Checkup on Change

Six years after a Royal Commission drafted a blueprint for change, health care reform is finally on track.

HAPPY BIRTHDAY!
HEU activists join in South African sister union's celebration and learn that the threat of privatization is international. PAGE 13

TEAM BUILDERS
UPN Cathy Bollinger at community health centre. PAGE 10

DOWN PAYMENT ON PARITY!
It took 15 months, but we did it! PAGE 3
COMMENT

Setting the stage for 1998 bargaining

by Chris Allnutt

H

EU MEMBERS haven't rested one moment since Christmas, nor in preparing for fairness and justice in health care and setting the stage for the critical 1998 round of bargaining!

With the passage of Bill 28 in the dying hours of the last legislative session, our members rights to representation in the paramedical professional bargaining group are guaranteed. The law provides a mechanism through which the line that divides the community and facility sectors can be reviewed.

Community caregivers are now voting on a hard-earned deal with health employers that fundamentally alters the role of the community sector in B.C.'s health care system. It is a major step by providing reasonable adjustments to the lower end of the wage scale, comprehensive benefits and a shorter work week.

Access to labour adjustment programs and a process for fair classification means community caregivers can participate more fully in the whole health care system.

It is all politics at an exciting round of bargaining in 1998. The union side of the bargaining table will be bigger than last time as smaller unions pushed out by Bill 68 reclaim their places. We'll have to work harder to build solidarity between the many unions.

Then there's the bigger picture.

The Clark government has pushed the concept of reduced over-time as a means of job creation in the private sector and, not surprisingly, in the jobs and Tim Hortons. Can we facilitate job creation in the health sector through limiting overtime and restraining in privatization of services?

This is the broad context that will challenge HEU delegates as they gather in late September for the 14th Wage Policy Conference. Not only our members don't already have a good idea where bargaining should head.

Delegates to the 1996 convention resolved that the 1998 round of bargaining advance the critical issues of protecting health sector wages from erosion and bargaining injury prevention language that reduces the workplace conflict so prevalent in health care.

That convention also identified the goal of achieving one collective agreement for all health care and support workers.

If any union can do this, it's the HEU. And with a tentative agreement in the community sector, we've got the track record to prove it.

The Guardian welcomes your feedback. Send letters to the Guardian, 707 Weston Ave., Vancouver, B.C. V5P 4G5 or phone: 1-800-950-4149. Please be brief.

She lied
Betray's story
I was very impressed with your March/April issue - I like the way the Guardian's coverage spills over into lots of areas, especially the Guatemala story about the 'burn victim.' I am running that story in the next issue of the DD Bulletin (enclosed) which I edit. Keep up the good work.

LOUISE MACMASTER,
Sorour Workers' Association.

Give credit where credit's due
Thank you for the glowing report, in the March/April Guardian. I appreciate the comments, but I have not done the things I have done on my own. The many courses I have taken through the union have helped me immensely to realize that I have the ability to do such things.

As run for council. The monetary support from my union and my own local along with the Labour Council made it possible.

The Women's March that passed through Queenie to join the Vancouver marchers in Kamloops involved many people, including my own local Union.

The march to Queenie's hospital was organized by two pregnant women in the community who didn't wish to be on stretcher in the hospital when they delivered. They assisted them as much as possible and along with many community members made a speech at this rally.

Unfortunately there is a discrepancy in the story you published. After being told by WCB I was 'scared' and no longer eligible for compensation they then told me I could not go back to my janitorial job as I would re-injure myself. This resulted in me being unemployed. I did agree that I was not ready to go back to my former job as I knew one day working and it would be right back with my tendon injury but I did not agree that I was to be unemployed. WCB if not reduced under WCB is not eligible for benefits in my only option was LTD and I could find clerical work. This incident sparked my interest in WCB reform and I made a presentation at the WCB Long Term Hearings and just recently made another presentation at the WCB Board of Directors (I hope that one does some good.)

In June I attended the CLW Women's Conference in Grafton and found it to be informative, uplifting and meaningful. I appreciated being afford the opportunity to attend this conference. I was involved in a workshop on 'Coalitions in the Community.' I found it to be informative.

The Guardian welcomed the streets of Ottawa at noon as an experience to be remembered. Our numbers increased as we marched. Several of the protesters were against the Treasury Board for not honouring pay equity agreements with PWAC, then on to Starbucks who close newly certified stores, then to Walmart who can only sell at low prices as it do because of working in small businesses in stow spots in appalling conditions in Third World countries. By the time we got to our last protest at McDonald's the police were considered enough to block the streets to traffic for all! We all returned to the conference with renewed spirits and determination to continue the fight. Thank you once again for the opportunity to attend this conference.

JEAN BIRCH, Vancouver Local

The voice of boycotts
If you could influence the "throw away" market to withhold its enormous purchasing power until NIKE and other like manufacturers reduced profits and instituted fair labours practices you could also help decrease crimes related to the acquisition of these products by people unable to afford them or those who steal for profit.

The fact that Woods and Jordan would sell themselves to those exploiters of child labour has convinced me the companies own products they endorse. As to "the baggage," no way, I chopped up my bag three years ago. Approximately 20 years ago I did the same with my Woodard's card and look what happened to them! It happened with the PWAC and consistent and you must continue.

Now retired but still an activist.

BARBARA A. HODSON,
Formerly of the White Rock Local

Nurses' dialogue continues
The B.C. Nurses' Union welcomes HEU's continued interest in working together on common issues to improve working and staffing and patient care. We value the close working relationship we've had with the HEU over the years, and we are prepared to work hard to keep that relationship strong in the difficult times facing B.C.'s health care system.

In response to re-printing the letters published in the Kamloops Daily News, we would like to point continued on page 14

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What we're up to

First Nations facility reaches agreement

On July 22, 14 HEU members at Skidegate sat a tentative agreement with the Skidegate Band Council. This is the first collective bargaining agreement for First Nations facilities under the First Nations Agreement in BC. HEU is negotiating with six other First Nations facilities.

Board and council union reps meet

Thirty-five of the 42 appointed union representatives on the regional health boards and community health councils got together to hold a workshop on July 10 and 11 at the University of British Columbia. The workshop was facilitated by staff people from the BCNU, BCGEU, HPA and HEU.

Arbitrator Stephen Taylor will hear arguments from the union and HEAC and then render a decision. HEU will argue that a 3.7 per cent comparability boost achieved in 1993 remains a factor in the wage gap. In addition to a number of procedural points.

Formal dates set for comparability hearings

HEU’s long fight to achieve comparable wage rates with direct government employees is one step closer to completion, when full employers agreed to formal hearing dates in early October.

"The new software really does reduce our workload... Now nothing gets done."

Business intoxicated with sober second look

Labour is changing the business community’s economic extortion as the B.C. government withdraws legislation amending the labour code. Labour minister John Cashore withdrew the legislation July 16 in the wake of widespread criticism of the proposed amendments by the business community. "Our goal is to take a sober second look at the legislation," said Cashore. But the union movement is crying foul. "The business community has used economic extortion to force the government to drop labour code changes that were modest, fair, and reasonable," said Georgetti.

"We are very disappointed that workers who need help from the government have been let down by the hysterical anti-union articles of business." When the legislation was introduced June 25, business focused its attack on provisions that would extend unionization to the construction industry. Cashore has targeted a provision which would have extended unionization rights to janitorial, security and food service workers and their unions, where these services are contracted to a building owner or manager.

Cashore has agreed to send the proposed changes to a construction labour relations panel. The remaining proposals will be considered under a committee strike under Section 5 of the labour code. He expects to introduce labour code changes in the next session of the legislature.

"Labour has absolutely no fear that a full year of labour talks will show the changes proposed are modest, fair and balanced," said Georgetti. "And a full examination will also show the employers’ true agenda is opposition to workers’ rights to unionize."

"We've got a deal at last!"

HEU Provincial Executive and bargaining committees are recommending acceptance of a tentative contract settlement for the community health sector that provides for significant wage gains, extensive new benefits coverage and labour adjustment safeguards for all community caregivers.

The agreement, which represents a significant step towards parity was reached July 17 after 15 months of tough negotiations between the three union bargaining association of HEU, BCGEU and UFCW on one side, and the Health Employers’ Association of B.C. on the other.

The first step in creating a master collective agreement in the community sector, the tentative agreement would expire April 2, 1998. It contains a number of language provisions from the facility sector master contract, further weakening the labour relations line dividing the two sectors.

"Community sector workers have made major inroads with this agreement,” says HEU's bargaining spokesperson Zorica Bomanick. “But the battle for full parity isn’t over yet.”

"We consider this settlement a down payment on complete parity which we will press to achieve in the next round of community bargaining.”

Community sector health workers whose contracts were covered in the talks will cast ballots on the agreement in ratification votes that start Aug. 11 and conclude Aug. 22.

"The tentative settlement provides for a variety of targeted and reactive wage increases, based on the expiry date of each community local’s contract plus a series of general wage increases towards the end of the agreement.”

Finally, on April 1, 1998, some significant increases, based on the existing home care standard agreement, will be applied at the low end of the community wage scale.

The pay rates will be based on a community caregiver's contact with clients and will range from $13.50 an hour to $16 an hour.

On April 1, 1998, community caregivers gain a benefits package with overtime premiums, vacation entitlement, sick leave, a pension/RRSP plan, health and dental coverage, extended health and long term disability.

Caregivers also have a 37.5 hour week with no loss in pay effective April 1, 1998, and after all pay boosts have been implemented.

Locals with existing shorter work weeks provisions retain their current arrangements.

Community caregivers will have access to all programs of the Health Labour Adjustment Agency including priority placement within both the community and facility sectors.

Labour adjustment coverage is a milestone for community workers, but the 12 months of employment security coverage in the facility sector will have to wait for the next round of bargaining.

AT THE FRONT DOOR

Often during the 15 months of negotiations, when HEAC wouldn’t move in its position, community sector workers took to the street outside the HEAC offices to use some noisy persuasion.
WHAT WE'RE UP TO

Members ratify at Imperial Place

Workers at Imperial Place in Surrey voted Aug. 5 to accept a tentative agreement securing a first agreement with the biggest operator of independent living facilities in North America after 16 months of tough negotiations. After defeating a labour board ordered vote on Holland Retirement Corporation's last offer by a margin of 24 to 1, HEU members at Imperial Place voted 100 per cent in favour of an agreement which provides for significant wage increases and resolves outstanding language issues. "It's a significant agreement for Imperial Place workers," said HEU secretary businessmanager Chris Allcutt, "our members have said no to a minimum wage workplace and have provided an important foothold for organised labour in the operations of this major U.S. company." Rideau Manor members ratify

On June 16, the Rideau Manor local members ratified their first collective agreement. This was reached only after a strike vote was taken and non-binding mediation involved. The local was certified in November 1995. Bargaining began in March 1996. The contract includes improved vacation entitlements and special leaves with pay for marriage, citizenship hearing, serious illness of spouse or child and maternity leave. The wage increases, ranging from $3.38 to $4.06 per hour, are retroactive to May 1, 1997. The contract in this for-profit facility for independent living will expire on Dec. 31, 1999.

Wage Policy set for September

In 1998 health care unions in B.C. will be negotiating their new Master Agreement. In order to prepare for that round of bargaining, HEU has polled its members on what they want to see at the bargaining table. As traditional, delegates at a wage policy conference will decide what is to be negotiated.

Almost everyone is going surfing

The union's recently-completed membership poll reveals some interesting news about HEU members. They love to surf – on the internet at least. Surprisingly, surfing is designed to provide information about bargaining – found

Koreans struggle for democracy

Their fight is waged on several fronts: in the workplace, in their country, and abroad in Central America

by Dale Fuller

S

ERAFINA Cha Mi-kyung became involved in the Korean labour movement as a student in the 1980s. She worked in a garment factory and was instrumental in organizing a union there. This was a crucial period for her, and she has been active in the labour movement ever since.

She continued her activism in Hong Kong, where she lived for a few years, returning to Korea in time to participate in the 1996 general strike. She is now one of the leaders in a movement of international solidarity that has sprung up in her country.

Koreans are engaged in a dynamic struggle for democracy. People the world over know of their fight and offer support and solidarity. Korean workers are concerned not only with their own working conditions, but those of the Central American maquila workers who are working for South Korean companies.

After the Korean War, South Korea was deeply divided ideologically, and the country was divided culturally by the United States. These factors impeded the development of a strong labour movement.

Employers were often cruel and dictatorial. If anyone protested or tried to effect a change in working conditions, the reaction was swift and harsh.

In the 1970s the seed of a new labour movement was planted. Women in the garment industry started to organize.

By the early 1980s, student activists became involved. The labour movement had become a forum for the fight for democracy. They started to conduct classes for workers, and many of them ended up joining the labour movement themselves. Mi-kyung was one of them.

Workers took to the streets in 1987. Employers had enjoyed the support of the military government for many years and did not want to give it up. In the 1990s, the government became even more repressive.

The general strike of 1996 was the culmination of many years of struggle. It was first general strike in Korean history and involved more than 400,000 workers. It forced the government to withdraw repressive legislation.

Canadian Labour Congress president Bob White and vice-president Jean-Claude Parrot visited Korea soon after the general strike. They praised the Korean workers and their courage and led theinvolving of the legislation.

Because the areas of labour relations was influenced, as it is here, by the concept of "globalization" and "competitiveness," a new organization was created called Korean House for International Solidarity (KHIS), which is "responsible for the protection and promotion of human rights and international solidarity on behalf of People's Solidarity for Participatory Democracy (PSPD).

The PSPO in turn is an organization which works with trade unions, grass-roots organizations, export bodies, and individuals. KHIS is concerned about the working conditions of the maquiladoras. Mi-kyung is on the executive committee and in a project coordinator with KHIS. PSPD has designed a code of conduct which they are encouraging trade unions in the USA to use in bargaining for their collective agreements.

KHIS would then be able to take the same code of conduct that is in the collective agreement of a company with a maquila in Central America and pressure it to adopt the same code for that branch plant.

"The problem," says Mi-kyung "is that Korea and Central America are very far away from each other. So I hope that we can set up a dialogue with the people who are working in solidarity with Latin America." She was eager to make those contacts in Canada. While there she met with non-governmental organizations which work in Central America with maquiladoras workers.

KOREAN WORKERS More than 10,000 members of South Korea's labour unions wave protesting flags during an anti-government rally at a Seoul park Monday, Jan. 6, 1997.

4 GUARDIAN • JULY / AUGUST 1997
What we're up to

HEU members march in the 1997 Gay Pride Parade on August 3.

The day was beautiful and 80,000 people lined the streets to watch this annual celebration.

that close to 20 per cent of union members use the World Wide Web on a regular basis. With high numbers in hand, HEU's communications department is fast-tracking plans to use the internet for member communications for 1998 bargaining. At press time the broader results of the membership poll are being reviewed by the Provincial Executive. Watch for details in the next issue of the Guardan.

Facility shutdown affects HEU members

The closure order issued recently to the owners of two Vancouver long-term care facilities should spark a debate about what role for-profit operators should play in social services delivery, says HEU's president Fred Mullin.

About 110 HEU members will be affected when the doors to the Trout Lake and Lakeside facilities close in Aug. 1998. The move was made by the Vancouver Richmond Health Board after the facility owners refused to act on clear instructions to deal with a viability of high staff burnout and danger low staffing levels to improper training.

Mullin said the union was pressing to ensure that HEU members, who are covered by employment security, received the required training as soon as possible so that they could be quickly placed in new positions.

Mullin said the quick action by the VRHB is a good sign that the board will take serious ly its new responsibility to make long-term care providers accountable on staffing levels and quality of care issues.

Learn to make a difference

The B.C. Federation of Labour is looking for people who are interested in advancing progressive change. The best way to accomplish this is to develop organizers.

The B.C. Fed is offering training and inspiration from some of the best people in the field.

"This Organising Institute," says HEU executive director Chris Albin, "is part of a centralized program by the B.C. labour movement to organize a huge number of iron-union workers in our province."

After completing the program, participants join a pool of trained B.C. Fed organizers that will draw from. Any HEU member who participates will learn a great deal and have opportunities to be involved in organizing drives with other unions.

HEU does not pay wage loss, benefits, per diems or other costs.

"However," says Albin, "participation will be an asset to any HEU member who applies to become an HEU organizer through the annual job posting, although other selection criteria must also be considered."
PRESIDENT’S DESK

International solidarity: our answer to globalization

by Fred Muzin

SINCE ITS founding, HEU has recognized the importance of forming</noscript> international solidarity with progressive trade unions in other countries. We understand that the struggle for dignity transcends borders. Now, we are also actively participating in the CUPE Union Aid program. It allows us to expand our efforts and provides HEU with additional contacts, resources and new opportunities to join with others to build even greater international solidarity.

Union Aid is a CUPE national initiative that receives financial support in several ways. Some CUPE locals and individuals make direct donations (e.g., this year’s HEU budget provides for $15,000). Other locals have negotiated contract language that requires their employer to contribute 1/4 per member per hour worked to the fund; in some cases this contribution matches worker donations. CIDA, the Canadian International Development Agency, often contributes matching support through the CJC.

Our efforts are global. The world economy is controlled by the IMF (International Monetary Fund), banks and corporations whose objective is to maximize profits. There is no regard for the consequences of rampant privatization and the destruction of public services and jobs.

HEU is involved in international solidarity in many ways. We have developed links with and supported a Guatemalan health clinic project. Codex Canada facilitates our funding for a three-year Women’s Health project in Nicaragua. We actively opposed the Apartheid regime in South Africa. We refuse to bow to the U.S. Helms-Burton Act that seeks to impose an embargo on Cuba.

We continually lobby against human rights violations. The existence of massacres “sweet shops” in countries like Mexico and Guatemala also threatens us. Child labour in Thailand and Indonesia creates a more cruel, unfreeing world. We reject trade agreements, such as NAFTA and the MAI (Multilateral Agreement on Investments) that do not mandate justice and dignity for workers or human rights protections for social activists.

During this summer HEU, through CUPE’s Union Aid Fund, sent members from our International Solidarity Committee to both South Africa and Cuba. Our sister union in South Africa, NURAWU, is engaged in the battle to oppose privatization, where their counterparts continue to set the agenda and keep politicians accountable. The August International meeting of Workers in Cuba is addressing worldwide issues of privatization, unearned wages, and health and social security arrangements as union organization, discrimination, child labour and the unfair distribution of wealth.

When we reach out to others and share, we become stronger. When we recognize that our struggles go beyond personal grievances, beyond the four walls of our workplace, beyond the boundaries of our province and country, we truly take our place in the never-ending global movement to envision justice, dignity and respect for all.

NOTEBOOK

Hardline doctors out-of-step

by Mike Old

The ongoing debate over privatizing health care will shift to Victoria in mid-August where doctors will gather for the annual meeting of the Canadian Medical Association.

At last year’s get-together, doctors narrowly defeated a call for a two-tier system of medical care where those who could afford it could purchase their care privately. The CMA will need to be more careful on the issue of two-tier medicine this year, especially given the spectacles that followed the C.C. Medical Association meeting in June when newly elected president Granger Avery pronounced that he would make the promotion of private health care a top priority of the BCM.

The public, politicians of all stripes, newspaper editors and health care workers — including some doctors — roundly condemned Avery’s comments.

Many doctors know that a parallel private system means American-style two-tier medicine that robs out medical care in proportion to income.

In early August, the American Journal of Public Health published a study of 30,000 low income patients on both sides of the border. The researchers concluded that poor Canadians had better cancer survival rates than poor Americans. Why? Because earlier detection, faster treatment and better health care are available to Canadians through Medicare.

In the U.S., your health depends on your income. It’s an equation that doesn’t add up for the vast majority of Canadians.

Elsewhere in this issue of the Guardians, we’re reporting on the results of an HEU opinion poll showing that the majority of the public supports using public hospital labs over private labs for blood tests.

When informed of the profit nature of private labs and the shilliness of public labs to recoup health care dollars, the public opinion has the nod of almost 80 per cent of the public — sharply up from two years ago.

This growing awareness in the public that every measure must be taken to preserve Medicare.

As their Victoria meeting, some CMA hardliners will point to shortcomings in our health care system and advance a parallel system as the solution.

Doctors must reject this notion absolutely and join with other health care workers in finding solutions that will strengthen, not weaken, our universal health care system.

A poet in our midst

Anne Weibe grew up in Alberta and moved to Vancouver at the age of 18. Although the older children in her family learned their mother's native Cree, Weibe did not. She attended a Catholic boarding school, and received little education in her first Nation's heritage. In 1988 she began her present job as a laundry aide at Three Lions long-term care facility.

About seven years ago her mother fell ill, after there had already been some deaths in the family. She began to put her feelings down on paper, in the form of poetry.

"That day I told my brothers and sisters and my mother how much I cared for them. And I told those that had died I didn't say them when they were alive."

Weibe says that she is not a vocal person, especially at union meetings.

She joined the First Nations equity caucus when it was created and a whole new world opened to her. Her persistence disappeared in the circle that is part of the First Nations caucus meetings.

"I had never been around that many Native people, although I am Native, but in the circle, I was just so comfortable. I learned so much about myself and my people," she says.

This poet expresses her gentleness towards the causatives.

"It's not only the First Nations caucus. It's all of them. They have taught me a lot." Weibe then writes poems to her two daughters, aged 25 and 21, and sometimes writes short stories for their four-year old grandson.

Gratitude

(I dedicate this to all HEU members, especially those of the equity caucus."

I have pride in my voice when I say who I am.

No more a scared, blocked in mind dam.

A few years ago, I sat perched on a fence

Not knowing where I came from or whence.

Now I see beauty at who I've become;

To shame and ridicule I will not succumb.

My past and my present have become one,

I know who I am. This struggle is done.

My future I see, has no boundaries for me.

I am proud and happy because I am Cree.

This struggle I see is not mine alone;

We all must continue until we are one.

OUT STANDING IN THE FIELD Anne Weibe is an HEU member with a powerful talent for expressing her feelings in poetry.

AFTER

THE SHIFT

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Organizing young people critical

Youth are the key in the growing service sector

by Mike Old

HIGH profile organizing successes at Starbucks in B.C. and McDonalds in Quebec have put a spotlight on the role of young people in unions. On the surface, it appears as if young people are taking control of their workplaces across the service sector.

But the reality for most young people are bleak job prospects and grim working conditions in non-union workplaces. Real unemployment for those under 25 years stands at over 25 per cent or more than two and a half times the rate for those 25 years and older.

Since the 80s, youth income has plummeted and dependence on part-time work has increased. The trends are even more pronounced for young women.

"Canada's economic policies over the last two decades have pushed youth to the margins of the workforce," says Nadene Rethbye, co-author of a recent report on youth in the economy.

"Young people's dependence on low-wage service sector jobs means they have less contact with unions than ever before."

It's a precarious situation for many unions whose membership in traditional areas like resource extraction, manufacturing and the public sector are aging and declining in total numbers.

Even in B.C.'s health care sector, where employment security agreements have preserved jobs, the number of young people is low. Over the last two years, the percentage of HEU members under 35 years fell from 24 per cent to 16 per cent, only two per cent of the HEU membership is under 25 years.

Rethbye says that's a problem for trade unions. She refers to one youth who commented that if young people have no experiences or bad experiences with unions, there won't be a labour movement in 10 or 20 years.

HEU secretary-business manager Chris Allnant agrees. "Employment security means a stable but aging membership," he says. "Our lack of young members is reason enough to continue aggressively organizing in the community and private sector. It's in these workplaces we'll find the young people who depend on part-time shifts and earn low wages. Keeping our union relevant and dynamic in the 21st century means organizing young people today."

According to Rethbye, the key to organizing sectors of the economy dominated by youth is for unions to take a leading role in addressing youth issues and to more actively involve youth in their activities. Preparing for legislation that removes organizing barriers in the service sector is also a crucial step.

Rethbye's study, Help Wanted: Economic security for youth, is co-authored by Stephen McBride, and published by the Canadian Centre for Policy Alternatives. You can obtain a copy by contacting HEU's communication and research department.

Alberta Safeway strike settled

The 11-week strike by more than 10,000 United Food and Commercial Workers members and a few hundred members of the Retail, Confectionary and Tobacco Workers' Union against Safeway stores in Alberta ended on June 8 with a vote on a mediated agreement.

The workers went on strike against the multinational food giant on March 26, bringing most operations to a virtual standstill despite sales being used by the stores.

Even in relatively busy locations in southern Alberta, store business was down to as low as 10 per cent of normal.

"The support of the public was absolutely tremendous," says Doug O'Halloran, president of the UFCW Local 401. "There is no doubt that we won what we did based on the sympathy and solidarity of consumers throughout Alberta and across western Canada."

At the height of the dispute, an independent poll showed that more than 65 per cent of regular Safeway customers were shopping elsewhere, and a strong lawn-sign campaign in Alberta threatened to overcome the federal election signs.

The Safeway workers had been hit in 1993 when the employer asked them to make concessions totalling $45 million. Unemployment was the alternative. In return, Safeway promised workers they would store in the wallets once the company was back on its feet.

Instead, with Safeway poised to make nearly $51 billion U.S. this year, the California-based firm reneged and sought still more concessions.

In the end, Alberta workers won a five-year agreement, retroactive to March 1996, that includes none of the concessions — such as a two-tier wage system — sought by Safeway. What it does include is a four per cent wage increase and increases in benefits. Part-time won a minimum 12-hour week for those who want it.

Getting it right on the Kamloops Bay

A story in the last issue of the Guardian provided out-of-date information about the efforts of unionized Bay department store workers in Kamloops to obtain decent wages and working conditions.

In fact, the Bay workers, members of the United Steel Workers of America, accepted the recommendations of a mediator to settle their strike over their first contract in May 1995. That contract expired in January 1997, but the Bay is appealing the 1995 mediator's decision in the B.C. Supreme Court.

Meanwhile, the Bay workers continue to face a hostile employer at the bargaining table. Talks for the second contract began in January and are proceeding very slowly, but the first contract remains in force while bargaining continues.

Steve Hunt, chief negotiator for the Steelworkers local of the Bay, said, "We tabled a mature agreement with little change from the first collective agreement."

But the Bay wants a clawback on all of the concessions the workers won in their first contract: language protecting employees from sexual and racial harassment and work assignments based on seniority rather than favouritism.

The employer also wants part-time employees to pay back the part of their vacation pay that was negotiated in their agreement. Most of the workers at the Kamloops Bay are part-time employees.

"These issues were at the heart of the original labour dispute," says Hunt. "We went on strike once to win those clauses in our contract. We aren't about to give them up now."

HEU members — particularly those in the Kamloops area — provided picket line support and solidarity during the Bay workers' job action in achieving a first settlement.
Contrary governance models emerge

Vancouver-Richmond board sets the standard

Community councils and health boards may well be in for a rough ride, but signs of more

By Stephen Howard

contrary governance models are emerging.

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Community councils and health boards may well be in for a rough ride, but signs of more contrary governance models are emerging.
Six years after a Royal Commission drafted a blueprint for change, health care reform is finally on track

Soon after being given the health portfolio in May last year, MacPhail moved swiftly to put a hold on all health care changes pending a review by a team of MLAs. Their analysis was reflected in a new plan called Better Health Care, which reduced the number of regional boards and community councils, and set timelines on transferring decision-making power to them. MacPhail also put in place measures to make boards and councils accountable and to ensure that quality care is provided. Another breakthrough was giving health union representatives a seat at the decision-making table, with voice and vote, in each of the 45 councils and boards.

While many were already up and running prior to MacPhail’s announcement last November, regional boards assumed formal decision-making and budget authority April 1. Community councils will legally take over the reins in October. The latter start means that the councils won’t have any input into financial decisions until the next budget year.

The first hurdle the BHSAs had to clear was reaching amalgamation agreements to assume control over the hospital and long-term care facilities in the region. The transition went smoothly, save for the notice of less than two dozen hospital boards which refused to come under BHSAs control. Victoria moved swiftly, firing a number of boards and appointing a public administrator to facilitate amalgamation. Community councils are dealing with the same challenge now.

Other tasks on the start-up list for councils and boards include hiring new administrators, and developing operational policies and labor relations structures.

With governance under control, some boards have now moved on to deal with a host of issues — many of which pose great challenges and opportunities for the union. These include amalgamated and shared services plans, pulling together new seniority lists on a regional basis, a multi-site workforce, and new health service delivery models with an emphasis on primary health and illness prevention.

Surprisingly, for the most part the move to new regional and community structures has been free of funding flashpoints. One exception is the McK Island Health Region, where, after some controversy, the government opened its cheque book and provided close to $7 million, which will go to the Nanaimo Regional Hospital and fund more long-term care beds in the area.

For HEU members, the most immediate and noticeable change is in employer status. Before the end of last year, more than 90 per cent of union members will be direct employees of BHSAs and CHCs. Some smaller long-term care facilities and most community services will provide care on a contract basis and will remain as the employer for union members.

And the union is hard at work in a number of different ways to

Contrary governance models emerge

Vancouver-Richmond board sets the standard

Community councils and health boards may still be in their infancy, but signs of contradictory governance approaches are clearly evident.

For example, the Nelson CHC promotes public involvement and openness, while the neighboring Trail CHC conducts its business behind closed doors like old-style hospital boards.

In urban areas, most regional boards have adopted a “corporate” governance model, but not the Vancouver/Richmond Health Board.

B.C.’s largest health region is doing it differently, setting the standard for safeguarding our public Medicare system, promoting public involvement and creating consultation mechanisms for front-line health workers.

In its guiding statement of principles, the VRB is on record in support of universal Medicare, where “the elimination of profit making from illness,” is fundamental to equitable access.

When physicians at the recent BCMA convention pressed forward with their bid to bring U.S.-style two-tier health care to B.C., board vice-chair Robyn Woodward responded with a letter highly critical of the doctors’ stand.

On the consultation front, the board has a human resources and health policy committee with full union representation. In addition, its operating guidelines clearly spell out the necessary role caregivers have in the development of proposals for change.

Further, if a restructuring project involves displacement, a comprehensive labor adjustment plan must be presented to the board for approval.

by Stephen Howard

by pikto•grafik illustrations
What are the major events in health care reform in B.C.? Here's the story so far of restructuring highlights.

**Reduction**

B.C.'s Royal Commission on Health Care report forms the backbone of health-care reform. Health Minister Elizabeth Cull won't say how much it will cost, but the province has promised to cut hospital beds and layoff nurses and doctors. The result: 150 hospital closures and job cuts. The union response is to organize and mobilize to combat the moves.

**We're getting our acts together locally**

To keep pace with health restructuring, HEU has launched an internal campaign to build stronger, bigger unions. The goal is to merge smaller groups of 50 or fewer members into larger ones. The move is HEU's response to new health care governance structures. The goal is to create a new local structure that fosters and supports activism so that HEU can meet the challenges of change. So far, a number of merger agreements have been reached, and the union's Provincial Executive is confident the merger pace will speed up. The merger deadline is January 1998.

**The scheme** - to be centred by the newly combined B.C. Women's, Children's and Sunnyhill hospitals - is in the preliminary stages, HEU is concerned that it will open the door to the private sector. The privatization of services is the players on the management and board who are advocating private sector service. Also in the mix is a consultant to the government, the "driving force" behind the failed shared food service mega project.

Meanwhile, two other lab restructuring initiatives are underway. One involves the Simon Fraser/Port Moody/South Fraser and Fraser Valley Regional Boards, the other the North and South Okanagan Regional Boards. Interestingly, private sector lab interests are represented in both.

**Here are the key issues we're on top of**

A plan by Vancouver Hospital to set up a new patient information system is the battleground in the key area of technological change and job loss. Working with BCNU in a joint campaign, HEU has warned the Vancouver Richmond Health Board that the plan - a multi-million dollar public-private partnership involving B.C. Tel - could be a costly blunder. Woe to the scheme that ignores the need to create a region-wide system to support the comprehensive data required to backstop progressive new community health services. The unions have outlined patient information system alternatives. But the boss isn't listening.

It's expected that Victoria will soon develop general provincial guidelines covering restructuring of lab and diagnostic services.

HEU and HSA have been making a case that bringing all lab services into the public sector would save money.

The union's efforts go on another front. First, the results of HEU's July public poll show growing support for hospital lab services. In another survey, HEU officials talked with workers about the problems they face in the current lab service.

Meanwhile, two other lab restructuring initiatives are underway. One involves the Simon Fraser/Port Moody/South Fraser and Fraser Valley Regional Boards, the other the North and South Okanagan Regional Boards. Interestingly, private sector lab interests are represented in both.

Also in Vancouver, a major integration of logistics services - stores, purchasing, warehousing, printing, transportation and CSD at 13 hospitals - is on the agenda. While the scheme - to be centred by the newly combined B.C. Women's, Children's and Sunnyhill hospitals - is in the preliminary stages, HEU is concerned that it will open the door to the private sector. Crucial to the privatization of services are the players on the management and board who are advocating private sector service. Also in the mix is a consultant to the government, the "driving force" behind the failed shared food service mega project.

The union's Provincial Executive is confident the merger pace will speed up. The merger deadline is January 1998.

**JUNE '96**

With health reform moving, the newly elected NDP government undertakes a comprehensive review before setting a new course.

**NOVEMBER '96**

Health Minister Jay MacPhail releases new plan called "Better Teamwork." The changes are seen as ways to strengthen governance and give health workers more say and more voice on new boards and councils.
A SMILE IS GOOD MEDICINE
Margaret Macdonald and Penny Maclod are two of the adult care attendants at the centre. They are an integral part of the team of workers at the community health centre, going out each day into the homes of the most disadvantaged people in the city.

Downtown health centre model for integration

THE DOWNTOWN Community Health Centre has been providing health care for the residents of Vancouver’s downtown eastside for 20 years, and exemplifies the type of integrated health care delivery that HEU has been preparing for some time. HEU is especially interested in the way the centre utilizes its licensed practical nurses and homemakers as a team of LPNs, adult care attendants, a pharmacist, doctor, a dentist, and a podiatrist dispense medical care to their patients. Like HEU members, the unionized workers at the centre are part of CUPE.

Those who cannot access mainstream medical services or who don’t have medical insurance are welcomed at this drop-in health centre. They are a vulnerable population and can be volatile, but they are always treated with respect. Lower Eastside Community Health Centre (LECHC) members working there, HEU is interested in the successful way DCHC has integrated its delivery of services. The way that LPNs and homemakers are utilized at the centre exemplifies what HEU advocates for its nursing team members.

The centre has used LPNs since the mid-eighties. They are allowed to work to a wide scope of practice, packaging blood to courier to St. Paul’s Hospital’s lab, applying sterile and non-sterile dressing changes, helping the podiatrist, assisting in nurse removal, monitoring instruments, monitoring glucometers, handling medication and incising wounds. LPN’s Cathy Bellinger, Beverly Baxter and David Lovering consider their clients to be an interesting and lively bunch of characters. “There is a comfort level here. You have time to chat with the patients, you can give them emotional support,” said Lovering.

Centre administrator Louise Pollock and her staff meet regularly to discuss their patients. She says a vital link to the patients is the adult care attendants, which are equivalent to HEU’s homemakers. Their patients are high risk and may be palliative. The care attendants visit them at least once each day. They help them, make sure they have eaten a meal, shop for them, ensure that the rent is paid. If a patient needs emergency care they call an ambulance. They scout around for accommodation if a patient has been evicted from their premises.

Care attendant Penny Maclod worked for a community service that sent her out to people’s homes before coming to DCHC. She notes the difference; “There were homes, these are rooms. Those people had family, these people don’t.”

The same attendants work under the supervision of a nurse and, like all staff members at the centre, they are part of an integrated team, but to a large extent manage their own caseloads. Pollock says the centre’s employees must be creative. “That’s the nature of our work.”

Margaret McDonald is another one of DCHC’s care attendants. “At other places if you go to a patient’s room he’s out, that’s it. You don’t go back that day. And if it happens three times, never again.” She says the DCHC is more flexible. If her patient is not in, she knows where he is likely to be.

The DCHC works in partnership with St. Paul’s Hospital, the B.C. Centre for Excellence, the UBC Faculty of Medicine, TB Control, Home Care – North Unit, AIDS Vancouver and the Oaktree Clinic. All of them provide personnel or material to the centre. It also coordinates its operations with other service providers in the neighbourhood.

Barbara will be a bachelor

HLAAS helped Barbara Dennis complete her first two years towards a bachelor of commerce degree

Three years ago Barbara Dennis was a clerk in the food and nutrition department at Vancouver Hospital. Next year she will receive her bachelor of commerce degree from Royal Roads College on Vancouver Island. The road between those two points has been paved with quite a lot of determination and the helping hand of the Healthcare Labour Adjustment Agency’s retraining program.

Dennis started working at VH in 1978. She suffered job-related injuries to her shoulder and was off work for quite a while. She went back to work, but because her injury had left her unable to return to her old position as a clerk in medical records, she accepted the clerical job in food and nutrition.

About a year and a half after she returned to work, health care restructured in British Columbia began in earnest. Many of the employees from the old Shaughnessy Hospital were being seconded to VH. People at VH were feeling a little unsure about their job security. I had a lot of seniority, so I wasn’t too worried. Still, the idea of retraining interested me,” says Dennis.

Her injuries limited the scope of positions she could move into, so she decided to apply for retraining. Her application was turned down because it did not meet the criteria of the HEU, she was not being replaced.

However, when her job was deleted, she decided to apply again. Bill Rolfe of HEU’s workers’ compensation department knew Dennis from the time she had sustained her injuries. He encouraged her to apply for retraining.

HLAAS sent her to Corporate Career Development for an assessment. They determined that she would do well in public relations, human resource management or communications. When she was accepted in Kwantlen College’s public relations program, HLAAS approved the funding for her retraining.

“For the first six months that I was at Kwantlen, I got the same salary that I had earned at Vancouver Hospital. HLAAS also paid my tuition and books for the whole two years that I was at Kwantlen,” says Dennis.

She is very proud of what she has accomplished. Royal Roads accepted the two years at Kwantlen as credit towards her bachelor of commerce degree, which she plans to finish in one more year.

Dennis encourages anyone who is eligible to take advantage of HLAAS’s retraining. “It takes a lot of planning. You have to be very sure about where you are going and what you are doing.”

She sees herself working in public relations for an international technological firm, but there will be many avenues open to Barbara Dennis when she has a bachelor of commerce degree in her hand.
Blood collection to stay in province?
The new blood collection agency is expected to scrap the Red Cross plan to move to Calgary

Red Cross workers are calling on Victoria to maintain B.C.'s capacity to collect, test and distribute blood and blood products. In the wake of news that the Red Cross will be stripped of its role in the Canadian blood system.

On July 30, federal health minister Allan Rock told the Red Cross that they will no longer have a role to play in the blood system. It's expected that a new agency responsible for blood collection, testing and distribution will be announced in the fall by the provincial and federal ministers of health.

"The provincial government must take all necessary steps to guarantee a public, self-sufficient blood supply in B.C.," says HEU secretary-business manager Chris Allnut. "This means blood and blood products used in B.C. must be collected and tested in this province. We expect the skills of current Red Cross employees will be preserved in whatever agency replaces it."

Front-line workers from the three health care unions have been meeting with provincial ministry of health officials to discuss ways of improving B.C.'s blood system. It was Red Cross workers who told management two years ago that closing interior clinics would have devastating effects on blood collection. The Red Cross recently announced that it would re-open these clinics.

Another Red Cross plan that has come under fire from its workers is the planned transfer of B.C.'s blood testing facilities to Calgary in 1998. With the Red Cross now stripped of its role in the blood system, it is expected that this plan will be scripted.

"The transition of the Red Cross's operations to a new agency provides the province with an opportunity to more closely integrate the blood system with the rest of B.C.'s health care system," says Allnut. "The fact that Red Cross workers have access to the programs of the Health Labour Adjustment Agency can assist in this transition."

The main goals in this transition must be to preserve the blood system as a publicly operated enterprise, to maintain the skills and experience of Red Cross workers and to achieve a self-sufficient blood supply in B.C."

The Fraser Institute's bias against Medicare is well-known

The right-wing Fraser Institute has issued the latest volley in the fight between those favouring twotier medicine and those supporting universal health care.

The corporate-backed think tank released its annual waiting list study declaring that B.C. had the longest waiting lists for surgery with median waiting times of nine weeks. But B.C. health minister Joy MacPhail thinks the Fraser Institute should put its study back on the shelf.

"Consider the source," said MacPhail. "The Fraser Institute's bias against our province's Medicare is well-known."

MacPhail says surgery waiting lists in B.C. have remained stable against population growth, and in some cases, have declined.

She says that general surgery waiting lists stand at about three weeks and that 60 per cent of people receive surgery in under four weeks.

HEU secretary-business manager Chris Allnut joined MacPhail in criticizing the motives of the right-wing think tank. "They have targeted health care for privatization efforts and have committed considerable resources towards this end," said Allnut.

"In Canada, B.C. is head and shoulders above other provinces in its commitment to universal public health care," he said.

The Fraser Institute's waiting list report comes just one month after B.C. doctors met for their annual meeting in Kelowna where new B.C. Medical Association president Grainger Avery said that the public health care system is broken and pointed to private health care as a solution.

Allnut says that the views of hardline doctors are in the minority, pointing to the reaction to Avery's comments from all quarters including doctors and politicians of all stripes.

In a statement issued by the Vancouver/Richmond Health Board, vice-chairperson Robyn Woodward said, "Most health care workers and professionals believe in the public system and do not support two-tier."

"They know that private health care will dismantle the public system and lead to even greater disparity in health outcomes between those with wealth and those without, between privileged health status and poor health status."

The HEU has joined with other health care unions, and with representatives of seniors, the poor and AIDS activists to map out a strategy to oppose American-style, two-tier medicine in Canada.

"We're in this fight for the long haul," said Allnut. "The Fraser Institute, private insurance companies and BCMA hardliners want to shake Canadians' confidence in their health care system."

"The HEU is committed to working with other groups to make sure the two-tier agenda fails."

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Two-tiered system equals disparity

Poll results show strong support for public labs

HEU is pointing to a recent public opinion poll as evidence that the B.C. government should bring laboratory testing into the public health care system.

The July 1997 poll shows that the public's off-the-cuff preference for using hospital facilities for lab tests is 54 per cent — up from 41 per cent two years ago. But when the public is told that private labs generate profits for their owners while hospital labs recycle revenues in the health care system, the choice of a public system rockets to 79 per cent from 72 per cent two years ago.

Only one person in 10 would still choose a private lab, down sharply from 1995.

"The government is on excellent ground to bring lab testing back into the public system," says HEU secretary-business manager Chris Allnut. "The public wants health care dollars to circulate in the health care system rather than on the floor of the Toronto Stock Exchange."

Allnut says the poll numbers should provide food for thought for provincial politicians and ministry of health bureaucrats who are hammering out a government position on the regionalization of lab services. These services are currently provided on a fee-for-service basis by private labs and public hospitals.

The two biggest private labs, MDS-Scarce-McNair and B.C. Biomedical, pulled in about $90 million in revenue from the province's Medical Services Commission in 1995/96.

The lack of government direction to regional health boards undermines efforts to bring lab testing into public hospital labs," says Allnut. HEU points to the presence of private labs on lab regionalization committees in the Lower Mainland, Fraser Valley and Okanagan as proof that the private sector is trying to guarantee their access to lab revenues.

"The pay-off to the health care system from making lab testing public is immense," says Allnut. "The public supports such a move. The missing element is a strong signal to the regional health boards from Victoria that testing will be public."

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Education HEU-style

Activists gathered at the University of British Columbia to learn how their union fits into the “big picture”

THE ORGANIZERS OF HEU 1997 Summer School aimed to provoke discussions among union activists on the challenges and exploitation they face. Approximately 210 of them gathered at the University of British Columbia from July 2 to 10. In their workshops they reflected on how their local struggles are connected to the struggles of others, learned to identify ways to work together more effectively, and scrutinized democracy in the context of the HEU, and learned new skills for their union work.

Workshops were complemented with presentations by Neil Brooks, tax expert from Osgoode Hall Law School; Maxine Barlow, director of the Council for Canadian Unity; Libby Davies, new member of parliament and former HEU staff person; Fay Blaney, of the National Action Committee on the Status of Women; Linda McNeel, of End Legislated Poverty; and Barbara Bitts, an instructor in gender, race and class at Langara College.

Each presentation was preceded by workshops which examined issues relevant to it. Neil Brooks spoke about the intricacies of the economic situation with large corporations paying next to nothing in taxes. This followed a day of discussion on changes being prepared by governments and corporations for our health care system.

Seraphina Cha-Mi-Lee spoke the next afternoon on the struggle for democracy and labour rights in South Korea. This was a continuation of the previous day’s theme of looking at the “big picture.”

The panel discussed the effects of poverty after participants had examined their own attitudes towards the poor. Libby Davies talked about her new role in Ottawa as the NDP critic on children, post-secondary education and social policy. That day, participants had addressed the problem of making their voices heard on health care and other issues.

Maxine Barlow followed on the same night, concentrating on the Multilateral Agreement on Investment and APEC, how governments are losing ground to multinational corporations, and how this is so dangerous to us all.

Skills workshops focused on such practical concerns as public speaking, and getting the message out to the media.

A practical application of both was learned as students headed out to demonstrate in front of the HEU/HCIC offices in the (as it turned out) final stages of negotiations of a contract for the community sector.

It wasn’t all so intense. Every day a newsletter came out with messages, poetry and other tidbits. Visits to the Museum of Anthropology, a brunch, cabaret, dinner and a dance alleviated the seriousness of the proceedings.

David Huenne of Western Human Resources and Gigi Stovgrov of Garden Mower were two of the participants at the summer school. Huenne said, “Summer school was really an eye-opener for me. There are a lot of things that I didn’t know about. I want to make sure everyone at my local understands what is going on.”

Stovgrov agrees: “We as a union have ‘achieved so much. It is important for activists educate their members. We cannot take these things for granted.”

ZIPPING IT UP Class composes its “zipper song” for presentation at the final session. Zipper songs originated in the early part of the century when organizers who would stand on street corners urging people to join the union. They were often arrested, so they began to stand next to the Salvation Army bands and “zip” other lyrics into the songs’ lyrics about the union.

Upgrading opportunities for members

Two years ago HEU initiated a pilot project to bring basic skills upgrading to the workplace.

The classes at Vancouver Hospital and Surrey Memorial have been a great success and with the help of the Healthcare Laborers Advocacy Program the course can be accessed across the province.

Although college and community based adult education programs are meeting the needs of many workers, too many are not accessing these programs. This may be because of the time commitments of their work and family or because of geographic isolation. For many workers school still produces feelings of anxiety and inadequacy. To go back to school as an adult is often difficult.

Our program offers workers the opportunity to upgrade their skills in reading, writing, math and communication, in a context that is relevant to their daily lives, with the support and encouragement of their peers.

A college instructor along with peer tutors selected from the workplace helps participants meet their education goals.

Classes of about 10 students are offered on-site, four hours a week. The program runs for 24 weeks. Classes are held during work time, for without loss of wages for participants.

The program is coordinated at the local level by a joint union and employer committee with the help of the college and the HLA.

Earlier this year, when Burnaby Hospital was looking at offering an upgrading program, the local convinced the employer to try this new approach.

This fall, classes will again be offered at Burnaby, Surrey and New Westminster as well as at St. Paul’s, Richmond, B.C. Women’s, Children’s, Vancouver Regional and Naramata, and planning is underway at five other sites.

To find out how to bring this program to your workplace, contact Sylvia Scollie at Provincial Office 734-3431 or 1-800-663-9813, or Gordon MacDonald at the HLA, 650-2180.
Happy birthday!

There to share privatization experiences, four HEU activists helped our sister South African union celebrate 10 years of struggle

W E NEVER learned to crawl,' boomed Fikile Majozi, a leader of South Africa's largest public sector union, to wild cheers of 10,000 activists from the National Education, Health and Allied Workers' Union in a Johannesburg stadium July 5. "We never learned to walk — we immediately learned to fight with the monster called apartheid. Out of all those struggles we have emerged victorious."

For thousands of NEHAWU activists, the day marked 10 years of struggle to win basic rights for public sector workers to organize, to improve living standards for the black majority, to transform the public sector, and to end apartheid. And for four HEU activists, the anniversary celebration kicked off a three-week tour of South Africa to share expertise in combating privatization and to strengthen links to HEU's sister unions of health care workers.

"It was unforgettable," says HEU Robert Dunn, of the Crossroads local in Victoria, "to be there and feel the history and experience it firsthand. We can't grasp what they've been through. But to be able to hear the stories, it was inspirational because they're fighting for something.

Dunn was joined on the tour by Mandile Singh of Vancouver's Three Links local, Ruby Hardwick of the Kimberley Specialty Care local, and Stephen Howard, HEU's director of communications. All four are members of the union's international solidarity committee. Funding from the trip came through CUPE's Union Aid Fund.

On the privatization front, Dunn was "baffled and appalled by the similarities," between South Africa and Canada. The HEU activists participated in a special national conference of NEHAWU members, where they exchanged details on the privatization agendas of provincial governments in Canada, and our experience here in B.C. in winning significant controls on private sector intruders into health care.

While the legacy of apartheid has given the private sector a role in the South African hospital sector, global economic forces have put privatization at the top of most unions' agendas within the last 18 months. Three years ago the vast majority of South Africans had high hopes that the newly-elected African National Congress government would press forward with a plan to redress the economic discrimination of apartheid. And for a time expectations were met: more money was pumped into health care, social services, and infrastructure projects for non-whites. Hundreds of thousands of new housing lots were developed, and union rights expanded.

But then the hopes and aspirations of most South Africans ran smack into the International Monetary Fund, which has turned the screws on the government to make good on the huge foreign debt racked up by the apartheid regime. Instead of standing up to the IMF or simply refusing to pay the debt, President Nelson Mandela and the ANC have taken a right turn with hastily conceived plans to reduce the role of government, privatize and downsize the public sector.

It's also caused challenges for NEHAWU members at the bargaining table, where its emboldened in an escalating battle with government. For the unions, the critical issues are a new entry level wage of $6,500 a year, up from the current rate of about $5,500, a nine per cent pay boost, a new training fund, and a classification system.

The stage has been set for a showdown, and the HEU delegation joined with 8,000 NEHAWU members in the first present rally — called with three days notice — July 8 in Pretoria. "If the day I die, the march to me is the most memorable," said HEU's Mandile Singh. "I kept saying to myself, I am really here doing this. It was totally incredible."

In addition, the HEU delegation toured close to a dozen health facilities in different parts of the country. These visits provided insights into how overburdened caregivers struggle to provide

Text continues on page 14.
letters

continued from page 2

out that Cathy Ferguson also publicly invited LPNs to contact her to further clarify our campaign. She also offered to make available copies of research studies that demonstrate a clear link between the ratio of registered nurses in the workplace and the incidence of injuries and death.

We would hope that all of our members, if issuing public statements, would show the same respect and consideration for fellow workers that Cathy Ferguson has done. We would also like to comment on your description of our campaign to defend and enhance the role of registered nurses. Our campaign is about registered nurses' work. It is not designed as an attack on LPNs, care aids or any other health care worker. It is designed to inform the public about the valuable work our members bring to patients in facilities and in the community, work that's not always visible to people using the system and to their families.

Health employers in the United States and in many parts of Canada have been engaged in a full-scale effort to cut labour costs by replacing registered nurses with lower paid employees. As trade unions, we are not prepared to sit idly by and let it happen here. Furthermore, in many cases LPNs have also been replaced by cheaper workers in this employer-inspired effort to satisfy right wing politicians and big business by reducing public spending. Our campaign is designed to inform the public that these practices are dangerous to the well-being of patients and the integrity of our Medicare system. We are not implying, as Chris Allnutt's letter suggests, "...that the only thing between the patient and death is LPNs..." As I have pointed out before, nobody wins in a turf war initiated by management between RNs and LPNs. The fact is, the people of B.C. need more RNs, more LPNs and more care aids throughout acute care, in the community, and in long-term care. No labour union wins improvements for its members by offering them as a lower cost alternative. It's a position that can come back to haunt them. Together we must develop and promote a vision of what quality health care should be.

IVORY WARNER,
President
B.C. Nurses' Union

Bill 31 has heart

My spouse Bob and I were celebrating our 28th anniversary by watching the debate in the legislature on Bill 31 and praying that young gay and lesbian people would have a little easier life in Canada because of what was about to take place. As I listened to the debate on the amendments I believe the feeling was shared because it would have been compared to a black person being told by a white man, "Sure we want you to ride on the bus with us, but you are only allowed to sit in the back seat."

Like (ex) MLA Tim Stevenson I don't want to introduce Bob as my domestic partner or friend. He is my spouse and if people can't accept it, that is their problem to deal with. Perhaps a new amendment should be considered. Eliminate the term "spouse" and make all married cou-

dles domestic partners, I doubt if this would be taken seriously.

As I watched (Liberal MLA) Ted Neubing waltz his way through the debate I felt it would have been the best if he had said nothing. He reminded me of one of the old slave-master relationship of the Southern States. It was interesting to see some Liberals behind him applauding. Happy that he was following his script and wishing all gay and lesbian people were so easy to control. Rights is not something that is brought about by a consensus of the population, because if that were the case minority groups would have no rights.

Human rights are obtained by people with a heart, who are in government and take the leadership role. To ignore and pass this type of legislation, I again thank all those who supported the legislation for the strength, courage and sense of what's right.

LORD THORNHILL/ROB PEACOCK

• This letter was printed originally in the "Westender" on July 24. Rob Peacock is a member of the Broadway: Permanent Local and the co-chair of HEU's Gay and Lesbian Standing Committee.

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HEU People with Disabilities Caucus

Coffee break

What a country!

"Coming from the Scout Union, it was not prepared for the incredible variety of products available in American grocery stores.

"I saw powdered milk -- you just add water and you get milk.

"I saw powdered orange juice -- and you just add water and you get orange juice.

"Then I saw baby powder and thought, 'What a country!'"

Who's wearing the pants?

"Why would anybody recommend custom-made pocketless uniforms for mass transit workers?

"All Massachusetts Transportation Secretary Jim Ratremas said. He came up with the idea for Boston transit workers because, he said, 'transportation workers wear trousers that the trousers would wear trousers.'

"While reporters looked on, they donned a pair of pants, complete with buttons and pockets, the style of most government employees. William Weld and challenged him to wear the pothead pants for a week or from an apology from Rattemas.

Union targets paper carriers

Newspaper carriers at the Winnipeg Free Press could become the first in Canada to be unionized, was announced by the Communications Energy and Paperworkers Union of Canada.

A majority of the 700 or so carriers employed by the morning paper have signed cards asking to join the union, said Aditya Srinivas, the local representative. The union has applied to the Manitoba Labour Board for certification.

Coral Lern, a CEP vice president, said the drive was first in Canada but newspapers have always tried to convince their carriers that they are independent contractors, he said.

Get a job

This "job search anguish" is one interpretation of the sense of a labour code that always appears in classified ads, cover letters and resumes.

"Some public relations recruiters -- if they're in trouble, you'll go on TV and talk about it.

"Others say, 'You want to be alone? Anyone in the office can boss you around.'"
Kelowana facility loses two members to retirement

Colleen Arturons and Joe B extend have both retired this year from the Crossroads Treatment Centre Society in Kelowna.

Arturons plans to travel and to enjoy his hobbies now. He joined the HEU in November 1988 and worked as a night attendant for the nine years he was at Crossroads. He retired in January 1997. Arturons was a counselor for the almost 13 years that she was at the centre. She served as secretary of the local during her employment there. She retired in June.

Retirement member appreciates union

September 1 is Bobbie French's official retirement date. She has worked at Kelowna General Hospital for 22 years in the dietary department. Although she never held office in the union, she has always been an active member. She says, "People really need to support the union. If you don't have that, you don't have anything." She notes that work in hospitals has changed a great deal since she first started at KG: the way food was prepared, the heavy work that was expected to do, the wages were all that has changed.

To plans to garden and to fulfill a long-time dream—travel to the Yukon.

Union reps on RHBS and CHG

Each regional health board and community health council in B.C. has a board member who represents the provincial health care unions. The number that each union was allocated on boards and councils across the province was based on the number of members that make up each union. HEU has the largest membership, therefore they have the most representatives on the boards and councils. However, each union member on the boards is there to represent all members of all the health care unions.

North Okanagan
North Okanagan
Barb Hurde, HEU 250.492.4000
Thompson
Cathy Ferguson, BCGEU 1-800-603-9901
Northern Interior
Karla Staff, BCGEU 250.565.7300
Fraser Valley
Valerie Banner, BCGEU 250.792.8166
South Fraser
Lakh Bajaj, HEU 604.381.2211, L 2328
Simon Fraser/Burnaby
Green Lumasaw, BCGEU 604.493.4111, L 212
North Shore
Diane Hendel, HEU 604.988.3311, L 4400
Vancouver/Richmond
Sunita Rowell, HEU 604.737.6377

Central Vancouver Island
Dina Scaldino, HEU 250.734.2110
Capitol Regional
David Reidley, HEU 250.370.8700
Elk Valley and S. Country
Shelley Jerimiah, BCGEU 250.451.0122
Cranbrook
Paula Shilligewa, BCGEU 250.426.3281, L 492
Kimberley
Sharon Ramaker, BCGEU 250.427.2325, L 10
Columbia Valley
Pam Fair, HEU 250.542.3699
Golden
Susan Dowen, HEU 250.344.3007
Creston & District
Rebecca Fox, HEU 250.429.2285
Nelson & Area
Patricia Schutte, HEU 250.352.3531
Arrow Lakes Upper Slocan Valley
Gael Deta, HEU 250.265.3692
Greater Trail
Gerri Reinbold, BCGEU 250.346.2171
Castlegar & District
Linda Hooli, HEU 250.365.2385
Boundary
Diana Chernoff, BCGEU 250.432.6211
Sea to Sky
Diane Cannon, BCGEU 604.892.3613
Sunshine Coast
Helene Johnstone, HEU 604.885.8003
Powell River
Rosemary Morin, BCGEU 604.485.2874, L 242

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Down payment on parity
Fifteen months of negotiating with a recalcitrant employer finally produced a tentative agreement.

Change – where we’re at
How restructuring health care in B.C. is proceeding, how it will affect the union, and some areas that we are working on.

Model health centre
The Downtown Community Health Centre has been up and running for 20 years, and could be a prototype for integrated delivery of health care.

Sister union celebrates
HEU activists travel to South Africa to help celebrate 10 years of struggle.