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Guardian

THE VOICE OF THE HOSPITAL EMPLOYEES' UNION

IN THE family of nursing

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COMMENT

South Okanagan fight sets the tone

By Chris Allnut

ON JAN. 15, HEU is scheduled to begin bargaining with the Health Employees Association of B.C. Our members will be among the 260,000 public sector workers expected to negotiate with government and various employers for better wages and conditions in new collective agreements for 1998. We’ll also be using this round to find ways to improve public services that are an important part of the lives of all British Columbians.

To prepare our members for this campaign, we recently conducted a series of regional bargaining preparation workshops. At the same time, the Provincial Executive approved $3.8 million of HEU’s 1998 budget for bargaining support.

The challenge ahead of us can not be overstated. What we are looking at is nothing less than a collective agreement that takes down the wall dividing community and facility-based health services. Only through a united and mobilized membership can we achieve this goal.

In recent weeks, we saw that kind of unity in the Okanagan (see article, page 12), where action by nearly 200 members prevented layoffs and job security protections from being threatened throughout the region.

Hospital employees at Kelowna General, Penticton Regional, and other facilities covered by the regional health board were facing a corporate restructuring plan that would have carved out material management positions from the facilities’ workforces. Working under a separate certificate in the communities the subcontracted, transferred employees would have been placed with union brothers and sisters earning lower wages under poorer conditions.

How did our members respond to this threat by organizing within the workplace and out in the community, finally taking job action on Nov. 12, the day before mediated discussions between HEU and the regional board. The result? The jobs were kept under an existing collective contract in the facilities subcontracted, and no wages or job security conditions were sacrificed – proving once again that when we fight, we win.

It’s this kind of commitment we’ll need all our members as our bargaining committee tables our opening position: one contract for all, safer workplaces with strong language on workload, a fair wage increase, better leave conditions and a united and mobilized membership.

In the coming months, at a time when public services are under attack across the country, it’s essential that unions representing public workers join together to coordinate our bargaining efforts and issues.

Turning, for a moment, away from bargaining ... on behalf of the Provincial Executive, I would like you to wish all a happy and restful holiday season.

Guardian

“Tis nobly declared to all who choose to lie.”

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SARS: 
no sympathy

“Nice try, Nice.” was a good exposure of the working conditions endured by Nice workers overseas. However, your caption writer Jean when saying of basketball multimillionaire Michael Jordan “To be fair to Mr. Jordan, he is forced to wear Nike shoes when he appears on TV” the Guardian, May/June 1997.

This sympathy would seem to be somewhat misplaced, given the excessive wages, mandatory overtime, medical neglect and managerial abuse of Nike shoe workers in Indonesia.

Unlike them, the fabulously wealthy Mr. Jordan is not forced to do anything and could easily afford to turn down a contract renewal with Nike. Chris Webber of the Washington Bullets has already done so.

Union members should save their sympathy for Nike assembly line workers in Indonesia, or for the 400 unionized Bauer skater workers in Cambridge, Ontario (Bauer’s new owner, Nice, is moving most of their jobs offshore). Or for the 125 workers of the Nice-owned York Manufacturing of Toronto. York was pressured to drop its newer sewing contracts and invest heavily in infrastructure in the 1980s in order to save garments for Nike.

By 1994, York had devoted 95% of its production capability to Nike – then it, too, was dumped.

Let’s save our concern for the Nike workers – not for the overpaid athletes who live off their sweated labour.

LOUISE MCKINSTER
Sunny Beaches’ Assoc. Bulletin

Voic/mail

THE GUARDIAN WELCOMES YOUR FEEDBACK. SEND LETTERS TO 2020 WEST 10TH AVE., VANCOUVER V6J 4P3 OR PHONE 1-800-504-4044. PLEASE BE BRIEF.

Support for nursing team appreciated

For our local staged a rally in support of the nursing team. Despite the weather, all the invited guests arrived on time and spoke eloquently. We want to thank our president, brother Fred Muzin for his speech. We now know that you understand our issues.

Sister Donna Pritul from Vancouver General spoke from her heart on what it has been like to work as a member of the nursing team.

Sister Susan Hargreaves from Lions Gate spoke on behalf of the UPNAC.

Our own chairperson, sister Vick Bertsch, spoke about the awful waste of limited health care dollars at the Nanaimo Hospital. She did so despite the fact her factory job had just been hit by a car.

The media gave very good coverage – both radio and television. Fred made the CHK 6 Canada AM the next morning. We want to thank the support staff of the Provincial Office for contacting the media for us.

However, those who deserve the most credit are the island locals who showed not only their support but the commitment among our membership to raise the profile of the nursing team which provides quality care from the four corners of our province.

The next stage of our lobbying efforts should gain us the respect we deserve as we promote our vision for caring within the context of the skilled nursing team and our great union.

NANAIMO LOCAL NURSING TEAM

Course expenses should be paid

I question why HEU dollars are being put into a nursing conference at Harrison Lake Resort Oct. 17, 18, 1997 and no dollars put in the budget for our members to attend.

I am one of four that were selected and am being told to pay my own expenses. I understand HEU staff are going as paid instructors, but a weekend, does this pay them overtime too?

Anytime HEU dollars go for any courses, whether HEU sponsored or not, should there be a budget set up for HEU members to go too.

With the threat of HEU members being made part of the community sector from facility sector we are going to need organizing.

MIRVINE DENNIS
Penticton, B.C.

• Corrections – in the last issue of the Guardian, newly elected bargaining committee member Barb Burie’s title was reported as Oll booking clerk. Her job title is admitting clerk. Our apologies.

The Hospital Employers’ Union is the B.C. Health Services Division of the Canadian Union of Public Employees.
Petition opposes bed closures in community

Government proposals to close beds have spurred a petition campaign by workers in the affected facilities

By Mike Old

RESIDENTS in the West Kootenay communities of Trail and Rossland are uniting in an effort to protect long-term care beds following a government move to close 22 intermediate care beds at Trail's Kiro Manor and completely close down Mater Misericordiae extended care facility in Rossland over the next two to 10 years.

Ann Davaj, chairperson of HEU's Kiro Manor local, says a petition opposing the bed cuts has already attracted 4,000 signatures from Trail area residents. A petition campaign spearheaded by the Mater Misericordiae local has attracted similar numbers.

"We still have them out in the community," says Davaj, adding that many local banks, pharmacies and other businesses have posted the petition in their establishments.

"Trail is a close knit community and they don't want to see the beds go."

The campaign to keep long-term care beds in this mining community has also gained the support of the community health council, local city and town councils and Local 480 of the Steelworkers Union.

"We have lots of seniors in our community — we should be adding on," says Davaj, whose connection is supported by a report from the Greater Trail Community Health Council which states that 86 percent are waiting for a long-term care bed.

There's a 12 to 24 month waiting period for these spaces.

The report also says there's "an enormous waste of financial resources as a result of intermediate care and extended care people occupying acute care beds."

The CHC report says the Kiro bed reduction will eliminate the positions of up to 15 caregivers.

The government plan is to shift funding for the 22 beds to Castlegar and Boundary. That will mean shifting funds into private, for-profit facilities, says Davaj. "People are concerned about the cost difference between public and private facilities."

And moving beds to Castlegar will be a major hardship for seniors whose spouses are in care, says Davaj. "Most seniors don't like long drives in the winter around here."

The CHC and the health care uniters have been waiting for the Ministry of Health to address their concerns about the bed closures, but so far, there's been no response. But Davaj says when ministry officials show up in Trail, the community will be ready to make their case.

"We're not willing to give this up and we're willing to keep on fighting if we have to," says Davaj.

Women are big losers with Bill C-2

Changes to the Canada Pension Plan being considered by Parliament could potentially have disastrous implications for Canadian women. Bill C-2 will affect the future of all Canadians, but will be particularly egregious for women.

Government analysis of the implications of the bill, which was tabled in February, ignored its possible impact on women. Alarm bells went off all over the country, but government only listened to big business and high-income earners, who will be the big winners in this legislation.

Economic consultant Monica Townsend disputes the Liberal government's contention that the CPP is in economic trouble, and states, "Ultimately, these decisions are not driven by economic imperatives. They are political decisions."

The bill will eventually cut benefits by 10 percent and cap indexing of pensions. These measures would affect women most because they live longer.

Government says that since more women are now working, spouse benefits can be reduced. This ignores the fact that women are still discriminated against in the job market, with lower wages and often with no workplace pension plans.

Women have always been allowed to subtract the years they stayed home with young children from their calculation of average earnings over their working lifetime. Bill C-2 will reduce the number of years allowed. Caring for elderly parents, most often done by women, is not even in the equation.

Disabled women will be affected by reductions on combined pensions.

The bill will hand over the administration of the CPP funds to the private sector. The National Action Committee on the Status of Women is dismayed that the composition of the investment board is an unknown. Will beneficiaries be able to elect members to the board to represent their interests, as happens with workplace pension plans?

Finance minister Paul Martin has appointed a nominating committee which consists entirely of men "who are heads of large private corporations or senior officials in provincial finance ministries," points out NAC in its position paper on the proposed pension changes.

Private administrators profit from control of pensions; they can make up to 10 percent of investment earnings in fees and commissions. That's a lot of money when it comes to a country's pension funds.
Once an activist, always an activist
Cheryl Young is disabled but not idle
by Dale Fuller

HERITABLE DISABILITY has been on long-term disability for two years. A union activist, she was still able to work, although she has extended her activism into the realm of fighting for the rights of the disabled within her union.

Those who are old enough to remember the 1960s will recall the incredible fear that surrounded the spectre of polio. When Dr. Jonas Salk discovered the vaccine for this dreaded disease, there was a great collective sigh of relief. Many children had already contracted polio, of course, and many died.

They went on to lead normal lives, with minor or virtually invisible residual effects. Luckily, however, polio survivors, as they begin to age, are showing that the damage done by this disease was not so minor.

Young is one of the survivors. Polio struck her as a baby, but growing up in Manitoba, a slight weakness in one arm did not prevent her from doing much.

By the early 1970s, she was working as a licensed practical nurse in a rehab centre in Winnipeg. Like a lot of health care workers, she got involved in her profession because she enjoys helping people. Not a union activist at first, she became involved because of a gross injustice.

"The centre decided that LPN's should get paid less than orderlies, and yet we were in charge of orderlies on the floor, working the day and night shifts. That didn't make a great deal of sense to me. That's when I became active," says Young.

By 1976, Young had long ago decided that she decided to move to the West Coast. "After I stirred up the pot, I came out to B.C.," she laughs.

Her first job in Vancouver was at Vancouver General Hospital. She moved to Dogwood Manor when it opened in 1974. Her new employers assured her that she would be "working under the HEU contract." Young soon learned that what they meant was that they followed the contract in determining their wages. When she asked about the portability of her seniority and benefits, it became evident that Dogwood was not unionized.

Young contacted HEU and asked how to go about organizing a union. Very soon she had 85 per cent of the employees signed up.

Hans Brown of HEU and Young, representing the employees at Dogwood, sat down with the employer to hammer out the first contract.

"Hans made you feel that what you were doing was important," Young says. "He let you know the reason why I stayed involved in the union, and I was either the chair or the vice chair for 20 years."

Negotiations were tough. Young feels that the representatives from Dogwood were not the problem. The Health Labour Relations Association, predecessor of the Health Employers Association of B.C., was at the negotiating table, and they were very aware that they were breaking new ground.

This was one of the first long-term care facilities that had been organized in the province. Contract talks ended in an arbitrated settlement.

In the mid-seventies, Dogwood cut back on its LPNs, and Young became a senior activity side. She did not find it as difficult to adapt to her new job as it had been to adjust to the difference in the Manitoba and B.C. scopes of practice for LPNs.

"In Manitoba LPNs do a lot more — all the medical, nursing wards. So I felt like I'd already lost a lot."

Young loved her new job as an activity aide, coord.
Literacy training is a first step

The program is run jointly by the employer and the union, through a local coordinating committee that includes the community college. Classes are offered in two-hour sessions, twice a week for a period of 24 weeks. On average, there are 10 to 12 participants in each class, with four peer tutors and a college instructor.

Tutors attend a four-day training session delivered by the college instructor, and then learn on-the-job. The instructor spends more time in class at the beginning of the program, and as the program progresses the tutors take on more responsibility.

In August and September, 20 staff members from Edith Cavell, a facility which was closing its doors, were given a group vocational counselling session. They were “walked through” the process of job loss, retraining, and given academic and English language skills assessment.

The majority were placed into comparable jobs at other sites. Two of them were referred to a basic skills program at Trent Lakes/Lakeside.

At that site 54 people were enrolled in the basic skills program, many of them having attended the same counselling sessions as the staff at Edith Cavell.

There were three peer tutors, three tutors from Douglas College, and two instructors from the college.

Forty of those people are registered to start an occupational side upgrading course to begin at the end of November. They were given a prior learning assessment to determine their work skills, education, and experience prior to their present employment. This assessment sometimes results in college credits being granted for work skills, prior education, and experience.

The project is now funded and promoted through the Healthcare Labour Adjustment Agency. The agency and the employer cost-share the wages of students scheduled to work during class time, so that students can participate without loss of wages.

• Note: If you are interested in starting a basic skills program at your facility, you have your Labour Adjustment committee contact Garden MacDonald at HLA or Sylvia Singh at HEU.
RENDEUR VISITING DESK

Renewed activist pledge tops list of resolutions for 1998

by Fred Muzin

The lack of public accountability and social responsibility throughout 1997 provides fertile ground for planning our New Year's resolutions. The Krever report into Canada's tainted blood scandal clearly shows that the disaster that infected 1,300 people with AIDS and left 12,000 others with hepatitis C, was almost entirely avoidable. Government bureaucrats and Red Cross administrators sat by passively worrying more about budget shortfalls than public safety. Then, when confronted by the inevitable conclusion of negligence, both the Red Cross and its friends in the multinational pharmaceutical companies wasted millions in a vain effort to prevent Justice Krever from running rancour.

In Plymouth, Nova Scotia, 26 minutes needlessly lost their jobs in the Westray mine. Justice Peter Richard blames the disaster on inexperience, mismanagement, bureaucratic bungling, deceit, ruthlessness, coverup, apathy, expediency, and cynical indifference. Again, the explosion was entirely preventable. Government regulations were asleep at the wheel. The workers were left in a pressure cooker situation, reacting to management's imperative for them to increase production; thereby making an intolerable situation even worse.

The government ignores its mandate to serve Canadians but chooses to reward its friends and transnational corporations. It's no wonder that people are sick and tired of politicians. From 20 year drug patent protection, the getting of UIC, reducing public pension benefits to both the disabled and women, slashing transfer payments for health, education, and social services to negotiating the Multilateral Agreement on Investment (MAI) behind closed doors, the government is clearly not standing on guard for Canadians.

These facts don't surprise HEU members - we face the consequences daily. Our health-care crisis is a result of the lack of accountability of administrators and managers who build their own empires while violating the public trust placed in them. Again, inadequate health and safety highlights the problem.

Workload overload and injuries to health-care workers cost the Workers' Compensation system $83 million a year. This level of injuries is a disgrace.

Most employers are too busy fighting workers' claims to listen, learn, or implement effective prevention programs. They squander our commitment, energy, and the public investment in our skills by dictating that produce stress, burnout, and a loss of morale. At the same time the WCB is allowed to issue employer rebates under the guise that the board operates independently from government.

We must resolve in 1998 to turn this disgraceful situation around.

Public sector bargaining will be one major opportunity to educate the public and present workers with front-line solutions. But this is not enough.

Progress must include the restoration and improvement of Canada's social programs. We cannot continue to accept legislated poverty, homelessness, and children with AIDS, or prevent the signing of the MAI, which facilitates the privatization of Canada's $72 billion health industry.

With intelligence, determination, and militancy we can reverse this deplorable state of affairs before it's too late. THEREFORE BE IT RESOLVED!

NOTEBOOK

Beware of surgeons bearing waiting lists

by Mike Old

Last June, B.C. Medical Association chief Dr. Granger Avery faced a PR dilemma when he said doctors should expedite patient contacts to achieve a two-tiered health care system.

Avery miscalculated the depth of public support for Medicare — a factor which led, for the third year running, to the defeat of a motion supporting two-tiered medicine at the Canadian Medical Association meeting in August.

But after a summer of secondling, the BCMA has opted for Plan B — a more subtle advancement of two-tiered health care. First, shake the public faith in the public system. Then, down the road, argue that access to private medical services will save Medicare.

The weapon of choice is the surgical waiting list — a measurement of health care performance peddled by the corporate-backed Fraser Institute and skewered in a new BCAF booklet.

The right-wing think tank says waiting lists should be shortened by allowing the market to regulate access to surgical procedures. That theory belongs in the Hall of Shame along with the Fraser's big lie that there is no global warming crisis.

In New Zealand, surgical waiting lists grew by 50 per cent in the 1991-1996 period of health care privatization. One observer notes that because specialists work in both the public and private sectors, they are well-served by longer waiting lists in the public sector, which increase the demand for services in the private sector.

A recent consumers' group study of Alberta's cardiac surgery waiting list supports this view. Surgeons practicing only in public hospitals had waiting lists of between two to eight weeks — six weeks on average — whereas surgeons practicing in both public and private hospitals, however, had public sector waiting lists of up to a year.

The B.C. government has countered the Fraser Institute/BCMA numbers with its own waiting list survey. While it's important to counter oversimplified waiting list numbers produced by the health care protesters, Victoria should not be suckered into trusting waiting lists as the primary measure of Medicare's performance.

Take it from the head of the British Medical Association: the drive to reduce waiting lists in the U.K. distorted priorities so badly that even cancer patients had to wait on trolleys while non-urgent patients received operations in order to meet waiting list targets.

And the National Forum on Health says that waiting lists are "unstructured, often padded, rarely standardized and therefore useless. Victoria should instead focus on measuring broad population health outcomes that assist in allocating health dollars wisely. Let's not let the BCMA and their Fraser friends define this debate."

On November 28, 1997, a group of doctors and public sector nurses will demonstrate outside the B.C. legislature to protest the BCMA's plan for two-tier medicine.
Nursing team activists are using this special HEU report to lobby regional health boards and community health councils, employers, and government on the contribution LPNs and care aides can make in providing better care for British Columbians.

The goals of health care reform are served by the full utilization of LPNs

Licensed practical nurses are an under-utilized resource in British Columbia. The 1991 Sexton Royal Commission recognized this, recommending a broader use of LPNs in the acute, long-term care and community sectors of the health care system. The commission report—"the blueprint for health care reform in B.C."—maintained that this would support the goals of change in the province's health care system.

At the time the commission's findings were published, B.C. had the lowest ratio of LPNs to registered nurses in Canada. This has not changed in the intervening years.

In the 1970s there were many more LPNs working alongside RNs in B.C. Then in the 1980s a new model of nursing came into vogue which advocated using RNs to the exclusion of LPNs in some substantial areas where their scopes of practice overlap. The recently completed National Nursing Competencies Project (Canadian Nursing Association, Ottawa, June 1997) estimated that by 2003 there will be a 65 to 70 per cent overlap in competencies among LPNs, RNs, and registered psychiatric nurses. The Sexton Commission pointed out that the gap between the wages of LPNs and RNs has grown considerably since the 1980s. As a result, the substitution of RNs to perform work that could competently be performed by LPNs has become very costly to the health care system.

This is similar to the situation between RNs and physicians. Work done by physicians that could be done by RNs is another unnecessary expenditure of public health care dollars.

There is no research to show that the use of LPNs to perform work that is within their scope of practice lowers the standard of care. Yet, the num-

How they care LPNs Ellen Chan and Tony Zapanta and care aides Lois Lorimer and José Arenas on the job.

Ellen Chan came to Canada in the 1970s. Trained as a registered nurse in her native Hong Kong and with 20 years of working experience there, her credentials were not recognized in Canada.

She began working as an LPN in the maternity ward at Vancouver General Hospital.

In 1982 she was transferred to Grace Hospital, along with 22 other LPNs.

Since that year the number of LPNs has dwindled down to two. Grace Hospital (now B.C. Women's Hospital) has replaced all departing LPNs with RNs.

Chan's work used to be centered around the nursery.

But now the nursery is reserved for babies with problems and has become the sole domain of the RNs.

Babies who are well stay in the same room as their mothers. LPNs do bedside nursing and teach the mothers how to care for their new babies.

"This is difficult because the mothers have to leave hospital so soon now. They don't absorb too much. They are still in a state of excitement," says Chan.

Chan sees a role for all nurses in home care under this regime. She says the original plan was for a team of nurses to go out and do home care, to visit the mothers after they leave hospital.

The nurses were even going to receive training for this, but that hasn't happened yet.

It is a shame, she says, that that seems to have been set aside for the time being.

"Mothers who have just left hospital will phone nurses on the ward they were in to ask for help," says Chan. "They can't stay in hospital long enough to learn anything."

Chan hopes the plan to train nurses to go out into new parent's homes will get back on track in the future.
Several have MS or are mentally ill patients with serious physical disabilities. The nurses work with people in their 50s all the way up to 102 years old. The administration acknowledges that patients are much more demanding than before and has increased staffing levels accordingly. However, Unsworth says, nursing staff numbers have not changed since the first started working at Queen’s Park. This represents a tremendous increase in their workload. It is common to work short.

Unsworth says, “This is a health issue; many staff are injured when they are working short or on the sixth day of a six-day schedule.”

She contends that it is dangerous to work short or tired.

The province’s health ministry de- cided to change that to 40 per cent care aides, 40 per cent practical nurses and 20 per cent RNs.

Rather than laying off care aides, the government kept their expertise in the system by offer- ing them the chance to upgrade to become LPNs, giving them government assistance for a full one-year course.

This could serve as a model for B.C. In fact, it is easier to do here because the care aide program in B.C. is recognized as equivalent to the first semester of the LPN pro- gram, reducing the training time and cost of upgrading care aides.

Moreover, some facilities here are working with B.C. community colleges to develop bridging programs so that care aides can take steps to become LPNs if they wish.

community

More and more care is now being provided in the community and at home. While the training of LPNs has changed to accom- modate this growing need, the delivery of health care has not.

This review points to several other shortcom- ings in the nature limiting high-quality rates for hospitals with a lower proportion of RNs on staff. Because these studies do not isolate the impact of staff mix from other factors such as staffing levels and measures of organizational performance (i.e., the training and competencies of the non-RN staff and decision-making processes), it is impossible to say specifically how the number of RNs on staff affects mortality rates. Nor is there evidence to indicate an increase in mortality rates with increased LPN utilization.

In fact, the research on staffing models is quite contradictory. Separate studies come to very dif- ferent conclusions. One of the findings prompts the reviewer to reflect on why the New York University to agree with other academic research which argues that “no single delivery system is ideal to address the various intensity and case mix of patients.”

This point is made quite strongly in the United States Institute of Medicine publication, "Adapting the Delivery of Nursing Care: A Top-to-Bottom Review of Nurse Staffing in Hospitals and Nursing Homes."
workload crisis

Changes in health care delivery are dramatically escalating the financial and human cost of the workload crisis in long-term care. This is what HEU hears from members working as care aides and licensed practical nurses in extended and intermediate care facilities around B.C. It is also what we hear from many of the administrators and directors in these facilities.

The magnitude of workload problems is clear from a recent HEU membership survey (McLaughlin and Worth, 1997). Next to issues related to job security, workload topped the list of HEU members’ concerns.

Seventy-six per cent of our members reported increasing workload pressures due to changes in health care delivery. It is expected that this finding will be confirmed by results of an current survey on emerging trends in health care delivery conducted by the Health Management Research Group for the provincial ministries of health, and education, skills, and training.

Specifically in terms of long-term care, why is there this link between the workload crisis and the changes in health care delivery?

It is the combination of providing more care to older adults in their own homes and the earlier discharge policies of acute care hospitals. People who enter long-term facilities now are frailter, have more complex needs, and are more likely to suffer from dementia.

A 1995 survey of continuing care services in Vancouver confirms this point. It shows that the assessment level of people requiring residential care increased significantly over the previous five years. It is also confirmed by the experience in other provinces (i.e., New Brunswick and Ontario) where similar changes in care needs for long-term care residents have been linked to health care reform initiatives and "closer to home" strategies.

impact of rising workload

Not surprisingly, rising care needs for long-term care residents translates into heavier workload demands on care aides, LPNs, and ordination. The result: skyrocketing injury rates and deteriorating caring conditions.

Because of the mobility of residents in long-term care facilities are more socially isolated and economically disadvantaged than the average seniors population, they rely very heavily on on-call caregivers to provide for all of their care needs and social supports.

At Carolyn Unsworth, a care aide at Queen’s Park Hospital, puts it, "We are their family. Some of them get no more than two visits a year. We know everything that happens to them. We do everything for them."

Unsworth says rising workload pressures make it more and more difficult to provide the care and social supports that residents require.

"Increasingly, we are reporting incidents of residents mistreatment activities because there is no one available to take them to these activities. When you are working short and running just to keep up, you do not have the time to do it, or do the little extras that make life bearable for people living in a long-term care facility."

For front-line staff like Unsworth, the consequence of heavier workload pressures have been unacceptably high injury rates.

According to a recent report from the Workers’ Compensation Board, LPNs, care aides, and orderlies have by far the highest number of injuries and the greatest variety of injury types of any group working in long-term care.

Overall health care injury rates are 50 per cent above the provincial average and, within health care, the injury rates in long-term care are higher than those in the acute care or community sectors.

These injury rates are very costly in financial and human terms. The most up-to-date figures are from 1994 and show that the total cost of health industry injuries was $37 million. Cutting 1994 injury costs in half could add 1,161 full-time equivalent jobs to our health care system or buy 1,251 extended care beds for B.C. facilities.

Finding solutions

Facing up to the workload crisis in long-term care is critical to the future of health care reform.

If workload issues are not addressed, injury costs will continue to spiral out of control and the quality of care will continue to deteriorate.

our recommendations

training

• upgrade the skills of existing LPNs and care aides to the level of recent graduates

• provide bridging programs for care aides to practical nursing to meet the need for higher levels of nursing care to look after our elderly

• offer continuing education for LPNs to ensure full LPN utilization in facilities and the community

utilization

• in acute care, establish LPN use based on patient needs and LPN skills

• in the community, fund pilot models that use nursing occupations in a multidisciplinary team

• in long-term care, use staffing ratio of 2.0 per cent RNs, 40 per cent LPNs, and 40 per cent care aides

workload

• immediately implement workplace injury prevention programs

• ensure that minimum care levels set by provincial guidelines are enforced

• pressure for government review of funding levels in long-term care

In the immediate future there are three recommendations that regional authorities, health care agencies and government can take to alleviate this crisis.

workplace injury prevention programs

As a consequence of enforcement from the Workers’ Compensation Board and pressure from the health care unions, some workplace injury prevention programs have been established in extended care facilities.

For example, at Surrey Memorial Hospital and the Cottonwood Pavilion in Kelowna, HEU and employers worked together to introduce ergonomic reforms, including the introduction of mechanical lifts, additional staff, and training for front-line staff in injury prevention strategies.

These programs have resulted in significant savings in both human and financial terms. Similar programs introduced at a regional board/community council level throughout the province would free up additional monies that could then be used to further reduce the workload pressures.

enforcing minimum care levels at provincial guidelines

The provincial government has guidelines on hours of care required by residents based on an assessment of their functional ability.

Funding has recently been increased to cover 97 per cent of these guidelines. However, no enforcement mechanisms have been put in place to ensure that the funding provided to facilities is actually spent on direct care. Large discrepancies exist across facilities in terms of the amount of money spent on administration and facilities costs as compared to direct care.

To begin to improve the level of care available to residents, regional boards/community health councils should work with us to pressure the provincial government to fund long-term care facilities to 100 per cent of the guidelines.

In addition, enforcement measures should be established by RHBs and CHCs to ensure that the funding provided to facilities for direct care is actually spent on direct care.
donald sinclair LPN

"I wear a lot of hats, and I work my butt off. But I know what I'm doing. I hate it when someone says, 'you're just an LPN.'"

donald sinclair enrolled in a course to become an LPN in 1986. When he started, LPNs were in demand. By the time he had finished, the demand had turned. It would be 11 years before he would get a permanent, full-time job.

He was always able to work as a casual, however. He moved all over the province during those years. One of his casual jobs was at Vancouver General. He worked on the B.C. Cancer Agency floor. When there was an opening for an LPN at the Fraser Valley branch, Sinclair got the job.

"I run the patient review department at the agency," Sinclair says. Working with patients who come in for prostate cancer treatment, he sets them up for radiation: advice, monitoring, assessment, and follows them through the treatment period of five to six weeks.

The Cancer Agency is going through a period of "re-engineering." There is "no fair amount of consultation going on," Sinclair says.

Sinclair appreciates that but he isn't taking any chances. He upgrades his skills and takes courses whenever he can.

Part of the re-engineering plan is for the agency to have two full-time LPNs in the Victoria, Fraser Valley, and soon-to-be-opened Kelowna clinics by the year 2010. Naturally, Sinclair welcomes this.

Sinclair also works as a Blackett LPN at Surrey Memorial Hospital's emergency ward. There he utilizes the expertise he has gained through advanced courses in trauma management and his experience as a soldier in the Vietnam War. Sinclair says, "I wear a lot of hats, and I work my butt off. But I know what I'm doing. I hate it when someone says, 'you're just an LPN.' They don't really know what they're talking about."

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reviewing the funding levels and assessment processes

Funding levels for long-term care are based on a functional assessment of residents and not workload. More funding is provided to nonambula-
tory residents than ambulatory residents.

This creates a financial disincentive to keeping people active and mobile. It also ignores the reality that a mobile resident with dementia often requires more care than a mentally stable person who is bedridden.

Given the rising care needs for residents, funding levels and assessment processes for long-term care should be reviewed by a provincial committee composed of the relevant employer, academic, consumer and union groups. Minimum care levels should then be established to reflect actual workload levels based on input from frontline caregivers.

As a union we want to work with the RHAs and CHCs to push for a provincial review of funding levels and assessment processes in long-term care.

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training for reform

new opportunities and resources are available to update and build caregivers' skills

Health care reform involves significant organization and administrative change. But most importantly, to achieve the objectives of reform, a sound human resources plan must be developed to update skills of front-line providers like care aides and LPNs.

While the education and training programs for LPNs and care aides have been updated to meet health care reform objectives, very few working care aides and LPNs have had access to the training needed to keep their skills current. Most employers have not made training a priority.

Undoubtedly, limited funding has contributed to the lack of a training culture. However, with the establishment of the Healthcare Labour Adjustment Agency, new opportunities exist and funds are now available to support training with health care reform purposes.

care aide, LPN programs updated

B.C.'s Resident Care Attendant Program is the only provincially approved and standardized curriculum for care aides in Canada. Graduates complete 20 weeks of full-time studies including a 60-hour course on caregiving for people with a cognitive impairment and a 30-hour course in well

ness and personal health issues. Many B.C. community colleges now offer an RGA upgrade to update the skills of care aides to the level of the new program.

Similarly, in the early 1990s, the training program for LPNs was lengthened and revised. Practice nurses now complete 12 months of full-
time studies, with an emphasis on community health promotion and prevention, gerontology, and secondary level acute care. The program includes 474 hours of practicum experience in all three settings. Specific topics added to the standard program include administration of medication, adult assessment, leadership, and communications skills. In addition, the training includes more critical thinking, decision-making and teaching skills.

uniquely positioned

Care aides and LPNs are in a unique position to meet the changing care needs of British Columbians.

They are trained to work both in institutional and community settings. Their education addresses the core needs of a growing segment of our population — seniors. It makes sense to plan for regional or community-wide training initiatives to strengthen care aide and LPN skills and build new ones.

The Healthcare Labour Adjustment Agency can provide funding and planning assistance for training that supports health reform. Agency executive director John Malhotra says two-thirds of HLAA training funds have supported restructuring plans which utilize the skills of existing staff. So far, the HLAA has funded upgrades for 125 care aides and LPNs in 10 facilities across the province.

Training programs submitted to the HLAA must be supported jointly by the employer and the union. The HLAA covers most direct costs like tuition, books, and childcare. Employers will be reimbursed for 50 per cent of the wages of participating employees.

recommended training initiatives

With this comprehensive assistance at hand, employers can work with health reform/labour adjustment committees to put in place training initiatives at a local, community or regional level. Here are three areas of training to be considered.

upgrade to level of current graduates

Keeping care aide and LPN skills current should be a priority training initiative. Following an assessment of current skills to identify education needs, an RGA or LPN upgrade can easily be put in place. For example, Juan de Fuca Hospital is one of a number of facilities which have set up an upgrading program. LPNs can update their nursing knowledge to the current level of a grad-
tuating LPN through a new distance education course offered by the Open Learning Agency.

bridge care aides to practical nursing

In New Brunswick, to meet the need for higher levels of nursing care in long-term care, the government changed the staffing mix to 20 per cent RNs, 40 per cent LPNs and 40 per cent care aides. In a unique approach they can serve as a model for B.C., the government upgraded 700 care aides to LPNs.

Over the last year care aides around the province have begun to lobby their employers to provide them with LPN upgrade opportunities.

In response, the provincial government has recently provided funding to several colleges and employers in the Lower Mainland to develop a new curriculum to assist care aides to bridge into the third semester of the LPN program.

offer post-basic courses for LPNs

Post-basic courses are designed to enhance LPN skills in specific topics to ensure LPNs are broadly used in existing and new settings, such as the community.

To this end, a number of community colleges offer continuing education courses such as first care for the elderly, head to toe assessment, and palliative care.

In addition, B.C. Rehab offers a Trach-ecology and Ventilation Management Certification Program for LPNs to work in community-based and long-term care settings.

This course should be made available in other parts of the province and could be a part of a post-basic care aide to LPN nursing course similar to that offered by the Practical Nurse Association in Onta-rrio.
Hillside campaign provides backdrop for labour code review

Layoffs expose need for successor rights, HEU tells panel

by Daniel Gowthorp

HEU's fight for a fair labour code - outlined in a major submission to a Kelowna review panel Oct. 30 - gained new urgency with the following day's layoff of 11 group home workers at Nanaimo's Hillside residence program.

The workers, members of HEU's Mid-Island Caregivers local, provided extended care for mentally and physically challenged adults no longer living in large institutions.

Since 1994, the program had been administered by O'Connor Resources under a collective agreement between HEU and the Ministry of Children and Families. But last summer O'Connor dropped the contract and a new service contractor took over, paving the way for the October layoffs.

Under the current Section 35 of the B.C. labour code, the new contractor's decision to retain only three part-time workers from the previous staff was entirely within the law.

HEU and other unions are arguing that this arrangement undermines the collective agreement while creating instability for group home residents.

"We must have a successorship framework that honors the vulnerability of the people and the need for stability," Mid-Island local chair Donnie Bailey told a labour board review panel in Nanaimo Nov. 6. "We serve the most vulnerable people in our society, and the need for stability and trustworthiness is in their lives." He added: "Lori Harvey, who works in one of three Nanaimo-area group homes under contract, pointed out that the Ministry of Children and Families information package contained a clause that said 'successorship rights may apply' under HEU-certified residential services. "We were hopeful that the district supervisor would take into considerations the applicant's intent to honor successorship when selecting the new service provider," Harvey told the review panel. Yet, "she received several inquiries from applicants. Most confirmed verbally that they supported successorship rights in this sector of health care, as do many employers." Bailey and Harvey were part of an HEU delegation that met with Nanaimo MLA Dale Lovick Oct. 30 to discuss the issue. Meanwhile, on the same day in Kelowna, HEU secretary-business manager Chris Allinut presented the union's main submission on labour code changes to the government-appointed review panel.

In addition to successorship rights, HEU is calling for improved first contract negotiation provisions, stronger sectoral bargaining structures, and an entrenchment of the union's right to arbitrate bargaining disputes to arbitration.

Medicare Week rally lampoons Fraser Institute

More than 100 activists gathered in front of a luxury Vancouver hotel Nov. 4 as a coalition of public health advocates held a Medicare 'Week' rally to protest the destructive health care ideology of the ultra-right-wing Fraser Institute.

The rally, which took place outside a Fraser conference promoting two-tier, American-style health care, included a satirical 'oncction,' in which the entire Medicare system was sold to the highest bidder.

Earlier in the week, the coalition released background information on some of the companies sponsoring the Fraser conference. The list included dozens of multinational drug giants, insurance corporations and health information providers currently funding from the public system.

Ben Swann, of the B.C. Old Age Pensioners Organization urged the crowd not to be complacent about the Fraser attack on Medicare: "We're telling the Fraser Institute, and all those business interests behind them, that we don't intend to let them get their greedy fingers on our medical system."

HEU secretary-business manager Chris Allinut painted a chilling portrait of two-tiered health care in one New York hospital, where wealthy patients in the luxury wing can order freshly-slaughtered goat for dinner and silk pajamas from Brooks Brothers.

The rally ended with an 'oncction' led by a mad Fraser 'economist' who took bids from the crowd.

Local union Sandra Norris attended off food sales at Children's, the entire St. Paul's Hospital and the B.C. Ambulance Service. The 'showcase' item, Canada's Medicare system, was "pre-sold" to the Disney Corporation.

Out west, out east, in the streets

SOGGY BUT SOLID

Hundreds of striking pulp and paper workers rally outside an Oct. 28 Fletcher Challenge shareholders' meeting in Vancouver. HEU sponsored a solidarity soup kitchen at the event. CEP and PPWC members have been on strike since July 14.

TEACHING HARRIS A LESSON

Teachers rally at Queen's Park Nov. 8 against the Ontario government's education reforms. The teachers maintained strong public support throughout their strike.
Security workers are in jeopardy

by Mike Old

Two recent attacks on HEU security staff at St. Paul's Hospital have highlighted the need for health care facilities to put in place comprehensive policies to deal with violence in the workplace.

On Nov. 9, a security worker sustained head injuries after being thrown down a stairwell in the hospital's parkade. Two days later, two security workers were slashed with glass after confronting a man who had stolen computer equipment from the hospital.

"Incidents like these are all too common in health care and not restricted to security staff," says HEU's secretary-business manager Chris Allmunt. "These incidents underline the need for the WCB to more strenuously enforce their regulations." WCB regulations passed in 1993 require policies to minimize the risk to workers of violence in the workplace.

The Capital Regional Health Board has just adopted a violence in the workplace program, but Doane Gladsky of the GVHS Fire Security local says the program won't be effective unless workplace issues are addressed.

"We're a big part of the violence in the workplace, and we're in a strong position to take control of the role of security workers. But he points out that only one security worker is on day shift at Victoria General Hospital compared to three at any one time Regional Jolliffe.

Training is key to preventing workplace violence, says Gladsky. "We're the ones taking the licks—we should get proper, ongoing training."

Over the next two months, selected staff working in the Capital Region and at St. Paul's will receive special training in violence intervention techniques along with instruction on how to pass these skills along to other workers.

Health centre a boon to street kids

DSCHC provides much needed care to marginalized downtown residents

by Dale Fuller

The Downtown South Community Health Centre opened its doors two years ago to provide care to people that might otherwise not access medical help at all.

Since then, the patient base has grown by leaps and bounds. One hundred new patients a month walk through the doors, bringing the total up to 7,000.

"Walk through the doors is the operative phrase. This is largely a drop-in centre, although some people do call ahead for appointments. Saturday is dedicated to off-the-street walk-in patients. Ward of month, ads posted in hotels, and referrals from St. Paul's Hospital bring people to this health centre on Seymour Street. Once patients do walk through the door, they are likely to keep coming to the centre for their medical care. This is not, however, a 24-hour clinic. A youth clinic, much needed in this community operates out of the same space from 8:00 to 11:00 p.m.

Thirty per cent of the clients are young people. Many of them are not covered by medical insurance; the centre helps them access their rights to tap into universal Medicare.

Other people who are marginalized from the medical system, like those who have not lived in the province long enough, are nonetheless cared for at the DSCHC.

Catherine White, a community counsellor at the centre, feels that the reason people come to DSCHC is that they are not judged, but accepted for who they are, whatever that may be.

"You can come in here with five-inch transparent heels, with fish swimming in them, and I promise you, we won't but an eye," she says. "We will just ask you what you need in the way of health care."

The clinic works in partnership with St. Paul's Hospital; the Gathering Place, a community centre for the neighborhood which is right next door; the Greater Vancouver Mental Health Society; Alcohol and Drug Programs; and the Vancouver Richmond Health Board.
South African trip fosters solidarity

by Robert Dunn

Commie chairperson of the Crossroads local, a member of HEU’s International Solidarity Committee, and part of an HEU delegation to South Africa. This is an edited version of his report.

Brothers and sisters often ask: why is HEU sending four members to South Africa when they might be spending their efforts closer to home? Ordinary people should get the opportunity to do extraordinary things. We got the chance to talk to working people in another part of the world and realize that we are fighting the same fight—that culture, history, and prosperity may divide us, but labour unity and a common struggle bring us into the same arena.

I feel very fortunate to have been given that opportunity. Soon after our arrival, we met two comrades from Malawi, Samuel Ernest Banda and Hamilton Kachilika, who spoke volumes on the need for international solidarity. They were imprisoned for two weeks without any food because they were trying to stand up for public sector rights in Malawi. Samuel spoke about being beaten by police during a demonstration and how he died for his cause, if necessary.

The most memorable part of the trip was our march in Pretoria.

Stealing their thunder

Labour groups, human rights activists preempt APEC business agenda with high-profile People’s Summit and protests condemning exploitation in the Pacific Rim

by Daniel Gawthrop

Having learned from previous meetings of world leaders in which human rights issues were all but ignored by the media, organizers of the Nov 17 to 24 People’s Summit joined forces with a broad network of activists to guarantee that issues affecting workers, women, and the poor would receive plenty of coverage in the week leading up to the fifth meeting of the Asia Pacific Economic Cooperation in Vancouver.

Activists staged press conferences, panel discussions, and high-visibility protests to raise public awareness about the economic exploitation inflicted by free trade agreements and the abuse of human rights by APEC countries like China and Indonesia.

“APEC is a cooperation of governments and big business to legitimate exploitation,” said Indonesian activist Titi Kitereaya at a press conference to open the Summit.

At an International Tribunal on Workers’ Human Rights, held at the Plaza de Naciones Nov 20, a crowd of 300 sat in horrified silence as eight labour activists described a litany of workplace abuses in so-called APEC “economies.”

Cheung Lai Hua from Hong Kong testified on behalf of workers from the Zhili Teddy Bear factory in China where a 1993 fire killed 87 people and severely injured 46 others. Workers were caged in the factory—without windows and with bars on the windows and no way of escape—working 12 to 14 hours a day for less than minimum wage.

As one video presentation revealed, Canada is by no means exempt from human rights abuse criticism. The audience was reminded of the Sept 10 fire in Bureau of 20 Thai women who had been brought to Canada by an international sex trafficking ring. Instead of being treated like victims of exploitation, they were charged with violating Canadian immigration and prostitution laws, vilified by the media, and treated as criminals by the Canadian police and justice system.

This testimony was observed by an international tribunal of judges including former federal NDP leader Ed Broadbent and Amnesty International Secretary-General Pierre Sané. After hearing the moving stories, we find it completely unacceptable that any of the leaders of the APEC countries would “do to [themselves] something that cannot be done to stop these abuses,” concluded Broadbent.

“Internal governments can hire dozens of lawyers to apply all their sophisticated reasoning to international trade agreements, to ensure in fine detail the protection of commercial rights associated with intellectual property, surely those same governments could hire 10 lawyers and put in, with the same rigour, a minimal set of workers’ rights.”

The next morning, the tribunal released its final report based on the testimony. Among the rights violated, the judges cited freedom of association and collective bargaining, freedom of speech and assembly and the right to work or slavery, the right to health, social security and unemployment benefits as well as to an adequate standard of living.

Several non-governmental organizations, including Amnesty International, demanded that APEC formally recognize labour rights by introducing statements of business principles that incorporate international human rights standards; an APEC Investment Charter to reflect business responsibility for human rights protection, and a mechanism to monitor the ratification and implementation of all ILO conventions; and common standards for the treatment of migrant workers.

We were there (above left) HEU members from the First Nations caucus listen to presenters at the opening session of the Women’s Conference against APEC. Left to right, Faye Ediger, Joanne Foote, Tracy Erickson, Linda MacNamara, and Sue Hawkins. Left, HEU shows its colours at Nov 23 Walk for Global Justice.

Conference hears women’s testimony

by Dale Fuller

Canadian women joined others from across the Pacific region at the Women’s Conference Against APEC to discuss and expose the effects that APEC measures have on women in their countries.

Many Canadian organizations were represented at the conference, including HEU. Provincial Executive member Leslie Hutchinson was involved in the organization of the conference and facilitated one of the workshops.

At the opening forum, featured speakers told what it is like for women living in some APEC countries.

Yayori Matsui, a journalist and director of the Asian Women’s Resource Centre, spoke of rural families in Thailand having to sell their daughters in order to survive. “Many of those daughters are sent abroad, I am ashamed to admit it,” she says, “but many of them end up in Japan.”

Tania Suarez from Mexico’s Zapatista Front for National Liberation addressed the issue of the maquiladoras. She said that the environment and women workers are the big losers since Mexico signed the NAFTA treaty.

Khashi Khatri from Bangladesh and Irene Fernandez from Malaysia both concurred that the environment is suffering. “The protection of the environment is not a luxury, and women must lead in the movement,” stated Khatri.

Other concerns that connect women were identified—oppression, birth control side effects, undernourishment of children, and health.

A box issue of the conference was whether or not to endorse the inclusion of a social clause in any APEC agreements. A workshop reached a consensus on fighting for workers’ and human rights, whether or not there is dialogue with APEC.
B.C. unions launch campaign against the use of child labour

by Mike Old

EU HAS JOINED the B.C. Federation of Labour and the United Nations Children’s Fund (UNICEF) in calling for Christmas shoppers to take child labour off their shopping lists.

"It’s time for Canada to take a world leadership role in ending child labour," says B.C. Federation of Labour president Ken Georgetti. "If Canada can help the world end land mines, surely we can place even more priority on ending the exploitation of children working in terrible conditions around the globe."

Georgetti says child labour is intertwined with the increasingly aggressive expansion of many North American corporations. "Whether it’s the production of Nike running shoes in Indonesia, the sewing of designer label fashions in Guatemala, or the manufacture of Disney toys in Thailand, the use of child labour has become abraod of international trade and production strategies for many large, multinational corporations."

According to UNICEF, there are an estimated 250 million children under the age of 14 working in the world.

Georgetti and Nancy Dickson, UNICEF B.C. chairperson, unveiled the first elements of the campaign on Nov. 24 at the Joyce Street Skytrain station in Vancouver.

The B.C. Federation of Labour and affiliates including aHIE have co-sponsored 26 billboards throughout the Lower Mainland and Victoria that will appear in transit shelters and on buses during the Christmas shopping period.

Delegates to the B.C. Federation of Labour convention participated in a Dec. 4 "malling" where Christmas cards demanding action from the federal government on child labour issues were distributed in downtown Vancouver malls.

UNICEF and the B.C. Federation of Labour are calling on the federal government to adopt a labelling system that would let consumers choose goods that are produced without the use of child labour.

You can see the UNICEF-sponsored billboards until Dec. 22 at the Surrey Place Skytrain station and on the side of a Vancouver B.C. Transit bus.

Coffee break

Suing me, suing you

Only in America — a new organization called Giltz has compiled a monthly index of "money lawsuits in the state of California — America’s most litigious jurisdiction — there’s even a lawsuit abuse awareness week. Among the most bizarre cases:

• An author was sued for $800,000 after writing a book about a convicted killer on death row who claimed the book "defamed his good name" and made it hard for him to find a job. (The case was thrown out after the publisher had issued $44,000 in legal fees.)

• A student is suing his university after failing from its dormitory window while hanging out to "meas" passersby. He claims the college should have warned him of the dangers of living on the fourth floor.

• A suffer sued another for taking his wave. After several days, the case was dropped because the judge was unable to put a price on the pain and suffering endured by watching someone ride the wave "intended for him."

Check the small print

Nineteen-year-old Jeffrey J. Pytchoch isn’t much of a criminal.

Police in West Lafayette, Indiana arrested Pytchoch and an accomplice, charging them with theft and fraud after Pytchoch cashed cheques that he had written with disappear-

ing ink. Apparently believing the cheques would be blank, he had written two checks that were eventually presented to them for collection.

Taxes of ink remained. Police said Pytchoch would have had a better chance of getting away with his crime had he not used cheques pre-printed with his name and account number.

Born to Jeffrey, leave the criminal life behind. It’s definitely not for you.

Jenny Craig for hunters?

Animal rights activists now have a new ally, a weapon in their long-standing battle against hunting: convincing new evidence that the sport can be dangerous to your health, especially if you’re out of shape.

According to a recently conducted study by the University of Toronto, the number of people who die in hunting accidents is surprisingly high, even for people who are not skilled hunters.

Laws rule

• A bird falls rule: The one who scores will fall asleep first.

• Law of the desktop: No one is to be portrayed as a photo cannot make him or her look foolish.
Traveller's Lodge bids 'happy trails' to retiring four

It's been a year of goodbyes for Nanaimo's Traveller's Lodge local, where four employees (three full-time) have recently retired.

Local chair Mortie Schmidt spoke for everyone when she bid a heartfelt thanks and best wishes to four dedicated co-workers: Ramona Davidson (18 years) plans to spend time writing and enjoying the company of her grandchildren; Phyllis McNabb (17 years) will enjoy the "Three G's": golfing, gardening and grandchildren; Brigitte Korsch (16 years) is currently on LTD but plans to spend her retirement by challenging 'Lady Luck' in Reno; and Jean Johnston (1992–1997) plans to keep busier than ever.

Retired VGH activist Ricketts dies at 70

A memorial service was held on Oct. 24 for Wanda Ricketts, a retired VGH member who passed away on Oct. 18 after a lengthy illness. Ricketts, who was born in Roseland in 1927, was an active member of her VGH local before retiring from Vancouver General Hospital in 1987. Fondly remembered by her union, Ricketts is survived by her husband of 38 years, Stan, her daughter, Krista, and extended family.

Sister MacMullen wins kudos for 'outstanding service'

HEU has sent a framed certificate and a letter of commendation by president Fred Martin in recognition of the "outstanding service" of Hallie MacMullen, who retired in October from St. Joseph's General Hospital in Comox.

"Your long-standing commitment and dedication to the cause of working people has helped to create a brighter future for all," wrote Martin.

HEALTH CARE SCHOLARSHIPS

from the Ministry of Education Skills, & Training

These $3,500 scholarships are for health care workers who are upgrading/renewing within the health care field. As of Nov. 25 HEU members have received these bursaries. Application deadlines are:

- May to August school term: March 15
- September to December school term: July 15
- January to April school term: Nov. 15

Applications can be obtained from your local or at the student financial office of the educational institution where you are enrolled. For more information, call 604-261-0 (in the Lower Mainland) 387-610 (in Victoria) or 1-800-561-1818.

EQUITY PHONE LINE

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This holiday season, take child labour off your shopping list.

Unions in BC are fighting to end child labour. You can help make a difference.

Donate to the unicef campaign to end child labour in developing countries.

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An HEU report on nurses
This report outlines important issues that face LPNs and care aides under a changing health care system, with creative proposals for action.

Hillside’s slippery slope
Workers at this Nanaimo facility demonstrate the effects of omitting successorship rights from the Labour Code.

TLC for street kids
They get respect and attention to their health problems at this downtown health centre.

People have their say
Women, environmentalists, and human rights and labour activists descended on Vancouver, the People’s Summit, giving the lie to APEC leaders’ rhetoric.

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