at how those very policies "divided us, conquered many of our movements and damaged our sense of community."

This book is directed to her own generation, to help them understand why unions are such an important part of democracy. She also sends a clear message to the labour movement that "it must change how it reaches out to its members, its communities and to non-unionized workers if it hopes to grow."

In very basic terms, Loreto describes what unions are, what they do and how they do it. She describes the many benefits of unionization – negotiating for better wages and benefits, health and safety protections, improved working conditions, grievance procedures – and why paying dues is essential to any union's ability to provide the services that protect and advance members' rights.

She explains that while corporations exist to make a profit, unions are there to promote workers' interests and are answerable to their members. They operate through highly democratic structures, with important decisions made in an accountable manner, by adhering to rigorous voting procedures.

During a strike or any other labour action, however, corporate-controlled media will make sure that the message that gets out is anti-union.

Loreto also details the conditions necessary to organize a union in

a workplace. And because it can be very intimidating, she spells out the legal protections that are in place for anyone who takes this step.

Moving on from what amounts to a basic primer on unions, Loreto proceeds to outline their very important societal role as a strong defender of many critical public services like health care, transportation, child care and education.

In 1980s England, Margaret Thatcher's government proudly declared that it had broken the spell when it destroyed the Union of Mineworkers. British actor and comedian Russell Brand said that what Thatcher actually broke was the "spell of community".

Her neoliberalism led the way, but many other world leaders have followed suit, including Canada's own Stephen Harper. This destructive policy regime, which also goes under the banner of austerity, now permeates our public discourse.

According to Loreto, the labour movement needs to understand that young people have been shaped by political and social

**Labour needs to commit serious resources to organizing young people and engage them in the process of designing new approaches to their own age group.**



forces that are diametrically different from those faced by the generations that went before. For one thing, they are practically guaranteed to never have a job for life.

That's why labour needs to commit serious resources to organizing young people – including the unemployed – and engage them in the process of designing new approaches to their own age group. Issues that especially affect younger workers must not be ignored – issues like two-tier contracts and seniority protections.

Unorganized workers who earn low wages have to be part of a broad-based workers' movement that challenges government and the corporate agenda, says Loreto. And indeed, labour organizations like the Service Employees International Union in the U.S. and the United Food and Commercial Workers in Canada are dedicating significant means to organizing workers in places like Walmart and Target.

Young people are, after all, the future. They need more than low-wage jobs and crushing debt in order to build that future.

DALE FULLER

## RETIREMENTS

Care aide **Marikka Nieblin** (Cumberland) retired in August after working more than seven years at Cumberland Health Centre. Marikka recently moved to Calgary to spend time with her grandchildren and to do some work as a medical transcriptionist. She is remembered fondly for her warm smile and infectious laugh. Residents and staff wish Marikka all the best in this new chapter of her life.

Long-time activist **Cathy Hamilton** (Royal Inland) retired on August 14 after more than 40 years as an HEU member.



**HAMILTON**

From 1970 to 1979, she was a nurses' aide at Lions Gate Hospital. She then worked at Royal Inland Hospital from 1981 until retirement in positions including a rehab assistant, housekeeping service worker, and porter.

Cathy also served on her local executive as a shop steward, OH&S steward, grievance committee member, Political Action Committee network, and Labour Council delegate.

Cathy was 2nd alternate Regional Vice-President-Interior on HEU's Provincial Executive (2006-2008 and 2008-2011). And from April 2011 to May 2013, Cathy worked as a servicing rep in HEU's Provincial Office.

As a retiree, Cathy plans to do oil painting, wood-carving, and volunteering with First Call (a Lower Mainland organization which benefits children and youth). She also looks forward to an Alaskan cruise and a trip across Canada. HEU wishes Cathy a happy retirement.

## IN MEMORIAM

On October 25, **Dorothy Jean Cordocedo** (Lions Gate), passed away peacefully at the age of 79.



**CORDOCEDO**

Her last moments at Lions Gate Hospital were with her loving family by her side.

An HEU member for 24 years, she was trained at Royal Columbian Hospital

and then worked as a ward clerk and LPN at Lions Gate Hospital from 1974 till her retirement in 1998.

She was passionate about her family and grandchildren. Jean will be missed by family, friends and colleagues.

HEU member **James (Jim) Courtney** (Kelowna) passed away on September 28 at the age of 63. He worked till August, when he became too ill to work.

Surrounded by the loving hearts of his extended family, he died at home.

A cleaner at Kelowna General Hospital for the past eight years, Jim was an amazingly cheerful person who was well-liked by everyone.

His passions were his family and soccer (coaching and playing men's league soccer). Jim will be truly missed by all who knew him.

Sadly, HEU member **Gitta Lal** (VGH) passed away on July 25 at the age of 76.



**LAL**

A union member for more than 29 years, she was on WCB for the last 10 years of her working life due to a herniated disc sustained in 1993.

Gitta loved her LPN work in the hospital and worked on various units during her career.

She enjoyed camping with her husband. Gitta passed away shortly before her 50th wedding anniversary. Her loss is deeply mourned by her loving husband, family, friends and co-workers.

On September 5 **Joyce Veitch** (Prince George) passed away at the age of 77. She worked for more than 30 years in the kitchen and laundry at Prince George Regional Hospital.

Retired since 1998, she enjoyed an active lifestyle – world travel, dancing to old-time fiddle music at the Elder Centre, and pursuing her project of documenting her family ancestry.

Joyce was devoted to her family, and she will be missed by her many friends and workmates.

At the age of 53, **Jesus Archimedes Vinluan** (Dufferin Care Centre) passed away on August 26.

He was known to friends and co-workers as Jeric or Archie. Certified as a care

aide and then as an LPN in 2008, Archie worked at several care facilities, including Broadway Pentecostal Lodge and Dufferin Care Centre.

He was respected for his dedication and hard work. At Dufferin Care Centre, he is fondly remembered for being encouraging and for advocating of behalf of his fellow union members. He will be dearly missed by co-workers and residents.

Former HEU member **David Pellerin** passed away suddenly in early December at the age of 48. Pellerin was a multi-ticketed tradesperson and strong advocate for issues impacting HEU's trades and maintenance members – especially the contracting out of skilled trades work.

An HEU member since 1995, Pellerin worked at MSA Hospital in Abbotsford and Surrey Memorial Hospital.

Pellerin was active in the Surrey and Abbotsford locals, and served as chair of the Surrey local and briefly on HEU's Provincial Executive.

He is survived by his wife Wendy and two children.



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[www.heu.org/change-address-form](http://www.heu.org/change-address-form)

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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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## ETHNIC DIVERSITY

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

[fnationspeople@heu.org](mailto:fnationspeople@heu.org)

## 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.



[pinktriangle@heu.org](mailto:pinktriangle@heu.org)

## PINK TRIANGLE



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

[pwd@heu.org](mailto:pwd@heu.org)

## 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.

[women@heu.org](mailto:women@heu.org)

## 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?



# GUARDIAN

"In humble dedication to all those who toil to live."

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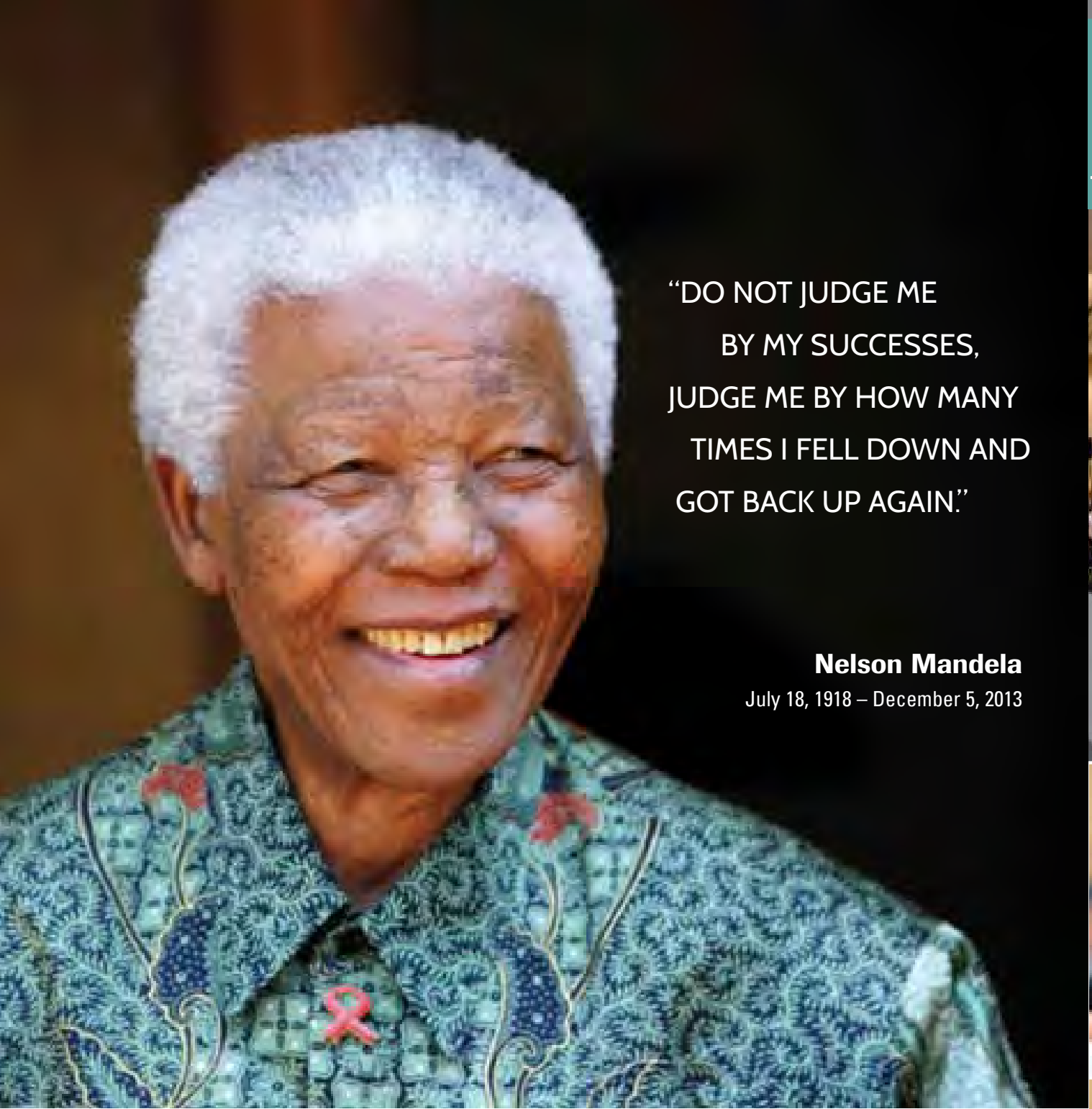
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“DO NOT JUDGE ME  
BY MY SUCCESSES,  
JUDGE ME BY HOW MANY  
TIMES I FELL DOWN AND  
GOT BACK UP AGAIN.”

**Nelson Mandela**

July 18, 1918 – December 5, 2013

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