Working in cooperation, registered nurses and LPNs are upgrading their skills and expanding their roles in a unique plan to change how health services are delivered. Read about their efforts on page 13.

Ashcroft's model for change

LPN Sharon Thompson with patient Derek Edwards at Ashcroft and District General Hospital.

Health workers in Ontario are set to fight Mike Harris' bid to cut $1.3 billion in health funding, axe jobs, and close hospitals.

MacPhail's medicare vision

In a wide ranging and exclusive Guardian interview, health minister Joy MacPhail tackles privatization, the community sector, and outlines her plan for progressive change.
COMMENT
Two steps forward, but two steps back

by Chris Allnutt

S EVEN MONTHS ago at a HEU convention, delegates made a crucial decision to help chart our health reform path. They said we must deal with restructuring issues at the workplace, so we can challenge employers by outlining progressive options to deliver better public health care services.

That mandate has been met in April and May in a series of special workshops that have brought together hundreds of union activists. They’ve shared experiences — both good and bad — on a range of issues; from strategies for dealing with the new employer to concrete ideas for integrating community and facility services.

We’ve participated in the workshops and been impressed by members’ commitment to quality health services, and the new creative and ideas we have to influence the process of change now going on in health care. The workshops send a strong signal to employers and government about HEU’s proactive approach to progressive reform.

Health workers have the expertise, front line knowledge and ideas to make medicine better.

We’ve also made headway with the recent arbitrator’s decision on monetary issues in the facility sector. It’s the final piece in the new contract that will cover all 44,000 acute and long-term care workers.

voice/mail

THE GUARDIAN WELCOMES YOUR FEEDBACK. SEND LETTERS TO 7006 WEST 10TH AVE., VANCOUVER V6P 1V8 OR PHONE 1-800-800-8404. PLEASE BE BRIEF.

Union funding helps women’s equality

The Vancouver Status of Women thanks the Hospital Employees’ Union for its continued support of our organization and our work for women’s equality.

Your financial contributions go a long way in assisting VSW to provide necessary services to women in the community. We greatly appreciate your vote of confidence.

AUDREY JOHNSON
Vancouver Status of Women

Progressive think tank says thanks

We are writing to thank HEU for becoming a sustaining member of the Canadian Centre for Policy Alternatives. Your support of the new B.C. office means a lot. Their new facility is now well underway.

Guardian

To humble dedication to those who call in distress

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The Hospital Employees’ Union is the B.C. health services division of the Canadian Union of Public Employees.
HEU presses for WCB changes

by Dale Falla

HEU activists were on hand to press labour’s demands for change as the Royal Commission on Workers’ Compensation kicked off its public hearings on April 2 in Powell River.

Joan Leatts, from the Powell River local, and Joan Dolp, from the Olive Davie local made presentations at the commission kick-off. Like all health workers, they knew their workplaces are the most unsafe in the province in terms of numbers of injuries on the job.

HEU is interested in focusing the commission on the promotion of occupational health and safety, and the prevention of injury and disease.

More broadly, at these and other hearings that are scheduled for communities across B.C. until July, the labour movement is pressing the commission to ensure workers’ health and safety rights in law. As difficult as it is to believe, currently there is nothing in the law to enforce WCB regulations.

If you wish to make a presentation, contact HEU health and safety department at Provincial Office.

Local merger plan brings quick results

Phase one of HEU’s plan to build a stronger union and deal with the new employer in health by merging smaller locals is up and running. Servicing representatives and Provincial Executive members are attending local membership meetings to address concerns about merging locals, as well as to outline the procedures.

Recently there have been two mergers: one between Port Alberni and St. Jacques locals which will be known as the Port Alberni local, and the other between Queenel and Nuu-chah-nulth (which is itself a merged local of the former G.R. Baker Hospital, and Queenel Drug and Alcohol locals) and Anmuu Transition House which will be known as the Queenel local.

LRB edict will cause chaos

Bill 48-linked ruling a setback for reform, will impact 5,000 HEU members

VER 200 HEU activists paid a “courtesy call” on health minister Joy MacPhail’s Vancouver constituency office April 10 to express their concern about a labour board decision issued only days earlier that could move 5,000 HEU members from facilities into the community sector and throw health reform into chaos.

The labour board’s decision is part of HEU’s plan to prevent health employers from implementing the ruling, which HEU is appealing. At press time the union was setting top level meetings with Premier Clark and key cabinet ministers, and a membership information campaign was underway.

“We agree with HEAHC,” determined the board, “that the proper interpretation of the definition of facilities sub-sector and community subsector requires that community care services, even when delivered in a facility, be included in the community subsector.”

As a result, all caregivers in innovative facility-based programs like adult, day care, alcohol and drug counselling, and mental health programs will be in the community sector.

“What it means,” says HEU secretary-business manager Chris Allman, “is that the line that separates community caregivers from their facility counterparts.

“The implications of this decision will have far-reaching consequences,” Allman said. “It undermines health reform by placing a major obstacle in the way of better integrated services.”

At the center of the decision is Aurora House, a special drug and alcohol treatment centre at B.C. Women’s Hospital, and Bill 48, Victoria’s legislation that created the line dividing community from facility.

HEU applied to the labour board to have Aurora House workers covered by the facilities agreement. HEAHC applied to transfer Aurora caregivers, along with other 23 in other facility-based programs, to the community sector.

An April 15 ruling on monetary issues by arbitrator Stephen Kelcher has finally established a ground breaking new agreement covering more than 40,000 health workers in the facility sector.

Highlights of the decision include:

• the master agreement classification system which will set common wage rates for classifications across the sector.

COURTESY CALL More than 150 union activists delivered to health minister Joy MacPhail’s Vancouver office their concerns about a recent LRB decision.
Not all quiet in Quesnel

Like many union activists, Jean Birch carries her activism into the community

THERE WERE six men on Quesnel city council, and Jean Birch thought that wasn't good enough. There should be at least one woman on council. So, naturally, she decided to run. Did she win? No. There are still six men on council. Is she giving up? No. She's going to run again!

"Her experiences taught her a valuable lesson: that with a union you are not alone."

There is not the first time she has ventured onto the hustings. After she served as president of the local school district Learning Disabilities Association and on its committee for special needs children, it was only a natural progression for her to run for school board. Although she did not win, it was a learning experience. Jean continues to be a woman committed to her community.

How did this all start?
She left her native England as a toddler, her family settling in Australia.

And, as young Australians are wont to do, she took off into the wild blue yonder when she was 21. The year was 1968 and the wild blue yonder was Canada.

She alit in Vancouver and worked there between trips to Europe. On the second trip she met and married a Canadian, and back they came to the Lower Mainland.

In 1975 they moved to Quesnel, where Jean's husband had been offered a forestry job. The couple adopted two children, now 16 and 21, and separated in 1987.

Jean began working at the G.R. Baker Memorial Hospital in 1981 as a casual, on-call payroll clerk and in stockkeeping. She was not at all an active union member.

She changed jobs at the hospital, becoming a janitor. Ten months later she was injured on the job and was unable to work. She went on workers' compensation. When the WCMB cancelled her claim, saying that she was able to return to work when she felt she was not, she was appealed with the help of her union. She lost the appeal and filed for long-term disability, which was denied.

The union backed her on another appeal, and this time she was successful.

In the meantime a clerical job was posted; she applied for it and got it. Since then she has moved back into payroll, right where she started.

Her experiences taught her a valuable lesson: that with a union you are not alone, you have all of your brothers and sisters with you in your fight.

She came to understand that unions are important to workers and started going to meetings. It was a short step to becoming an active member and from there to being elected to the executive. She has served as shop steward, women's, and now she is the secretary-treasurer of her local.

This is the only union job that Jean has ever had, but she has worked in non-union environments. She knows that workers have very little protection in those places.

"In a union job you are more secure, because you can deal with problems without fear of being fired. There is the security of knowing there is something there to protect you." Jean's social commitment is not limited to her union brothers and sisters. She is a social activist par excellence.

She is a member of the Quesnel Coalition for Social Justice, a group that was formed to raise funds, select marchers and do community organizing around the cross-Canada march organized by the Canadian Labour Congress and the National Action Committee on Women in June 1996. Jean fondly remembers selling hundreds of hot dogs to raise funds on the day that the marchers came to Quesnel. But the coalition did not disband after the march; they are still an active group.

She is secretary-treasurer of the Quesnel Labour Council, a member of the board of directors of the Women's Resource Centre and a nominee for the Quesnel Community Health Council.

And, oh yes, she is one of those HEU members who live in Quesnel, don't forget to vote for Jean Birch in the next municipal elections. You can be sure she'll be there with bells on!
Long-time LTD recipients get special lump sum payments

A concerned 1996 bargaining effort by HEU to improve benefits for long-term disability recipients has finally paid off, as hundreds of HEU members on LTD prior to March 31, 1998 received special lump sum payments as high as $6,000.

The $5 million in lump sum payments to 730 health care providers in the facility sector—of which 580 are HEU members—flowed from last year's industrial inquiry report of Vince Ready. The size of the payments is determined by the length of time of continuous LTD claims and the recipi- ents net earnings loss from LTD benefits. Payments are restricted to those on Health and Benefits Trust LTD.

Faced with the prospect of being able to achieve a small measure of justice for our members on LTD," said HEU secre-
tary-business manager Chris Allum. "But there is still much to be done and improving the LTD plan will continue to be a priority for HEU in 1998 facility sector negotiations.

Under existing LTD provisions, which HEU is bargaining to change, LTD benefits are determined by the injured worker's pay rate at the time of injury. Benefits are not indexed to take into account increases in the cost of living. On a related union demand to im-
prove LTD payments for all injured caregivers, Ready also set aside an addi-
tional $3 million to allow for wage improvements in the basic payment structure for LTD recipients. Talks between the health unions and HEU on how to allocate the $2 million for improvements in LTD are ongoing.

Patent drug verdict soon

Amid growing opposition to leg-
islation protecting drug company profits, a House of Commis-
sions committee reviewing Bill C-91 is set to report in the next few weeks.

On March 14, health min-
ister Joy MacPhail joined the outcry against Bill C-91. "Drug costs are out of con-

rol," said MacPhail. "A suit-
ners have had their hands in the pockets of local governments for life of Bill C-91," said MacPhail.

MacPhail will testify to the Com-
mitee on March 17 to detail how Bill C-91 has led to rapidly escala-
ting costs in the province's pharmaco-
care program.

Bill C-91 extended patent protec-
tion on brand name drugs to 20 years, preventing the market entry of lower cost generic copies.

HEU president Fred Muzin testified in front of the Committee's committee via closed circuit television on March 18, saying Bill C-91 would cost B.C. consumers and taxpayers $3 to $50 million each in the next 13 years.

Muzin reminded Liberal MPs of their opposition to Bill C-91 when the New Democratic government intro-
duced it in 1993. "In 1997, with hundreds of millions of dollars of continuing costs to medicare transfer payments, and a complete rip-off on C-91, the Liberals seem quite com-
forable with Mulroney's policy of profits before health care," Muzin said.

B.C. Federation of Labour vice-

COMMISSIONERS are making their case with NDP MLAs that the time is now for a contract settlement. Lobbying Vancouver MLA Jenny Kwan, cen-
tre, are from left Ryan Bouchard, Manny Sayag, Judy Sharkey and Mark Roberts, all from HEU, and BCGEU's Maureen Topping and Dani Demetkia.

Heat turned up to win community contract settlement

"by Mike Old

T"HE BEEN ONE long year for health care workers in the com-
nunity sector. They've been in a bargaining for a new collective agreement, since April 12, 1996 with the Health Employers' Association of B.C. (HEABC). Union members' even seen them at the table since December. "It's a farce," said HEU bargaining sopher Zosia Bozic. "I have wit-nessed nothing in the last year that indicates that the employer is serious about reaching an agreement"

But HEU members, determined to bring this negotiation and achieve parity with their colleagues in acute care facilities, have taken their message directly to the public.

They pushed hard at the NDP policy convention in March where delegates overwhelmingly supported a motion calling on the government to "eliminate the inequity between acute and com-

munity care health workers by ensuring that equal compensation for work of equal value is enforced throughout health care." Glen Clark told delegates that respect for the work of women in community and home care "must be reflected in access to training, decent working conditions and appropriate pay." And on March 19, health minister Joy MacPhail announced a five per cent increase in community health service funding. Without a hitch, HEU mem-

bers parade in a flurry of meetings with MLAs from across the province throughout March to enthusias-
tic applause at the regional level. The new regional health boards and community health councils. "This is a broad political commit-
ment to equity in the sector and some news money in the pot," said Bozic. "All we need now is a clear direction to the HEABC from Victoria that says "enough is enough.""
**PRESIDENT’S DESK**

**Election ‘97 key to Canadian distinctiveness**

by Fred Meuli

**SMILING NOW but not before, Trygve Reurness and Marty Tepernung outside Victoria General Hospital where a VRE outbreak quarantined a ward.**

BY DALE FULLER

In February there was an outbreak of vancomycin-resistant enterococci (VRE) at Victoria General Hospital. Vancomycin is often used to treat seriously ill patients. Enterococci, a bacteria which everyone has in their bodies, is not a threat to a healthy person. A sick person, however, is vulnerable.

To compound the problem, VRE is highly contagious, spread even by touch. When it is discovered in a hospital, immediate steps must be taken to quarantine the area where it has been found, to do an immediate investigation of who and what has been in the area, to inform and instruct all persons who have and will come into contact with the person or persons, and to restrict the flow of patients and visitors into the infected area.

Cindy Devin is an LPN who works on that ward. She had been working with the infected patient in ward 6B all the preceding week. On Monday, Feb. 3 she turned on the television to the news and found out that the ward had been placed on quarantine.

Marty Tepernung and Trygve Renness found out the same way. Both were at their homes, sitting down for dinner when they heard the news.

**TV news not good**

**ON THE JOB**

by Dale Fuller

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**LOWER INCOME EARNERS OFTEN CANNOT AFFORD THE PRESCRIPTION DRUGS THAT DOCTORS PRESCRIBE**

by Dale Fuller

Talk of a federal election is in the air. Enrumpeters are knocking at our doors, and all signs point to an early June election date.

Health care reform will be an important plank in each party’s platform, and pharmacare—a universal, publicly administered drug insurance plan—will be a buzz word.

The federal government is in the midst of holding teleconference hearings on the controversial Bill C-91, which extends drug patent protection to 20 years for multinationals drug companies, effectively eliminating the existence of lower cost generic equivalents during that time period.

President Fred Meuli made his presentation to the hearings on behalf of HEUs 42,000 members on March 18, along with representatives from seniors’ groups and other unions. He proposed a pharmacare plan and suggested that Bill C-91 to the biggest barrier of all to universal drug insurance.

He explained that lower income earners often cannot afford the prescription drugs that doctors prescribe. Many of them end up hospitalized or institutionalized. It is costly for our health care system, a cost that would decrease significantly under pharmacare.

B.C.’s pharmacare program with reference-based pricing for seniors will result in savings of $44 million this year alone. If the federal government were to adopt this same plan, the country could stop half a billion dollars off its health care costs.

In making pharmacare part of its platform, the Liberal party will be breathing out of its own National Forum on Health recommendations. But at the same time that the Liberal party is considering campaigning on a national pharmacare program, the Chretien government is doing everything in its power to maintain the drug patent protection. This legislation is legislation about to pass, and when the Tories first introduced it it immediately preceded the last election.

For its national convention in mid-April, the New Democratic Party presented its own document, A Framework for Canada, in which it advocates pharmacare. The party also promotes the prescribing of generic drugs over more expensive name brand drugs, and it opposes Bill C-91.

In its document A Fresh Start for Canadians, the Reform Party only addresses health care by way of the national debt. If the debt is reduced, money that is spent on interest can go to social programs.

So, keep an eye on the upcoming campaign. Pharmacare is essential to health care reform in this country. And once the election is over, we must pressure elected officials to keep the promises they have made.

**NOTEBOOK**

**Pharmacare will be a federal election buzz word**

by Dale Fuller

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So, keep an eye on the upcoming campaign. Pharmacare is essential to health care reform in this country. And once the election is over, we must pressure elected officials to keep the promises they have made.

**GUARDIAN • MARCH / APRIL 1997**
Service workers unionize

Local union activists are leading the way by organizing the seemingly impervious U.S. food and retail giants. The Canadian Auto Workers' union at Starbucks (see story below) has been followed by recent organizing victories at Wal-Mart and McDonald's in central Canada. They show that workers in the burgeoning service sector are eager for union help in defending and improving their jobs.

A recent decision of the Ontario Labour Relations Board (OLRB) means that the 209 employees at Windsor's Wal-Mart store will be members of the United Steelworkers. This is the first of Wal-Mart's 2,600 stores around the world to be unionized.

And in the Montreal suburb of Saint-Hubert, the Teamsters have applied for certification for 62 workers at an outlet of hunger giant McDonald's. They have 930 outlets in Canada.

In Windsor, 91 Wal-Mart employees signed membership cards last April. But in May, they voted 151-43 against having a union.

The United Steelworkers went to the OLRB, saying that the vote was tainted by excessive employer influence and was therefore not a true reflection of the workers' wishes. The board agreed.

Tom Collins of the Steelworkers' retail wholesale division says, "It was so tainted in fact that the board did not even order a second vote."

Since the union had signed up 44 per cent of the workers, the board decided it had enough support for bargaining. Wal-Mart workers earn about $9.30 an hour. In unionized department stores, the wage range is from $10 to $12.

Low wages also topped the list of grievances which led to a Feb. 18 application by the Teamsters to represent workers at a Saint-Hubert outlet of McDonald's restaurant. Certification is usually automatic but McDonald's will argue at a hearing in mid-April that the certification should include five other area outlets.

The Teamsters are confident of success at the labour board, especially given that 80 per cent of the workers at the Saint-Hubert location signed cards. The union thinks the workers will stand firm, even in the face of employer intimidation.

"These workers have nothing to lose," said Teamsters Local 973 president Regan Lavigne. "They know what they're challenging. They're proud of that."

Lavigne said the recession of the early '90s and continuing high unemployment means many depend on 'Mcjobs' for their livelihood even though wages are in the $6.50 an hour range. "The McDonald's workers have said, 'I'm there, I'm going to work, so I'm going to get some respect.'"

If the Saint-Hubert workers succeed, they will work in the only unionized McDonald's restaurant in North America.

CLC "justice" day promises May 3 rallies

Union and community activists across Canada are preparing for rallies and public protests on May 3 to put the demands of working people on the federal election agenda.

"After three years of the Liberals' broken promises, it's time for some changes," said CLC president Bob White. "Political and business leaders have to acknowledge that human needs are more important than the marketplace. People in Canada deserve more than the tired assurances they've been hearing.

The protests on May 3 are about making other voices heard in national debates. Unemployment remains close to 10 per cent for the sixth straight year. One in five families is touched by job loss every year. Youth unemployment is at 17 per cent.

More than 700,000 Canadians have been pushed into poverty since the Liberals took office. One in five children lives in a poor family.

The federal government has taken $14 billion out of social spending. They're cutting 50,000 federal public service jobs. Cuts to the provinces have caused health care, education and welfare services to shrink and hundreds of thousands of public sector jobs to disappear.

Putting these issues on the election agenda is key to preserving health care services in B.C., says MUJ secretary-business manager Clara Allum.

"We've shown in B.C. that there are alternatives to cutting and privatizing health care services," says Allum. "On May 3 we need to join with other workers and tell federal politicians that they will not undermine everything we have fought for in this province."

The following May 3 rallies are planned for B.C.: Prince George, Fort George Park, 1 p.m.; Red Deer, Prince Rupert Fisherman's Hall, 1 p.m.; Victoria, Centennial Square, noon; Vancouver, Library Square (Main Library), 11 a.m.; New Westminster, Westminster Quay, 1 p.m.

We're out for it

Workers pressing for a first contract with U.S. giant Starbucks are crying foul at the labour board after the company announced April 7 it would close its newly unionized Burnaby distribution centre this summer.

"Starbucks' management is negotiating like it wants a strike," said Canadian Auto Workers' union rep Roger Courtier. "Closing the distribution centre is provocative and is clearly an unfair labour practice."

Mediated talks are producing few results and the employer has yet to put a monetary position on the table but workers have assisted their negotiators with a 92 per cent strike mandate.

In addition to the distribution centre, the CAW has added two more Starbucks Vancouver outlets to its certification for a total of 120 members.

Courtier said the early '90s and continuing high unemployment means many depend on 'Mcjobs' for their livelihood even though wages are in the $6.50 an hour range. "The McDonald's workers have said, 'I'm there, I'm going to work, so I'm going to get some respect.'"

If the Saint-Hubert workers succeed, they will work in the only unionized McDonald's restaurant in North America.
In an exclusive Guardian interview, health minister Joy MacPhail outlines her plans for progressive health reform. She tackles privatization, workload, and says health bosses have to more accountable.

**macphail's medicaid vision**

**New Directions as the plan for health reforms. So, why will Better Teamwork in Better Care have replaced Better Teamwork didn’t?**

Joy MacPhail: New Directions wasn’t abandoned completely by any means. The basic principle of moving the planning, authority and finance of health care and services to the level of the community continues to be the cornerstone of Better Teamwork. Better Care, New Directions had no such community continuity. It was focusing narrowly on the integration of services and didn’t recognize the foundation of certain aspects of health care delivery Better Teamwork, Better Care had all of it.

You have reversed the bases of government. Now, what’s the government’s intention for progressive health reforms?

Joy MacPhail: There will be a continuation of what has been the trend to deliver primary care from a single source to a network of service delivery. The Physician’s Practice Plan, the Patient Bill of Rights, the System Improvement Plan and the data management and improvement are all part of the new direction.

**Health care should be provided in a way that ensures quality and gives the patient the care they need. What happens to the patient if they don’t get it?**

Joy MacPhail: The Health Act reflects the principles of providing care that is accessible, affordable and effective. It is designed to ensure that all patients are treated with dignity and respect.

**You’re emphasizing prevention as a strategy in health care and services to the community. Why is that important?**

Joy MacPhail: Our MHCs have been around for a long time and they are ready to provide health care services to the community. They are essential for the provision of health care services to the community. They are an important part of the health care system and they are able to provide care to the community.

*COMMENTS: Paul and Princeton Clark have delivered the B.C. government’s response to the B.C. doctors’ group’s request for better health care for all B.C. citizens. The government is committed to implementing the Health Act in 1995 on. What if the government doesn’t implement the Health Act in 1995?*

Joy MacPhail: We are committed to implementing the Health Act in 1995. We will ensure that all B.C. citizens have access to high-quality health care services.

**My greatest disappointment is that we are not doing it differently in B.C.**

Joy MacPhail: We are committed to doing things differently in B.C. We are committed to implementing the Health Act in 1995. We will ensure that all B.C. citizens have access to high-quality health care services.

**What kind of progress are you making in improving health care services in the community?**

Joy MacPhail: We are making progress in improving health care services in the community. We are committed to implementing the Health Act in 1995. We will ensure that all B.C. citizens have access to high-quality health care services.

**What happens to the public sector in B.C. if the government doesn’t implement the Health Act in 1995?**

Joy MacPhail: If the government doesn’t implement the Health Act in 1995, the public sector will be unable to deliver quality health care services. The government is committed to implementing the Health Act in 1995. We will ensure that all B.C. citizens have access to high-quality health care services.
In an exclusive Guardian interview, health minister Joy MacPhail outlines her plans for progressive health reform. She tackles privatization, workload, and says health bosses have to be more accountable.

Joy MacPhail: New Directions wasn't abandoned completely by any means. The basic principle of moving the planning authority and resource allocation closer to home was the underpinning of New Directions and continues to be the underpinning of Better Teamwork, Better Care. New Directions had too much bureaucracy, wasn't focusing necessarily on the integration of services and didn't recognize the foundation of certain aspects of health care delivery. Better Teamwork, Better Care does all of that.

You have resolved the issue of governance. Now, what's the government's blueprint for progressive health reform?

JMP: There will be a continuum of care from the time one is a baby right through to the time a senior needs a continuing care facility. The planning for those services will be fully integrated. That is my vision and my goal for the turn of this century. We also need to deliver our health services in a more family-friendly, more community-friendly way. I don't envisage the future of health care being done in big hospitals by physicians only. People are crying for community health centres, for a multi-disciplinary approach by all of our health care providers to health and well-being. So, that's the future, that's the direction of the reform.

But I also expect there to be much greater accountability, but a philosophical commitment for a strong publicly funded health care system. That kind of commitment has to be entrenched at the decision making level.

You announced a big increase in hospital funding. What are your expectations?

JMP: I expect hospitals to continue to provide, in a cost efficient, very patient-oriented way, acute care services. They are to manage their resources in a way that meets the needs of the community. If that means making hospitals more community friendly in the way of post-operative discharge, or all discharge planning into the community, working with the community sector, then that is what they are supposed to do.
On the community side, a five per cent increase was announced. Is that going to deal with two important issues in the community sector: the necessary expansion of services and the wage gap for the community sector caregivers who are paid significantly less than their counterparts in hospitals and long-term care?

JM: Our premise has made a commitment to pay equity for community health care providers, and that commitment stands. I'm hopeful that the money, the five per cent, will go toward pay equity.

But if you try and balance the need for an expansion of health services in the community with the issue of the wage gap, do you think five per cent is going to be able to satisfy it?

JM: I'm not going to comment on the negotiations that are going on, but it is a lot of resources to work with and I am encouraging the parties to do that.

Health employers have established parity in their own pay rates between community and facility but have said no to front line health care workers in their bid to achieve parity.

JM: They [HEABC] made a decision to increase administrators' wages. They have to do that because they're not meeting their commitment about pay equity for community health care workers. If they don't do that, then there's an issue with which we have to deal directly with the bargaining agent [HEABC].

There have been some problems in a number of communities with bed shortages. Has our acute care system become too under-resourced in terms of beds and services? Is there a limit to how efficient you can make hospitals?

JM: Yes, I think there are limits to efficiencies. At some point there is a recognition that the acuity of patients is at such a high level that there is no more room to reduce the number of beds in hospitals. I think we are almost at that point now but I do not in any way believe we are under-resourced. There has to be a recognition that many people are being admitted to hospital that shouldn't be. We recently released a report that showed 50 per cent of admissions to acute care beds were inappropriate. Health care was needed, but it wasn't an acute care bed that was needed. So, while we certainly have enough resources now, I think some resources are being under-utilized.

Are adequate community services in place?

JM: There are many community health services. We need to recognize that acute care facilities are needed in very specific circumstances of illness treatment and that it's more appropriate to have people treated in the community for illnesses which don't require admission to the hospital. But more needs to be done. And we are doing it.

The public sector is making a case that it would be more efficient to bring all lab testing into the public sector.

What is the government's position on this?

JM: Certainly, I believe there is over-utilization of lab services, both in the public sector and the private sector. There is also over-capacity. So rationalization in lab services has to take place.

Where possible, I think health care services should be delivered in the public sector. But I also know that there are arguments to be made that there are cost efficiencies in the private sector. That would need to be demonstrated to me, and it would need to be demonstrated to me that somehow the delivery of private lab services is better for the patient. I have not been convinced of that.

There are great savings to be made in how we spend our lab dollars... savings that can be ploughed right back into the health care system. The goal for me, and it should be done in the context of the Health Authorities Act, is it should be for-profit as well.

You have been quite angered by sewerage settlements for administrators. How is the government dealing with the severance question?

JM: My greatest disappointment is the lack of regard that some senior administrators have for the taxes the little guy and women pay into the health care system. That somehow it is acceptable for the administrators to get golden handshakes that are outrageous and unwarranted. I commissioned a review of CEO compensation packages and was disappointed to find that the Ron Molyneux golden handshake was outrageous but legal. The second part of the report is due any day now and I am told it will have some very interesting details in it. When I release that report I will release some plan of action on how to legislate against golden handshakes that are outrageous, unwarranted and beyond the guidelines.

WCB statistics are quite clear that health care facilities are the most dangerous workplaces in B.C. In terms of injury. What kinds of measures can be taken to reduce injuries on the job for health care workers?

JM: It is unacceptable to have the high rate of injuries and illness that health care workers are subjected to. It should be a priority with the administrators to correct.

COMMITTED: Macphail and Premier Clark have delivered on the NDP's election commitment to medicare. In the face of sharp federal cuts, Victoria is boosting health funding by $300 million in 1997/98.

What if it's not?

JM: Then, that is something the regional health boards will address.

You will monitor the situation?

JM: Yes; we will. It's a good point and it needs to be on the checklist, for monitoring. And I also hope that health care providers will make sure regional health boards stay on top of this issue.

Looking at the delivery of health care services across the country, how are we doing it differently in B.C.?

JM: First and foremost, our government is truly committed to the principles of medicare and to a single-tier, publicly funded system where you get health care regardless of the size of your wallet. That distinguishes us from pretty well every other jurisdiction in Canada. But we are also leaders in innovative health care delivery. Three examples that stand out are: reference-based pricing on drug costs, our capping of doctors' salaries (less) and the labour accord. The Health Labour Accord recognizes the value of health care providers on a continuing basis in the system. We have approached extending a strong health care system through cooperation rather than confrontation.

What kinds of pressures do you deal with as a woman in politics?

JM: I am not afraid of women's anxiety about whether I am going to get to the day-care on time. What I have found is that with other women in the workforce, I am no exception there. I actually have found it to be a great plus to be a woman in politics. The support that I have received has been overwhelming. The best part of my job is to meet with other women and share with them my experiences.
Shell spills blood, oil in Ogoniland

Imagine a beautiful river. A people who farm its valley and fish its waters. A way of life that has existed since time immemorial. Then imagine air and water pollution, exploitation of the people and the land. This is Ogoniland in Nigeria.

The 400 square miles of Ogoni territory is rich in oil, which Shell Oil began exploiting in 1958. Now it owns all but two of the hundreds of oil wells. There have been countless oil spills onto Ogoni farmland. Gas flares have created eternal daylight. Celebrated Ogoni poet Ken Saro-Wiwa wrote that there were children alive who had never experienced night time. Pollution has created a hell on earth.

In 30 years Shell has extracted $30 billion in oil. The Ogoni have not benefited, to the contrary, they have suffered substantially.

"An environmental issue soon became a matter of human rights."

But they are not passive victims. They organized the Movement for the Survival of the Ogoni People. In standing up to Shell Oil, they attacked a close ally of Nigerian repressive military government.

An environmental issue soon became a matter of human rights. Two thousand Ogoni have died and many more have disappeared. And there was the infamous execution of Ken Saro-Wiwa and others, which brought the plight of the Ogoni people to the world's attention.

Shell denied the Nigerian government, but it pulled out in wake of the controversy following the executions. However, it has announced a new $5.5 billion project for the near future.

On Feb. 27 the Childrens Hospital in the city of the HNUI hosted a presentation by Scott Fleg and Jaggi Singh of the Ogoni Solidarity Network. Union members asked how they could make a difference. Fleg and Singh urged them to write letters to Shell and to boycott Shell gas.

The City of Vancouver buys six million litres of gas from Shell every year. The contract is up for renewal. "Let's do the same," said Singh.

Members expressed concern about Shell stations being owned by Canadians. Mightn't this hurt them more than the multinational Shell Oil? Fleg answered that other gas stations are run by Canadian franchisers.

When asked what the Ogoni want Shell to do in the end, Singh said they want Shell to get out of Ogoni territory or negotiate with the Ogoni themselves, compensate the Ogoni for the land and water damage, clean up the mess, and stop supporting military repression.

Bertas Story

by Deidre Kelly

W ound our way up the hill, then down the footpath. A woman waved to us, mentioning us to come inside her house. We sat in a circle on the dirt floor. We had come to see Bertas Story.

The room fell silent as she began her story about working in the maquiladoras. She spoke in a soft voice. "We make weights for sports fishermen. We sand the wooden fish, then paint them. The lead weights are made into molds, and then we put them on racks. Right then lamps speed the drying. That day (Dec. 8, 1993) we had just finished lunch and were putting on our coats. We tried to take one of the racks down. When we took it down, it bumped into one of the lamps, and that caused sparks to fly. There were seven workers in that room, which measured just three metres square. People jumped up - everything went flying - the acetone and paint. The fire spread rapidly. It was hard to get out of the room. The stronger got out first.

Berta and her co-worker Wendy were on fire. They had washed their hands, shoes and clothes with acetone. Four workers were taken to the social security hospital with critical burns. Berta was affected the worst. "I lost consciousness because of the pain. I came to when the doctor started to wash off the burns.

She was in the hospital for 15 days. "The doctor would come and see us sporadically. There were two older supervisors, aged 20 and 29, with less serious injuries," Berta said. "That day I said to the boss that I could not work - I was pregnant. He told me to be quiet and 'If you do not want to work, you need to find another job.'"

The workers do not know who owns the plant, just that he lives in the United States. The pay for a day's work is just under $2 Canadian. They work from 7 a.m. to 8 p.m.

Kootenay Lake supports Mujeres

In December, Kootenay Lake District Council in Nelson heard a presentation by Flor de Maria, a leader of Mujeres en Solidaridad (Women in Solidarity). This Guatemalan organization campaigns and supports women like Berta and Wendy who work in maquiladoras, in their struggle for compensation for their injuries.

She began the story of Berta and Wendy to the group. Local president Ferry Nelson was so moved by the story that he convinced the local to commit $100 per month to pay the salary of one staff person of Mujeres en Solidaridad.

The women who work on the occupational health and safety issues for the organization voluntarily use their time and are able to pay the salary of one full-time staff person. This is important to them and to the women that they work with.

If you would like any information on this project, or if your local is interested in following the example of Kootenay Lake District Council, contact Ferry Nelson (332-3131) or Ann Gosselin through Maria Torres (874-2500) at the Christian Task Force in Vancouver.

SNAPSHOTS FROM THE GLOBAL ECONOMY

Working Dangerously Bertas burns were so severe she had to have 10 operations. Nothing more they could do. They knew that we didn't have any money. Bertas 14-year-old meter is still at the plant. The small amount the makes provides the family only income. Social security doesn't pay for medicine. Bertas mother asked if I would like to take some photographs. I asked Bertas if it was okay. She nodded. I forced myself not to show my horror at the image of her body - with all the rough redness and disfigurement characteristic of burns - were revealed. I snapped away, meeting her eyes as if to say we will do what we can, this is not fair, you, so young! We told her we would work with the Guatemalan human rights groups to alert the international community about what happens when there are no worker's organizations and no safety regulations. We would try and find the owner in the United States. He is only licensed for textiles. He is not supposed to be using lead, and the plant needs ventilation.

As Berta slowly put her clothes back on, her mother told us she spends days in her room, crying from the pain and trauma.

Forty-five children from 11 to 16 work in this plant. Their work brings much needed money to their families. Yet, it is not our responsibility in North America to ask questions about the conditions of workers in places like Guatemala.

With the new trade agreements that include no mechanisms for establishing labor rights, are we not aiding and abetting a return to conditions of slavery and child exploitation?

The goods are warm as much as had been shared. As we walked back, I wondered about the true cost that some of our consumer items really exact.
Research promotes a broader public debate

While working on our number one Bill 48 priority of joining with the paramedical bargaining units, HEU continues to press Victoria to remove the line segregating community and facility health workers.

This HEU commissioned report is part of the union's efforts to broaden the debate on the health policy implications of this line. HEU president-business manager Chris Austin, says, "It is our belief that this report provides useful recommendations to government and unions for resolving fundamental issues of fairness and justice for community caregivers."

This is an excerpt of Kushner's paper. For a full copy, contact HEU communications department, 734-3491 or 1-800-663-5881.

THE END OF THE LINE

Health policy expert Carol Kushnur says the dividing line between community and facility health workers promotes exploitation and impedes health reform.

by Carol Kushnur

In January 1995, the B.C. government established the Dorey Commission to recommend new bargaining structures in the health sector (Bill 48). In its recommendations, Dorey established separate bargaining associations for health service and support workers, one in the facility sector and one in the community sector.

It's worth noting that for other types of health workers, including nurses and paramedical professionals, the commission recommended bargaining arrangements that span the community and facility sectors. "I would acknowledge that what really counts is the work, not the setting."

The dividing line between community and facility sectors promotes inequity. First, it serves to entrench lower wages and poorer working conditions for those working in community-based services, mostly women. Second, it affords an opportunity for exploitation. Already some facility employers have moved to recruit facility workers as community workers to capitalize on the cost advantage that will kick in when current contracts expire.

It seems reasonable to ask that community health service and support workers receive equitable treatment, especially because they care for some of the most vulnerable and disadvantaged people in the system: the frail elderly, those with cognitive impairments, and those with drug and alcohol problems.

"Historically there have been enormous cultural differences between the community and facility sectors in health care delivery. Unfortunately, drawing a line between these sectors will likely reinforce these differences. Current arrangements have the potential to entrench and expand the existing low-wage ghetto in the health sector."

Generally, community care workers have lower wages, fewer benefits and poorer working conditions than workers in hospitals and long-term care facilities. While many people may enjoy the relative lack of hierarchy and greater freedom in community care work, the price is smaller pay cheques, a longer work week and far less job security.

Compared to those working in institutions, they have poorer access to training and retraining opportunities and limited labour adjustment options as they are not covered by of the Health Labour Accord. When their jobs get replaced by new technology, they're out of luck. For example, one might expect that over time some services delivered in the home today will be offered in congregate settings in the future. Another example is the growing use of fax in the office to convey specific information to ensure that in-home workers have relevant and timely information.

And because many community sector jobs depend on agency contracts, there's no job security when contracts are not renewed.

Within facilities, workers are protected with respect to job security, wage parity, and labour adjustment opportunities. This has helped address inequities between the acute and long-term care sectors as well as for nurses and paramedical professionals working in the community sector. It means, for example, that nurses and OTs and physical therapists can move from hospital-based employment to jobs in long-term care facilities or continuing care. If they require priority placement because of instructional job cuts, it means they also have access to the training they require to make the move.

The failure to extend similar protection to health service and support workers in the community creates a significant barrier to workers shifting to community care jobs, a shift which will be necessary as jurisdictions continue to downsizes and budgets increasingly flow to develop better community services.

Another compelling reason to remove the line has to do with health reform. With its policy announcements Better Frameworks, Better Care, British Columbia signaled the need to reform on the objectives of expanding care in the community. It is now clear that the regional health boards and community health councils will be expected to develop an array of new and integrated community-based services.

To support these innovations, RHSs and CHOs will be keenly interested in securing highly motivated, well-trained staff to work in community care. They will need a broad range of health, social service, support, and community workers, willing to work in multi-disciplinary teams.

WHERE will this new staff come from? As long as wages and benefits continue to lag, many workers will favor the better pay and job security available to them in facility care. What's more, facility workers have access to job security provisions and to training and retraining opportunities unavailable to their counterparts in the community. All these factors hinder labour mobility and will impede the pace of health reform if not corrected.

To ironic that the HEAURC has moved to equalize differences in compensation for administrators working in the facility and community sectors. If the system can address disparities among its best paid employees, surely it can show a similar commitment to equity for those at the bottom of the scale.

The government review of Bill 48 provides an opportunity to review the bargaining arrangements for community-based health service and support workers in a new light. It allows an opportunity for all parties to agree on an approach to achieve parity between sectors, a plan for bridging the wage and benefits gap. This plan, however, cannot be used as an excuse to stall the development of new community-based services.

Eliminating the line by creating a single, province-wide bargaining association for community-based and facility-based health service and support workers will promote health reform objectives, address disparities, and protect and enhance the quality of care. It is an opportunity too good to miss. The premi er has already stated his commitment to parity noting that it's "really just a matter of time and money."

Carol Kushnur is a health policy analyst, author and consultant providing policy advice and analysis to governments and health care organizations.
Ontario hospital workers take to the streets

By Catherine McLeod

With Premier Mike Harris’ early March announcement of $1.3 billion, cut in hospital funding and the closure of 60 acute care facilities, the fight for Ontario’s hospital system is on as members of CUPE’s Ontario Council of Hospital Workers (OCHW) are planning escalating province-wide political protests and job actions against the Tory government.

In his much-heralded Common Sense Revolution election manifesto, Harris promised that he wouldn’t touch a penny of health care funding. But now, to pay for huge tax reductions, the same man is calling for the biggest health care cuts in Canadian history, that will kill the jobs of up to 50,000 hospital workers. And CUPE, which represents more than 20,000 registered nursing practitioners, laboratory workers, dietary, ambulances and laboratory workers is organizing for a battle.

OCHW President Michael Hofley says, “We haven’t walked off the job to send a message in many, many years. But we have to convince the government that these cuts are wrong for community health standards, wrong for hospital workers and wrong for our economy. We not only downgrade community access to health care, they also decimate the health of local economies right across the province.”

Ottawa hospital locals were the first to act by walking off the job for five minutes on March 5. At the Mountfort Hospital, members protested the idiozy of closing the region’s only French-speaking facility Metro Toronto joined Ottawa members on March 13 and walked out for 10 minutes to protest the more than 10,000 jobs that could be lost in the city if the government isn’t stopped.

At Toronto Hospital, CUPE local 2003 president Nancy Tassavainen and members had just been issued pink slips and told that water would no longer be supplied satisfactorily to patients because of cutbacks. They chanted “water, water everywhere, and not a drop to drink.” Around the corner, at Women’s College Hospital, angry protesters decried the loss of the top women’s health centre in the province.

Leaders from CUPE hospital locals across the province voted overwhelmingly to expand the job actions. They resolved to go back to their locals for mandates to fight for a complete moratorium on Ontario hospital cuts, closures and layoffs.

By early April, Kingston health care workers in a number of cities held emergency mass membership meetings and voted to join the protest with simultaneous 10-minute walkouts. A 10-minute province-wide walkout is set for later in April.

Even if the Harris government likes to think democracy in Ontario is dead, CUPE hospital workers are proving him wrong. And the message is getting out. A recent poll shows hospital worker actions are making a difference. Hofley cites a new study done for the Harris government by Summit Strategy Group. “The study reveals that when Tories speak about health care, they rate tenth in believability. Hospital administrators are the same. Zero,” he said.

Women’s work study a “painful reality check”

by Sheila Rosswell

“Tired of fighting the good fight on your own? Are you of other women. Isn’t it time we joined forces?” That’s the theme that runs through a major new study by the Canadian Labour Congress (CLC) on women’s work in Canada. The report on Women’s Work was written by Winnie Ng who researched and compiled the statistics and travelled across Canada talking to hundreds of women, including CUPE members. Their stories, observations and views on what unions need to do form the heart and soul of the report.

“The myth of women’s equality is everywhere,” said the CLC’s Nancy Bette at the report’s release in March. “You see women on TV in ads who are making real choices and change in their lives. This report offers a painful reality check to those images.”

What’s the real state of women’s working lives across Canada?

Despite women’s gains over the last generation, the vast majority remain stuck in low-paying jobs with little hope for advancement. Women represent 70 per cent of workers in the lowest paying jobs.

In February 1997, women lost 30,000 full-time jobs. Since December 1994, women have gained only 10,000 full-time jobs and 140,000 part-time jobs, according to StatsCan.

Only 20 per cent of women have full-time, full-year jobs which pay more than $30,000 per year, 60 per cent of men do.

In the last 20 years the number of women holding part-time jobs has increased by 200 per cent. Over a third of those women want full-time work. One in 10 jobs is now temporary.

In 1996 all the growth in jobs held by women was in part-time jobs! The largest number of full-time women’s jobs lost was in banking, where CEOs and shareholders reap obscene profits. Part-time work no longer involves regular hours. Trying to arrange family lives with no sense of when you will be called in raises the stress level of women working part-time.

Growth in part-time, casual and just-in-time work is most pronounced in the service sector (food and beverage industry, hotels, retail trade). Only seven per cent of women in this industry are unionized.

There is a clear widening gap between working women in Canada. This report lays out the fact that women with disabilities, aboriginal women and women from visible minority groups have suffered the most from downsizing and restructuring.

These facts can leave one feeling quite hopeless. But the report brings new hope in the form of success stories where women and men have taken on corporate greed, increased exploitation of working people and shareholders who may be poor or marginalized. Very clear that women were not needed unions. One in three working women in Canada belong to a union. Women in unions and those not yet unionized offered suggestions on how to attract women to the labour movement and how to tap into the activism of women already inside.

The report sets out clear proposals for unions and the labour movement - some of them already implemented here and there across the country, some of them under debate. Men are proposals that challenge unions’ traditional ways of operating.

The CLC’s Women’s Work is available from the HEU Provincial Office communications department.

- Rosswell is 3rd vice-president on HEU’s Provincial Executive.

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Basic Struggle: South African community health care activist Zandile Gumede met with HEU activists in Vancouver March 6 to tell of her struggles for basic health services in the Durban suburb of Amanzimtoti. Recounting her story with HEU president Fred Martin, Left, and Miriam Palacios of Chessex, centre, Zandile’s has been at the heart of many battles for basic health care and sanitation. Her talk was sponsored by the HEU women’s committee, OXPFAM-Canada and the Vancouver/Richmond Health Board.
Ashcroft project could be prototype for expanding nurses’ roles, duties

by Dale Fuller

LIKE MANY small rural communities in B.C., Ashcroft has been unable over the years to recruit enough physicians to provide around the clock coverage for its hospital. This resulted in RNs being at times the de facto first access point to health care. The situation reached a crisis point in the summer of 1996, when physicians’ schedules rendered them unavailable for long periods of time. They had determined to be available for emergency support only.

The crisis forced the hospital to examine the role of its nurses and to consider formalizing and expanding their actual scopes of practice. Nurses needed to have the authority to independently provide care in the emergency room when physicians were unavailable. Using the security of the Health Labour Accord, and the resources it provides to promote positive change in health care, the key stakeholders were able to develop a model for change that expanded the roles for both RNs and LPNs.

To deal with the 1996 crisis, hospital administrator Sylvia Gervais and the nurses began to investigate the protocols necessary for patient care under those circumstances. A group of physicians, which has been holding regular meetings since 1995, was struck and includes representatives of hospital administration, RNs, LPNs, the Registered Nurses Association of B.C., the B.C. Nurses Union and HEU. Gervais has assured those on the committee that there will be no changes to the nursing budget and no staff cuts. The high degree of cooperation has been fruitful and has produced a plan – set to be implemented in May – that will enable the hospital to meet the needs of the community.

It is examining the expansion of the role of registered nurses, or in reality “nearly reclaiming what is already within the current scope of practice.” They will be able to independently triage and provide minor treatment for patients presenting in the emergency room. This may hail the emergence in British Columbia of nurse practitioners. Appropriate training needs are being addressed by the committee.

Although the committee seems to be concentrating on the role of the registered nurses in this process, two LPNs that sit on the committee, Fusa Itohara and Loren Martin, are both enthusiastic about the changes. They see that this can only have a positive effect on their own role in the provision of health care. They think that when the RNs begin working to the full scope of their own practice, and in fact expanding it, that LPNs will be able to use their own skills to their full extent.

Itohara, who has been working as Ashcroft and District General Hospital (and its earlier incarnation, the Lady Minto Hospital) for 38 years, said, “Our skills are not being used enough. The only skill we don’t have right now is in pharmacology, and I feel that will come.”

Martin, with 17 years of service, adds, “We will have to be ready for the responsibility that will come, but we welcome that.” She said that often in the past LPNs assisted with minor surgery, such as vasectomies. That has been discontinued, but often RNs rely on their know how and experience. Surprisingly, local doctors are supportive of this initiative. They see it as a way for them to avoid burnout. They attend some of the meetings to review the protocols from their perspective.

The committee has held information sessions with the hospital board and plans further sessions to inform the public in the near future. The emergency ward will not always have a doctor around, and the public will need to be reassured and educated about this. In order to shift some of the emphasis onto the role of LPNs in this innovative plan, Katherine Reilley, the HEU regional representative who sits on the committee, urged the other members at a recent meeting to consider having at least one LPN on shift at all times. She stressed that their changing role should also be recognized as they will make a valuable contribution to this process.

Lee Kuehn, chief nurse with the BCNU at the Lytton hospital, attended the March 10 meeting as an observer. Lytton is a rural community with some of the same problems as Ashcroft, and they are watching this process with keen interest. The plan could prove to be a breakthrough. On an issue where HEU and BCNU have had some disagreements it shows cooperation can promote positive outcomes for nursing staff and patients across the province.

Marriott may soon get the chop at Children’s

Workers’ campaign aim to improve and expand food services

by Dale Fuller

HEU members at Children’s Hospital are on the verge of victory in their battle against the giant Marriott Corp. which may soon be officially removed from the privatized food services management contract they were first given three years ago.

In a classic case example of perseverance and creativity, local activists have made great strides with their employer. They’ve used their front line expertise to show that by being creative solutions to improve and expand services, and to better working conditions for food service workers which were horrible under Marriott.

The union activists’ first step was to meticulously document Marriott’s deplorable track record and its failure to comply with clearly specified contract standards.

The company went through three on-site managers, provided inadequate leadership, and were overtly confrontational. In addition, there were serious concerns with Marriott’s record on sanitation, training, quality improvement, and service levels.

Children’s local members were determined to show the board it was not in the best interest of anyone (except Marriott) to renew the contract, which just recently came open. But, in the second part of their strategy, they did not simply go to the board and say, “We want Marriott out.” Instead they offered workable alternatives. They reasoned that if they were the people on the floor doing the work, they should be able to devise a plan on how the work could be done in the most efficient manner.

Although the local went into high gear around the issue of the contract renewal, the members had been handling problems as they cropped up all through Marriott’s tenure at Children’s. When one of Marriott’s managers attempted to deal with the complex abysmal cost overruns by laying off 19 full-time employees, the union local staged a sitdown and threatened another. That brought management to the table to begin the union’s isolation, in which work was recognized effectively only by a full-time position eliminated by attrition. Those were positive changes, and everyone came out a winner, with the possible exception of Marriott.

Originally the contract was up on March 31, and it seemed like the hospital was going to renew it. The union local approached management and asked for the opportunity to present its alternative plan. The proposal included ideas on how to manage work schedules, work routines, cooking procedures, hours of operations and a coffee break. The members noted that there was no trust of Marriott, the won of several “awards of dubious distinction” in the U.S. for such things as food poisoning and huge cost overruns. Buzz Thoman said, “We took our anger and used it to develop positive alternatives. That’s why we are where we are today.”

Where they are today is that hospital management has made a decision not to renew Marriott’s contract. This is a victory for the local, and it can be attributed to all the work that their committee did. It resulted from a combination of knowing their job, some gritty research and real creativity. The Children’s Hospital members developed positive alternatives in response to the problems created by Marriott management. For once management listened.

ASHCROFT HOSPITAL patient Derek Edwards, surrounded by photographs of his loved ones, receives a quiet word of reassurance from LPN Sharon Thompson.
Heath care on working TV

Two health care issues highlighted in May on WTV

Wash Working TV in May for shows on two important health care
topic: The first is a feature, funded in part by HEU, on toll-
when Nordenmark is a housekeeper at
Eagle Ridge Hospital in Port Moody
and has collected 192 needle stick
incidents at the hospital.

A welcome to new members

HEU continues its organizing efforts, welcoming 12 new members.

A coffee break

First it was
RoboCop, now it's
RoboCareAide

Registered nurses eye CLC membership

Coffee

break

Health care on Working TV

Two health care issues highlighted in May on WTV

RoboCop, now it's RoboCareAide

- The latest Japanese electronics
- firm Toshiba has developed a
- "human-friendly" robot that's so
- advanced that corporate execu-
- tives are poised to market it for
- use in a high tech care aide in
- long-term care facilities.
- The company has started a
- pilot project to deploy the
- robot to carry and clean bed
- trays in facilities and in seniors'
- homes. Equipped with a telep-
- phone and a TV, the robot can
- be ordered to do tasks from its
- central control room.

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Registered nurses eye CLC membership

CUPE members stop to

victory as Canada's

 tends to women council

- Clara Schmidt, CLC member,
- said she is pleased with the
- recent membership increase in
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Yukon’s activist retires from kitchen
For 18 years Janet Amberson worked at Yukita Lodge. And a year after she started working, the Yukita local was founded. She’s been an active union member, having served as chairperson, vice-chairperson, trustee—and mothers’ helper. In the community she’s a member of Kiwanis. Amberson will be missed in Yukita’s kitchen where she worked as a cook, but her retirement will be filled with fun things like traveling, gardening, crafts, and sewing.

Gibson’s local founder overtaken by long illness
Sister Iris Harrison passed away in February after a long illness. She started the Gibson local of HEU at Kwanlin Village Care Home in February 1982. Harrison was chair of the local for many years and remained an active union member until she went on long-term disability in 1987.

Mount St. Mary local loses longtime member
Brother Gary Clements was a fixture at Mount St. Mary Hospital in Victoria for the last 28 years. “Clem,” as he was known to his friends, succumbed to a long illness during the holiday season. He’d been on LTD since 1992. Local members report that Clements brought a sense of adventure to his work as a stationary engineer and was always up to the challenge of making things work.

HEU activists take their seats on CHCs
Its official – 13 HEU members have been appointed to community health councils (CHCs) as health care union representatives. As the largest health care union in B.C., HEU has the lion’s share of CHC and regional health board appointments, holding 17 of 45 positions.

Gail Detta from the Nisutnap local sits on the Columbia Valley CHC. Golden’s CHC health worker rep is Susan Drown (Golden local), while Petra Schiebe, Mount St. Francis local, will take the spot on the Nelson and area CHC. Ruby Bone of the Pioneer Villa local and Shelly Wedderburn from the Sparwood local round out HEU southeast B.C. constituents as reps on the Creston and District and the Elk Valley and South County CHCs respectively.

On the island, Heidi Osburne, Campbell River local, will sit on the Campbell River/Nootka CHC. North along the coast, Faye Edgar from the Bella Coola local sits on the Bella Coola Valley and District CHC while Prince Rupert local Colleen Fieger-Patrick takes a seat on the North Coast CHC. Health care workers in the far northwesterth CHC region of Segikine receive representations from Dick Johnson of the Desolate Lake local. Moving inland, Charles Smith of the Hazelton local is health workers’ voice on the Upper Skeena CHC. Finally, in the far northeast, HEU receives two CHC appointments: John Barrett, Fort Nelson local, sits on the Fort Nelson/Highland CHC and Margaret Ruksa of the Peace River local will attend Peace River South CHC meetings.

Mount St. Mary local loses longtime member

New faces in union offices
You’ll be seeing a few new faces in HEU offices. Raymond Liens has been appointed to the new position of equity officer. He comes from the provincial government, where he worked on Canada’s first community bank, Four Corners Community Savings. Previously, he was constituency assistant to then minister of finance Glen Clark. Liens moved to Vancouver from Winnipeg where he helped the UFCW organize and negotiate a contract in a non-English speaking workplace. He moved to Vancouver in 1992.

And Reinhold Herman joins the Provincial Office in Vancouver as a staff rep responsible for workers’ compensation appeals. Herman is a lawyer who comes to HEU after seven years with the United Food and Commercial Workers’ union and 10 years before that as a private pracitioner. A former Vancouver school board trustee, Herman is a leader of the Vancouver civil rights COPF.

There’s also some fresh faces providing key clerical support for the union. The Vancouver Island regional office welcomes Denise Day who hailed from OTUH. In the Provincial Office Vancouver site three new clerical staff have been spotted: Susan Bevans (Maplegrove local), Elizabeth Hubick (Lions Gate local), and Catherine Jeffrey (VGH local).

Welcome all.

Davies earns Van East NDP nod
In a highly contested nomination in Vancouver East, HEU staffer Libby Davies has won the right to carry the NDP banner into the next federal election. At the nomination meeting held March 13, Davies told party members that the federal Liberals have abandoned Canadian values.

“I believe in a Canada that places the needs and values of people and communities above the profits of corporations.” She also paid tribute to her husband and long-time civic activist Bruce Elston who died three days later after a long illness.

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A bad decision
An April 7 labour relations board ruling determines what are facility and community services. The outcome? 5,000 HEU members could be impacted and health reform imperiled.

May 3 is justice day
Across Canada, union and community activists are set to rally as the Canadian Labour Congress presses to get the demands of working people on the federal election agenda.

MacPhail's vision
B.C.'s health minister on privatization, community bargaining, employer accountability, and her plans for health care reform. A candid and exclusive Guardian interview starts on...