

Big changes in store for HEU bargaining, organizing strategy

New government regulations are spelling out who can organize health workers and how health unions can bargain.

HEU worked hard to avert the worst impacts of the new rules, says union secretary-business manager Carmela Allevato, but the government imposed them July 28.

They mean that HEU will have to consolidate all its bargaining certificates in a single certificate, a change that will have little impact on the rank-and-file membership.

But they also require that HEU members who are paramedical professionals leave HEU and join another union.

And they require some members of other unions, particularly health care workers in the B.C. Division of the Canadian Union of Public Employees, to join our union either by an agreement or by a vote.

All workers transferring to a new union will have their seniority and benefits protected.

"We don't believe the government should be telling workers how to organize or how to bargain," Allevato said. "We worked hard to avoid government intervention. But now that the regulations are in place, our job is to make sure we step up our organizing and unite health workers for the bargaining ahead."

• SEE CARMELA ALLEVATO'S COMMENT, PAGE 2; CHANGES SUMMARIZED, PAGE 3; WHERE DO YOU FIT IN?: A SPECIAL REPORT TO MEMBERS, PAGE 9.

Guardian



VOL. 13 NO 4

THE VOICE OF THE HOSPITAL EMPLOYEES' UNION

JULY/AUGUST 1995

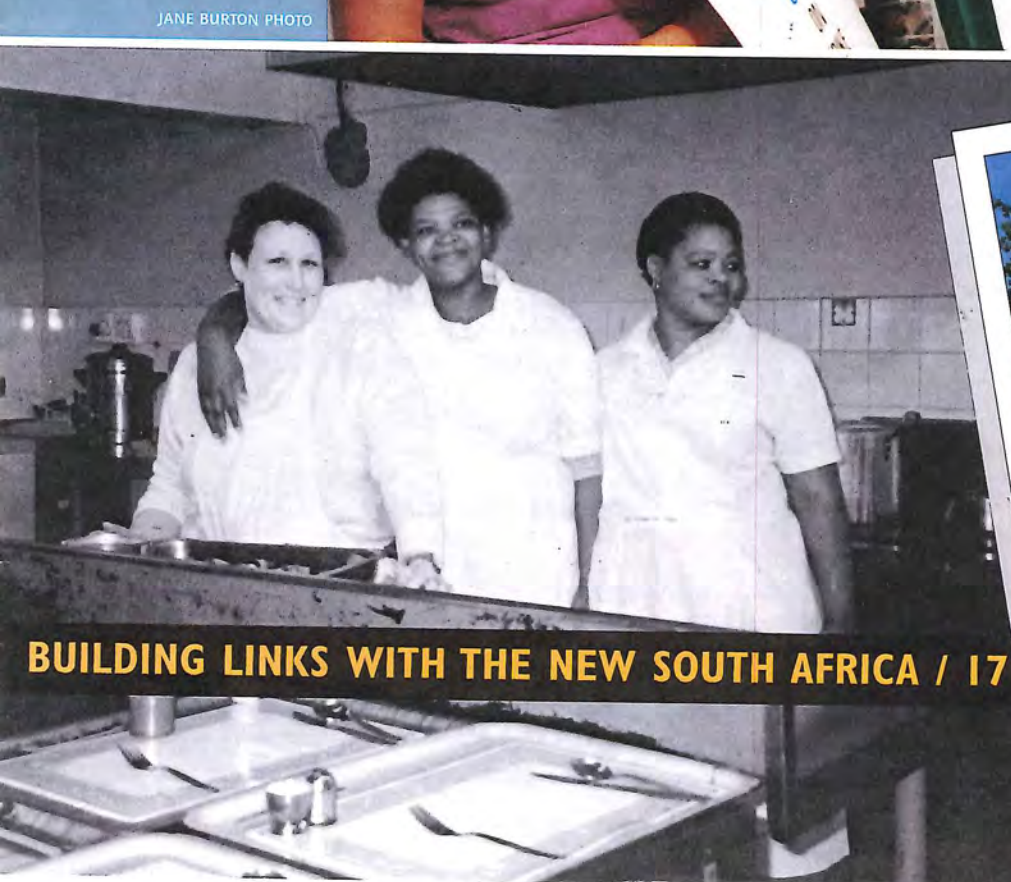
200

DAYS

QUESNEL ALCOHOL AND DRUG LOCAL MEMBERS ARE BACK ON THE JOB AFTER A LONG TIME ON THE LINE

PAGE FIVE

JANE BURTON PHOTO



BUILDING LINKS WITH THE NEW SOUTH AFRICA / 17



CONFLICT CLINIC

Controversy and conflict of interest dog a new private clinic

SEE PAGE THIRTEEN

LINDA HARGREAVES PHOTO

COMMENT

New challenge to unity of health workers

by Carmela Allevato



WITH A STROKE of the pen, the Harcourt government has altered forever the ability of health care workers to organize and bargain as they see fit. This was an unwarranted and inappropriate government intervention in the affairs of the labour movement which HEU worked hard to avoid.

The Health Sector Labour Relations Regulations imposed July 28 not only spell out which unions will be allowed to organize health workers, they also require many existing union members – including some in HEU – to change unions.

HEU worked hard, both through the B.C. Federation of Labour and before the Dorsey Commission which reviewed health care bargaining, to defend the right of all existing unions in health to represent their members.

At the end of the day, however, the government elected to impose a new system that will reduce the number of bargaining units from 888 to only 10 by March 31 of next year. In the course of this upheaval, some HEU members will be forced to leave our union.

Despite our long history in this field, the government is ending our ability to represent paramedical professionals.

The disruption is even greater and more unacceptable for our brothers and sisters in existing health care locals of the Canadian Union of Public Employees.

The CUPE/HEU merger provided for the development of organic unity in an evolutionary way. The government regulations overlooked this feature and imposed arbitrary and hasty deadlines that violate the spirit of our relationship.

We can understand the strong attachment CUPE B.C. members have to their union and share their anger at the inappropriate deadlines the new regulations impose. We're committed to working with the CUPE locals concerned and the B.C. division of CUPE to ensure that all health care workers emerge from this crisis united and ready to face the employers in what promises to be difficult bargaining in 1996.

Most HEU members will not be affected by the changes in their day-to-day lives. Down the road, however, the impact will be clear.

The new regulations draw a divisive and artificial line between HEU members working in facilities and those working in the communities. We must step up our organizing efforts to ensure HEU

'We must step up our organizing efforts to ensure HEU members have the right and ability to work wherever care is delivered'

members have the right and ability to work wherever care is delivered.

The regulations also require HEU to co-ordinate bargaining, not only with our allies in the B.C. Nurses' Union and the Health

Sciences Association but also with other unions representing workers in health care.

HEU was founded on the ideal of a single industrial union for all health care workers.

We'll have to use this new government challenge as an opportunity to move closer to that goal.

voice/mail

THE GUARDIAN WELCOMES YOUR FEEDBACK. SEND LETTERS TO 2006 WEST 10TH AVE., VANCOUVER V6J 4P5 OR PHONE 1-800-909-4994. PLEASE BE BRIEF.

Praise for health workers' expertise

Congratulations to all the members of the St. Paul's local of HEU for your individual roles in shaping the hospital's standing as one of the 80 best in North America as outlined in the recent report *Best Hospitals in America*.

As we all know, hospitals do not function without the dedicated daily expertise of men and women such as yourselves. The praise in this report for St. Paul's is, in a very real way, praise for each individual who makes up the whole of this fine hospital.

Again, congratulations.

HONOURABLE EMERY O. BARNES,
MLA Vancouver Burrard

• Barnes is the NDP MLA for St. Paul's riding.

Doctor piece "cheap shot"

I am a LPN currently on long-term disability and not a day goes by that I don't thank the Hospital Employees' Union for my being able to live with a great degree of dignity and security.

I did find the back page attack on physicians in your May/June issue a cheap shot however. My own physician puts in very long hours, about 80 plus a week with an extremely trying patient load.

He of course has a lot of overhead which he must pay out of his gross earnings. He has told me that he could move to the States and perhaps triple his income but he chooses to stay and practice in Canada because he couldn't tolerate having to turn patients away due to an inability to pay.

Does this sound like a heartless, money-grubbing individual? I think not. The physician's salary reflects his or her training, expertise and plain hard



Talk to us!
1-800-909-4994

You can now phone in your comments on Guardian articles or issues that affect you on the job or in the union. Just phone 1-800-909-4994. Keep your comments concise, and leave your name and contact number for verification.

work and to be whining over a difference of a 5.3 per cent increase does the union a great disservice. But it should continue the attack on hospital management whose increases are not justified.

PATRICK HAMILTON,
Mission

Physician says figures wrong

I recently noted that the attached caricature [Oh! to be a doctor, Guardian May/June] was posted in the doctor's lounge at Lions Gate Hospital.

Firstly, whoever wrote this obviously continues to believe that quoted figures for income equal salary. The income indicated is a gross for the practice i.e. total amount before any deductions for rent, supplies, staff salaries, etc.

The usual average these days for overhead is around 50 per cent. This therefore makes your figures considerably less sensational and dramatic.

I am not sure where you got the 1990 figures from anyway since they seem a little bit too even. Either way, if you divide \$183,043 by two to get a better idea of personal income it comes down to

around \$91,500. I would not call this particularly excessive for someone with from 10 – 15 years of education following high school who often works 50 – 60 hours a week with significant responsibilities for peoples' lives.

My gross income from MSP in 1994 was about \$189,000. From this I paid staff salaries of approximately \$50,000, rent of over \$18,000 per year, telephone \$3,000, medical supplies of \$15,000, insurance of \$5,000 etc.

Essentially even though we have had raises in MSP fees over the past five years these increases have not been seen in personal income since the costs of running the practice have increased proportionately more than the fee increases.

If HEU is to have credibility in discussions on health care then I would hope that in future these type of grossly misleading situations will not occur.

DAVID A. BROOKS, M.D.,
North Vancouver

• Our point stands. The best paid people in health care are overwhelmingly men, who are receiving huge annual increases while the lowest paid workers face downsizing, extreme workload and the threat of job loss.

Guardian

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

EDITOR

Geoff Meggs
COORDINATING EDITOR
Stephen Howard
ASSOCIATE EDITOR
Chris Gainer
DESKTOP PRODUCTION
Carol Bjarnason
DESIGN CONSULTATION
Kris Klaasen,
Working Design
PRODUCTION & PRINTING
Broadway Printers

The Guardian is published on behalf of the Provincial Executive of the Hospital Employees' Union, under the direction of the following editorial committee:
Fred Muzin, Carmela Allevato, Mary LaPlante, David Ridley, Maurice Smith, Ruby Hardwick, Melanie Iverson

PROVINCIAL EXECUTIVE

Fred Muzin
President
Carmela Allevato
Secretary-Business Manager
Mary LaPlante
Financial Secretary
David Ridley
1st Vice-President
Maurice Smith
2nd Vice-President
Ruby Hardwick
3rd Vice-President
Tom Knowles
4th Vice-President
Colleen Fitzpatrick
5th Vice-President
Melanie Iverson
Senior Trustee
Della McLeod
Senior Trustee Elect
Aldith Jamison
Trustee

Blair Thomas
Member-at-Large 1
Minnie Dennis
Member-at-Large 2

Kate Marleau
Regional Vice-President
Fraser Valley
Marilyn McKerracher
Regional Vice-President
Kootenays

Kathie Anderson
Regional Vice-President
Lower Mainland – Coastal

Julia Amendt
Regional Vice-President
Lower Mainland – Centennial

Mike Borason
Regional Vice-President
Lower Mainland – Central

Peggy Christianson
Regional Vice-President
North

Kathy Dunn
Regional Vice-President
Okanagan

Linda Hargreaves
Regional Vice-President
Vancouver Island

Richard Dennis
First Alternate
Provincial Executive

UNION OFFICES

Provincial Office:
Vancouver Site
2006 West 10th Ave.
Vancouver V6J 4P5
734-3431

e-mail: heucomm@web.apc.org
Solinet: heucomm

Abbotsford Site
2702 Ware St.
Abbotsford V2S 5E6
852-6571

Okanagan Office
100, 160 Dougall Rd. S.
Kelowna V1X 3J4
765-8838

Kootenay Office
745 Baker St.
Nelson V1L 4J5
354-4466

Vancouver Island Office
415 Gorge Rd. East
Victoria V8T 2W1
480-0533

Northern Office
1197 Third Ave.
Prince George V2L 3E4
564-2102

CALM
ACPS



What we're up to

Hot cakes help health workers in times of need

HEU Enderby local member Jim Klassen helped out by flipping flapjacks for a pancake breakfast. Other union members and their friends supplied garage sale items and baked goods. It was all for a good cause: to raise money for the special fund created to help their sisters and brothers in times of need.

Local vice-chairperson Cheryl Burnett says close to \$700 was raised at the end of May event,



Women's activist Judy Rebeck, third from right, spoke recently in Vancouver. HEU members, including president Fred Muzin, far right, attended.

which proved so popular that it sold out after only one day.

The proceeds will be added to the care fund started by HEU in 1994 to help local caregivers in times of need. For example, the fund has provided financial assistance to the daughters of a

young nurse who died suddenly. The fund now includes BCNU, HSA and management at the hospital and the Parkview long-term care facility.

Burnett says the idea for the fund came after local union members reviewed their good

and welfare activities. "We thought why don't we make it so we can help people with real problems," she says.

Delegates needed to attend October CUPE Convention

This fall, HEU members will be returning to the CUPE National convention floor for the first time in 25 years.

We'll be sending a 29-person delegation to the convention of Canada's largest union, which will be held Oct. 22 to 27 in Montreal.

In addition to Provincial Executive members, one delegate from each of the union's eight regions will be selected by lottery to attend.

In order to meet convention

deadlines, locals are asked to submit nominations for delegate positions to the Provincial Office no later than Aug. 30.

As part of last year's merger agreement between the two unions, all HEU locals have been granted a CUPE charter and a CUPE local number.

Talcum powder problem solved

Gorge Road Hospital local's Linda Dunham passed on news of a simple safety victory at the Victoria facility.

It seems that spilled talcum powder was making the floors hazardously slippery. So the GRH safety committee asked all departments to review their powder use.

The outcome? Baby powder is no longer used, and the floors are safe.

continued on page 4

New regulations will transform HEU bargaining, organizing

by Geoff Meggs

NEW GOVERNMENT regulations introduced July 28 will have a dramatic impact on how HEU bargains and how the union organizes new members. The NDP government says these sweeping changes will simplify labour relations in health care as services are integrated with the community.

The Health Sector Labour Relations Regulations allow only eight unions — including the HEU — to organize and bargain for health care workers in B.C. The regulations give the force of law to the recommendations of a special report prepared by commissioner Jim Dorsey.

The massive overhaul imposed by the regulations will consolidate 888 existing bargaining units into 10 by March 31, 1996. More than 200 existing collective agreements will eventually be consolidated into only five.

(See also Comment, page two; special report to HEU members page nine).

"We strongly object to this kind of government interference in the internal

affairs of the labour movement," said HEU secretary-business manager Carmela Allevato. "These regulations undermine government efforts to integrate health services."

The vast majority of HEU members will not be immediately affected by the changes but a small number of union members who are paramedical professionals will be required to join a different union representing their sector.

By the same token, hospital, long-term care and community sector workers in other unions will be required to transfer to HEU or vote on which union they will join in their sector.

All workers facing transfer under the act will have their full seniority and benefits protected for five years.

All existing collective agreements will remain in full force and effect until they expire.

Here's how HEU members and locals will be affected:

- all HEU bargaining certificates — the legal document which authorizes the union to bargain for a given group of workers — will be consolidated into a single bargaining certificate for all acute and long-term care locals by Aug. 31.

- all HEU bargaining certificates for the community sector will be consolidated into a single bargaining certificate by the end of August.

- by March 31, HEU must agree with other unions representing "support workers" in the so-called facilities sector — acute and long-term care — on a bargaining association to conduct the next round of negotiations.

- by March 31, HEU and the other unions representing support workers in the community sector must agree on the rules for a bargaining association to conduct their bargaining.

Meanwhile, all registered nurses in the province will be transferred to the B.C. Nurses' Union and all paramedical professionals will be transferred to a new bargaining association made up of the HSA and BCGEU.

'These regulations undermine government efforts to integrate health services'



DORSEY



Where HEU fits in the new structure

- all residents and interns in a single province-wide bargaining unit represented by the Professional Association of Residents

- all paramedical professionals in a single province-wide bargaining association as members of HSA or BCGEU;

- all other workers in the "health services and support" sector working in acute or long-term care facilities in a province-wide bargaining association as members of either HEU, BCGEU or the International Union of Operating Engineers;

- all other workers in the "health services and support" sector working in the community in a province-wide bargaining association as members of either HEU, the BCGEU or the UFCW.

Campbell job, wage cuts pledge slammed by NDP

Gordon Campbell has openly promised to wield an axe to the pay cheques and jobs of public sector workers like HEU members if he's elected premier in the next election.

The Liberal leader made the pledge late in May, after his party leaked a finance ministry document outlining civil service cost cutting measures that

finance minister Elizabeth Cull had rejected around budget time in February.

"We have an obligation to get the cost of government down," Campbell told the media, "and we intend to do it."

"We have to look at the fact that the public service is there to serve the public, not the other way around."



CULL

Late last year, Campbell also promised to rip-up the Employment Security Agreement and end job protection for health care workers.

Cull responded with a sharp attack against Campbell, saying that with all his promises to cut jobs, pay cheques, services and labour law protection, "he would have B.C. compete with the low-wage economies of the world."

"I believe the statements by the Leader of the Opposition highlight the distinction for British Columbians between a government committed to economic growth and job creation, and

an Opposition that offers tax cuts to B.C.'s richest corporations at the expense of working people and the services they provide," she said.

Cull says proposals outlined in the finance ministry document were collected as part of her pre-budget consultation with business and labour groups.

The finance minister, a former BCGEU member, rejected the wage rollback option because "there are better ways to cut the costs of government without placing an unfair burden on public servants."

WHAT WE'RE UP TO

continued from page 3

Fighting back in Duncan

When the administrator at Cowichan and District Hospital took a swipe at the Employment Security Agreement and blamed it for the facility's deficit position in late June, HEU local leaders fought back.

In a carefully researched opinion piece in their local newspaper, Duncan local chairperson Ion Barnes and chief shop steward Jeanne Hardy presented the real facts about the ESA.

They highlighted the cost savings of \$400 million that will result by the end of the job security pact in 1996, and pointed out how B.C.'s hospitals have surpassed the reduction targets set by the 1991 Royal Commission.

They say that frontline health

workers are shouldering the load for health restructuring, and lay the blame for their hospital's financial problems on a "grossly inflated management team."

Equity news

HEU's four equity caucuses have been busy during the summer preparing for activities for the fall.

Each caucus has met twice, and working with the union's new equity coordinator Betty Baxter, they've put together educational materials and established a calendar of special events. For information about the activities of the caucuses, contact the following spokespersons:

- Caucus for Ethnic Diversity: Roger Kishi, St. Paul's local 987-3379;
- Caucus for People With Disabilities: Julia Amendt, Surrey Memorial 530-9443;

- First Nations Caucus: Trudy Erickson, Royal Jubilee 478-5886;
- Gay and Lesbian Caucus: Darlene Bown, Royal Jubilee, Dave Lay, St. Paul's 1-800-663-5813, local 514.

For general information about HEU's equity initiatives contact Betty Baxter at the Provincial Office.

Three new locals join the HEU fold

Workers in three community service agencies signed up with HEU in June. They are Creston Mental Health Centre in Creston, Progressive Housing Society in Burnaby, and Good Shepherd Lodge in White Rock. Progressive Housing local members provide housing and support services for people with mental illness. The agency is partially government funded.

In Creston the mental health centre workers will fall under

the certification for the Kootenay town's hospital. The Good Shepherd Lodge is a 26-bed mental health residential facility. Welcome to our new members.

Victoria-area locals lobby for renewed job security

Victoria-area HEU locals have really taken to heart HEU's political action efforts to support bargaining for renewed employment security in 1996.

Activists from 10 locals in the area now meet regularly to share information and coordinate contacts with politicians.

"Our goal is to get all 25 locals in the greater Victoria area involved," says Aaron Corzatt, from the Glengarry local, one of the movers and shakers behind the Southern Vancouver Island Political Action Committee.

They've lobbied their local

MLAs with a straightforward message says Corzatt. "We're really concerned about the ESA and we've sought reassurances that it will be extended."

With a provincial election in the air, another political action goal for the group is to increase awareness of what the options are for their members. "If the Liberals or Reform get in there's going to be massive attacks on health care and health workers," Corzatt said.

We're on the high tech map

HEU has taken its place on the information highway by putting its press releases and bargaining bulletins on Solinet, the Canadian Union of Public Employees' computer network.

As well, HEU now has an e-mail address, which allows internet users access to leave messages or questions for the union.

It's in her blood

by Stephen Howard

HER COUNTRY is quickly going to hell in a hand basket, but Nicaraguan women activist Sandra Ramos says she's "happy to be alive and fighting for the rights of women."

Ramos is a leader in the Movement for Working and Unemployed Women. It's a new organization set up in 1994 when, after years of neglect of women's issues, leaders of Nicaragua's union-based women's secretariat said enough is enough and split from the progressive but male-run Sandinista trade union central, the CST.

Her group sponsors a range of programs for women, including health prevention, leadership training, and legal and human rights. "We train women to give them some control over their lives," says Ramos who journeyed to B.C. to attend the mid-June CUPE B.C. division convention in Prince George.

HEU and CUPE help fund a health prevention project.

Nicaraguan women face nightmare conditions, and Ramos says things have become even worse since a pro-U.S. government took power from the Sandinistas in 1990 elections.

Out of a population of four million, 400,000 women are unemployed, and there's an overall 70 per cent unemployment rate. Except for domestic labour and jobs in the low-wage foreign-owned free trade zone factories economic opportunities for women are virtually non-existent.

Nicaragua's working people took great pride in their free public education and health systems set up after 1979 when the Sandinistas triumphed in a popular revolution. But these have been privatized by a compliant government at the behest of the World Bank and the International Monetary Fund. These same groups are behind our own government's cuts to social programs.

BALANCING



IT ALL



FIGHTING FOR WOMEN
Nicaraguan activist Sandra Ramos, and union financial secretary Mary LaPlante, right, review the health prevention project that HEU helps fund.

She's worked since she was seven. At 10 she was throwing rocks at the National Guard of the country's former and much despised dictator. At 17 she joined the Sandinistas as a guerrilla fighter.

"I basically lost my youth, it wasn't normal. I didn't go out with boyfriends, I didn't go to school."

When the people won in 1979, she began a lengthy career first as a union organizer then as

"We haven't only lost our jobs, but the government has also placed on our shoulders responsibility for health care and education."

"If things are privatized it's women who have to seek solutions," she says.

On the health front, most women are unable to afford the cost of health services, even if they have a job. For example, an HEU member would earn about \$50 a month in Nicaragua, while a basic gynaecological test costs about \$30. Cancer and back street abortions are the leading cause of death for Nicaraguan women. "The woman who dedicates herself to the health of her children doesn't look after her own health," Ramos says.

"There's a permanent violation of women's human rights in Nicaragua. Existing laws aren't respected and women face above all physical and psychological violence."

These are some of the realities that the health prevention program run by Ramos' group comes to grips with. So far 1,000 women have been trained as health promoters. Once trained these women are able to provide basic preventative health advice to women in communities across the small country.

Ramos has a powerful resume. Thirty-five years old, Ramos comes from a poor family of eight girls.

the high-profile and widely-respected head of an important women's organization.

"It's in my blood," says Ramos about what keeps her going. "I can't live without a commitment to the underdogs, to the people with the least power."

After the split with the Sandinista union central, Ramos says she wanted to step back for awhile, "to spend some time on myself, my husband and my family."

But other women activists sought her involvement in the new organization. "I looked at them. I saw the hope in their eyes. They struck my conscience."

One casualty of her activism is her relationship with her 17-year old son. "I was always away and I have this real guilt around him. There's a gap that I'm working hard to close."

"I have learned something. It's something I want to say to others in HEU. It's not necessary to abandon family to carry out our responsibilities to our union."

"You can do both, but we need to reorganize our work, get greater flexibility in our organizational structures."

• **BALANCING IT ALL** is a regular *Guardian* column that focuses on the challenges faced by women activists.

WHAT WE'RE UP TO

As part of HEU's affiliation with CUPE, HEU has access to Solinet, CUPE's Canada wide computer network.

HEU is encouraging union activists to join Solinet. Further information is available from Chris Gairnor or Gail Paquette in the communications department in Provincial Office.

HEU's new e-mail address is heucomm@web.apc.org. Use this address to send messages to HEU's Provincial Office, including letters to the *Guardian*.

HEABC offers bizarre advice

There was a happy ending, but bizarre is the only way to describe the role of the Health Employers Association of B.C. in a fracas that saw HEU members at Jackman Manor in the Fraser Valley lose benefits eligibility.

Out of the blue, HEABC told

Jackman that benefit costs could be reduced by forcing HEU members who may have been covered on the benefit plans of their spouse to choose coverage under only one plan. So earlier this year Jackman cut a number of HEU members with overlapping coverage off dental and extended health benefits in the contract.

It was only when one HEU member got a huge bill for dental work did the union discover what had happened. That's when local chairperson Nancy Hamilton sprang into action. "They were trying to cut corners," says Hamilton. It took them a while to get the employer to come around, but now all the HEU members have their benefits back.

An embarrassed employer apologized for the mistake and blamed HEABC. "It should never have happened," says Hamilton.

The new Holy Family local executive held a special day to meet with members to build more local involvement. Pictured are executive members from left, Wayne Kelsey, Kathy Campagnaro and Moira Goodman.

Making locals work

How to get more members involved is a challenge for local executives, old and new alike. At Holy Family Hospital in Vancouver, a new local executive was wrestling with the same question. So they decided to hold a special day to talk to their members to survey what they were thinking about and how the local union could better meet members' needs.



Local chairperson Moira Goodman and her colleagues set up a display along with an information table that was their base to meet the members face-to-face. "We decorated the whole area with HEU balloons,

jackets and posters," says Goodman. They also provided free coffee, fruit and goodies. The survey results were beneficial says Goodman, who suggested that other locals may want to try the idea out.

Strike ends, Quesnel workers vindicated

by Stephen Howard

AFTER MORE than 200 days on the picket line, HEU members at the Quesnel Alcohol and Drug Abuse Association are back on the job and close to winning significant wage increases and Master Collective Agreement contract language provisions.

"It looks very good," said local chairperson John Simpson, whose members hit the picket line for a first contract Jan. 31. "We feel vindicated. Our cause was just."

The turning point in the lengthy dispute was the appointment in July of mediator Brian Foley by the Ministry of Labour. Foley was able to overcome the obstinance and delaying tactics of the Health Employers Association of B.C. to engineer a return to work agreement.

Picket lines were ordered down Aug. 7, with the workers — who provide much needed drug and alcohol counselling services — back on the job the following day.

Both HEU and HEABC had until Aug. 4 to make submissions to Foley on monetary issues like wages and benefits for a binding ruling.

Foley ordered that the parties meet Aug. 21 and 22 to seek agreement on language issues based on the provisions of the Master Agreement. Foley will make a

binding ruling if no deal is reached.

"We're really grateful that HEU has backed us so strongly — they would have been able to beat us down if it wasn't for the support of the union," Simpson said.

The workers faced two hurdles in their lengthy battle for a fair contract. The first was HEABC, which openly stood in the way of a settlement and often acted against the wishes of the employer's board of directors. The second was the wage guidelines brought down earlier this year by Victoria.

While HEU and other unions successfully pressured the government to relax the pay guidelines, HEABC was arrogantly intransigent to the end. HEABC negotiator Kevin McQue was singled out for public criticism by

SATISFYING HEU members Vicky Lejins, Sharon Jenkins, Dee Howse and John Simpson.

union members, the community and even the director of the Alcohol and Drug Association.

Simpson said their clients were very understanding during the dispute, and the local received support from other community social service agencies and other unions.

"It's going to be very satisfying going back to work, though it's going to be a



difficult transition from being on strike. We're going to have to make a change back to our counsellor personalities."

ValueLink severed as Burnaby slapped for Accord contracting out violation

Burnaby Hospital violated the contracting out provisions of the Employment Security Agreement when it signed a contract for stores and receiving with a subsidiary of a large multinational corporation, arbitrator Vince Ready ruled.

Right after the victory, the union invited employers to form a joint committee to discuss issues around material management.

"It's a constructive way to deal with the consequences of the cancellation of the contract at Burnaby Hospital," said union secretary-business manager Carmela Allevato.

The arbitration began after HEU grieved the contract between the hospital and Baxter/ValueLink, a subsidiary of the Baxter

Corporation. The contract led to the displacement of eight HEU members, violating the ESA's protection against contracting out.

Under the deal, supply and receiving functions were moved out of the hospital to the principal supplier, Baxter/ValueLink, which was carrying out inventory, shipping and supply management for the hospital. Burnaby Hos-

pital argued before Ready that its contract with Baxter was only "a change in method of supply or of operation" and was not contracting out. But Ready's ruling said there was "overwhelming" evidence showing that Burnaby Hospital's intent in signing the contract was to reduce costs through layoffs.

Ready said HEU had established a clear link between the displacement last year of seven employees in stores, transportation, inventory control, and receiving. An eighth employee in accounts payable also faced layoff as a result of the contract.

"Mr. Ready has delivered a clear warning to hospitals that they cannot take jobs away from us and give them to low paid workers in the private sector," said Allevato.

Valuable link for medical supply giant

Burnaby Hospital was the first in B.C. to sign up with ValueLink, a company that provides stockless medical supply inventory services to hospitals. ValueLink is owned by Baxter Corp., a medical supply giant with annual worldwide sales of \$13 billion.

Under this setup, ValueLink knows the prices of Baxter com-

petitors and has the opportunity to influence purchasing habits of the hospitals it serves — essentially to steer business to Baxter.

In the Burnaby deal, ValueLink pledged on paper that it wouldn't favour Baxter products over competitors.

But according to Baxter's 1994 annual report, the company says sales of its products to ValueLink-supplied hospitals "grew 30 per cent, topping \$580 million."

Horvath death to be probed at inquest

An inquest into the April 9 death of HEU member Nancy Horvath has been called after the coroner's autopsy into the tragic death of the Maple Ridge care giver failed to pinpoint an exact cause.

Coroner's office legal counsel Robert Francis said the inquest was also called to deal with public concerns, including care giver's health and safety issues. HEU has retained outside legal council to represent the union's concerns at the inquest, which starts Oct. 16.

PRESIDENT'S DESK



'96 bargaining: future of health services at stake

by Fred Muzin

THE 1995 HEU Wage Policy Conference and subsequent collective bargaining are very important processes in determining the future of health care delivery in B.C. Our delegates will be electing a new provincial bargaining committee and, by a two-thirds vote, determining our bargaining demands. As the largest and most militant health care union in the province, we have a major impact on negotiations.

We must be knowledgeable and responsive to our environment, because there is an unprecedented and inexcusable attack on medicare in North America.

But progressive organizations are fighting back. On Aug. 20, San Francisco's Golden Gate Bridge will be closed by the North American Health Care Worker's Network in a demonstration to revive the demand for a Canadian-style (single-payer) system in the United States. U.S. insurance and pharmaceutical companies were largely responsible for derailing last year's health reform efforts.

Closer to home, the Canadian Labour Congress is launching a major "defend medicare" campaign to oppose the federal transfer payment cuts for social services that will see B.C. lose \$800 million this year alone.

As a result of the 1993 federal election, there is no strong NDP voice in our federal parliament. The stage has been left to the Reform Party whose privatization philosophy is behind the devastation of public services in Ontario (the common nonsense revolution) and Ralph Klein's Alberta.

'Our commitment to quality public services must remain steadfast'

The provincial Liberals have publicly stated that if elected, they would scrap the deal. Many employers would rather remain dictators and not share power or participate in meaningful enhanced consultation. They ignore opportunities to utilize training funds to upgrade their staff but continue to pressure the NDP government not to renew the ESA. It limits their ability to manage, to displace trained health care workers onto welfare even though the demand for services and injury rates due to excessive workload are increasing.

Their fearmongering, based on the claim that the "sweetheart deal" would cost the public \$500 million, has proven to be a sham. The ESA has in fact saved money and assisted the government in balancing the provincial budget.

Our last Wage Policy Conference in 1990 set the agenda for our successful 1992 job action — pay equity, comparability with the BCGEU, improved workload language and no concessions. The subsequent ESA allowed HEU, BCNU and HSA to develop a model for restructuring that preserved services.

HEU will be under close public scrutiny as bargaining approaches. The demands that are adopted at our October Wage Policy Conference will form the package that we present to health employers. Our positions must be focused, our commitment to quality public services must remain steadfast and our determination to achieve justice for health care workers unshakeable.

West of the Rockies, our Employment Security Agreement — that provides for service continuity and an orderly restructuring of our health system — expires on March 30.



THEY WON Chef Roberto Soto and unionized New York City dietary workers won their pizza pie battle with their employer.

Pizza pie fight won

New York City health care worker Roberto Soto has a lot in common with HEU members. A chef at the Mt. Sinai Hospital, Soto and many of his food service colleagues were almost displaced by a health restructuring privatization scheme hatched by their employer and the giant U.S. food service company that owns Canada's VERSA Services.

In 1993 Soto's boss announced that the "Itza Pizza" chain owned by the ARA corporation — the VERSA connection — would be brought in to sell pizza pies in the cafeteria.

In the boss' plan the pizza franchise would be staffed by non-union workers, and Soto and his colleagues, members of the Local 1199 health union were to be pink-slipped.

But cafeteria union activists fought

back and won. This spring "Itza Pizza" opened at the hospital, staffed by Soto and his Local 1199 colleagues.

Now, one of the most popular cafeteria items these days are the individual pizzas freshly made to order by Soto and his coworkers.

"We make the dough, prepare the sauces and put the toppings on the pizza," says Soto.

Toppings include broccoli, spinach, sausage and pepperoni. "We make about 500 a day, sometimes up to 600," he adds.

Being a "Pitza" chef, Soto says, is the most fun he's had in 28 years of work. "When you like something you're doing it's like a kid playing with a toy."

• 1199 News

ON THE



JOB

NOTEBOOK

Profits drive drug barons' campaign

by Chris Gainor

"The Provincial Government wants to change your medication," warns the dark type of full-page newspaper ads that appeared recently across B.C.

The ads claim that the provincial government is planning to restrict which drugs Pharmacare will pay for under a plan called reference based pricing, which hasn't even been adopted yet.

As intended, these ads have caused great concern among B.C. seniors whose drug costs are subsidized by Pharmacare. But they only tell part of the story.

The Pharmaceutical Manufacturers' Association of Canada (PMAC), which fronts for multinational drug companies, is spending hundreds of thousands of dollars on this campaign, which is motivated more out of concern for their profits than for the health of British Columbians.

In the early 1990s, the members of the PMAC won their long battle to give pharmaceuticals full 20-year patent coverage. This change, which was made by the Mulroney Conservatives, shields the multinationals from competition and gives them a license to



'Reference based pricing will have an effect on the bloated profits of drug multinationals'

charge what the market will bear for their products.

The result has been higher profits for drug companies whose return on investment was already double that for large corporations, and more pressure on tightly squeezed health care dollars.

As the *Guardian* has reported many times, Pharmacare costs have soared. The result is that Pharmacare now takes a much bigger share of the health budget than it did a decade ago.

The high profits for multinational drug companies are being drained from consumers, taxpayers, and health care workers, who are forced to work harder amidst hospital cutbacks caused in part to offset Pharmacare's soaring costs.

As part of its effort to protect medicare, the NDP government is reviewing Pharmacare spending. Part of this review is looking at the many drugs on the market that are of questionable benefit.

If reference based pricing is brought in, it will likely not have any effect on the health of British Columbians. But it will have an effect on the bloated profit margins of drug multinationals.

The idea that PMAC is defending consumers is laughable. Thanks to the freedom drug manufacturers have enjoyed in jacking up their prices, public and private drug insurance plans are in jeopardy and growing numbers of Canadians can no longer afford medications.

Instead of asking why provincial governments are cutting drug benefit plans, we should look at why the federal government is continuing to allow wealthy foreign corporations to take a growing portion of our health care dollars.

Labour

NOTEWORTHY NEWS ABOUT ISSUES AFFECTING WORKING PEOPLE HERE AND ABROAD

Poverty march wins government action

by Denise Nadeau

QUEBEC WOMEN were in the forefront in the fight against poverty, taking action through marches and rallies earlier this summer and forcing the Quebec government to act.

Almost 15,000 were on hand June 4 at the National Assembly in Quebec City to greet the arrival of more than 600 women who had marched on the capital along three different 200 km routes starting eight days earlier.

The women's campaign to make poverty a visible issue and win government action garnered widespread media coverage and public support within Quebec, but was virtually ignored outside the province. It became the 'place to be seen' and various

politicians joined the march for a few hours.

The 600 women braved blistered and bruised feet, glaring sun and pouring rain, and they slept along the way in high school gyms or convents. Hundreds of other women joined the march for short intervals.

The marchers' theme was "Bread and Roses" recalling the demands of women workers in the U.S.

at the turn of the century for a shorter work week, pay increases and the abolition of child labour.

They put forward nine demands to improve the lives of Quebec's poor, including pay equity laws, an \$8.15 an hour minimum wage, new social housing units, automatic deduction of child support payments and improved access

to training and education, among others.

While the women marched, several spokeswomen were in Quebec City negotiating with the government.

By June 4, when premier Jacques Parizeau met the marchers, seven of their nine demands had been partially met. The minimum wage was raised by 45 cents an hour, immigration rules were relaxed to allow women to join

their already landed husbands sooner, a pay equity law is due in the fall, and job creation and re-training initiatives were promised.

Yet the women were not to be bought off. They greeted Parizeau with loud boos when he announced the small minimum wage increase.

Why was the march so successful in reaching some of its demands and mak-

ing the issue of poverty visible in the Quebec media for two weeks?

This was a well-organized effort, involving long term planning. The idea for the march came from the Quebec Women's Federation more than a year ago. The timing was good too - near the Quebec referendum date when the government would want women's votes.

More than 40 different groups ranging from unions, anti-poverty groups, immigrant groups and women's organizations joined a planning committee, and in each of Quebec's 12 regions, an organizing committee was set up. Local committees were established in every town the three march routes would pass.

The biggest success of the march is that it has renewed hope that people's movements can be strong enough to force politicians to listen. It has proven the power of women and it also shows, in a region where women's poverty is highest, that it's an issue that women and men will rally around.

• Denise Nadeau, a Comox educator, participated in the march.

'The march has proven the power of women'



MINERS MEMORIAL HEU was represented at miner's memorial day in Cumberland. Behind the grave of labour martyr Ginger Goodwin are PE member Linda Hargreaves, president Fred Muzin, Goodwin local chairperson Teri Rousseau, PE member Maurice Smith, his daughter Tara, and HEU members Laura Muzin and Marianne Davies.

Employer sabotage behind compensation board overhaul, Georgetti charges

Employers intentionally sabotaged the Workers' Compensation Board, forcing the provincial government to suspend in early July the Board of Governors and overhaul the structure, B.C. Federation of Labour president Ken Georgetti says.

Georgetti says public attacks by business on a tentative contract with WCB workers were a politically motivated effort to stop WCB changes that would benefit injured workers and improve safety.

And Georgetti says that although it was employers who insisted on the appointment of WCB president Dale Parker, who has offered his resignation, business was willing to sacrifice Mr.

Parker to further its own agenda.

"B.C. Business Council boss, Jerry Lampert publicly interfered with the management of the WCB, leaving Mr. Parker no option but to resign as chief operation officer," said Georgetti. "Business has five governors representing business on the WCB board, but he publicly attacked the tentative contract before the board could even meet to discuss it, for obvious political reasons."

No business or organization can negotiate a contract when people who have representatives at the board level, like the Business Council, attack them in public at the same time, Georgetti said.

The Business Council's Lampert,

Suromitra Sanatani of the Business Coalition, Phil Hochstein of the Independent Contractors and Businesses Association, and Dave Robertson of the Employers' Forum have all criticized the agreement, which has not been ratified by either side.

Business opposition to improvements to workers' health and safety, such as ergonomics regulations to reduce repetitive strain injuries, led employers to sabotage the governing process, he said. Georgetti said business is also trying to help the Liberal opposition by making the WCB a political football, instead of working with labour to reduce the record number of deaths and injuries in B.C. workplaces.

Banks occupied in record profits, deficit protests

A Windsor, Ontario action group led by the city's unions "foreclosed" on branches of the big-five banks in May. They chained and locked the doors on the main branches of the banks in Windsor, and posted notices reading, "Foreclosed by Canadians for profiting on the country's debt."

On the same day, the riding office of Liberal MP Susan Whelan in Windsor was occupied by six union activists. They stayed until her representative committed to meet with them on a regular basis and to put forth proposals to curtail bank profits.

The actions were part of a larger campaign led by the Canadian Auto Workers and other unions in the province against huge bank profits at a time when social programs are being decimated.

Meanwhile, on the West Coast, about 100 people occupied a Victoria branch of the Royal Bank in early May to protest "corporate tax cheats like the banks" who blame the poor for the deficit.

The non-violent protest ended in 13 arrests when some protesters refused to leave. It shut down the bank for more than two hours, and other branches locked their doors in fear of an occupation.

The Victoria event clearly publicized the fact that banks like the Royal are more responsible for Canadian debt than social programs. A collective of students, unionists and community activists organized the event.



WHERE'S REFORM?

HEALTH ACCORD BENEFITS Reform's Fox is a critic of employment security. But he now admits his \$450 million cost estimate of the Accord was off base.

One idea tossed around a lot is whether doctors should be on salary because the fee-for-service system has certainly had an inflationary impact on health care dollars.

The existing system doesn't work in trying to place doctors throughout the province. But if we try to take doctors out of the system, put them on salary and place them in different parts of the province it's going to be a very difficult task. It would have to apply to new doctors coming into the system accepting that.

You're the leading critic of the Employment Security Agreement. Do you see a role for a revised or continued arrangement?

Well, we would not renew the accord. Obviously we will negotiate with the respective unions' working conditions and salaries. In my view the Accord hasn't worked. I will say is that it hasn't been as expensive as envisioned by the HLRA initially. In my community, we haven't seen any layoffs or displaced workers because of cutbacks at this point.

The Liberals have almost suggested they would break the ESA. We would respect the [existing] agreement. I faulted the last process because the finance minister usurped the health ministry and HLRA in signing that deal.

Is it fair to say you're still developing your policy in health care?

If you look at our health care policy at the moment it's pretty slim. We have said that we support New Directions.

Would your party make significant labour code changes?

We would definitely change the issue around the vote. If you have to have a secret ballot to decertify, you should have to have a secret ballot to certify.

What about the anti-scab laws?

Well I'm not an expert. I haven't had a lot to do with labour. But personally, I wrestle on both sides of that issue.

What about rollbacks of public sector workers?

We have made a commitment to shrink the size of government. We have also suggested that every salary over \$50,000 would be frozen.

Would you break existing contracts?

I'm a man who believes a handshake is a handshake. A rollback is in my view the last thing. We have all kinds of waste in government that could be corrected.

WHERE DOES THE B.C. Reform party stand on key issues affecting health workers? The *Guardian* sought some answers from Reform health critic Len Fox, who says yes to private clinics and no to employment security. Reform MLA Lyle Hanson was also on hand.

Where does your party stand on health care reform?

Since [New Directions] came in I spoke in favour of the principles. But I take issue with the way it's been handled by this government. I'm very disappointed that they didn't institute the recommendation of the Seaton Royal Commission to establish a provincial health council that would report directly to the legislature not to the minister. It would have depoliticized the initiatives.

We would have examined the five principles of health care and put a definition as to what they mean in terms of today. I think we should have identified what we mean by universality, what we mean by accessibility because in rural B.C. many folks believe that we haven't got that and will never get that.

We would not cancel New Directions but we would certainly put it on hold and reevaluate it and work with the public, caregivers and make dog gone sure that we design a program that is going to meet the expectations of the tax payers.

Your sense of the public mood is that too much is spent on administration and not enough on health care delivery.

I think government must take affirmative action to cut administrative costs — through early retirements, layoffs, reallocations. We're committed to cutting the size of government by what is it? Five per cent?

LYLE HANSON: The Fraser Institute said it had to be cut by 10 per cent.

LF: [Reform leader] Jack [Weisgerber] has made a statement on that but I'm not sure it's ever been defined.

The government is going to bring in legislation to ban user fees. It may go into the private clinic field. Would you support such legislation?

We would be very concerned about any action against private clinics. The previous minister

[Elizabeth Cull] identified that about 10 per cent of health care in B.C. is done by the private sector. She more or less assured us that there would be no change. Now we have this minister [Paul Ramsey] making different statements.

Do you see it heading towards an American-style two-tier arrangement or in the other direction? What way would you go?

We're prepared to look at the use of private clinics and examine whether we can alleviate some of the pressures on the public system and reduce the waiting lists in terms of accessibility.

Should we allow user fees?

I have a lot of phone calls from people supporting user fees. I also have some that don't support user fees. But you've got to look at whether could this be another form of revenue that would enhance our health care budget.

One concern we have is downsizing acute care facilities before and after community services are in place. How should this have been handled?

When this program was first introduced, I was sure that taxpayers would support a moderate increase in the health budget to maintain acute care facilities until New Directions programs were identified, pilots approved and the system was ready to change. I'm on the record as saying that, but we haven't discussed that in the Reform party.



'We're prepared to look at the use of private clinics and examine whether we can alleviate some of the pressures on the public system'

SPECIAL REPORT

**HEALTH SECTOR LABOUR
RELATIONS REGULATIONS**

A new law passed
August 4 will change how
HEU bargains for you.
It may even force you
to join another union.



Here's where you fit in

HEU's COMMITMENT

- to ensure that the rights of our members are protected
- to welcome new members to join us in building the strongest possible union

**THE
DEADLINES**

PAGE

10

**HOW
WE'LL
BARGAIN**

PAGE

11

**WHO
GOES
WHERE**

PAGE

12

THE STORY SO FAR

JUNE 1994

NDP government passes Bill 48, giving it the power to appoint a commissioner who may recommend how union structures should be

changed to reflect health reform.

OCTOBER 1994

Government pledges not to transfer services to new community health councils and regional boards until issues of union representation are resolved.

OCTOBER 1994 TO JANUARY 1995

All of the more than 30 unions representing health workers meet privately in an effort to find a solution. They fail.

JANUARY 1995

Government appoints Jim Dorsey, a former arbitrator and former chair of the

Workers' Compensation Board, to recommend a solution.

MAY 1995

HEU, CUPE and the BCNU recommend province-wide bargaining councils as a resolution. Dorsey releases his interim report.

JUNE 1995

Dorsey releases his final report, which is then passed into law as the Health Sector Labour Relations Regulations under Bill 48.

DEFINITIONS

Bargaining unit a group of workers organized by a union for the purpose of negotiating a contract.

Bargaining certificate the legal authority for a union to negotiate for a bargaining unit.

Bargaining association an association of unions representing workers in the same sector.

BCGEU the B.C. Government and Service Employees' Union.

BCNU the B.C. Nurses' Union.

IUOE the International Union of Operating Engineers.

HSA The Health Sciences Association.

UFCW The United Food and Commercial Workers.

Most HEU members will not notice any immediate change

THE VAST MAJORITY of HEU members will experience little direct personal impact from the new Health Labour Relations Regulations. Some, however, may be forced to change unions by the end of the year. Some workers in other unions will have to join HEU and will bring their seniority and service with them.

Here's how things will look by the end of the process imposed by the regulations:

- all HEU members in acute and long-term care facilities will be in a single bargaining unit;
- all HEU members in community services will be in a single bargaining unit;
- HEU, the B.C. Government Employees' Union and the International Union of Operating Engineers will form a bargaining association to bargain for all workers in a sector called Health Services and Support (Facilities);
- HEU, the B.C. Government Employees' Union, and the United Food and Commercial Workers will form a bargaining association to bargain for all workers in the Health Services and Support (Community) sector;
- all paramedical professionals in health care – as defined by laws – will become members either of the Health Sciences Association or the BCGEU;
- most registered nurses in HEU will transfer to BCNU – the only exceptions would be nurses in agencies funded by social services or in private facilities receiving no government funding.

These massive changes in health care bargaining imposed by the provincial government are a direct result of health reform.

Almost all the new regional boards and community health councils now are in place. They are about to begin the process of merging hospitals with other facilities. Services will now be integrated at the community level.

Municipal health workers and provincial government

'We'll go to two main bargaining tables next year and sit alongside three other unions'

health workers will be transferred to the boards and councils, who will become their employers.

The changes could pose big problems for health workers. Suppose workers from three different unions are merged into the same service – it could include payroll, laundry, a long-term care centre or homecare services.

Which union should represent the workers? Which contract will apply? How will seniority be calculated? And which union should organize unorganized workers in the field?

The Dorsey Commission and the resulting regulations answer most of those questions.

Commissioner Jim Dorsey was appointed in January as the government prepared to transfer authority for health care delivery to the boards and councils.

His recommendations were passed into law August 4.

The full report requires a seven-stage process to be implemented by the beginning of November.

During that time, more than 30 unions now representing health workers will be reduced to 10. A wide number of collective agreements will eventually be reduced to five.

By law, seniority and service recognition will be portable for any employee who changes bargaining unit, bargaining agent or collective agreement as a result of any aspect of bargaining unit reshaping for the next five years.

The regulations ban one union from trying to sign up the members of another health union for a period of three years.

THE REGULATIONS

Some good points; some bad points

PROS

- consolidates HEU locals in single certifications for facilities and community
- maintains HEU role organizing in the community sector
- moves toward single master agreements
- covers private, for-profit facilities receiving government funding

CONS

- attempts to impose deadlines on merger of CUPE locals with HEU
- forces transfer of some HEU members into other unions
- eliminates HEU from its historic role representing paramedical professionals
- imposes a false and divisive distinction between workers in facilities and those in the community

THE DEADLINES

SEPTEMBER 3, 1995

Most HEU bargaining certificates must be consolidated into two certificates, a single certificate for locals based in facilities and another for locals deliver-

ing community services. (Locals funded by the Ministry of Social Services or wholly private facilities will not be affected.)

HSA and HEU must agree on who will represent biomedical techs. If no agreement is possible, the issue will go to a hearing of the Labour Relations Board.

SEPTEMBER 18, 1995

Deadline for unions to negotiate the transfer of members who will head to other bargaining units. If negotiated agreement is not possible, workers will vote on which union to join.

NOVEMBER 2, 1995

Deadline for votes to be conducted among workers whose unions have not agreed on a transfer.

JANUARY 1, 1996

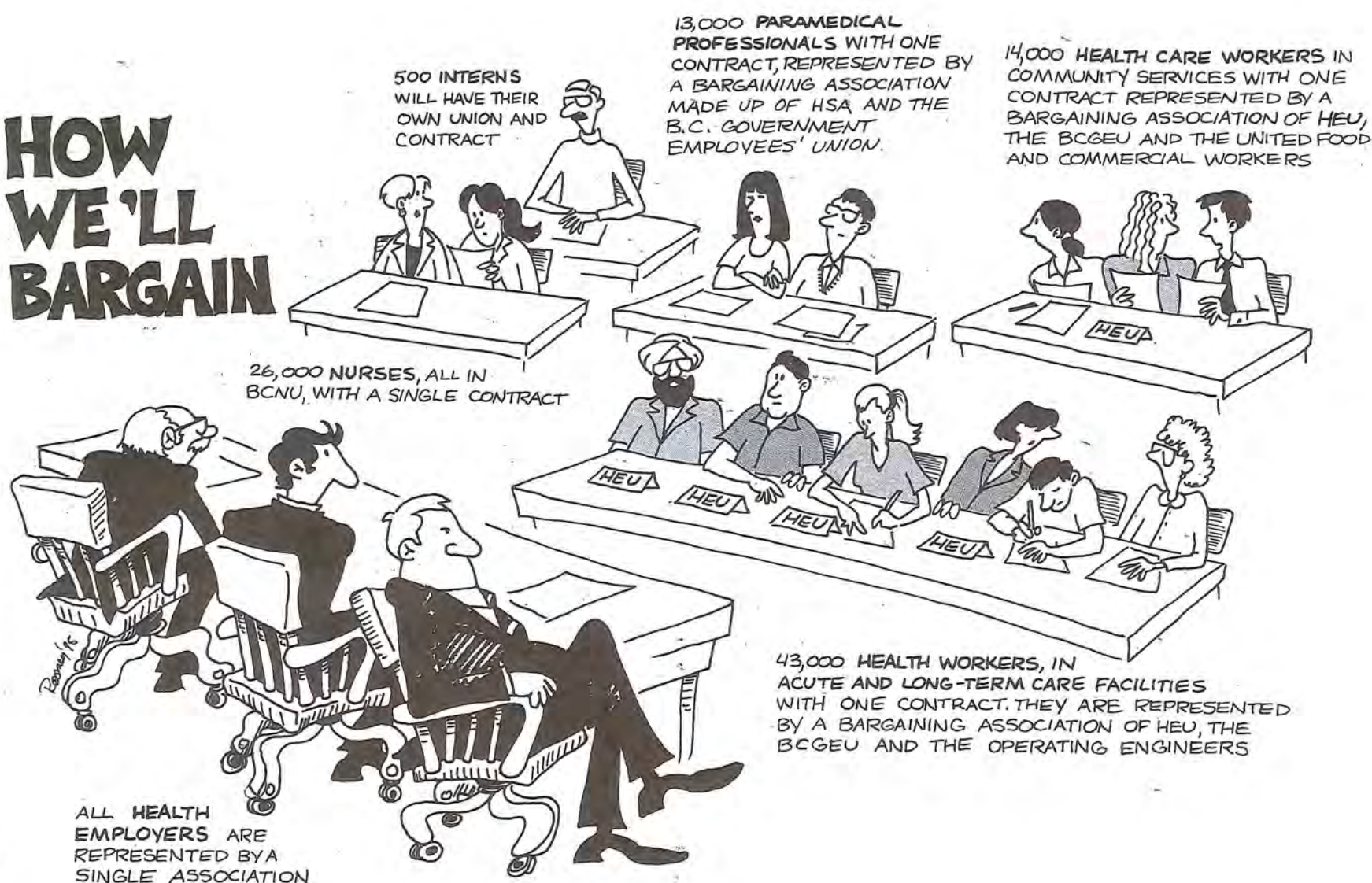
Deadline for formation of bargaining associations of unions representing workers in facilities and in communi-

ty services. Failing agreement among affected unions, the Labour Relations Board will establish the associations by March 31.

MARCH 31, 1996

Most agreements in health expire. In future, each sector will have only one collective agreement.

HOW WE'LL BARGAIN



They also require that any workers seeking to unionize must join one of the unions already representing health care workers in their sector.

HEU will welcome hundreds of new members as a result of the Dorsey process. In most cases, they will join the union as a result of negotiated transfer with their existing union. In other cases they will join as a result of a vote of their own memberships.

In all cases, they will continue to work under their existing collective agreement until it expires, unless HEU and the employer agree otherwise.

HEU is working closely with the B.C. Division of the Canadian Union of Public Employees to minimize the disruption to CUPE members resulting from the regulations.

CUPE represents workers in municipal health, long-term care and community health services.

... but over time,
the regulations will
affect how all HEU
members bargain
and who can join
our union

Who goes where?

YOUR GUARANTEE

SENIORITY AND SERVICE RECOGNITION

"Seniority and service recognition is portable for any employee who changes bargaining units, bargaining agents or collective agreements as a result of this regulation."

Health Labour
Relations Regulations

All current members of the HEU will be affected by this new legislation, some much more than others. Here's how it breaks down for the vast majority of members:

- if you work in an acute care hospital, an extended care facility or a long-term care facility, including government-funded private facilities, you will continue to be represented by HEU and after 1996 bargaining, you will be covered by the HEU Master Agreement.
- if you work in a community service, you will be represented by HEU in a bargaining association that includes other unions. Ultimately, all workers in this sector will have a single master agreement.
- if you work in a private, for-profit facility that receives no funding or for a Ministry of Social Services funded service, you will continue to be represented by HEU exactly as before.

Here are the exceptions:

- if you are a paramedical professional in the narrow legal sense, you will be represented either by the Health Sciences Association or by the B.C. Government Employees' Union in a new paramedical professional bargaining association.

NOTE: All HEU members work in a skilled, caring and professional manner and aspire to be valued properly for their training and commitment. The question of who is a paramedical professional, in the legal sense, is one that will be resolved by negotiation among affected unions or, if necessary, by the Labour Relations Board.

- if you are a registered nurse, you will be transferred to the B.C. Nurses' Union, unless you are employed in a wholly privately-funded facility or in a facility funded by the Ministry of Social Services.

Do you still have questions? There are three places you can go for help:

- your local executive has received the complete text of the Dorsey Report and additional copies are available from Provincial Office;
- your local's staff representative can answer more specific questions as events unfold;
- the Provincial Office has established a special toll-free hotline to assist members.

INFO HOTLINE

In the Lower
Mainland

739.1515

In the rest
of B.C.

1.800.663.5813

LOCAL 515



Consultation near in shared food services changes?

With Lower Mainland health facilities mulling over the final recommendations of a consultant on a major overhaul for food services delivery, HEU is reviewing an employer proposal to establish a joint committee to deal with any changes.

"We welcome the employer proposal for the committee," said union spokesperson Carmela Allevato. "We might be close to a small breakthrough

in improving the consultation process around health restructuring."

The offer was made in a July 20 letter from Roger Bernatzki, who's heading the employers' joint food services project.

Meanwhile, HEU activists are gearing up to ensure that the goals of improved service quality and continued job security for food service workers are part of any restructuring.

Allevato said HEU rejects a number of the long-term initiatives proposed by outside consultant Marrack Watts, which she said were based on wholesale job cuts and privatization.

"The report offers insight into how

food services could be restructured, but some of the recommendations for a centralized system are not acceptable options," she said.

The Marrack Watts report outlines five different options for change in the next 10 years that range from achievable collaborative efforts like shared food purchasing to three different visions of centralized production.

Two of the shared production options would create big job losses for food service workers. With some variation, these two options call for centralized food service production using cook-chill technology at a small number of "production centres", meal

assembly distribution and warewashing at regional centres, and centralized purchasing.

Under either scenario, up to one in five HEU food service workers – about 500 union members – would lose their jobs. A similar number would face relocation to the centralized production facilities.

HEU has set up its own steering committee of food service activists to prepare to lobby against these kind of changes.

The steering committee took a look at the new cook-chill production technology during an Aug. 11 tour of Burnaby Hospital's kitchen.

ROBYN WOODWARD is vice-chairperson of the new Vancouver regional health board, which under New Directions will control \$1.4 billion in annual spending and shape policy for our public health care system at a time when profit-seeking companies are aggressively seeking a piece of the medicare action.

But Woodward, daughter of the deceased department store magnate, is also a financial backer through a family company in a controversial private surgical clinic being built close by Vancouver Hospital and Health Centre by two-tier health care proponent Dr. Brian Day.

HEU uncovered documents showing that Woodward is a shareholder and former director in Douglas Lake Investments Ltd. In September 1994, Douglas Lake and 30 other corporate and individual physician investors shelled out up to \$100,000 each to invest in Day's private clinic called Cambie Surgery Centre, which will be up and running in early 1996.

"It's incredible that a public official who is supposed to safeguard our health system could be linked to a private clinic that openly opposes the basic principles of medicare," said HEU secretary-business manager Carmela Allevato.

"At minimum Woodward needs to put her business interests in a blind trust."

She wants health minister Paul Ramsey to toughen guidelines to force all board and council officials to fully disclose their business interests.

Reached by the *Guardian*, Woodward confirmed the private clinic link. "I wasn't made aware until the end of last year that Douglas Lake had made an investment in the clinic," she said.

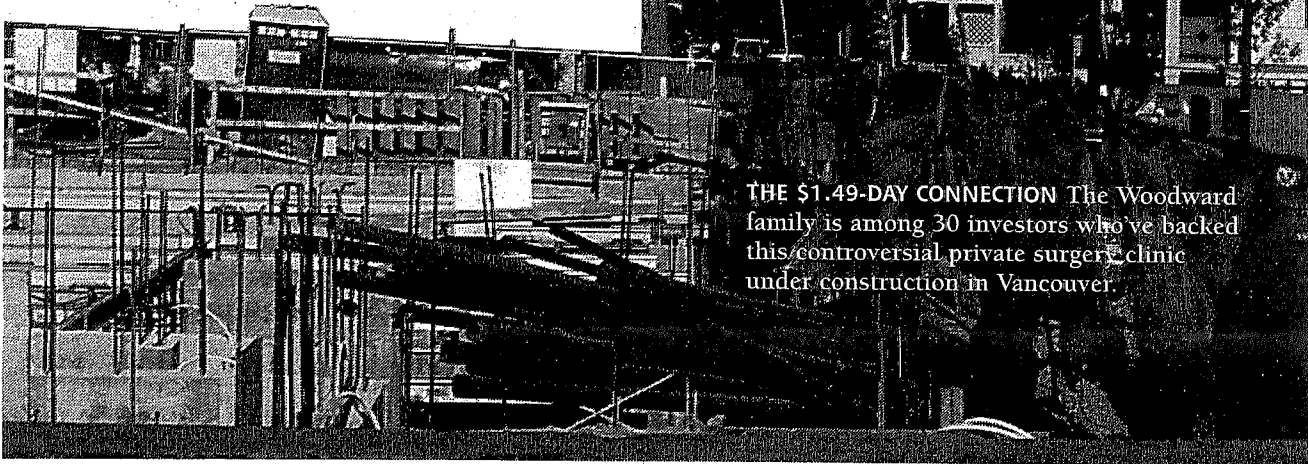
She blames her brothers John and Kip Woodward for the decision. "I'm really not in favour with what they did. But as a minority shareholder I have no way of changing that investment. I'm sorry."

"I don't think I should have to resign over something I have no control over. I don't perceive it as a conflict."

But Woodward said she had made no effort to ask her family's company to withdraw backing for the Day clinic. Neither has she put investments in a blind trust. "Now that you've raised it is something that I plan to take up with my own personal legal counsel."

Woodward, who says the new board hasn't made any decisions affecting the

CONFLICT CLINIC



THE \$1.49-DAY CONNECTION The Woodward family is among 30 investors who've backed this controversial private surgical clinic under construction in Vancouver.

The vice-chairperson of B.C.'s biggest regional health board is linked to investors in a controversial two-tier private clinic. Investigation and story by Stephen Howard.

clinic, opposes a two-tier system that Day promotes. "I've lived in the U.S. and other places that have a two-tier system and it just doesn't work."

The conflict of interest charges are the latest controversy to dog Day's for-profit venture. Earlier this summer, Day says he was "kneecapped" by Bill 54, the protection of medicare act brought

and kitchen and laundry facilities.

"It's not being built because I want to make money from patients," Day said, although he ruled out turning his clinic into a non-profit operation. "It's a pilot project to show that without government interference our system can run more efficiently."

Day says his clinic had planned to do orthopaedic procedures already performed in hospitals. But with Bill 54 he claims that in the short term the clinic is viable performing cosmetic and plastic surgery and other procedures not covered by medicare.

But private clinic critic Dr. Charles Wright warns that Day and his backers are biding their time waiting for the next provincial election. "They're looking forward to a more relaxed approach from a change in government," says the vice-president of medical affairs at Vancouver Hospital.

Wright says the private clinic contravenes the tenets of Canada's medicare system, and he has concerns about the quality of care that the private clinic will provide. "I'm not convinced there will be the same controls and mechanisms," Wright said. "It's not in the interests of quality care."

Woodward said at the beginning of 1995 she raised the investment link "informally" with a senior health ministry staffer working with the Vancouver board. She was told she wasn't in a conflict situation.

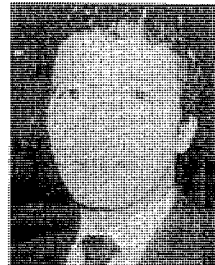
It wasn't until late July – after Woodward had been tipped by her lawyer that HEU was scrutinizing Douglas Lake Investment Ltd. records –

that she formally told board chairperson Ron Yuen about the private clinic investment and the link with Day.

"He [Yuen] just asked me to have [health board] legal counsel review it. They've determined I'm not."

Woodward said that as a result of HEU's investigation she plans to make the investment link public at the Aug. 17 regional board meeting.

She admits that having the Woodward family name attached to the private clinic lends prestige to Day's venture and is a moral boost for proponents of a two-tier system.



DAY

'It's incredible that a public official who is supposed to safeguard our health system could be linked to a private clinic'

in June 29 by the NDP.

The bill, which HEU supports, bans user fees and facility fees that would be the profit margin for private clinics like Day's. Physicians who continue to levy the fees will be forced out of the medicare system.

But Day is still going full speed ahead with construction of the three story 8,100 square foot surgery centre just across the street from Vancouver Hospital where most of his 23 physician investors already have privileges. The facility features two fully outfitted operating rooms, 10 recovery rooms



DR. DEAN'S ONE STOP HEALTH SHOP

These Working TV spots by actor Stephen J. Hill highlight how some doctors hope to profit from expanding private, two-tier medical services.

"Hi, I'm Dr. Dean Dawson, and you've tuned in to Health Matters, where viewers write in for good news about good health."



"A viewer asks, 'Should I go to a private clinic, and what's the difference?'"



"Well, I would definitely recommend a private clinic. In the waiting room you'd sit next to a better class of people."



HEU and new health coalition supported this spring's demonstration by senior citizens at the Vancouver meeting of provincial health ministers where concerns were raised about the future of medicare in Canada.

MEMBERS OF THE B.C. COALITION FOR HEALTH CARE REFORM

- AIDS Vancouver
- B.C. Association for Community Living
- B.C. Coalition of People with Disabilities
- B.C. Nurses' Union
- B.C. Old Age Pensioners' Organization
- B.C. Schizophrenia Society
- Community Legal Assistance Society
- Council of Senior Citizens' Organizations of B.C.
- Downtown Eastside Residents' Association
- End Legislated Poverty
- Family Support Institute
- Hospital Employees' Union
- Neil Squire Foundation
- Seniors Resources and Research Society
- Social Planning and Research Council of B.C.
- Vancouver & District Labour Council
- Vancouver Status of Women

PASSIONATE PROTECTORS

BY GEOFF MEGGS
+ CHRIS GAINOR

BRITISH COLUMBIA NOW HAS A NEW LAW WHICH PROTECTS medicare and outlaws user fees and extra billing, after the B.C. government responded to a call for progressive change to health care from the newly formed B.C. Coalition for Health Care Reform. The coalition reform began its work late this spring after many months of work by community and provider groups, including HEU, to pull the coalition together.

Members of the coalition came together in 1994 to review the NDP government's New Directions in Health Care initiative. Since then, the federal budget and the profound changes to health funding have made the defence of medicare the coalition's priority. Not long after the coalition presented a brief to legislators, the government introduced and passed Bill 54, the Medicare Protection Act, which outlaws extra billing and user fees, and entrenches the principles of the Canada Health Act - universality, portability, accessibility, comprehensiveness, and public administration - into provincial law.

The coalition praised the bill, but said more legislation is needed

to prevent the onset of two-tier health care. Such legislation should regulate and restrict private, for-profit health services.

"The province is taking a significant step toward protecting medicare, which is the foundation of the public health system," said Dick Callinus of the B.C. Association for Community Living, speaking on behalf of the coalition.

"British Columbians, like all Canadians, are becoming increasingly fearful that a fundamental feature of Canadian life - universal access to publicly-administered, comprehensive, physician and hospital services - may be on the brink of elimination," the coalition said in its brief, which was presented to members of all parties in the B.C. legislature in June.

"The massive cuts to provincial transfer payments imposed in this year's federal budget will slash as much as \$800 million from British Columbia's health, education and social services funding.

"At the same time, powerful interests in our society are urging the expansion and entrenchment of a two-tier health care system - one for the rich and the other for the rest of us - as a solution to this

A new provincial law protecting medicare and outlawing user fees and extra billing by doctors follows lobbying by a new coalition that's out to fight federal funding cuts and pressure for two-tier health care

problem. The member organizations of the B.C. Coalition for Health Care Reform believe passionately that such a course would kill medicare, not save it. We agree that our system must be reformed, but such reforms must strengthen medicare, not undermine it."

The coalition called on all members of the legislature to agree on two basic steps to protect our medicare system, including an all-party commitment to fight for restoration of full federal funding support to B.C.'s health, education and social services, and legislation banning any user fees, administration fees or similar charges which are in violation of the Canada Health Act.

The coalition said this legislation also must guarantee all British Columbians universal access to a full range of health care services; entrench the principles of the Canada Health Act; provide a mechanism for enforcement of those principles at all levels; and discourage the development or expansion of corporate, for-profit services in the public health sector.

The coalition's brief to the legislature also spoke about longer term goals:

"In practical terms, we believe our priority should be the creation of health, not just the treatment of illness and disease.

"We believe that British Columbia must show national leadership to defend the principles of medicare.

"We believe health services must be available equally to all. There can be no discrimination on the basis of ability to pay, either for access to care or for access to better care.

"We believe also that health services must be cost-effective. There is overwhelming evidence that private for-profit provision of health services increases costs while reducing access.

"There should be no surrender of our medicare system to ideological policies such as user fees which may be appear to be helpful but in fact are harmful.

"In sum, we want a medicare system that is universal, accessible, fair, cost-effective and open to progressive reform as envisioned by the Seaton Royal Commission on Health Care and Costs."

"In our view, the case to preserve the fundamental principles of medicare is overwhelming. The two-tier 'cure' for the alleged problems of our medicare system would kill what it claims to preserve. We cannot save medicare by privatization.

"While we are seeking provincial action to defend medicare, we believe the battle is really a national one.

"We urge all parties to make the passage of legislation defending our medicare system a non-partisan issue of top priority. There is no doubt that British Columbians will be assessing each party's leadership on this issue at the next election."

The B.C. Coalition will be taking its concerns before the general public in the coming months, preparing a booklet, a video and other materials on the need for public health care. At the national level, HEU belongs to the Canadian Health Coalition, which has been working since 1978 to fight for better health care.



"Why should rich people get preferential treatment?"



"Because they're rich!"



"Thanks for writing, and remember your health is a private matter between you and your doctor ..."



"And maybe your accountant, loans officer, or maybe the guy at the pawnshop on the corner ..."

Aren't health care costs out of control?

No, the reality is that health care budgets are tight because the federal government is withdrawing from funding hospital and medical insurance. In the 1970s, the federal share of health care funding was nearly half of every dollar spent on doctors and hospitals. Today, the federal share has fallen to a quarter of every dollar spent.

Before 1970, when Canada established medicare, our costs were rising as quickly as those in the U.S. Since 1970, American costs - where the private sector is dominant - continued to rise, but Canada's remained at about 10 per cent of our Gross Domestic Product.

Health costs have grown as the economy has grown, but private health expenditures have risen much more quickly. In 1993, health spending on the public part of our health system rose by only two per cent. Private health expenditures rose by 6.5 per cent.

Isn't the private sector more efficient?

Canada's public health system is clearly more efficient than the private American one. The American system costs 40 per cent more per capita - and fails to serve nearly 40 million Americans.

Won't user fees limit abuse?

Study after study has demonstrated user fees deter only persons with low incomes. More often than not, they are forced to return to the health care system when their health has deteriorated - and they are more costly to treat.

The fees often don't even pay for the cost of collecting them.

Won't private services open up space in public services?

Some proponents argue that private clinics can help the public system by allowing the wealthy to jump the queue, leaving more space in the public system for the less well-to-do.

The reality is that waiting lists in B.C. have been declining for years and are in the range necessary for efficient management of the system. There is no wait for emergency surgery. Private clinics, however, undermine the public system in two ways. First, they cream off the profitable procedures which, in the

MEDICARE MYTHS

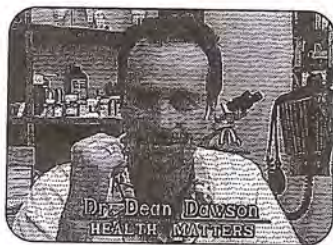


Reform leader Jack Weisgerber (left) and Liberal leader Gordon Campbell are both looking at two-tiered medicare for B.C.

public system, help fund the more costly services few individuals could afford on their own. Secondly, they undermine the basis of a tax-funded system. Patients who have paid cash for treatment at the clinic are unlikely to favour taxes to fund a public system once they have opted out. Such attitudes have led to devastating cuts in public education funding in many American states.

DR. DEAN'S ONE STOP HEALTH SHOP

These Working TV spots by actor Stephen J. Hill highlight how some doctors hope to profit from expanding private, two-tier medical services.



"Hi. I'm Dr. Dean Dawson, and you've tuned in to Health Matters, where viewers write in for good news about good health."



"A viewer asks, 'Should I go to a private clinic, and what's the difference?'"



"Well, I would definitely recommend a private clinic. In the waiting room you'd sit next to a better class of people."

MEMBERS OF THE B.C. COALITION FOR HEALTH CARE REFORM

- AIDS Vancouver
- B.C. Association for Community Living
- B.C. Coalition of People with Disabilities
- B.C. Nurses' Union
- B.C. Old Age Pensioners' Organization
- B.C. Schizophrenia Society
- Community Legal Assistance Society
- Council of Senior Citizens' Organizations of B.C.
- Downtown Eastside Residents' Association
- End Legislated Poverty
- Family Support Institute
- Hospital Employees' Union
- Neil Squire Foundation
- Seniors Resources and Research Society
- Social Planning and Research Council of B.C.
- Vancouver & District Labour Council
- Vancouver Status of Women

HEU and new health coalition supported this spring's demonstration by senior citizens at the Vancouver meeting of provincial health ministers where concerns were raised about the future of medicare in Canada.



PASSIONATE PROTECTOR

BY GEOFF MEGGS
+ CHRIS GAINOR

BRITISH COLUMBIA NOW HAS A NEW LAW WHICH PROTECTS medicare and outlaws user fees and extra billing, after the B.C. government responded to a call for progressive change to health care from the newly formed B.C. Coalition for Health Care Reform. The coalition reform began its work late this spring after many months of work by community and provider groups, including HEU, to pull the coalition together.

Members of the coalition came together in 1994 to review the NDP government's New Directions in Health Care initiative. Since then, the federal budget and the profound changes to health funding have made the defence of medicare the coalition's priority.

Not long after the coalition presented a brief to legislators, the government introduced and passed Bill 54, the Medicare Protection Act, which outlaws extra billing and user fees, and entrenches the principles of the Canada Health Act — universality, portability, accessibility, comprehensiveness, and public administration — into provincial law.

The coalition praised the bill, but said more legislation is needed

to prevent the onset of two-tier health care. Such legislation should regulate and restrict private, for-profit health services.

"The province is taking a significant step toward protecting medicare, which is the foundation of the public health system," said Dick Calkins of the B.C. Association for Community Living, speaking on behalf of the coalition.

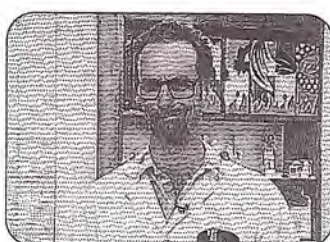
"British Columbians, like all Canadians, are becoming increasingly fearful that a fundamental feature of Canadian life — universal access to publicly-administered, comprehensive, physician and hospital services — may be on the brink of elimination," the coalition said in its brief, which was presented to members of all parties in the B.C. legislature in June.

"The massive cuts to provincial transfer payments imposed in this year's federal budget will slash as much as \$800 million from British Columbia's health, education and social services funding.

"At the same time, powerful interests in our society are urging the expansion and entrenchment of a two-tier health care system — one for the rich and the other for the rest of us — as a solution to this



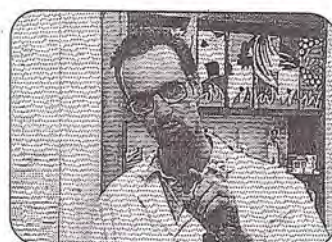
"And if we found a large lump, say right near the wallet area, we'd operate right away!"



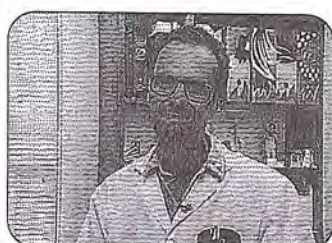
"Why should rich people get preferential treatment?"



"Because they're rich!"



"Thanks for writing, and remember your health is a private matter between you and your doctor ..."



"And maybe your accountant, loans officer, or maybe the guy at the pawnshop on the corner ..."

A new provincial law protecting medicare and outlawing user fees and extra billing by doctors follows lobbying by a new coalition that's out to fight federal funding cuts and pressure for two-tier health care

problem. The member organizations of the B.C. Coalition for Health Care Reform believe passionately that such a course would kill medicare, not save it. We agree that our system must be reformed, but such reforms must strengthen medicare, not undermine it."

The coalition called on all members of the legislature to agree on two basic steps to protect our medicare system, including an all-party commitment to fight for restoration of full federal funding support to B.C.'s health, education and social services, and legislation banning any user fees, administration fees or similar charges which are in violation of the Canada Health Act.

The coalition said this legislation also must guarantee all British Columbians universal access to a full range of health care services; entrench the principles of the Canada Health Act; provide a mechanism for enforcement of those principles at all levels; and discourage the development or expansion of corporate, for-profit services in the public health sector.

The coalition's brief to the legislature also spoke about longer term goals:

"In practical terms, we believe our priority should be the creation of health, not just the treatment of illness and disease.

"We believe that British Columbia must show national leadership to defend the principles of medicare.

"We believe health services must be available equally to all. There can be no discrimination on the basis of ability to pay, either for access to care or for access to better care.

"We believe also that health services must be cost-effective. There is overwhelming evidence that private for-profit provision of health services increases costs while reducing access.

"There should be no surrender of our medicare system to ideological policies such as user fees which may appear to be helpful but in fact are harmful.

"In sum, we want a medicare system that is universal, accessible, fair, cost-effective and open to progressive reform as envisioned by the Seaton Royal Commission on Health Care and Costs."

"In our view, the case to preserve the fundamental principles of medicare is overwhelming. The two-tier 'cure' for the alleged problems of our medicare system would kill what it claims to preserve. We cannot save medicare by privatization.

"While we are seeking provincial action to defend medicare, we believe the battle is really a national one.

"We urge all parties to make the passage of legislation defending our medicare system a non-partisan issue of top priority. There is no doubt that British Columbians will be assessing each party's leadership on this issue at the next election."

The B.C. Coalition will be taking its concerns before the general public in the coming months, preparing a leaflet, a video and other materials on the need for public health care. At the national level, HEU belongs to the Canadian Health Coalition, which has been working since 1978 to fight for better health care.



Ontario's Ruth Grier, Nova Scotia's Ron Stewart and B.C.'s Paul Ramsey respond to seniors' protest.

Aren't health care costs out of control?

No, the reality is that health care budgets are tight because the federal government is withdrawing from funding hospital and medical insurance. In the 1970s, the federal share of health care funding was nearly half of every dollar spent on doctors and hospitals. Today, the federal share has fallen to a quarter of every dollar spent.

Before 1970, when Canada established medicare, our costs were rising as quickly as those in the U.S. Since 1970, American costs — where the private sector is dominant — continued to rise, but Canada's remained at about 10 per cent of our Gross Domestic Product.

Health costs have grown as the economy has grown, but private health expenditures have risen much more quickly. In 1993, health spending on the public part of our health system rose by only two per cent. Private health expenditures rose by 6.4 per cent.

Isn't the private sector more efficient?

Canada's public health system is clearly more efficient than the private American one. The American system costs 40 per cent more per capita — and fails to serve nearly 40 million Americans.

Won't user fees limit abuse?

Study after study has demonstrated user fees deter only persons with low incomes. More often than not, they are forced to return to the health care system when their health has deteriorated — and they are more costly to treat.

The fees often don't even pay for the cost of collecting them.

Won't private services open up space in public services?

Some proponents argue that private clinics can help the public system by allowing the wealthy to jump the queue, leaving more space in the public system for the less well-to-do.

The reality is that waiting lists in B.C. have been declining for years and are in the range necessary for efficient management of the system. There is no wait for emergency surgery.

Private clinics, however, undermine the public system in two ways. First, they cream off the profitable procedures which, in the

MEDICARE MYTHS



Reform leader Jack Weisgerber (left) and Liberal leader Gordon Campbell

are both looking at two-tiered medicare for B.C.

public system, help fund the more costly services few individuals could afford on their own. Secondly, they undermine the basis of a tax-funded system. Patients who have paid cash for treatment at the clinic are unlikely to favour taxes to fund a public system once they have opted out. Such attitudes have led to devastating cuts in public education funding in many American states.

RS

Ramsey gives care givers representation on councils, boards

by Chris Gainor

The B.C. government has passed legislation which will give health care providers a direct voice in the operation of Community Health Councils and Regional Health Boards being set up under the New Directions health reforms.

The new Health Care Service Providers' Advisory Committees were included in a package of amendments to the Health Authorities Act which was passed this spring by the legislature.

"We still have a few details to work out, but these committees will give caregivers full voice and vote on the councils and boards," health minister Paul Ramsey told the *Guardian* in an interview.

"We heard from a lot of people that there was a flaw in the way Community Health Councils are structured. That flaw was that the people who provide the care weren't represented on these councils," Ramsey said.

The legislation fulfills a promise he made to health workers who met with him at last year's B.C. Federation of Labour convention, Ramsey added.

Members of the advisory committees will be elected by caregivers in the community or region, and the chair of each committee will sit on the community council or regional board.

Originally, caregivers were shut out of the councils and boards because of concerns over conflicts of interest. Ramsey said that



RAMSEY

where a caregiver representative has a direct conflict of interest, they will not vote.

Ramsey said he plans to establish union management advisory committees and medical advisory committees for each council and board.

The union management committees are being set up to extend the consultation features of the Employment Security Agreement, Ramsey said.

All 20 Regional Health Boards have been set up, and the 80th and last Community Health council is being established.

None of the councils have been given operational authority yet, although Ramsey said some are ready to take on the responsibility.

The government will begin passing authority to the councils and boards once cabinet decides on the report of Health Sector Labour Relations Commissioner Jim Dorsey and on the transition plans for the ministry of health, the minister said.

WCB TOP TEN TIME LOSS CLAIMS RANKING BC INDUSTRIES - 1994

They're still hurting us!

Industry

		1994			1993
	CLAIMS RANKING	NO. OF CLAIMS (1)	% OF ALL CLAIMS	% INCREASE FROM 1993	CLAIMS RANKING
Hospitals & related	1	6,691	8.2	2.4	1
Heavy manufacturing	2	6,194	7.6	3.9	3
Retail stores	3	6,121	7.5	5.5	4
Building construction	4	5,826	7.1	2.9	2
Hotel, restaurant	5	5,633	6.9	1.3	5
Logging	6	3,545	4.3	1	6
Trucking	7	3,534	4.3	10.9	8
Sawmills	8	3,512	4.3	7.5	7
Misc. manufacturing	9	2,967	3.6	3.5	9
Auto sales/service	10	2,893	3.6	2.8	10

(1) Short term disability, long term disability and fatal claims first paid in the year. SOURCE: WCB

NEWS BRIEFS

Use us to our potential, LPNs say to council

HEU has submitted a brief to the Health Professions Council on scopes of practice for LPNs while the council reviews guidelines for various health providers.

It notes that LPNs have been underutilized in recent years for a variety of reasons, and stresses the importance of using them to their full potential.

"HEU believes that LPNs should be free to do the work they are trained for without the supervision of Registered Nurses or physicians," the brief says. "This is especially important as health care moves out of hospitals and into the home and smaller facilities."

LPNs should be permitted to work in areas such as intensive care units under the supervision of RNs or physicians. Prepared by Provincial Executive's LPN subcommittee, the brief calls for adoption of broadly defined scopes of practice similar to those set out in Ontario legislation.

LPNs in the Kootenays may be interested in taking part in a physical assessment workshop which will take place Sept. 20 at Selkirk College in Castlegar.

The \$95 cost of this one day workshop on head-to-toe assessment skills for LPNs may be covered by funds from facility education committees. For more information, contact LPN Joan Harvey at 352-5666.

Solidarity knows no bounds

by Moira Goodman

I am very excited I was chosen, out of I'm sure many applicants, to attend the summer institute for union women held in June at Simon Fraser University.

The experience was very rewarding and I was able to meet a lot of women that share many of the same struggles I do. I would like to thank HEU member Ruby Bone. She was in each of my classes and it was great to meet her. She is a wonderful, caring individual.

I'm sure I can speak for everyone when I say we had a great time and we learned a lot about each and about our selves. Thank you for the opportunity.

• Goodman is chairperson of the Holy Family local.

Crossword contest winners

Our special challenge crossword in the last *Guardian* proved to be just that: a difficult challenge. Of the entries we received none were correct on all 211 clues. But a number of HEU members came within a whisker. So we're awarding prizes to Kristine Bougie, Vancouver; Maureen Boas, Victoria; Pauline Weinert, Castlegar; and Juel Breu, Maple Ridge. Congratulations, and watch for our another challenge crossword in the next issue.

U.S. union makes gains

by Geoff Meggs

What difference can a union make? For Pennsylvania nursing home workers employed by some of America's biggest, toughest private nursing home chains, it can add up to \$4 an hour and a huge new measure of self-respect.

At a time when many U.S. health unions count themselves lucky to hang on to the members they have, the organizers of the 9,000-member Local 1199P of the Service Employees International Union have doubled their membership in the past 10 years despite all-out resistance from their bosses.

These union activists, many of them rank-and-file health workers, are proving that the private nursing home chains — many of which have interests in B.C. and the rest of Canada — can be organized even on their home territory.

One of the organizers determined to take them on is licensed practical nurse Tammy Miller.

When she landed a job in a brand-new facility built by the Integrated Health Services Corp. (IHS) several years ago, she thought workers would be reluctant to unionize. But after a series of administrators unilaterally altered wages and benefits and cut vacations, workers decided to take action.

"The employer did a good campaign," Miller recalls. "They brought in an attorney, did 'captive audience' meetings that all workers were forced to attend and met with every worker one on one."

"We only won our election by a narrow margin and it took a year to get our first contract. We had a two-

day strike, and built a lot of community support. We won a raise of \$1.40 an hour over three years on top of what they gave us to try to stop the union."

The elation of winning a measure of dignity on the job made Miller keen to do more. "I got into everything in the union," she says, "but I still thought there was something missing."

Last month, after nine months on union leave to organize new facilities, she resigned her job to take a permanent full-time position as an 1199 organizer. As a nurse, Miller knows many of the workers she is organizing are angry at the appalling conditions that health care restructuring is creating in their facilities.

As profit-hungry hospitals discharge so-called "sub-acute" patients to lower-cost nursing homes, caregivers are encountering "stage four bedsores, car accident victims trying to recover from head injuries and residents requiring dialysis."

These workers need union organization to speak out, Miller says. "The employers don't care, they are for profit."

In her new job, she'll be racking up 50 and 60-hour weeks knocking on the doors of non-union, minimum wage health workers to tell them about unionized facilities in their area where workers earn between two and four dollars an hour more.

But she'll also be telling them they will finally be able to speak out for their patients without fear of retribution. With only 14 percent of the state's nursing homes organized "it will be a huge struggle," she says, "but we can lead the way."



LINDA HARGREAVES PHOTOS

Building links

WITH THE NEW SOUTH AFRICA

HEU's Linda Hargreaves returns from a trip to post-apartheid South Africa led by Nelson Mandela with memories to last a lifetime

by Linda Hargreaves

This spring I experienced the realization of a dream when I was elected to represent HEU in a twinning project between the National Education Health and Allied Workers' Union, NEHAWU, of South Africa and sister health unions in Canada.

The idea for this project had originated in 1993 at the CUPE National Health Conference in Montreal when NEHAWU guests met with CUPE health care leaders.

After three years of planning and with the assistance of the development organization CUSO the first phase of a three-week tour of South Africa was set for May of this year. I joined Thunder Bay Ont. health worker Marielle Brazeau from CUPE's Ontario Council of Health Unions as a partner in a two-person delegation.

Our objective was to meet with the officers, shop stewards and membership of NEHAWU in two provinces of South Africa, the Eastern Cape and the Northern Transvaal and share information and ideas.

Our tour began in Johannesburg with a briefing by the NEHAWU National Executive and a visit to

Baragwanath Hospital in the neighbouring black township of Soweto.

The largest hospital in the African continent, Baragwanath with over 3,000 beds is poorly equipped, understaffed and overcrowded. Patients wait hours for emergency treatment and hundreds of people jam admitting rooms. The introduction of free health care for children up to six years old and pregnant women has dramatically increased patient levels. Three children to a bed in pediatrics is the norm.

Next we were off to the Eastern Cape province. The itinerary included all the major cities such as Port Elizabeth, East London, King Williamstown and visits to almost all the locals or "branches" in the region. The days were long and gruelling, travelling hundreds of kilometres, touring up to six institutions per day, meeting with shop stewards, and addressing mass membership meetings.

This adventure was also a little terrifying. Our driver "Travolta" drove at speeds up to 200 kph, eating

MUCH THE SAME NEHAWU steward, photo at left, in meeting with a food service worker in Pietersburg. Below right, kids at a TB facility in Grahamstown. TB is still rampant in South Africa.

ice cream and blasting Bryan Adams on the radio!

We toured psychiatric institutions, acute care hospitals, TB sanatoriums (TB and polio are still severe public health problems), and "old age homes."

Due to inequities in health care funding by the previous government, some facilities (formerly whites only) are modern and well equipped while others are shabby and run-down with antiquated machinery. Nursing homes in South Africa are similar in appearance to those in Canada. Most receive private funding and have only white residents.

The membership meetings were the most fun. Communication was often difficult as South Africa has eleven official languages, but the concerns and questions were often the same.

Many workers vocalized the frustration of having a new friendly government in power while the old hospital administrators remained the same. Sound familiar? The most commonly asked question was whether black people were paid the same as whites in Canada.

Membership in NEHAWU is voluntary and many members were frustrated because non-union workers in their facilities benefitted from the negotiations of the union.

When I first introduced myself as a housekeeper everyone laughed. In South Africa a white woman would never work as a housekeeper or "general assistant" was the explanation they gave. After that I was bombarded with questions regarding "general assistants."

What was my salary? What hours do I work? Do I wear a uniform? Are there different levels for cleaners? My favourite was "are housekeepers in Canada treated with respect by their fellow workers?"

For the remainder of the tour we travelled to Northern Transvaal province which borders on Zimbabwe and Mozambique. Here the visit took on a new dimension. Instead of hotel accommodations we were billeted with the workers, thus gaining the experience of being part of an African family and an

opportunity to form personal friendships.

At the end of three weeks I left South Africa with dozens of names and addresses scribbled on scraps of paper, promises

to continue the links of solidarity and enough memories and experiences to last a lifetime.

• Hargreaves is HEU's regional vice-president for Vancouver Island.



Our sister union, NEHAWU

The National Education, Health and Allied Workers Union is like HEU, BCNU and HSA all rolled into one. It was formed in 1983 with 9,500 members from the merger of three small unions.

Public sector trade unions were banned by the apartheid government at that time, and workers faced continual oppression and anyone identified with NEHAWU became a victim.

Mass dismissals were common, as were detentions, jail and assassinations.

After a long and bitter battle with the government NEHAWU finally won recognition as a union and the right to dues check-off in 1990.

When a seven-month strike in 1992 ended in victory for NEHAWU and defeat for the racist government, the NEHAWU membership immediately climbed to 60,000.

Presently, with a membership of 150,000 NEHAWU is the fastest growing union in the labour federation COSATU.

NEHAWU covers a wide range of public sector workers including education, national and provincial government employees as well as health care.



LOCAL LEADERS The executive and shop stewards of a NEHAWU branch at a Soweto hospital meet in their union office.

August 17

Deadline to submit proposed bargaining demands for the HEU Wage Policy Conference to Provincial Office.

August 18

Deadline to apply for an HEU bursary for post-secondary education.

September 4

Labour Day, Provincial Office closed. Labour Day activities are planned in Nanaimo, Victoria, and the Lower Mainland. Contact your labour council for details.

October 9

Thanksgiving, Provincial Office closed.

October 22-27

CUPE national convention, Montreal.

October 24-26

HEU advanced shop stewards course, Kootenay region, Nelson.

Oct. 30-Nov. 3

National Medicare Week, sponsored by the Canadian Health Coalition. Watch for details of special events.

Oct. 31-Nov 2

HEU advanced shop steward course, Northern region, Prince George.

November 6-8

HEU advanced shop steward course, Vancouver Island region, Victoria.

Retraining opens new windows

by Sylvia Sioufi

MINDA LU WAS facing displacement from her food service job at Lion's Gate Hospital. "I was worried when I heard they were closing the kitchen, but I always believe when one window closes, another one opens."

So when she heard about a training program to become a care aide she was one of the first ones to sign up.

Through the work of the Healthcare Labour Adjustment Agency (HLAA) and the local Labour Adjustment Committee (LAC) a resident care attendant course was set-up at North Vancouver's Capilano College to help displaced food service workers make the transition to a new job.

The course ran from January to June with 17 HEU members taking part. Workers continued to receive wages

and benefits and all course costs, including childcare were covered by the HLAA.

The week Lu graduated she began her new job as a care aide at Inglewood Hospital in West Vancouver.

"I'm really happy, I always wanted to go into nursing care," she said. "I'm lucky I'm a part of HEU, I'm proud to be a member."

"Without the Accord and HLAA I'd be out on the street, maybe working at McDonald's."

So far 180 HEU members have benefited from the HLAA Training Assistance Program. More HEU members may be eligible now that the program has been expanded to include training that serves a health reform purpose. That means training that assists with a facility's restructuring plan and helps workers not yet displaced but that are at risk of displacement beyond March 30, 1996.

For instance, an individual or a group of co-workers may qualify for health reform training dollars if their employer is proposing to combine jobs such as admitting and unit clerk. Or if the employer is looking at sharing services with other facilities that will result in job losses or changes in the nature of work.

Because training is a voluntary option, employers might argue no changes are taking place right now and so training isn't necessary. Or that workers should train on their own time to be prepared for the changes. HEU members on LACs will have to press for employer support for training.

A good first step to training is vocational counselling.

The HLAA can help LAC members bring this service on-site so that it is available to a group of workers. Surrey Memorial is planning just that for dietary workers.

We can thank our mothers that:

- ... in 1918 the right to vote was achieved
- ... in 1929 women became "persons"
- ... in 1955 married women could work for the federal government
- ... in 1969 birth control information could be disseminated legally
- ... in 1973 the first women's shelters opened in Canada
- ... in 1974 women were accepted into the RCMP
- ... in 1982 Bertha Wilson was appointed to the Supreme Court
- ... in 1985 the Indian Act was amended so all Indian women had full status
- ... in 1992 consent was legally defined, putting the onus on the defendant in cases of sexual assault

But, until ...

- ... beauty is not a job requirement
- ... rape is no longer the victim's fault
- ... child care is more important than roads
- ... birth control is safe, effective and shared
- ... abortion is safe, fully funded and available to all women
- ... work in the home is shared and given value
- ... the history books tell herstory too
- ... lesbian is no longer a dirty word
- ... it is safe at home, safe at school, safe at work, safe to date, safe on the streets



Until ...

- ... women share equally in the rights and responsibilities of society, I too will be a part of the women's movement.
- Anon

Coffee break



All stories guaranteed factual.
Sources this issue: CALM.

A hurtin' note

Country and Western singer Waylon Jennings recently underwent surgery for carpal tunnel syndrome, the repetitive strain injury to the wrist that afflicts all kinds of white and blue collar workers.

The repetitive movements and awkward body positions endured by musicians also puts them at risk to injury.

In fact, a special clinic in Hamilton, Ont. now specializes in musicians' occupational health problems.

Tube steak trivia

Ever wonder what hot dog skins are made of? Actually tube steaks don't have skins anymore.

They used to have a casing, like sausages, but meat packers stopped using them. Nowadays, hot dogs are encased by cellophane in the production process, which is

then removed after cooking and curing. The slightly tough skin of today's hot dog is like the crust on a loaf of bread.

Letter carrier in Hockey Hall of Fame

Edmonton letter carrier Shirley Cameron is the first women player to be nominated for the Hockey Hall of Fame.

In a sport where the vast majority of attention and money has been focussed on men, Cameron has had a remarkable career as captain and now coach of the Edmonton Chimos team.

The team started out 20 years ago in the Edmonton women's league, and now takes on men's teams from across Alberta on a regular basis.

Cameron has three national titles plus two world championships to her name and is a well-known figure in women's hockey.



A zipper-lock on the market

It's not often that you take a close look at the fine print on your fly.

But if you have, chances are you've seen "YKK" stamped on your zipper.

It stands for Yoshida Kogyo Kabushikikaisha, the corporate name of the world's biggest zipper manufacturer.

The Japanese company has a zipper-lock on more than 75 per cent of the world market.

HEU people

Forced to flee but still committed

HEU's Waldemar Monzon was forced to flee to Canada from his native Guatemala by a brutal military government. Now the chair of the Tilbury local, Monzon feels responsibility "to do something for my people," who still face injustice and human rights abuses at the hands of a powerful military.

That's why he helped organize the B.C. visit of leaders of the Guatemalan guerilla organization UNRG, who are touring North America to seek support for its proposals for how to win justice and basic rights for the millions of poor in their country.

Staff on the move

With the opening of the Provincial Office Abbotsford site, a number of staff have



PEACE SEEKERS HEU's Waldemar Monzon, right, commandant Pancho, left, and Maria from Guatemala's UNRG guerilla organization.

been reassigned from the Provincial Office Vancouver site.

Keith Wilson is now director responsible for the organizing department, which is now based in Abbotsford. Union organizers Meg Hopkins and Lila Murao are also based out of the new office. Staff representatives servicing locals from

Abbotsford are Noel Gulbransen, Clayton Randle, Gary Spence, and Joan Wilkinson. Clerical support will be provided by Deb Maximick and Yvonne Sandison.

Former organizing director Gay Burdison is now a director responsible for servicing at the Vancouver site.



HOLY FAMILY It's been a busy summer at the Vancouver long-term care facility. First, 20-year veteran dietary worker Jean Lim, above left, retired. Meanwhile, her sisters in the dietary



department held their third annual garage sale to assist a needy family at Christmas. Getting ready for the event are from left Sue Lowe, Alice Gibeault, and Susan Amaba.

Family works in luxury doghouse

Butch Fellabaum, a U.S. long-distance trucker, spends 340 days a year in his truck, along with his wife, daughter and dog.

The nine-foot custom sleeper compartment on his truck has two beds, two TVs, a dinette, kitchen sink, refrigerator, microwave oven, stereo, toilet and shower.

"When you work like a dog," says Fellabaum, "you want the best doghouse available."

A single donation goes a long way

It's estimated by medical authorities that 200 patients can benefit from the organs and tissues donated from a single body.

For example, a donor's 1.9

square metres of skin can be used as covering for burn victims.

More work less pay

In 1990 it took 45 hours of wage labour per week to sustain a Canadian household.

But by 1991, the figure had jumped to 65 to 68 hours to keep the same household up and running.

If you're stressed don't read this

Stress from workload overload is a pretty common affliction for HEU members.

But in Japan stress related deaths are the second leading cause of death. It's called karoshi, death from overwork, and each year an estimated 30,000 Japanese men die from it. They just keel over when a blood vessel explodes in their brain.

Corporate demands on peoples' work time are so significant that a family life for many Japanese workers is non-existent.

By contrast, German workers do have a life outside the office or factory. A typical secretary gets six-weeks paid vacation a year.

But even with generous time off, German workers are more productive than either the Japanese or Americans.

Mosquitos dig the twilight

Ever wonder what mosquitos do during the day?

Most species of the pesky bug are inactive during the day, but come to life at twilight or in the evening. Why? Because they don't like light, heat, or lower daytime humidity.

They also dislike winds in excess of 15 km/hr.

PEOPLE WITH DISABILITIES

talk to us

We're working hard to make our union better for HEU members with disabilities. We'd like to hear from you. If you are on WCB or LTD, or if you're invisibly/visibly disabled in the workplace, let us know how the union can better meet your needs.

LEAVE A MESSAGE AT 604-530-9443 AND WE'LL GET BACK TO YOU. ALL INFORMATION IS CONFIDENTIAL.

HEU
People with
Disabilities
Caucus

HEU LESBIANS AND GAYS

for support

- afraid of being identified?
- feeling isolated?
- being harassed?
- want to know your rights?

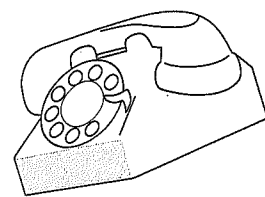
for information

- same sex benefits
- fighting harassment
- combatting homophobia
- fighting discrimination

CALL!

739-1514 (Lower Mainland)
1-800-663-5813, local 514

Confidential Service of
HEU Lesbian and Gay Caucus



HEU's Confidential Human Rights Harassment Process

Complaints investigators can help if you are being harassed at work because of your

- sex — including sexual harassment
- race
- sexual orientation
- disability
- religion

CALL 1-800-310-6886

for a recorded message about the process

(see Art. 1.03 Master Collective Agreement or Art. 1.05 Standard Collective Agreement)

You can

1. save HEU money
2. save trees
3. get your *Guardian* quickly

by notifying us promptly of any change of address.

Just clip this coupon, which has your mailing label on the back, fill in your new address below and mail to the *Guardian*, 2006 West 10th Ave., Vancouver V6J 4P5.

Name _____

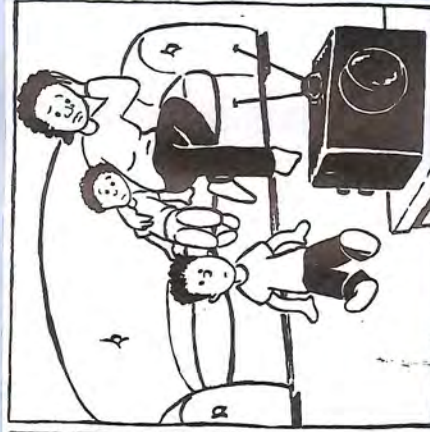
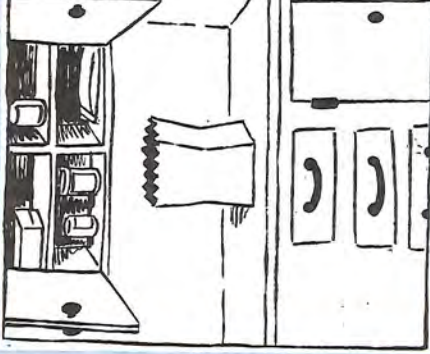
Address _____

Postal Code _____

Telephone _____

Facility _____

PAY DAY WITHOUT A UNION



HEU IS B.C.'s oldest and largest health care union. Throughout our 50 year history we've fought for and won better wages for caregivers. We're also a recognized leader in the fight for pay equity.

PAY DAY WITH A UNION



IF YOU KNOW someone in your community who wants to join our union, or if you're an unorganized worker and want to find out more about HEU, call our organizing hotline 1-800-663-5813 local 289 toll free 24 hours a day.



A union makes a big difference

Guardian

VOL. 13 NO. 4 THE VOICE OF THE HOSPITAL EMPLOYEES' UNION JULY/AUGUST 1995



Over after 200 days

Striking Quesnel Drug and Alcohol members are back on the job and closer to a fair first contract.



PAGE 5

Where do you fit in?

A sweeping new law passed by Victoria will change how HEU bargains for you. A special report on how the Health Sector Labour Relations Regulations affect you.



PAGE 9

Protecting medicare

The NDP puts an end to user fees and extra billing in a new law that's a good first step in the battle with doctors and business interests pressing for two-tier care.



PAGE 14

They're still hurting us

Health care facilities continue to be the most unsafe according to the latest statistics from the Workers' Compensation Board.



PAGE 16

MAIL  POSTE	
Canada Post Corporation / Société canadienne des postes	
Postage paid	Port payé
Blk	Nbre
4450	VANCOUVER, B.C.

Return address:
The Guardian
2006 West 10th Ave.
Vancouver, B.C.
V6J 4P5