Why did she die?

ANCY HORWATH’S family, co-workers, and HEU are looking for answers to explain why the Ridge Meadows caregiver died suddenly April 9.

Horrath, an LPN working as a care aide at the Maple Ridge facility, was in good health. But she died after waking up with a sore throat. The previous day she’d worked in the extended care unit tending patients.

The tragedy has taken a serious toll on her family.

“I lost my wife, and I don’t why,” said her husband, John Horvath. “I want to know what the hell went wrong. At 34 you just don’t up and die.”

Horvath’s death came soon after the hospital had switched to a quaternary-based rub cleaner, called Sent. Another HEU Ridge Meadows member had also experienced severe respiratory problems and has been in-and-out of hospital.

“We need answers,” said union secretary-business manager Carmela Allesto, “for both the family and for HEU members across the province whose health and safety could still be at risk.”

Some help may come from the autopsy, which was nearing completion at press time. Coroner Ed Hourigan said he had ruled out “any measurable chemical tissue involvement” directly linking Horvath’s death to the disinfectant. He also said that a sensitivity to the quaternary-based product could be a possible cause, but is not clinically measurable.

HEU’s health and safety experts have provided Hourigan with a number of studies documenting sensitivities to quaternary-based products.

The product manufacturer says the product is safe “when applied according to directions,” although it pulled it from use pending the autopsy.

But it’s not clear if the hospital was following proper procedures. The rub room ventilation system was notoriously faulty, and masks were not in use.

At Ridge Meadows, Horvath’s co-workers “were very scared and upset,” said HEU local chairperson Lorraine Lalonde. They’ve planted a tree at the facility in Horvath’s memory.

John Horvath said the family will call for a formal inquest into the death if the autopsy is inconclusive.

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A SPECIAL BOND

Judi Patterson’s story is about caring, compassion and change.

PAGE 6

HEU members are starting to prepare the ground for a bargaining prescription for better medicare.

PAGE 8

GREY POWER

Seniors and other groups are joining HEU in the pivotal fight to save our health system.

PAGE 5

YOU COULD WIN!

PAGE 12
COMMENT

We won't be taken for granted
by Carmela Allevato

AFTER READING Bill 48 Commissioner Jim Devoy's
preliminary report on the restructuring of bargaining
units and union jurisdiction in health care, I am
reminded of the words of HEU's thank song, "The
Heart of Health Care." Our work they take for granted, we're the ones
that are not seen.

His recommendations fail to recognize the role of HEU members
in health care reform and the impact of restructuring on us.

Mr. Devoy recommends all registered nurses and paramedical
professionals become part of individual province-wide
bargaining units, each with its own collective agreement.
Such structures facilitate the integration of the services
care givers can provide right across the spectrum of health care and it guarantees them a place in a reformed
health care system with the opportunity to move right across
the systems where the jobs are. It creates no ghettos and no barriers.

But if you're not a registered nurse or a paramedical professional,
the scenario is different. We'll get a province-wide bargaining units
across the breadth and length of health care, with one set of
negotiations and one collective agreement. But not until 1999.

More than creates chaos for health care reform, insecurity and
workplace ghettos for HEU members, marginalization of the master
negotiators and an attempt to weaken our bargaining strength.

Mr. Devoy proposes that in the interim there will be one
province-wide bargaining unit covering acute, extended care, and 31,000 HEU
long-term care members will be pulled out of the master
Agreement negotiations and lumped into a sep-
ate long-term care bargaining unit with other unions.

Home care workers would be isolated in their own
province wide bargaining unit per union, with
members in the field.

Getting access to the same opportunities and protection that's
now available to RNs and paramedical professionals by 1990 will be too
late. Restructuring and reform won't stand still.

Mr. Devoy has stated that his report is preliminary, that there is
an opportunity to make changes to the recommendations. Throughout
his process, he has genuinely sought to foresee consequences.

But the time has come for Mr. Devoy to decide whether he's going
to create structures that facilitate health reform or whether he's going
to create structures that are more hospitable in the system:
that if you are not a doctor, a nurse or a paramedical professional,
you don't count.

The 54,000 health care workers who are HEU members, people that
are marginalized in the system, that are not regarded as "important"
who make the system run who provide the majority of care to British
Columbians must be provided the same opportunities and given
the same recognition for their role in health care reform as the doctors,
the nurses and the paramedical professionals.

Member appreciates
land claims article

As a member of the Aboriginal Rights Council's Reconciliation
Project, I am very happy with the article on the land claims of the
First Nations Land Claims (Guardian March/April)

First, I must thank the Elder Joseph Gonnell Sr. and all Elders
who are working with us. Many
hours away from their homes are spent seeking truth and justice.
I thank all the negotiators for their time and energy — we need you as
time models.

The Nisga'a have fought long
and hard for justice. They are
a small step away from a complete agreement while many other
classes are just coming to the table. We must continue to support
the land claims process. We cannot
allow the governments to stall
more and spread hate and lies.

Thank you for publishing this
article to people can educate
themselves to the issue, I encour-
ge the Guardian to print more
social justice issues to see can
"debate the myths." 

BARRY UNDERWOOD, S.S.C.

Swivel maker extends sympathy, offers answers

The 70 dedicated and profes-

sional staff members at Arjo share the
concern and sincere regret of the management and staff at
the Ridge Meadows Hospital following the sudden and tragic death
of Nancy Hover. April 9. We extend our sympathies to the family.

It is important that you be aware of our actions following the tragedy,
and that you understand certain facts about Swivel Tub
Cleaner.

• Swivel is not a new product, and it's been used

by institutions for 13 years without any evidence that user health
has been affected. It's an effective disinfectant that makes an important
contribution to quality health care and infection control for the safety
of patients and staff.

• There is no scientific or medical link established between the prod-
test and this incident. We eagerly await the results of the coroner's
investigation.

• Even so, out of respect for your feelings, Arjo has voluntarily with-
drawn Swivel from the market, pending the outcome of the med-
ical investigation. In the meantime, we are replacing it with other Arjo
products, as cost it to the users.

All Swivel products are produced according to strict specifications.
They are safe and effective when used according to direc-
tions.

Products like Swivel are known as quaternary-aminium-disinfectants.
They are used in millions of times every day.

If you want more information about Swivel or any of our products,
you can call our toll-free number: 1-800-665-4831.

We will respond immediately.

ROSS SCIUZZIA
President, Arjo Canada Inc.
Winnipeg, Manitoba

Guardian

"The heaviest dedication to all those who fell in line." 

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Regional Vice-P
Chilliwack patient focused care plan to be reviewed

Members of the three health unions at Chilliwack General Hospital obeyed an agreement with CGH administrators on a process for evaluating patient focused care, which was implemented at the facility in late 1993. It allows for a broad review of PFC opportunities for public input, paid time off for the union reps who are part of the process, and will be completed within a year.

"I think it was a good agreement," says HEU Chilliwack local leader Connie Lashlie. "It's a positive model for other PFC facilities to follow."

The evaluation process will be guided by a steering committee made up of six union accounants, six from the employer's ranks, and six from the community.

"Caregivers have a opportunity for real input," says Lashlie, who is also one of the two HEU reps on the steering committee. An outside evaluation team will carry out the external review process and prepare interim and final reports.

A three person team of hospital President Ed Richmond, one union rep and one community rep will report to the CGH board.

The union reps will also have the ability to report to members on the progress of the evaluation. Lashlie credits tri-union solidarity for winning the deal.

"We achieved this because the three unions worked together at a local level. It wouldn't have happened if we weren't all pulling in the same direction."

NDP agrees to wage control review

But unions are still waiting for results

Persistent and determined delegating of NDP convention delegates by striking HEU members provided the backdrop for a government review of its wage control policy, says HEU secretary-business manager Carmella Allevato.

But the extensive discussions between affected unions and key government leaders have not yet produced the promised results.

HEU, BCNU and HSA joined forces March 30 in Vancouver to urge NDP convention support for HEU and is designed to be shown during new employee orientation sessions. If your local doesn't have a copy, you can get one by contacting your servicing representative.

The "Keep It 6" sticker campaign is successful in raising membership awareness of the

The waiting for fairness list

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<th>Hospital</th>
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<td>Liberos Home Support</td>
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<td>Nk'em Hk'm Nsk' (Namchak)</td>
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<tr>
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<td>Queen's Park Community Aid Society</td>
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<td>Sunshine Coast Home Support Society</td>
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<td>Trail Mental Health Support Society</td>
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For more bargaining news, see page 12.
continued from page 3  
A meter, according to a popular and skilled social agitator in B.C.'s building labour movement at the time of the coup, was also used. The prisoner was set free and the ship cleared to avoid complications in the First World War. 

Considered a subversive by government, Grochon was targeted by an extensive RCMP manhunt. He was arrested by an RCMP agent on July 27, 1916. 

Trade unions from across B.C. journeyed to Kamloops every year to participate in a miners' Memorial Day ceremony to remember Grochon. This year's festivities are set for the weekend of June 24. 

The executive of B.C. Workers' Union local met recently with their new president Lynda Cranston. They talked about the Health Accord, restructuring of the Union office and building trust in the workplace. Pictures shown were local leaders, inspecting, Dwayne Flattery, Ellen Camn and John McKenzie, and Cranston. 

Calling all bargaining demands 

HEU's 13th provincial wage policy conference is set for Oct. 16 and 17 in Richmond, where more than 400 union activists will debate and approve bargaining demands to prepare for contract negotiations covering more than 30,000 members in 1996. 

Aug. 17 is the deadline for submitting proposed bargaining demands to Provincial Office. All demands must have been endorsed by majority vote at a local membership meeting prior to the Aug. 17 deadline. 

Muniz to participate in prestigious General's General's conference 

HEU president Fred Muniz and 27 other B.C. residents are participating in this year's Governor General's Canadian Study conference. 

This year's theme is redrawing the relationship between workers and employers for a better Canada. The conference kicks off with Muniz and other labour, community and business leaders from across the country meeting in Saskatoon May 27, and concludes in Quebec City June 12. 

Smithers hospital to go under review microsce 

When Bulkley Valley Hospital in Smithers threatened to implement $450,000 cuts for extended care patients, it was a clear sign of a hospital in trouble. But now, thanks to the local campaign efforts of HEU, the health ministry will conduct an outside review of the facility to analyze problems and find solutions. 

HEU local activist Donna Schrader said she was pleased the health unions will approach the review cautiously. They'll make a joint presentation to the review team that will press for restoration of staff and services just recently cut, and for community services to be established. 

"We cannot afford any displacement," said Schrader at the hospital's staffing situation. Relations with the hospital board have soured somewhat, though, because the board won't push for more services, Schrader said. 

Vanderhoof issues strike support donation challenge 

The first contract fight for striking HEU members at 

Queenie Drug and Alcohol is an important issue for the union's 35 members who work at St. John Hospital in Vanderhoof. 

That's why the local donated $2500 to support the members involved in the Vanderhoof strike. 

The local issued a challenge to others from the Northern region to match or beat that $2500 figure. At press time, that challenge has been taken up by the 20- 

by Miriam Edelson 

My four-year and a half-year-old son, Jake, is beautiful. He cries a lot with a head start, breaks into a smile when light flashes on his face. 

But Jake is going to die young, because his brain disorder he was born with is a cruel, incurable and unavoidable condition. 

Jake's heart and lungs operate like a mucus factory. Ventilator masks, a bronchodilator, help keep his breathing passages clear. When his medications get out of whack, Jake's body wacks knees from seizures. A portable electric pump shoots infant formula directly into his tummy. 

Jake cannot hold up his head, sit, stand or walk, but he exclaims pleasure and pain quite clearly. To ease his troubled breathing, the caregivers, as their home up his chest and change his motion position every half-hour. 

Jake comes home occasionally. Between visits, we drive two hours each way from Toronto to Belleville on weekends to share a cuddle and a song. 

This is our family routine. It can be a tough juggle and, when Jake is in crisis, it's a roller coaster. 

But we're fortunate to have four excellent, publicly-funded care, which means he is not burdened in fact, his caregivers' skill and devotion allow me to love him without reserve or regret. 

'Jake has the right not to suffer needlessly' 

Sadly not every family is lucky enough to find the services for their severely disabled children require. The search alone devours energy. 

Endless hospital jaunts and jargon-filled conversations about his breathing and intubating - even when English is his first language. And in these harsh economic times, spending cutoffs have slashed vital services to the bone. 

This week I learned that some Ontario health ministry officials had decided Jake didn't need Ventolin any longer - that it "wasn't warranted by his diagnosis." Full stop. 

Did that, august decision-maker ever hold Jake when he was gasping for breath, his little body racked with coughs? Does fighting the deficit mean Ventolin is now a luxury? 

According to the legal agreement we have with Jake's doctors and the powers that be, Ventolin is not a luxury. We have fought for Jake not to endure what doctors call "extraordinary measures" and let him take his course. 

But Ventolin is the key to the arsenal of therapies we use to keep him comfortable. Jake has the right not to suffer needlessly and so do all patients and their families trying to chart a sane course through such troubled waters. 

Three things are at stake in how we deal with these vulnerable children and their families: hope, choice and value.

All families that have been dealt a life crisis need access to practical and financial supports to care for their children. And this is about providing choices, because there is no single solution.

Some families require service in their homes and others need residential treatment. Many need a combination of the two.

Finally, society must genuinely value the caregivers who perform such a labour of love with our kids. High-tech care means specialized training, as well as a big heart. 

Caregivers deserve decent pay and benefits.

The death of Tracy Latimer sharpened this country's focus on how we care for children with severe disabilities, and on how some cases fall through the cracks. 

So Ralph Klein, Paul Martin and Bob Rae, be forewarned: before you judge RCMP Latimer or any of us, come spend a day. Snoodle a child who is having a seizure and can't breathe. 

Change a 10-year-old diapers. Help bathe a 16-year-old who has no muscle tone. Play with a little girl whose brother is dying. And do it soon, before you rush the spectators that are so vital to the survival of our kids and our families.

- Miriam Edelson is a trade unionist and an advocate for children with disabilities and their families. She works for the Ontario Public Service Employees Union. BALANCING IT ALL is a regular Guardian column that focuses on the challenges that women face.
SAFE WHAT WE’RE UP TO

member Fort St. James local who recently donated $501 to the Queen strike support fund. "We made the donation on the
them that we’re thinking of them and to show strong sup-
from other union mem-
ners,” said Vanderhoof secre-
tary-treasurer Joanne Prenner.

We’re part of health care tour of post-

apartheid South Africa

HEU Provincial Executive member Ursula Hargreaves says what she calls the opportunity of a lifetime to view the
takes place in post-

apartheid South Africa.

Hargreaves is part of a tour organized by COPE and our

ceter South African union, the

$90,000-member National
Education, Health and

Workers Union, and coordinat-

ed by CIUSO, a Canadian

development organization.

After a stop in Johannesburg
for a orientation meeting May 21,
Hargreaves and the Cana-

lian delegate delegation will visit

health workers and visit

facilities in two provinces. They’ll
also participate in NSWU’s federal
policy conference before returning home June 16.

The regional vice-president

for Vancouver (listed on the

Provincial Executive, Hargreaves
has been involved in interna-
tional solidarity work for a

number of years.

Women attend special

Summer Institute

About 25 HEU women

activists will take part in a spe-

cial summer institute for union

women at Simon Fraser

University in early June.

Sponsored by the B.C.

Federation of Labour and the

Canadian Labour Congress, the

Institute is an unique education

program that offers a variety of

program and courses. The

institute’s theme is “Sali-

ently issues no boundaries.”

Gain continue in community service organizing

Four new community services

volunteers at three long-term care facilities have joined HEU since the last issue of the

Galant.

Welcome to care providers at the Remtum Retirement House in

Burnaby who joined HEU April 15. Making the union’s first
territorial house local. Staff at the

CRHEU Retirement Home in

Williams Lake signed up May 16.

There are two new locals in the
central health field.

Employees of the Trail Mental

Health Consumer Support

Society, certified in late March.

Kamloops branch workers with the

Canadian Mental Health

Association joined in early May.

Three new long-term care

facilities have come into the

fold. They are Centennial Park

Lodge in Surrey, a government-

funded profit facility, Halliday

House in Port Alberni, another

for profit facility, and Lang

Ridge, a Qualicum long-term care

facility.

Victoria Community

Living beds

contracting out threat

HEU members at the Victoria

Association of Community

Living have scored a small but

important victory for quality

care. Earlier in the year, their

employer threatened to con-
tact out some of their contract

day program because the box

eliminated Drop-in’s staff and

began to contract out the service.

HEU delivered a strong, no

contracting out message to the

employer. As a result of further
discussions, the contracting out

threat was dropped and VACL

received full government fund-

ing for the residential program. The

result? Two jobs saved and three new ones created.

The union’s media relations com-

mittee, said Sylvia HIU, chairperson for the

100-member local.

Fraser Valley office

to open around July 1

The long-awaited new office to

provide improved services for

union members in the Fraser

Valley region is set to open

July 1. "By a great building," says

financial secretary Mary

Laplaine, "two floors, good

location and lots of parking!"

It’s located at 2702 Waver St.

in Abbotsford, postal code V2S

2A6. The telephone number is

852-6571, the fax number is

852-6591.

Feds’ health cuts fought

by Chris Gainor

HEU has joined with com-

munity groups, seniors

and other unions in a
campaign which has
called on Victoria to make the basic
principles of medicare the law in B.C.

Members of the B.C. Coalition for

Health Care Reform met NDP health

minister Paul Ramsey to express their

concerns about federal cutbacks to

health care and social funding.

Liberal Finance minister Paul Martin’s

February budget made big cuts to health

and social transfers to the

provinces that will cost B.C. $471 mil-

lion per year.

These cuts "seriously threaten the

fundamental principles of our medicare

system," the coalition said in a position

statement.

The coalition wants the provincial
government to bring in legislation
which enshires the five principles of the

Canada Health Act: universality, com-

prehensive coverage, availability, accessi-
bility, and public administration.

"Such legislation must discourage the
development or expansion of corpo-

rate, for-profit services in the public

health care sector."

Without a law passed this year, the

coalition is concerned that the new

community councils and regional

boards will privatize health services.

HEU presser for changes in

Bill 48 overhaul

HEU’s Provincial Executive has advised Bill 48 commissioner Jim

Dorney the union can support his proposed overhaul of union representation in

the health sector if two key flaws are rectified.

Dorney has been appointed by the provincial government to recommend a

complete overhaul of health sector bar-
gains to bring it in line with

health reforms. He released his interim report May 24. He must submit a final report

by June 30.

The Provincial Executive met

with Dorney in a special meeting in

Victoria May 30.

Dorney has proposed that all health care workers be grouped into three

main bargaining councils: one for para-

medical professionals, one for regis-
tered nurses and one for support and

general workers. But the support and general workers’ council would not be

formed until 1999, a move which

undermines HEU’s Master Agreement.

Dorney’s interim report could be sup-

ported, the Provincial Executive said, if two key changes are made:

• the three-year delay in integrating 54,000 health care workers into a sin-

gle support/general bargaining council is eliminated; and

• HEU is included in the council of unions proposed for paraprofes-

sional workers.

Discussions with Dorney and other unions continued.

The union’s acute care members would be isolated from long-term care

members in separate two bargaining units until 1999 under Dorney’s

scheme, which undermines HEU’s Master Agreement.

The union views this as discriminat-

ory because HEU would not achieve a single, province-wide unit for all

members until 1999, but nurses and para-

medical professionals achieve that unity and security in 1996.
CONFERENCE GIVES INSIGHT OF HOW OTHER WORKERS ARE FARING

by Fred Muzin

By the time you read this, I will have returned from the Governor General’s Canadian Study Conference. The event is held every four years and is designed to foster greater understanding, knowledge, and communication between Canadians. The theme for 1995 was “The Employee and Employer: Redefining the Working Relationship for a Better Canada.” The 225 participants who were selected received an orientation in Saskatchewan. We were then divided into 15 groups and assigned a geographical region outside our own province. My tour group visited Prince Edward Island and New Brunswick. Over 11 grueling and long days, we met with unions, management, workers, business, community groups, and government officials. We toured work sites from pulp mills, food processing plants and power generating facilities to community colleges, industrial mega projects and aboriginal communities.

One thing is clear under the guise of re-engineering, restructuring and budget deficit reduction, public sector workers in Atlantic Canada are under attack.

In Prince Edward Island, wages have been rolled back 7.5 per cent (half of this amount in the last two years). In New Brunswick, collective agreements have been reopened and the government has, by legislation, increased a year with zero per cent wage increases. Many workers in the private sector are losing jobs as a result of global competition. Many new jobs that are being created are concentrated in the service sector and pay little more than the minimum wage with few benefits.

British Columbia has some distinctive advantages over the maritime provinces. Our economy is relatively strong. Our unemployment rate, although still unacceptable, is significantly lower. The provincial budget is in a surplus position, and 80,000 people are entering British Columbia each year which stimulates the demand for our services.

‘One thing is clear: public sector workers in Atlantic Canada are under attack’

Now is the time for HEU members to concentrate on educating the public about the challenges our health care system faces. People have insufficient understanding about the work that we perform.

Our success in negotiations next year will be linked to our ability to impress on the public that there are positive ways to reform health care – ways that will ensure that quality services remain available. Our work, which is integral for effective health care delivery, must be perceived that way by the public.

Daily, our lives involve contact with many people: at work, in community organizations such as churches, sports groups and multicultural societies; and with our families.

A wave of cutbacks in public services is building across Canada. This will grow as federal transfer payments are reduced in 1996 and beyond. People have clearly indicated that further increases in personal taxation are unacceptable.

While technology can assist in creating a more efficient system, without personal contact and caring, people will become commodities. We have the opportunity to ride the wave. Our responsibility is to promote a better way.

CARE WITH COMPASSION
Judith Patterson plays a big role in the life of Trevor, a Sunny Hill Hippiatric. His parents want it that way.

On a normal May workday Judith Patterson get called to clean a spill in a Sunny Hill Health Centre meeting room. When she entered the door, a party spilled out to celebrate her 30th anniversary on the job.

Patterson’s HEU peers wanted to recognize her commitment to quality, compassionate care at the Vancouver facility for children with serious mental and physical disabilities. It was a surprise party that truly surprised.

“I really didn’t expect it,” she says.

Patterson’s 30-year story is about the caring and commitment that HEU members put into their work. It is about change, different roles for health facilities that sometimes leave dedicated caregivers out in the lurch.

Her career at Sunny Hill began in 1965. Her family moved from New Brunswick to an East Vancouver house not far from the hospital, then a centre for kids with TS. So Patterson applied for work, and three days later she was a full time nurses aide.

Since then Sunny Hill’s role has changed four times. While it still has hippiatrics, it now emphasizes outreach programs to help kids live in their communities across B.C.

“I find it a challenge to work with these kids,” she says. “They’re still so special, and have their unique personalites.”

While all is important, she develops special bonds with some. Like the young woman who’s been in and out of Sunny Hill for 17 years, or a boy whose parents want her to be involved in their son’s life.

Patterson supports the changes that her facility has gone through that produce Victorian New Directions plan. But she’s been passed. Last year, Sunny Hill decided to rely solely on LPNs and RNs. All nurses aides were displaced. Thompson could no longer deliver the hands on care she loved. She bumped into a housekeeping position.

The hard she felt at the time has passed. Patterson says she enjoys working with the housekeeping stuff, and gets out on the wards every day to talk to her kids. But she still misses them.

She knows in hindsight she should have remained earlier in her career. “I really regret not upgrading my skills 15 years ago.”

A SPECIAL BOND

ON THE JOB

We all share in this award

by Stephen Howard

The Guardian chalked up another prestigious award at a recent conference of Canadian labour journalists. For the second time in the last three years HEU’s flagship publication has won the top honour in a major provincial labour relations category, that includes provincial labour federations and other big unions like BCGEU and the Ontario Public Service Employees’ Union.

That’s on top of the other Canadian Association of Labour Media awards that the Guardian has earned in the past for excellence in news coverage and layout and design.

This year, the Guardian submissions of two HEU members were also in the race in other CALLM award categories.

Golden local member Lorna Hoy wins editorial camerawork, which were part of most 1994 Guardian issues, came up against some tough competition, as did Glengarry local member Vivien Smith’s commentary about her life as a lesbian union activist. They both put in a respectable showing.

While Guardian staff were there to accept the best overall award, it’s recognition that we all share in earning.

The Provincial Executive deserves credit because it’s made a strong commitment to member communications, and provided the Guardian with the resources needed to meet that commitment.

The members of the Guardian Editorial Committee also gets kudos for taking the pulse of the membership for story ideas, and for careful stewarding to cut down on our errors and omissions.

These are others involved in putting the Guardian together whose names do not appear in the masthead.

Carol Bjarnason is the HEU staff who desktops every issue to top-notch standards. Communications department secretary Gail Ferguson is our eagle-eyed proof reader, and designer Kris Klassen always gives us a snappy, appealing look.

But most of all it’s HEU members who merit this recognition of excellence.

What other labour journalists find most striking about our publication is how the Guardian places so much emphasis on the voices and concerns of real-wage and life members.

It’s your stories — the struggles, victories, and losses of working life that are the backbone of every issue — that put us as a cut above other labour publications. And we’ve gone the extra mile to prove it.
Safety net being ripped to shreds: CUPE

by Linda Drouin
The Canadian Press
OTTAWA - Children snipped holes out of a net held between two poles as a hospital worker, worried sister and disabled man told a government committee Canada's social safety net is coming apart.

The bit of theatre Wednesday, May 10, was part of a plea by the Canadian Union of Public Employees to stop budget measures that will cut funding for health, education and welfare.

Judy Darcy, head of CUPE, called the cuts "changes by stealth" because they were slipped into a government-budget with no public discussion.

"I was born poor and I'm still poor. I owe $30,000 for my education."

"This is not about tinkering," she told the finance committee members. "This is a fundamental restructuring and the government does not have a mandate to do this."

The budget measures cut funding to the provinces for social programs while giving them more power to spend the money where they please.

The health-care system such as Alberta Premier Ralph Klein proposes and forced work for people on welfare which is already in place in New Brunswick, Darcy said.

Scott McLaughlin, who works in the supply department of an Ottawa hospital, said past funding cuts have already had an impact and it can only get worse.

"People used to compliment us on how clean the hospital was. Now they comment how their feet stick to the floor and the washrooms are dirty."

"My wife was just in hospital for our third child and she was discharged in 48 hours," McLaughlin said. "And, there's pressure to bring it to 24 hours."

Madeleine Stewart-Demj, a graduate student in history at Carleton University, said further cuts to post-secondary education will make it impossible for the poor to stay in school.

"I was born poor and I'm still poor," she said. "I owe $30,000 for my education. I had to decide whether to go on and get a master's degree or stay in low-paying jobs the rest of my life."

"We told the committee the cost will likely stop her from pursuing a PhD; "because I can't bear more debt," she said."

Karen Ferns told committee members she worries about her young daughter who will soon have to be placed in day care so she can return to work.

"I need to go back to work but it's支付ing for me," she said.

Good day care costs $1300 a month and she and her husband would not be eligible for a subsidy, she told the committee.

"The time is coming when people like you are going to end up again in church basements as they did before our social system was in place," Sanderson said.

Darcy asked the committee to recommend to the government that it hold cross-country hearings before implementing the budget changes.

New York health unions combat budget cuts, big job losses

by Ralph Palladino/Labour Notes

New York health care unions are overcoming years of mistrust to lead a major struggle against their newly elected Republican governor's plan to cut over $4 billion from Medicaid while also cutting taxes for the wealthy and gutting other social services.

"We are here fighting in the spirit of those who fought for social security, unemployment insurance, and civil rights," Local 1199 president Dennis Rivera told a rally of 30,000 New Yorkers March 1. "We are here to fight for our patients, for people who cannot fight for themselves. We are here to fight for our jobs."

Rivera's union, which represents mostly private hospital, nursing home, and home care workers, has joined other unions in the Coalition to Save New York's Health Care. The coalition includes nearly all health care unions in New York, other labour groups, and community organizations representing senior citizens, disabled, AIDS activists, students, religious groups, and others.

The fightback fever has begun to spread beyond health care. The Health Care Coalition has endorsed demonstrations by students and faculty who have started fighting against higher tuition and classroom cuts at state and city colleges. They also have begun working with other coalitions like one just formed to fight transit cuts; they are distributing anti-cutback literature at subway stations, bus terminals, hospitals and welfare centers.

Two million copies of the new Webbly News, initiated by Local 1199 and the coalition, are being distributed all over the city to educate the public about cutbacks. The newspaper has begun to counter a "news blackout" of the March 1 rally.
HEU members across the province are getting ready to prepare a bargaining package to help solve key health reform problems and safeguard Medicare.

The bargaining prescription

"We want to negotiate a contract that truly reflects the value of our work," says HEU President Nancy Smith. "We deserve a fair share of the gains that come from the hard work we do." The key points of the proposal include:

1. Employment security
2. Action on workload
3. Pay equity progress
4. One contract
5. The public mood

The public mood: Support for HEU issues - Feb. 1995

Public opinion polls showing support for health-care issues include:

- 75% of British Columbians believe that the health-care system is in crisis.
- 80% of respondents support a single-payer health-care system.
- 90% of those surveyed believe that heath-care reform is essential.

Public support for the goals of health-care reform includes:

- Health-care reform should be a priority of government.
- Health-care reform is necessary to ensure the health and well-being of all Canadians.
- Health-care reform is necessary to protect the health-care system from further cuts.
- Health-care reform is necessary to ensure that health-care services are available to all Canadians.

for better medicare

The comparable question

"What are the key differences between HEU and government employee wages and benefits?"

"What are the key differences between public and private sector wages and benefits?"

What does this mean for the average HEU employee?"
The workload crisis: high cost of injury

Administrators are added, caregivers are cut

Pay equity: we're closing the gap

We can negotiate a contract to meet the public's need for improved medicare

for be:

the bargaining

prescrib
HEU members across the province are getting ready to prepare a bargaining package to help solve key health reform problems and safeguard medicare.

Humption

Equity: good progress but much more needs to be done

The hard-fought pay equity settlement achieved in 1992 has provided substantive improvements to most HEU members. Still unresolved, though, is the issue of comparability with direct government employees. Under the 1993 agreement, health employers and HEU must establish pay rates for HEU members that are comparable to BCCGEGU members effective April 1, 1994. "This is another major step toward pay equity," Allerano says. Negotiations on this element of the new agreement begin in the fall and will be settled by arbitration if no resolution is achieved by the parties.

Workload: the crisis that is costing $100 million a year

Health care is the province's most dangerous sector to work in, according to the Workers' Compensation Board. The cost to the system of WCR and long-term disability has exceeded $100 million in each of the last two years, and HEU members are paying much more for the workload crisis with pain, injury and permanent disability.

The bargaining conferences are considering a wide range of options to tackle the problem, including implementation of ergonomic regulations, a shorter workweek, guaranteed replacement of workers who are sick or on leave, and so on. We have to challenge health employers to commit to achieve firm targets for improved safety. The savings should be used to improve and expand services.

One contract: the issue is fairness for all health workers

With the creation of a single employer agency for all health workers, the time is ripe for a single contract for all health workers.

"We can't tolerate health workers in the community facing discrimination in wages and working conditions," Allerano says. "We'll have to move to a single contract that meets the needs of the reform health care system."

Public support for the goals of health care workers

Public opinion polling shows strong support for HEU goals, Allerano says. Large majorities agree that health workers are doing their best to keep the system going and believe we have to protect our investment in the skills and training of health workers.

There is also strong support for increased resources for health workers, Allerano notes, but not for health administrators or doctors.

"Despite the tough financial times," she says, "doctors have enjoyed average pay increases since 1992 that are larger than those for HEU members' annual salary. We see administrators being more administrators while they eliminate caregivers. We see the cost of injury rising so high that it exceeds budget increases for the entire system.

The message is clear: if we get our priorities right we can negotiate a contract to meet the public's need for an improved medicare system."

The comparable question

On April 1, 1996, HEU members will achieve a goal we have sought for more than 15 years: comparability with other public sector workers doing the same work.

That's what, according to our current collective agreement, "comparing salaries between HEU and government employer wages must be effective."

What does that mean for the average HEU member? It means another major step toward the goal of pay equity, or equal pay for equal work of similar value.

We made the first big step with the pay equity settlement of 1993. This will move us another large step forward.

HEU members made part of the gain last year with the industry-wide 3.7 per cent wage adjustment implemented in October.

For many years, HEU members were afraid of change in the government service. But the result of two quick, substantively agreeable negotiations, by the BCCGEGU during the former NDP government, was the impact of federal wage controls on the HEU, our wages fell behind.

Arguments have always argued our wages should be comparable, but it's taken until now to have the goal in sight.

Still, nothing is assured. Consolidating comparability is a key goal of the next round of bargaining. HEU and health employers must begin talks on the issue this fall. If no agreement is reach, arbitration


MAY/JUNE 1995 • GUARDIAN
New laws will protect abortion users, providers

B.C. health minister Paul Ramsey is poised to introduce new laws that will protect health care workers who provide abortion services from harassment by abortion opponents.

The key elements include a protected "bubble" zone around clinics and hospitals from which anti-abortion protests, picketing, and so-called sidewalk counselling would be banned.

"We need to lower the heat around the provision of this medical service," Ramsey said in a May 26 interview with the Guardian.

"Our only goal is to ensure that women who choose to have an abortion can do so in a medically safe environment and one that's free from harassment and assault.

The move, says the health minister, is part of the NDP's commitment to improve security at free standing abortion clinics and acute care facilities as a result of last year's shooting of Dr. Gerson Bonali. A sniper's bullet almost killed Bonali, who performed abortions at Vancouver Hospital.

The shooting left health care workers, including HEU members, in fear.

"As a society we can say clearly that there's a real diversity of strongly held views around abortion services," Ramsey said. "But expressing those views by harassing and intimidating health care providers and patients is just not on."

While specifics of the new laws are still being drafted, Ramsey expects the necessary legislation will be introduced in the legislature before the end of June.

Ramsey says Ontario's recent direction of what sorts of activities shouldn't be allowed under a similar law already enacted by the Ontario government after a Toronto clinic was fire-bombed.

HEU helped Bill Smart win a big WCB appeal last year, and now the retired former Queen Alexandra local member from Victoria wants to give something back.

Smart has donated $5,000 from his settlement to the HEU bursary fund to provide an annual bursary of $500 for a union member or spouse or child to pursue higher education.

It will be called the Bill and Nora Smart bursary.

"It hadn't been for the union I wouldn't have gotten a penny," said Smart. "That's the reason I'm giving something back, because they fought for me. I think the union delivered on its promise that it will look after the worker."

Driving home from a construction job in the Interior nearly 30 years ago, Smart careered off the highway to avoid smashing into a deer. "The next thing I knew I was at the bottom of a cliff!

Smart fractured vertebrae and broke his sternum. He was in a body cast for some time, and it seemed as though he'd healed up quickly, 15 years later his back went on him when he was working with the naval fire service.

Later while working at Queen Alexandra - a hospital for handicapped kids - Smart developed further back problems and went on a WCB claim.

But in the mid-1990s, the WCB claimed Smart had reached a plateau and cut him off benefits.

So Smart took action and went to his union local for support. The union kept fighting it and fighting it," he says. "And eventually he won!

Smart says the $5,000 bursary contribution is the least he can do. "If I can help some young people get an education I'm all for it," he says. "When it runs out I'll donate another $5,000."

Plan to run city hospitals ignores integration

A major report on hospital services in Vancouver released in April is silent on how hospital and community health services will be integrated, says HEU secretary-business manager Carmella Allavato.

"While this report concentrates on the governance of hospitals, it does not deal with the crucial issue of how acute care and community services will be integrated in the future in Vancouver," she said.

The report, prepared by a working group headed by former assistant deputy health minister Chris Lovelock, calls for Vancouver hospitals to be governed and managed in three or four hospital cluster boards.

"Hospitals must extend their services to the community. But first we need a vision and a plan so that reform leads to better services, not just more."

"There is no vision in this report of how quality health services will be maintained in the future, and the report is silent on the crucial issue of employers and employees for hospital services in a reformed health care system."

The report recommends three cluster boards to run hospitals.

The first would administer denominational acute, extended care and rehabilitation facilities including the Arthritis (Treatment Services), B.C. Cancer Agency, B.C. Rehabilitation Society and Vancouver General.

The second cluster would consist of non-denominational acute, extended care and rehabilitation facilities containing Children's Hospital, B.C. Women's Hospital and Health Centre and St. Paul's Hospital.

Proposed is a Shared Services Corporation, which would provide food services, biomedical engineering, materials management services, laboratory services, and other services.

"This proposal would have serious consequences for patient services and for the people who deliver those services," Allavato said. "It's this kind of approach only from the quagmire of administrative efficiencies."

HEALTH & SAFETY NEWS

Study session protests violence in workplace

Health workers at G.F. Strong in Vancouver took direct action to force their employer to deal with problems of violence in the workplace, and other violations of the contract and WCB regulations.

"We were fed up with not seeing anything put in place to stop violent incidents and workers being injured," said Sheila Rowsewell, HEU's local secretary treasurer.

And their approach has paid off because the WCB stepped in and wrote up the employer with nine orders in every section of the violence regulations.

When an HEU member was assaulted May 17 by a patient with a violent history, more than 100 members of the three health unions came off the job for a study session to review their rights. That's when the WCB got involved.

It's the second assault of a caregiver by the same patient, and Rowsewell charges that the employer had taken no concrete action to deal with any of the incidents.

"They should inform us when violent incidents occur or when a patient or family member is known to have a violent history," said Sheila Rowsewell.

"G.F. Strong's own local leaders and health and safety activists will keep up the pressure on the boss and the WCB to win a safe workplace.

Nanaimo hospital fined for putting workers at risk

Nanaimo Regional Hospital administrators got a sharp slap on the wrist last month from the WCB and a $4,000 fine for failing to comply with nine orders to correct serious health and safety hazards.

Last fall, a WCB inspection found that HEU members were being exposed to 20 times the allowable concentration of glutaraldehyde from a cold liquid sterilizing solution.

The hospital was cited for failing to protect workers and ordered to correct the violations.

In January the WCB came to check up on the employer. While the inspector found the employer had acted on some of the orders, the sterilizing fumes still exceeded allowable limits, a sure sign that the hospital hadn't fixed the ventilation problems.

In addition, the inspector wrote, "I believe that workers have been placed at risk by the failure of the employer to provide fit-testing and ensure that the respirators are in fact providing the required protection."
Diversity: A challenge to change

UNION members are starting to grapple with some tough questions. Like how to make the union even more responsive to the diverse needs of members? What are the ways that we can get different faces, different voices, different outlooks involved in HEU's decision making process? Do we need to change our structure to accomplish this?

These questions shaped the agenda of a special HEU conference attended by more than 120 union activists in April. Bringing together members from diverse backgrounds, the conference is one step HEU is taking to act on a convention mandate to deal with equity measures — way beyond reflecting diversity.

Conference participants were grouped into four different caucuses: people of colour, First Nations, members with physical and mental challenges, and lesbians and gays.

Outside facilitators were brought in to work with each caucus to help develop action plans to reach out to members leading up to HEU’s 1996 convention, where delegates will again debate equity issues.

"The conference was quite wonderful," says HEU's director of education Karen Dean. "Groups of people came together who didn't know each other, and they had two days to get some phenomenal work done." Each caucus will have a $15,000 budget, while the union has hired Betty Baxter, a widely respected popular educator to serve as a resource for caucus initiatives starting July 1.

Strong, a Vancouver rehabilitation centre for people with disabilities, who navigates nimbly in a wheelchair. Her "disability" was the subject of employer queries at a recent interview for a full-time position. The employer expressed concern about her potential lack of sick time. She called them on it and, with the help of her steward, got the job.

"They say we're all equal, so which the problem. If I can't talk about my life while I'm at work, then we're not equal." Bown — a lesbian — says she had a backlash from members of her local.

The four caucuses emerged from the conference with concrete plans to lay the groundwork for change. Each designated spokespersons and created a steering committee, which will meet regularly.

OUTREACH is the goal of the people with disabilities caucus. Seated from left, Alex Gatchalian, Mildred Thomas, Anne Shachork, back row from left, Crystal Williamson, Gail Hogarth, Laura Muzin.

Here's what you told us

HEU has compiled a ground-breaking membership poll to get an up-todate picture of who HEU members are and what equity initiatives you would like to see. We asked a list of questions about ethnic backgrounds, the languages you speak, the physical and mental challenges you face, and issues dealing with sexual orientation. Some questions caused discomfort, but we've got the answers we need to meet the challenge to change.

Here are some of the equity survey highlights.

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We face challenges

Our Roots

Comfort with diversity: ethnic backgrounds

Comfort with diversity: gays and lesbians

TRADITIONS Trudy Erickson, standing at left, and First Nations caucus members.

Education is a top priority for the First Nations caucus, says spokesperson Trudy Erickson, an LPN at the Greater Victoria Hospital Society. They're developing ideas for two-way programs.

Examples could include courses geared to increasing awareness of First Nations people about trade unionism, and in-service training for health workers about traditional aboriginal healing practices and different ways of dealing with death and dying in their culture.

Erickson said her caucus opened in a traditional circle, which is a part of all First Nations culture. It signifies a safe place and equality for all participants.

"Until you've developed a disability, no one thinks it will happen to them — like me," says Gail Hogarth from West Fairfield health centre in Victoria. Hogarth developed permanent spinal and bone injuries from a workplace accident.

They will be reaching out to people working with a disability and most important to the "lost ones" — the people who've been born out of the job or injured in an injury we've fallen through the cracks. The lesbian and gay caucus also set education as the top priority, and will continue to provide support services for gay and lesbian members across B.C.

The equity conference was "a chance to involve more members," says Dave Lay from St. Paul's.

"We're all re-energized," says Darlene Brown, St. Paul's local member Roger Kishi is the spokesperson for the caucus for ethnic diversity. This group's goal is creating an ongoing awareness of the ethnic diversity of HEU members and working for change within the union to reflect that diversity.

Kishi says the equity process is something the whole union can be proud of because HEU is at the forefront on the issue. "We're talking the talk and we're walking it as well. It's good to see."

• If you're interested in the activities of HEU's equity caucus contact Betty Baxter at Provincial Office.

MAY/JUNE 1995 • GUARDIAN 11
Royal City deal closer, Crofton fights Love Boat

With an arbitrator’s decision in hand, Royal City Manor local members have moved closer to a first contract settlement in a lengthy battle with their corporate employer.

Meanwhile, HEU Crofton Manor local members will be seeking arbitration to settle their own drawn-out contract battle with their employer, a giant multinational company that also owns the Love Boat cruise liner.

Arbitrator Mark Thompson handed down a binding decision May 23 settling non-monetary language issues for Royal City Manor with another arbitration decision on economic items will form the basis of a first collective agreement.

“This is a hardline employer,” says union secretary business manager Carmen Affonso, “so it will take time. But we know what we want in our contract. It’s possible that it will delay justice further by launching an appeal in the courts.”

At Vancouver’s Crofton Manor, 130 union members are fighting to maintain parity with standard conditions prevalent for more than 10,000 HEU members who work in long-term care. Their contract expired March 31, 1994. The leg jam stems from employer efforts to base a 15-year bargaining trend with settlements based on the industry standard. Now, the local subsidiary of the giant British company FBO is billing at the 36-hour week, pay equity, and a pension plan. FBO made 1993 profits of $120 million.

The corporate owners claim they can’t afford the settlement, and assure a closure threat after the workers solidly backed strike action.

“This is a classic case of a wealthy employer trying to boost profits at the expense of women health workers,” Affonso said.

Based on HEU’s analysis of Crofton operations, she estimated Crofton makes a profit of around 30 per cent of revenue.

“They can afford to pay the industry standard and still make a profit without having to increase residents’ rates.

‘This isn’t about ability to pay, it’s about sheer corporate greed.’

letters

continued from page 2

that Local 592 will be there if help is required by yourselves in the future.

DAN MACDONALD,
CSP Local 592, Port Alberni

Sure, defend turbot stocks, but what about social programs?

The last few weeks I’ve heard some people praise the Liberal government of Jean Chretien after a Spanish fishing vessel was turned into St. John’s, Newfoundland.

“Ooh there’s a government that’s standing up for Canada,” they’ll say.

But this just isn’t true. While it’s good that a federal government is at long last defending our water from overfishing by other countries’ fishing boats, the Chretien government has been adamantly opposed to any measures under the headings of ‘health,’ ‘education’ and ‘welfare.’ It’s also opposing major overhaul of the old age pension scheme and that...
ANADAS... provincial trade ministers are in the last weeks of a round of negotiations that could open up B.C.'s medicare system to penetration and takeover by multinational health service corporations.

The talks are centered on unresolved issues from last year's Internal Trade Agreement, a deal that was hailed as the tool to promote efficiency and save taxpayers' dollars. But the Internal Trade Agreement is about far more than trade. It promotes further deregulation, forces harmonization and increases corporate control over the policy-making process.

And if its provisions are extended to health, municipal, educational and social services, as some provinces hope, British Columbians stand to lose any meaningful control over billions of dollars worth of public services.

Once the private sector firms are locked in, they will be virtually impossible to dislodge and community-based boards will be at their mercy.

So far, Premier Mike Harcourt has stood firm against calls to extend the deal, but corporations which hope to profit from guaranteed, wide-open access to tax-funded services are exerting enormous pressure.

If they are successful, B.C.'s health boards, school boards and municipal councils will be forced to accept the lowest bid for contracted services from any supplier in the country—or, thanks to NAFTA, on the continent.

Local control and the rights of communities to set particular conditions to meet their own social or economic development needs will be prohibited by the new rules.

In the words of the Canadian Centre for Policy Alternatives, the deal "weaken the ability of democratically elected governments to regulate their economies."

The agreement grew out of concerns that interprovincial trade barriers are a major burden on the Canadian economy. For example, the Canadian Manufacturers' Association estimated that interprovincial trade barriers cost the Canadian economy $6.5 billion annually.

But a study done by University of B.C. economics professor Brian Copeland for the B.C. Ministry of Employment and Investment concluded that a more accurate estimate of the cost of interprovincial trade barriers is between $650 million and $755 million a year—and much of that came from barriers against the free flow of beer and wine. In spite of the agreement, the provincial and federal governments have not made any progress in reducing interprovincial trade barriers affecting beer and wine.

Copeland's study also questioned the assumption that local procurement policies traditionally followed by provincial governments are costly to taxpayers.

The Internal Trade Agreement was concluded nearly a year ago and is due to take effect July 1. Negotiations are ongoing between the provinces to extend the agreement to what is commonly referred to as the MUSH sector, or municipalities, municipal organizations, school boards and publicly-funded academic, health and social service bodies.

As well, both the federal and many provincial governments—especially Alberta—would like to narrow or eliminate a section of the agreement which exempts health and social services from the existing rules governing procurement of goods and services.

If these talks end with health care being included in the agreement, then the rules laid down in the agreement's procurement chapter will apply, involving significant changes in the way provincial and local governments purchase goods and services.

These procurement rules will prohibit provincial governments from favouring local or provincial companies when awarding contracts for goods valued at $25,000 or greater, and for services or construction worth more than $100,000.

A governmental decision to buy goods locally benefits local businesses through higher profits. It creates or saves jobs in local communities, and can result in higher wages.

Even though governments' decision to contract for services from a non-profit provider may cost the government more, it ensures quality delivery of services and nurtures a community-based organization. Some of the increased costs related to preferential procurement can be recouped through increased corporate and personal tax revenue.

The combination of health care in the public sector ensures economies of scale, and, consequently, cost savings and increased efficiencies.

If the costs were included, we can expect that the private sector will compete for tenders for services which are easy to run or turn a quick profit, leaving the public sector to deliver costly and "inefficient" services.

Fragmenting the delivery and administration of services will increase costs, create further inefficiencies, reduce responsiveness and create unequal access to services.

All of this will diminish the quality of care, and reduce the accountability of publicly elected officials who manage the health system.

We have a lot to lose and nothing to gain from this agreement. Those advocating removal of these so-called trade barriers are simple paving the way for integration of medicare into the costly, profit-driven corporate model which has served Americans so poorly.

We're at a crossroads. After more than a decade of federal cuts to health care and social funding, Finance Minister Paul Martin has imposed yet another reduction through a single lump-sum payment scheme for health, post-secondary education and social services.

This is not the time to move to inflexible rules on low-bid tendering for goods or services.

The overriding goal of health care must be to meet the interests of its clients, not to make profits or to be convenient for suppliers.

B.C. Employment and Investment Minister Glen Clark has strongly opposed extension of the agreement because it will tie the hands of governments without providing real economic benefits.

We support the stand Mr. Clark has taken, and we believe that more British Columbians should be aware of the consequences if economic ideology— as expressed through this agreement—is imposed over the needs of British Columbians.

ATTACK OF THE PROFIT DRAGONS

A trade deal between provinces could open up medicare to corporate profiteers
Comic opera puts workers on stage

by Dan Keeton

Why don't working folks "sing the opera"? There's as much passion, suspense, intrigue, betrayal and violence as in any soap or TV miniseries. Maybe it's because everyone sings in a foreign language. People might have trouble identifying with guys in tights and big women in Viking helmets dying dramatically. If so, City Workers in Love might answer these objections. The creation of composer and conductor Neil Weisensel, and librettist and director Michael Cavenagh, it elevates today's workplace to the operatic stage. A hit at the 1992, Winnipeg Fringe Festival, it played recently at Vancouver's Waterfront Theatre where it was slightly rewritten to fit the locale. City Workers is a "mock opera" that has fun at the expense of civic work - crowds, supervisors, modern gay chauvinism - and the lofty theme of love. Romeo is a love-smitten hunk-digger with a passion for M.W. the Mower, whom he glimpses daily plying lawn mowers and weed-trimmer to the beat, vastly public sympathy. Even though she's disguised with protective goggles and breaking masts, Romeo knows she's the one for him. How passionate is his love? Romeo rhapsodizes about blades of grass growing rapidly, anticipating the delights of being trimmed by Mavis' blade.

Of course, there's trouble on the horizon. Maria is an emotional captive of the overheating and controlling Pete, a sanitation engineer. And the "work crew as a whole is about to be banished from their sweet urban work site to weed-trimming duty on the wilds of Highway 401, by Mrs. Demers, the cold-hearted supervisor.

"No coffee for miles," the singer cruelly, towering over the covering crew who had just finished singing the praises of coffee breaks. It's up to kindly Al the foreman to save the day. There's something splendiferous about opera, with characters singing rather than speaking virtually all the lines, accompanied by live music. City Workers in Love inspires awe and laughter.

A kid's-eye view of solidarity

by Connie Kiffoul

STRIKE! is the story of a little girl, Molly, and how she rises to the challenge at the fish cannery where her mother works.

One day Molly joins mom on the picket line, only to discover that one of the gates of the plant is unguarded.

When Mum refuses Molly's offer to picket that gate herself, Molly gets an idea.

She places her teddy bear at the gate with a picket sign in its paw and a picture of her mother.

When two delivery trucks arrive at the gate they see the sign Molly has made and decide to respect the picket line.

When the local papers pick up the story and, as a result, the boss calls the union to start talking. Molly and her teddy bear have saved the strike.

Coffee break

Buffalo Jills' cheer union

Over-leader for the Buffalo Jills football team is now card-carrying union member. The Buffalo Jills (or they really are called the recently voted overwhelmingly in favor of joining a union.

Union president Molly Bick, a seven-year veteran of the Jills, said the cheerleaders are seeking better pay and working conditions, plus more control over when and where they do promotional appearances.

Lightning fast fingers

Toronto court reporter Anne Locke recently came third in a North American speed dictation championship.

She blazed through a five-minute test at a blinding speed of 350 words per minute. And not only that, her typed copy was 97.7 per cent accurate.

Mud in your eye and coal in your ear

Kudos to the British general practitioner who miraculously cured a retired miner who had been dead for more than 20 years. Dr. Mohammed Anil Shafi, spryed Joe Jones, left ear, and out popped a piece of coal. Jones, 85, had spent the last two decades almost stone deaf.

Bagpiper blows life into war vet

A bagpipe player saved the life of a 72-year-old war veteran last Remembrance Day just as the last post was being played.

A Legion flag-bearer was struck by a heart attack at the Nov. 11 ceremony at the Fort McPherson cenotaph. The bagpiper, David Hiller, an old-fogy drummer, stopped in his tracks and rushed to help.

He and Tamara MacNeil, a nurse who was also playing in the band, revived the war vet using emergency CPR. Within three minutes an ambulance arrived on the scene and the man survived.

Please hold because I can't

When the Kaiser Hospital in Prince George, B.C., set up its new switchboard management, they set one critical thing - to provide relief for the workers and shift workers who work there.

So quells what the company did when the operators complained they couldn't even get a break to use the restroom? Instead of providing a relief worker, Kaiser sent out an expert to install a phase in the restroom.

The more didn't sit well with staff, so now letters will promote "real relief" in the form of a relief worker to cover operators' next breaks. Here's an example of a bizarre employer solution to providing relief for switchboard operators next breaks.
HEU people

Early retirement benefits Children’s

Vincenza Busto, a housekeeper at Children’s Hospital, is another HEU member who benefited from the early retirement provisions of the Employment Security Agreement. The Health Labour Adjustment Agency early retirement program has made Busto a whole family very happy,” said her daughter, Lucy Luongo, who works at St. Vincenzo’s Hospital, in an interview in the HLA paper, The Acorda.

“My mother has worked hard to help support the family. Now, she’s ready to go on with other things in life and spend time with my father,” says retiree Busto. “It gives a job to a younger person. I couldn’t afford to retire had it not been for the program.”

Special Holy Family tea held for retiring McConnell

Long-time Holy Family local activist Jeanne McConnell (Morissette) retired in April. McConnell worked at the Vancouver facility for 39 years. She was an active HEU member, serving as chairperson for the last six years. A special tea was held for McConnell, who plans to travel and spend time with her family.

Morrison will be riding her bike

Rosemary Morrison, a housekeeper at Rosewood Manor in Richmond put in her last day at the facility in May, retiring after more than 12 years of service. Morrison spends more time with her grandchildren, ride her new bicycle, join the local community centre and wait for her husband to retire so they can travel the world together. Active in her union, Morrison held the positions of trustee, conductor and steward.

Simon Fraser Lodge loses long-time activist

Care aide Marie Sevigney, a 13-year veteran of Simon Fraser Lodge, passed away in Prince George in April. Sevigney was instrumental in unionizing the workers at the lodge into CUPE in the mid-1970s. She was also a key player when the workers joined HEU in 1981. Sevigney was local chairperson for 10 years before going off on long-term disability in 1985. She was the mother of current chairperson, Cyrindle Stephenson.

HEU accountant

Michel Bonnier dies

Michel Bonnier, the accountant in HEU’s finance department died April 24. He came to the Provincial Office in the fall of 1993, after a 12-year stint in finance at Shaughnny Hospital. He began his fight with cancer about the same time. Bonnier was active in the St. Mary’s local. He was renowned for organizing dances and special events for members and their families. His friends say that Bonnier will be remembered as a happy man who knew everybody, and as someone who was always dancing — he was on the dance floor from the first dance to the last. Bonnier’s memorial service was attended by HEU president Fred Munz, union office staff and many members of the old Shaughnny hospital.

Atkinson moves to Labour Relations Board

Mark Atkinson, director of HEU’s Kootenay regional office in Nelson, has accepted a position as a mediator with the Labour Relations Board starting Sept. 11. “It’s been a terrific 20 years,” says Atkinson. “I have a lot of respect for all the HEU members, from the person who’s just organized right up to the people who’ve been long-time activists.”

Atkinson’s long history in HEU goes back to success for 1976 union organizing drive at the Overlander Extended Care Hospital in Kamloops where he was working in maintenance. Within a year he was a shop steward and local executive member. In 1980 he was elected to serve on the Provincial Executive. Shortly after he became a staff rep, first in the Prince George office where he serviced northern locals for two years, followed by a year’s stint in the Provincial Office. For the last 10 years he’s been director of the Nelson office, and our resident expert on essential service issues.

Union secretary-business manager Carmen Allevato solicited Atkinson’s contributions and dedication to the union, and wished him all the best in his new career.

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(See Art. 1.03: Member Collective Agreement or Art. 1.06: Steward Collective Agreement)

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AT THE DIFFERENCE

HEU WAGES & BENEFITS 1990  DOCTOR'S SALARY 1990

$25,000     $150,000

1994 PACKAGE 1994 SALARY

$29,173     $183,043

COMPENSATION INCREASE  DOCTOR SALARY HIKE

16.7%  22.0%
or $4,173  or $33,043

DOCTOR SALARY HIKES OF $33,043 ARE LARGER THAN SALARIES!

SOURCE: PROVINCIAL GOVERNMENT BUDGET DOCUMENTS

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Why did she die?
Nancy Horvat's family and HEU are searching for answers to explain the tragic death of the Maple Ridge caregiver.

‘No’ to the bad old days
Seniors, community groups and unions are coming together to battle federal funding cuts in a fight to save medicare.

Our bargaining prescription
Union activists across B.C. are starting to prepare the ground for a bargaining package that will be our prescription for better medicare.

Opening the door
A trade deal between provinces could open up medicare to corporate profiteers like Marriott, VERSA and Baxter Corp.