As this issue of the Guardian goes to press, your bargaining committee is deep into negotiating new contracts for 95 per cent of HEU members. The facility sector negotiations began on Jan. 15, while community sector bargaining begins on Feb. 10. Bargaining will soon begin for HEU and the other health care unions at the nurses, paramedics and social services tables.

All HEU communications resources are going to be dedicated to bargaining support in the immediate future, so this will be the last issue of the Guardian for awhile. But you can stay up to date with what is happening in a variety of ways: phone the hotline (see page 54), read the regular bargaining bulletins or, you can surf the Internet and find us — and all our latest updates — at http://www.heu.org.

There will be bargaining in the workplace events, focusing on individual bargaining demands as negotiations progress. For example, on Feb. 12 we highlighted the issue of winning better benefits for our members on long-term disability. The silhouettes of heads symbolising our disabled workers were an in-your-face reminder, as our members staged rallies and other events around the province, holding the silhouettes or “planting” them in the ground to front of their workplaces.

As in the past rounds of bargaining, HEU is producing a theatre performance to support bargaining. The show, which brings to the stage our bargaining issues and our workplace realities, will tour the province from March 13 through April 17, hitting as many locals as possible. Watch for details in your local and in our communications. If you get a chance to go and see this thoroughly entertaining, but informative, production, by all means, do so. And bring your family and friends. The public needs to know what we are up against, too.

Hopefully, with the next issue, we'll be back on your doorstep with an in-depth report on your new contract.
Employers' old habits die hard

IT'S AT A CRITICAL crossing time of B.C.'s health care system that we find ourselves once again. A year after the tabling of the Health Employers Association of B.C. in this round, it was our hope that the employer would be up to the task we have set for ourselves — bargain collective agreements that strengthen Medicare and facilitate progressive health care reform.

Our bargaining proposals support these goals by dealing head on with the effects of health care restructuring and regionalization while at the same time looking out for the interests of our members. While others, like the B.C. Medical Association and the Fraser Health Authority, have not been entirely forthcoming in the health care system, we aim to construct solutions at the bargaining table that improve the quality of the health care services we deliver.

The HEAC, which now represents regional health boards and community health councils, should have an interest in developing a common bargaining agenda based on a shared desire to make health care reform work.

Regrettably, it appears the employers' approach has not evolved in a manner that addresses the bigger health care picture. Instead, HEAC has tabled proposals more in keeping with the Jiminy P. Tenbroecks of their HLRA, CCERA and Private sector.

The first sign that old habits die hard came at the community care table Feb. 10 with HEAC tabling proposals that would entrench some of the worst conditions experienced in home care while eroding provisions negotiated only months ago in the historic first community sector agreement.

It's a shocking turn to negotiations that should be moving substantially toward caring conditions in the community to levels experienced in the facility sector. Even the employer concedes that points — while tabling the employers' proposals HEAC's spokesperson commended that not many concession demands were tabled (in their view) because not many are required in this sector.

Then on Feb. 16, HEAC reinforced its concessions agenda by tabling a focused set of take-away proposals. Under the misleading heading of Commitment to Health Care Reform the employer proposes to restrict bumping rights, penalize casual workers when they're not available for work, increase the job vacancy period and loop certain discipline on personnel files forever.

And under the mislabelled heading Refusal of Patience for Priorities, Residents and Clients, HEAC has outlined a series of concessions that reduce benefits for injured workers, restrict special leave, reduce vacation time for long-time workers and freeze wages. HEAC's fine moves are disappointing but they only increase our resolve to achieve fairness in home care by building unity between community and facility caregivers from all the health care unions.

HEAC's opening positions also give us reason to reorder our efforts to reach out to those progressive health care employers around the province whose views are not being reflected in HEAC's bargaining proposals.

COMMEN

Guardian

"To defend old habits is to defend the sick."

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THE GUARDIAN WELCOMES YOUR FEEDBACK: SEND LETTERS TO 2006 WEST 10TH AVE., VANCOUVER, B.C. V6J 1P3 OR PHONE 1-800-604-7044, PLEASE BE BRIEF.

He says health care reform is bad medicine

The union suffers from contradictory policies. On the one hand policy from the last convention opposes corporate incursions into health care. On the other it supports the health care "reform," in my view a corporate plan to privatize public health care.

The Commission on HealthCare and Costs was set up by the Social Credit government. To its key recommendation was the dismantling of acute care because doctors were abusing the system. The government decided to slowly dismantle acute care facilities and create more community care networks.

Such a network might be a fine addition to our existing system, it probably would be best if locally controlled andunionized. Continued cutbacks in acute care have laid the groundwork for private companies to move in and offer care for profit. The St. Joseph's Hospital closure is the opening shot in the "restructuring" process. The Act protected most of the health care providers and health workers generally across the province from downsizing effects. But St. Joseph's is now to hit 90 per cent by occupied by Children's and Women's Health Centre and renovations have not stopped since the closure. The NDP government stopped the plan when they realized the buildings could be used.

The government is still hell-bent on this "reform." The union is supporting the overall plan but the Act because of the NDP is implementing it. Admittedly the Reform and Liberal parties are likely to push "reform" harder without an Act. Even health care boards restructuring, which is being endorsed by the health care unions, is virtually no different than the previous boards. They are corporate dominated, especially when it comes like in Vancouver-Richmond. Union representation on those appointed boards is pure fiction.

The union's support for the so-called "reform" is not in our interest. We believe the Act isbara to almost all counts through the proper health care networks, and this Act would, it will lead to the destruction of the public system and corporate takeover for profit.

No luddites

Having read some of the luddus in the Guardian, I for one don't have any. In 1975 when I joined Cariboo Memorial Hospital as an LPN, there were at least 15 LPNs on surgery, medical beds, OPO and maternity. Gradually we were left only on surgical and medical.

Less than two years ago there were five full-time and one part-time LPNs on medical. Low and behold there were further cutbacks to only two full-time and one part-time LPN on med-surg nurses.

There was a taken effort on HEU executive's part to "save" our jobs. Instead there should have been walkouts and other more aggressive protests — not just token gestures.

I have had over three months medical leave because I was too devastated to be working. I wanted to do it. It was too traumatic to fight, too demoralized. At that time I had no mental support from my local union. I opted to go into laundry — the least drop of pay. I did my best to adjust, but mental and verbal harassment from a few made that difficult.

I have pared down. I am bitter and disappointed. Now we have only one LPN on day shift. Perhaps HEU could better spend our union dues to save our jobs instead of buying new buildings and other pet projects.

GUARDIAN, TRASH, LAUNDRY AID, Cariboo Memorial Hospital

Protect my privacy, but ...

Regarding the article in the November/December issue, LT. Wirt, and a member being videotaped, I am strongly in favour of privacy and will protect my rights for same.

However, with abuse of sick time, WBC, LTD, etc., I will continue to be in support of any insurance company videotaping a person on LTD or WBC injury. At one hospital where I worked, a person was on LTD for back injury and he was videotaped while lifting a house. I was no violation of a person's rights in this instance.

J.B. LATHE
Housekeeping Aid, Surrey Memorial Hospital

Letters from our readers are welcome. They may be edited for brevity and clarity. You can send them by mail, e-mail, or fax to 604-719-1526.
What we're up to

International Women's Day

The B.C. Federation of Labour will hold its regional women's conference called Union Women: Voices of Equality, starting on the evening of Monday, March 2, and finishing on March 7, joking other community organizations for the traditional march, rally at Robson Square. There will be celebrations all across the province and the country, but those were not firmed up at publication time.

The first 1970 march was held on March 8, 1970 in New York City, where women presented a list of demands, some of which have been honoured and some of which women are still fighting for: an end to the practice of child labour, improvements in dangerous working conditions in the sweatshops, a fair day's pay, an end to pay inequities, and the right to vote.

Women from 17 countries presented a resolution at the 22nd International Conference of Socialist Women, held in Germany in 1976, to officially mark March 8 as IWD. It didn't catch on in North America until the mid-1980s.

In 1977 the United Nations resolved to celebrate a day of "women's rights and international peace," without naming a specific day. March 8 was already a fact in 1970, so most nations now observe it on this day.

The presentation of the cheque was an important event in the community, and the community and Joelle Montez, Dr. Noél Rodriguez, and Dr. Vila Barry Reves were surrounded by neighbours of the clinic.

Our man in Guatemala

Recently Tiburn maintenance worker José Montez traveled to his native Guatemala. While there he visited the Clinica Médica San José in Manta, which was built by the company in 1992, which had been delivered by brother Bill MacDonald. With it they built a bedroom for the resident nurse and waste and electricity systems for the clinic.

It was a very emotional moment when we saw José, because for many years we did not receive any information from you," Dr. Reves wrote to HEU Health director Jerry McInerny.

"With this new money we are going to see how we can bring some medical supplies and some beds to our clinic because we really need more equipment..."

Port Alberni doesn't forget its own

The week of Nov. 17 to 21 was staff appreciation day at West Coast General Hospital in Port Alberni.

As a staff dinner, long term staff members, received pins for 10, 15 and 20 years of service. In the case of 25-year employees, a watch or a clock was presented.

continued on page 4

Boss’ $10 million LTD raid is unjust

A PRE-BARGAINING raid by health employees of $10 million from the surplus in the health care long-term disability plan has been sharply criticized by HEU.

"It's nothing short of immoral," says HEU bargaining spokesperson Chris Allnut.

Allnut says the surplus – achieved through strong 1997 returns in LTD fund investments – should have gone towards improving the benefits paid to the 3,000 disabled health workers who are on LTD, 2,200 of whom are HEU members. Employees will shophorn the $10 million by giving themselves a LTD premium holiday for three months.

LTD recipients receive two-thirds of their income at the time of their disability, and under the existing contract language don't receive any increase over their disability payments.

"Hundreds of disabled workers are locked into benefit levels that leave them living below the poverty line," says Allnut, who notes that the LTD plan covering senior health bosses pays much higher benefit levels and is fully indexed to inflation.

In a warning to the health employers' body Allnut pledged "this is an injustice we're going to end in bargaining..."

Increase health funding, says poll

by Stephen Howard

Amid growing concern over the state of Medicare in B.C., an HEU-commissioned opinion poll shows there's strong public support for increased health funding, and approval for a rate for caregivers, even if it means Victoria has to back out of its balanced budget plan.

The poll – completed Jan. 19 by the Vancouver

firm of McIsaac and Mezel – found eight out of 10 British Columbians for Medicare to be in danger. That concern translated into high levels of support for increased health funding, with two out of every three British Columbians agreeing more funding should take priority over the NDP's balanced budget commitment.

On the wage front, while opinion was evenly divided over whether health care workers would be able to achieve a pay boost in 1998 bargaining. But when asked what would be the fair thing to happen, 71 per cent said caregivers' wages should increase. And, 82 per cent of the public feels wage boosts should take priority over deficit reduction.

"We're definitely pleased with both the funding and wage increase results," says HEU secretary-business manager Chris Allnut. "It's a sign of the respect that health workers have earned as they keep Medicare going through some tough times. Victoria lacks support for a continued wage freeze..."

Allnut says the poll sends a strong message. 'British Columbians' first priority is to maintain strong social programs like health and education,' he said. "They don't want our social deficits to increase just to solve the fiscal one."

Doctors threaten work stoppage

Claiming that the Medical Services Plan is understaffed, the B.C. Medical Association has announced plans to withdraw services for three days in March. But the HEU says the doctors’ organization is out of touch with most British Columbians.

The BCMA threat coincides with a Medical Services Commission recommendation of a 3.7 per cent fee increase for doctors in 1998/99, and the eve of withdrawal of services by 22 northern doctors.

An HEU-sponsored poll conducted in January shows that four out of five British Columbians believe that doctors need to present a more moderate voice and provide concrete solutions to health care issues.

And according to the poll, over half of the public thinks the BCMAs have falen as a result of their support for two-tiered health care.

The B.C. Ministry of Health says public spending on doctors through the MSP has risen 18 per cent since 1992 to $1.4 billion.

TWO THOUSAND STRONG Students marched through downtown Vancouver as part of the Jan. 28 National Day of Action. Along the way, they stopped at the Royal Bank and deposited "Notices of Bankruptcy." Inset: Darryl Flish of Dogwood Lodge, a student at Douglas College, and a recipient of the health care scholarship, was a marshal at the event.

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Quilts with a message

Clear meanings and hidden symbolism are both part of the art of quilt making

by Dale Fuller

JANINE URSINO is a master of quilts. At first glance, you would say that her quilts are not traditional—they deliver a clear political message. However, it is her commitment that women have been using quilts to express their points of view for centuries.

During the Civil War in the United States, women sewed quilts showing what side they were on in the conflict. When women could not vote in an election, and especially when the Suffragette movement was in full swing, women produced quilts which said “I would vote that way, if I could vote,” etc.

Ursino also says that African American women were beautiful quilters, but not many examples of their work survived. “This is simply because they used their quilts. They weren’t put on display or in a hope chest, which was so often the case with others,” says Ursino.

So, when Ursino began to work on quilts with a political message, she felt that she was carrying on a tradition, rather than coming up with a new idea.

She began quilting after a personal tragedy. “I needed time to put things together again. I took a quilting course where I met a lot of wonderful women. But mostly I discovered that it was a place of peace for me,” she says. She loved working with the colours and designs, and has been quilting ever since.

Ursino moved to B.C. about a year-and-a-half ago from Ontario. She is a regional employment policy consultant for Human Resources Development Canada. She helps employers who do work for the federal government to set up their employment equity programs: making sure they will be able to comply with the government’s requirements in hiring women, people with disabilities, First Nations people, people of colour, etc.

She is a union activist in the Public Service Alliance of Canada (PSAC). When the federal government was ordered to implement employment equity itself, she took time off her job in 1995, and periodically between 1993 and 1996, to help her union put together its demands on employment equity.

In keeping with the spirit of things, the PSAC local decided to recognize those members who are on long-term disability, benefits, and no longer in the workforce.

There are a lot of people who have been in an LTD for years,” says Ursino, local chair. “Many of the people who are relatively new don’t even know who these people are.” So, the local made up a pamphlet to acknowledge these people. Along with these names, the pamphlet outlines some of the struggles that people on LTD encounter.

“As we all are just one accident or illness away from being in similar circumstances, it is imperative that the membership strongly supports the union’s demands on long-term disability issues during the upcoming round of bargaining.” states the pamphlet, which was handed out by postal staff, along with pay stubs.

Rachils to help unions map out third way

Concerned by the direction regional health board reviews of acute care services are taking, the HELU, BCHEU, and HS5 have hired health reform expert Dr. Michael Rachils to help develop progressive proposals for new integrated delivery models that combine the best care features of acute care with those of the community.

The Toronto-based author of two best selling books, Rachils met with activists, staff, and elected leaders of the three unions at a daylong session in January 27 to map out preliminary plans.

He’ll return later in February to meet with the same group to refine proposals for what he’s called the “third way” of delivering services that meets the challenge of integrating community and acute services.

The three unions have embarked on the initiative because of concern over a number of regional health board reviews of acute care services that are narrowly focused on significant reductions of hospital beds and ignore how the public’s changing health care needs will be met.

“Sometimes I think it’s health deform,” says Rachils of restructuring trends across Canada.

BALANCING IT ALL

The three women’s symbols in this quilt, commemorating the PSAC regional and national women’s conferences. We have conferences in each region which lead up to the national conference,” she says. The project started at the 1996 conferences. Women, provided with a square of fabric, wrote something of importance or interest to them. Over 700 women participated at the regional level. Afterwards, the women attending the national conference signed what would become the side borders of the quilt, bringing the total to 900 women. This quilt is the nearest to completion and will measure nine feet by 11 by the time it is finished.

The second quilt celebrates the National Women’s March on Poverty in 1990. Ursino is doing this quilt in collaboration with Alice Olsen Williams, a First Nations quilter from Curve Lake in Ontario. There are “signature patches” which were gathered from the women at the completion of the march on June 14, 1990, and there are photographs taken along the way on the march.

The third quilt is in honour of the first national conference for gay and lesbian trade unionists. This unusual quilt will be in the shape of a triangle. The colour scheme is based on the rainbow, the symbol of the gay and lesbian movement. Some of the triangle patches will have signatures of participants in the conference, and some will record the history of the movement.

She sees the quilts as perfect illustrations of how little bits and pieces of peoples lives, when put together, make up the “big picture.” Besides, she says, what is nice about quilts is that they are warm and comforting—she likes that.

BALANCING IT ALL

is a regular Guardian column about the challenges facing women activists.
MacPhail's action plan for health

HEALTH MINISTER Joy MacPhail has made public the details of a six point strategy that she says will build on the government's commitment to protect Medicare. In her Jan 27 announcement, MacPhail said the government intends to increase funding in priority areas including hospitals and patient services but she stopped short of announcing an overall increase in health care spending.

"Ensuring the right mix of acute and community health services is a delicate balancing act," said MacPhail. "My job as minister is to get it right."

HEU secretary-business manager Chris Allnutt gave qualified support to the government's health care strategy but warned that it would fail if the proper resources aren't committed in the upcoming provincial budget.

"If the rumours of a health care budget freeze are true, the ministers' health care strategy is in peril," said Allnutt, adding that HEU delivered the same message to finance minister Andrew Potter in a pre-budget meeting held Jan 30.

The government's 1998 health care priorities include previously announced initiatives for continuing care and mental health services.

Allnutt praised MacPhail for her plans to develop a long-term strategy for seniors' care over the next six months but he questioned plans to expand the role of private operators in providing care.

"It's ill-advised," says Allnutt, "considering that serious-quality-of-care problems have emerged at private-for-profit facilities, including staffing levels as low as 60 per cent of provincial guidelines."

"Quality care and the profit motive aren't compatible concepts," Allnutt gave MacPhail full marks for a new provincial mental health plan that includes more housing and improved access to care.

"It means better care for those with mental health problems," says Allnutt. "And in the long term it will relieve pressure on acute care beds and hospital emergency rooms."

Ministry of Health: 1998 strategy:
• managing and improving access to critical care;
• managing waiting lists;
• spending smarter and managing better;
• improving care for the elderly;
• expanding prevention and self care.

Housing crisis

Cordova House worker Michael Carney and neighbourhood activist Kathleen Boyes say Vancouver's core can't afford to lose any special needs housing through their conversion to condos and tourist hotels.

Facility crucial to community

Plans to close Cordova House on Vancouver's downtown eastside are being resisted by front-line workers and community groups who say the need for the facility is critical given the neighbourhood's short supply of special needs housing. It has been home to downtown residents with special needs for more than 20 years, but the society that operates the facility says it will close it down this November.

HEU members partnered the Vancouver/Richmond Health Board to stop the transfer of residents from Cordova House to other care facilities in the Lower Mainland. The VRHB also agreed to develop a strategy that would keep the Cordova House beds open, but local HEU chair Ross McKenzie says the VRHB and the City Centre Care Society are still stalling for time.

"The VRHB committed itself to a process of consultation which would include Cordova House residents and staff," says McKenzie. "But as far as I can tell, they still intend to close Cordova.

"We can't afford to lose the 66 beds at Cordova House, particularly during the worst housing crisis in decades," says Main and Hastings Community Development Society's Kathleen Boyes. Her group is actively opposing conversion of residential hotels into tourist hotels and condos.

"If we lose Cordova House, five per cent of the special needs spaces in the downtown core are gone," says Boyes. "It completely undermines the health board's plans to improve health outcomes in this community."

But the 'staff aren't giving up...'

Government sides with drug giants – again

In a move that has angered health care advocates, Ottawa has refused to eliminate a drug patent regulation that extends brand name drug companies' patent protection beyond the 20 years already guaranteed under Bill C-91.

Last year, the Liberals flip-flopped on the patent law which they opposed when it was brought into effect by Mulroney's Tories in 1993.

But they left the door open to eliminating an additional regulation that gave brand name drug giants 30 months of extra patent protection for simply acquiring a generic drug company by patent infringement. On Jan 21, industry minister John Manley announced a redaction in the extra protection to 24 months, but critics call it B.C. senator's advocate Ben Swansby says the regulation increases health care costs by keeping generic drugs off the market.

"Manley's partisanship for the drug multinational's is a threat to Medicare in Canada," says Swansby
PRESIDENT'S DESK

Code affects us – big time

by Fred Mazin

T
HE LABOUR CODE is not something that members generally think about as they start each day. We may glance at the newspaper headlines, as we turn to the Olympics coverage, all the while wondering about the level of workplace stress and delivering the best health care possible. To most, the Labour Code only seems relevant when we are taking a strike vote, designing essential services or combating unfair management action.

For our nutrition services members at the Vancouver Lodge, who lost their jobs Jan. 1, Bill 44 suddenly became alive. The Canadian Cancer Society re-tendered the contract for food service that was held by Versus Foods and accepted a lower bid by Restaurant Services. No protection was provided for our 10 members, many of whom had worked at the lodge, a residence for cancer patients awaiting treatment, for 16 years. Their year started with mass-unionized employees replacing them at $9 to $12/hour, as much as a $6/hour cut.

Bill 44, last summer’s proposed amendments to the B.C. Labour Code, could have prevented such disregard for employees by providing succession rights for jointed, security guard and food service workers. The government, as a result of hysteria from the business community, withdrew the legislation in favour of additional consultation, leaving these contracted employees vulnerable.

Many of the other recommendations from the labour law reform panel cause great concern. All indications are that succession for contracted employees will not be re-visited by our government this spring.

Anti-sabotage measures must not be weakened by allowing employers to transfer management personnel from any of their sites to work behind a picket line at a struck facility. In the case of health care disputes, chaos can result if essential service levels are constantly being re-visited by this type of employer behaviour.

The best way for workers to escape poverty and for women to achieve pay equity is to organize. Yet the review panel calls for further research and thoughtful discussion with employers rather than exploiting methods to improve the situation now, especially in smaller workplaces where unscrupulous bosses have ample opportunity to intimidate.

Health care desperately needs meaningful consultation and creativity as it undergoes massive restructuring. Ask our 28 members at Eagle Park who recently staged a sit-in – it was their only way to “collaborate” when their employer laid them off. At Khwstl Lax, our members stood when their boss unilaterally changed their shifts, days before consultation meetings were scheduled. At both Burnaby and Vancouver General locals, third party awards clearly indicate that our employers just don’t get it when it comes to acknowledging the valuable input of front-line workers.

Our labour code reform that addresses workers’ reality and advances society towards justice and dignity.

FROM ON HIGH two cats at the Meow-Aid shelter survey the territory while the other enjoys a cuddle from Butcher.

TLC for cats at Meow-Aid

by Dale Fuller

Mandy Butcher, an 18-year employee at St. Paul’s Hospital, brooks no senti-
nementality when it comes to animals in general and cats in particular. She
simply sees what other people don’t see — that there are thousands of cats wandering around with- out a home, often sick and frightened.

A few years ago Butcher acquired a cat for the first time in her life. A year and a half later, when it was killed by an automobile, Butcher was shocked at the depth of her griefing.

“I hadn’t realized how much this cat had affected me,” Butcher says.

She started to volunteer at the SFCA, and it was there that she came face to face with the gruesome consequences of people not getting their pets spayed and neutered.

“I started helping with cat adoptions. You know that if they weren’t adopted out by Saturday afternoon, that was it,” she says. She began to take hand-crafted cat boxes into her home, and has never looked back. She has since changed them to homes in her basement, tries to adopt them out, and if no one wants them, they just stay. Her shelter, Meow-Aid, has a no-kill policy, so cats are put down only if they are terminally ill.

She has a small circle of volunteers working with her, and relies on the dedicated services of veterinarian Dr. Rosalind of the Atlas Animal Hospital. “He doesn’t bear witness or fly, but to Meow-Aid, he is an angel,” wrote Butcher in her twice yearly Newsletter.

In the wee hours of the morning, Roger Cable TV runs photos and descriptions of cats up for adoption.

“ do not have time to spend on fund-raising,” says Butcher, but she does take donations and is always grateful for anything that makes its way to Box 318, 100-1164 Denman St., Vancouver V6G 2M9.

Butcher has been working for about six years on the horsekeeping staff in the palliative care ward at St. Paul’s. She has cut her work week to two days so she can care for the cats, but she loves her work at the hospital and sees a link there.

“My work in both places deals with serious illness,” she says. “And I transfer that experience from one place to the other.”

Butcher also says that many people on the ward are cat owners, and sometimes they give their cats over into her care, knowing they will find a loving home.

NOTEBOOK

Our ‘poke in the eye’ wins backhanded praise

by Stephen Howard

It’s not often that you get a compliment – even a backhanded one – from the boss. But HEABC chief Gary Moore did just that in a January radio interview aired by B.C.’s biggest station, Q107. Asked about Jan. 13 reorganization of facility sector units and the widespread media attention HEU captured on the employer’s $10 million raid on the long-term disability plan surplus, Moore muttered it was just like HEU. Paraphrasing, he said, “If you poke the eye in the face, then they come to the bargaining table and say let’s do some business.”

His comments are a sign of grudging respect for the commitment of HEU members and recognition of the importance that the union places on a communications plan to achieve our bargaining agenda. From a communications standpoint, this round of bargaining will be no different. HEU’s Provincial Executive has approved a comprehensive communications plan that includes members fully informed and part of bargaining developments, and to win public support for our objectives.

Some elements of the strategy began last year when local leaders were given training to be effective spokespeople on bargaining issues in their community media. And, in what may have been a shock to more British Columbians, our late December radio ad campaign highlighted a dirty secret about health care: the injury rate carries that make our workplaces the most dangerous in B.C.

Other parts of the plan have just been put to bed. Our colourful bargaining stickers and Heart of Health Care buttons have been sent to all locals and more are available. We’ve set up a new HEU web page (www.ough.oh) to make bargaining information available to members on the Internet. So now you can keep informed by surfing, phoning the bargaining hotline or by reading the regular bargaining bulletins.

We’ve also completed a poll to test public opinion on a number of health care and bargaining issues. The extremely positive results show strong support for increased health funding and wage increases for health care workers taking precedence over the government sticking to its deficit reduction plan. There’s more still to be done. We’re mapping out a number of advertising campaigns to back up key elements of our bargaining agenda. And once again we’re turning to culture to win understanding for our demands, with a new theatre production that’s set to premier March 13. It will tour communities across B.C. until April 17, so watch for performance details for your region.

With all our resources focused on bargaining support, this is the last issue of the Guardian you’ll receive until later in the year, when – if all goes well – we’ll report in-depth on contract settlements.
Our goal? Win better conditions for caregivers and protect Medicare!
Here's a quick refresher on what the HEU members fit into the different health care bargaining tables. See page 58 for more detailed information.

1. Eliminate inequities for all health and support workers
   How? Support the efforts of the community service bargaining association to achieve parity for community caregivers.
   Complete the leading process under the facility agreement which includes the classification process and full benefits coverage for all.

2. Respond to health-care restructuring
   How? Strengthen health care system and protect health workers in changing times. Tackle privatization by bringing contracted-on service back into the public sector. Press for increases in essential services.阀门的设备和经验的健康工作者通过，从一个新的过程，推出一个灵活的，1,500名部分合同化的服务通过限制在延时和一个新的工作周期。提高的效率为了访问机会和改善职业的机会。

3. Win recognition in the workplace: changing requirements, the nursing team, and professional technical issues
   How? A major new commitment to remaining in the health care workforce and for change, including guaranteed funding and increased education levels and service opportunities. A comprehensive plan for full utilization of the existing team within facilities and the community. An ongoing review of the classification systems to reflect new technologies, training, and responsibilities.

4. Meet the needs of members in crisis, follows in benefits and leaves
   How? Implement improvements in the long-term disability plan including increased payment percentages and annual indexing. LTD plan-paid health and wellness benefits, and special adjustments for long-time disabled workers. Improve compensation and special leaves and sick leave promotions.
   Pay with the employee in the coverage, scope and time limits in a number of benefit plans like extended. Some benefit coverage for casual.

5. Safe work, safe workplaces
   How? Encourage proposals to reduce the health workplace injury/illness. Full replacement of staff to improve care quality and reduce injury rates. An affordable and comprehensive ergonomics program. Protection from verbal and physical abuse from aggressive patients and the public.

6. Compensation improvements
   How? A minimum $1.00 per hour increase in each year of a two-year agreement, plus a cost of living allowance to keep pace with inflation. Full implementation of the agreed upon pay equity map by the end of the two-year agreement, instead of the next millennium. Improved weekend, shift, on-call, and back-call provisions.

7. Workers' rights
   How? Joint committee with HRAC to deal with equity issues in the workplace. Create a union-run, employer paid, international solidarity fund. Protection from electronic surveillance. Pay discretionary duties to be available at the work site and will share responsibility.

8. Union rights and recognition
   How? Improve the dispute resolution process by extending the time line on grievances, put the onus on the employer for written reasons for denial. A dedicated consulting program with employee-paid training for union consultation.

Here's how you fit in:

Community Social Services Employees’ Association

- If you’re a paramedic, professional, or one of the small number of registered allied health professionals (such as RDs, social workers, or speech pathologists), you will be represented at the FHB bargaining table.
- If you work in the local, you will be represented at the Social Services bargaining table.
- If you work in a private, non-clinical facility or another non-clinical bargaining, you will see both at what’s signed will be the first of this fall in the Local 395 negotiations.

...to make Medicare better
Here's the eight point program that will guide talks for a new facility sector contract, which covers 42,000 HEU members. Our goal? To win better conditions for caregivers, improve the quality of health care services we deliver, and win parity for the community!

Public sector unions pledge to coordinate bargaining efforts

With some 200,000 public sector workers involved in contract talks this spring, the unions that represent them pledged Feb. 6 to coordinate bargaining issues and efforts to improve conditions for their members and improve the quality of public services that are an important part of every British Columbian's daily life.

"Public services and the workers who provide them are central to our well-being in this province," said B.C. Federation of Labour president Ken Georgetti at a press conference attended by leaders of the six main public sector unions, including HEU secretary-business manager Chris Allnutt.

In a move that's a first in B.C. public sector bargaining, the unions -- which include HEU, the BCGEU, the B.C. Teachers' Federation, HSA, CUPE and the College Institute Educators Association -- have agreed to pull together in contract talks, and identify common bargaining issues that all unions will press for at the table. Those issues include:

- protecting quality public services, including adequate staffing levels, safer workplaces and limits on privatization of services;
- maintaining jobs and expanding employment opportunities to build strong families and communities;
- a fair wage increase, pay equity and parity for lower paid workers in health care and social services;
- better benefits and pensions;
- measures to improve bad public sector management.

"Public services are one of the great equalizers in our society," say the unions, "where access doesn't depend on personal wealth. In a world increasingly divided into haves and have-nots, public services are one of the few democratic traditions that all Canadians can share."

Acknowledging that B.C. faces some economic challenges, the unions argue that cutting public services to balance the budget is the wrong approach. "We ask, why increase our social deficit in order to solve our fiscal one?"

1. **Eliminate inequities for all health and support workers**
   - How? Support the efforts of the community sector bargaining association to achieve parity for community caregivers. Complete the levelling process under the facilities agreement which includes the classification process and full benefits coverage for all.

2. **Respond to health care restructuring**
   - How? Strengthen the public health system and protect health workers in changing times. Tackle privatization by bringing contracted out services back into the public sector. Strengthen enforcement of consultation provisions. Use the skills and expertise of health workers through a new posting process. Create 1,500 new full-time jobs through limits on overtime and a reduced work week. Improve the fairness of access to work opportunities and expand opportunities for casuals.

3. **Win recognition in the workplace: changing requirements, the nursing team, and professional and technical issues**
   - How? A major new commitment to retraining to help health care workers prepare for change, including guaranteed funding, and expanded education leave and in-service opportunities. A comprehensive plan for full utilization of the nursing team within facilities and the community. A regular ongoing review of the classification system to reflect new technologies, training and responsibilities.

4. **Meet the needs of members in crisis, fairness in benefits and leaves**
   - How? Significant improvements in the long-term disability plan including increased payment percentage and annual indexing, LTD plan-paid health and welfare benefits, and...
special adjustments for long-time disabled workers. Improve compassionate and special leave and sick leave provisions.

Parity with the employer in the coverage, scope and life time limits in a number of benefit plans like extended. Better benefit coverage for casuals.

5. Safe work, safe workloads
How? Concrete proposals to reduce the health workplace injury carnage. Full replacement of staff to improve care quality and reduce injury rates. An enforceable and comprehensive ergonomics program. Protection from verbal and physical abuse from aggressive patients/residents and the public. A more effective OH&S process.

6. Compensation improvements
How? A minimum $1.00 an hour increase in each year of a two year agreement, plus a cost of living allowance to keep pace with inflation. Full implementation of the agreed upon pay equity rates by the end of the two year agreement, instead of the next millennium. Improved weekend, shift, on-call and call-back provisions.

7. Workers' rights
How? A joint committee with HEABC to deal with equity issues in the workplace. Create a union-run, employer paid international solidarity fund. Protections from electronic surveillance. Pay cheques/pay stubs to be available at the work site and will show seniority.

8. Union rights and recognition
How? Improve the disputes resolution process by extending the time line on grievances, and put the onus on the employer for written reasons for denial. A union/peer counselling program, with employee-paid training for union counsellors.

Public opinion
Public opinion is solidly behind improved Medicare and a halt to the cuts that threaten to erode a public funded system.

Public support strong for health workers and our issues
Here are some of the highlights of a recent HEU-sponsored opinion poll on health issues and 1998 bargaining. The public believes:

We need to do more to reduce the on-the-job injury rate in health care
90% AGREE

Health workers in the community should be paid the same
76% AGREE

Health workers should be more involved in decisions regarding changes to the system
92% AGREE

Pay boosts for health care workers should take priority over additional increases for physicians
75% AGREE

We need to protect our investment in the skills of our health care workers
95% AGREE

Source: HEU/ICM/Ipsos and Martel poll, January 1998
There's a new look to 1998 contract talks in health care, as HEU heads into bargaining under new rules, with new bargaining partners and with the union represented at new tables. The changes stem from amendments to the Health Labour Relations Act that took effect on June 24, 1995. The new law means that HEU will be represented at the paramedical table for the first time, and thanks to organizing gains that have resulted in the union representing a handful of RNs at the registered nurses table and as well.

The government's changes also mean that the union can now meet with smaller unions that represent care-givers will be back at the table after the original legislation removed their bargaining rights.

Talks in the facility sector will cover 24,000 HEU members. Like 1996, HEU -- the lead union in the sector -- will be bargaining beside BCGEU and the International Union of Operating Engineers. But this time, the union has new bargaining partners including the Construction and Specialized Workers Union, the Building Trades, B.C. Nurses' Union, and the Steelworkers, which altogether represent a small number of facility sector workers. Key bargaining issues in the sector are outlined on page 2 and 3 of the bargaining supplement.

At the community table, unions will press to build on the gains of last year's settlement for a new master contract covering 14,000 community caregivers, including 1,500 HEU members. BCGEU is the lead union in these talks, which will focus on issues like full parity with the facility sector, employment security and coverage by labour adjustment programs; a complete classification system; wage boosts; better benefits and health and safety improvements. There are also priority demands to address concerns of home support workers on issues like seniority and creation of more regular jobs. One of the most hotly debated issues behind the scenes is in facility and community bargaining will be the matter of the labour relations line that divides community sector workers from their facility counterparts.

"HEU has always argued that the wall between community and facility must come down," says the union's chief spokesperson. "We will continue to push to do so in the 1998 talks." The ghtar-like conditions in the community sector also extend to health programs funded by the provincial Ministry of Children and Families, a field in which HEU represents more than 750 caregivers. Here, HEU will be bargaining with the Community Social Services Employees' Association, hopefully at a central table to press for full parity for workers in this sector.

The Health Sciences Association will be the lead union at the paramedical table, where HEU will be represented for the first time. Key issues here are expected to be classifications, job security, and a wage increase. BCGEU and CUPE will also be part of these talks.

HEU will also play a role in the registered nurses table, where it will join BCUWU, the lead union, and HSA. BCUWU's critical issues for registered nurses include recognizing the number of RN positions, "to protect quality care," health and welfare benefit improvements, pay equity and a pay boost.

Want to know more? Here's what you can do:
Contact your local shop steward or the HEU office in your region. You can also call our hotline and reach us on the web.
1.800.663.5813
local 515 and 516 (24 hours)
http://www.heu.org

On the road again for HEU
The Hospital Employees' Union theatre troupe is at it again!

Following on the heels of the successes of The Heart of Health Care and Begin the Healing in 1994 and 1995, the new untitled play will begin a five-week tour of the province on Friday, March 13. The show coincides with contract talks and will promote awareness of HEU's position at the bargaining table. The play is based on the workplace experiences of HEU members.

"This theatre piece tells our members' stories with music, a little comedy and a little pathos," said HEU secretary-business manager Chris Allnutt. "And this is a way for the union to get its message to the public in a creative way."

As the Guardian goes to press, the details of the tour are still being finalized, but the premiere performance will be in the Lower Mainland, head off to Courtenay and Nanaimo, and then swing up to Prince Rupert, Terrace, Kitimat, Prince George and Kamloops.

Then the theatrical troupe will return to the Lower Mainland and then the Victoria area, before going for Kammby, Port Alberni, and Nelson.

The last week of the tour, will be in the Lower Mainland, and possibly Victoria, before it winds up in Vancouver on April 17.
Steelworkers' fund helps Mexican workers fight back

The Steelworkers' union has forged an agreement with the Mexican Terence Antonio del Trabajo which will provide hundreds of thousands of dollars of income support to Mexican workers who lose wages or are fired as a result of their participation in key labour battles.

PAT has challenged the dominance of the official union supported by the Mexican government and has recently been involved in high profile organizing drives including one at the Hyundai-connected Titan Young factory in Tijuana. Workers at the Titan Young factory become the first in the maquiladora zone to reject their government-controlled union in favour of a PAT-affiliated union. They're still fighting for a collective agreement and expect a hearing of their grievances under the terms of the 1970 labour code agreement in mid-February.

Lawrence McBeatty, Steelworkers' national director, says the agreement with PAT is key to responding to the "unprecedented labor rights to a young people throughout the hemisphere." The agreement is sponsored by the Steelworkers' Humanity Fund which is funded through a bargain wage deduction of one cent an hour in Steelworker collective agreements.

Last September, HUB wage policy delegates passed a resolution supporting the establishment of a similar fund in HEU collective agreements.

$700 for stapler, but no pay equity yet

Auditor General Denis Desautel opened the government books again and found enough strange expenses to make us wonder whether anyone on Parliament Hill has been to a discount store lately.

Desautel's annual examination of federal expenditures uncovered many paychecks for bizarre expenses in 1996-97, including such outrageously priced items as a missing $700 defense department stapler and $2,500 paid in compensation to a farmer for a bull that died while grazing on Crown-owned land.

The amount tallied in unexpected government expenses is a whopping $44 million.

But the legitimate claim of the pay equity settlement owed to 200,000 federal public service workers and former workers remains unpaid.

The government appears to have no problem shelling out $4,000 for a golden notebook in Alberta and $34,916 for a stolen pair of night-vision goggles - not to mention the dead bull. So why the 14-year delay to pay workers in the federal public service equally for work of equal value?

"Affected, low-wage workers, most of them women, have been owed this money for 13 years now. Their money amounts to a subsidy to the government so it can fight its own employees and break its own deals, " says Public Service Alliance of Canada activist Kay Sinclair.

"It's outrageous and we're tired of waiting - just give us our money!"

The federal Treasury Board pulled out of negotiations to resolve the issue of outstanding pay equity money in December leaving the matter to the Canadian Human Rights Tribunal. A ruling is expected this spring.

Labour

ON THE WATERFRONT ILWU Local 300 president Rick Bondy (left) and ILWU Canadian area president Tom DuFresne (right) and dockers. (Oak: R.C. SAINTE)

Labour News about issues affecting working people here and abroad

Liverpool dockers end dispute

Canadian longshoremen were part of international solidarity effort, but lack of support at home forced them off the picket line

On Jan. 26, a group of Liverpool dockers called off their 28-month dispute with the Mersey Docks and Harbour Company in what some activists are calling the first in a renewed fight back by waterfront workers against increasingly concentrated global shipping interests.

The 300 dockworkers were fired in the fall of 1995 after refusing to cross a picket line of young dockers who were opposing attempts to casualize dock work. Many of the fired dockworkers had worked for over 30 years on the Liverpool docks, the last of the unionized ports in England.

The Liverpool dockers say they couldn't maintain the strike given a lack of support from their national union and from the British Labour government. But their struggle received widespread international support and underscored increasing pressures at ports around the world to deregulate shipping, bust unions, get health and safety regulations and privatize port authorities.

The strikers also received support from many members of the British cultural community and from outside the Liverpool soccer player Robbie Fowler who was fired by England soccer authorities. After scoring a goal against a Norwegian team last March, the Liverpool striker pulled up his jersey to reveal a T-shirt that read, "Support the 300 sacked dockers."

And in a sign that international solidarity has really hit the information shipping lanes, the strike was extensively publicized and documented on the Internet.

In Canada and the U.S. locals of the International Longshoremen's and Warehousemen's Union actively supported the Liverpool strikers with financial assistance and by supporting international actions targeting shipping lines that loaded at the MDHC-operated facility in Liverpool.

This past October, dockworkers along the U.S. coast and in Vancouver refused to cross picket lines set up by supporters of the striking dockers. As a result, cargo loaded on the Neptune Jade by scab labour in Liverpool remains on board. When the vessel reached the Japanese port of Yokohama it received the same treatment from dockworkers there.

A month earlier, actions during an international day of solidarity with the Liverpool dockers closed ports around the world including those in Halifax and along the British Columbia coast.

Canadian ILWU president Tom DuFresne says local dockworkers can empathize with the Liverpool strikers. "We've been feeling the pressure from shipping companies," says DuFresne. "They're not shy about contributing to election campaigns."

The payoff, he says, can be found in the divesting of facilities by Ports Canada and the lack of enforcement of health and safety regulations on the docks.

The Liverpool strikers ended their dispute accepting terms that they overwhelmingly rejected only four months ago. They include up to $107,000 in back pay but no guarantee of future employment. The settlement might be okay for a docker near retirement, says DuFresne, "but for a young guy who loses his job - it's nothing."
Health care front line in the Nass valley

Nisga’a villages deliver a model of integrated health care

by Mike Old

Coffe break at the Nisga’a Valley Health Boards’ flagship diagnostic and treatment centre in New Aiyansh is an experience that would make HEU members in the south green with envy.
The “Wlf’yu t’axums” or “house of healing” in the Nisga’a language, can claim bragging rights for one of the most dramatic settings in the province. The view from the staff room includes a 250-year-old moss-covered law flow that lies sea-like between glacier-girt mountains.
The modern facility has expanded to include an eye clinic, dental suite and physiotherapy. There’s even talk of adding long-term care beds.
But the centre’s dedication plaque reflects a time when there were no health facilities in the Nass Valley — when decades ago Nisga’a leader James Goxell went to Ottawa to argue for buildings to house basic health services. He was asked, “Why don’t you use the basement of your church or bank hall?”

Because we don’t have those buildings in the Nass Valley,” and Goxell, whose perseverance finally resulted in a small health station. Today’s centre bears his name.

For the last two years, HEU local executive member Florence Nisyoik has served as a community health representative in New Aiyansh. “I’m taking care of elders, making sure none are sick,” she says.

Nisyoik’s job is more involved than she lets on. During regular visits to elders in New Aiyansh she monitors blood pressure, temperature and blood sugar levels, CHRs also provide a critical liaison between elders and these health care professionals who don’t speak the Nisga’a language.

There’s some unique challenges to her job; for instance, monitoring the diet of diabetic seniors. “We still have to work out how many calories there are in sea lion meat,” says Niyoik.

Remoteness is another challenge facing health care delivery in the Nass Valley. The road from Terrace, 100 kilometres south, only reached the Nass in the late 1960s. Apart from the main facility in New Aiyansh, the Nisga’a-controlled NVHB operates health centres in the other three villages strung out along the Nass: Gitwinksihlkw, Greenville and Klincolith. Until last year, Gitwinksihlkw was only accessible by foot bridge.

This is where Lorna Anak was born and where she now works at the village’s health centre as northern native drug and alcohol program counsellor.

The program was started by the federal government but, like most Nisga’a

YAXXUM MEANS YOUTHFUL in the Nisga’a language. It’s the name of the boat which provides a vital link to the remote Klincolith health centre. The only other way to Klincolith is by car south to Tetnac, west to Prince Rupert, and up to Klincolith by floatplane or ferry. Walter Nisyoik has piloted the boat for the last two years.

I push for the things our people need,” she says. “We’re proud of our elders and our newborns.”

Dr. Isaac Sobol has worked as a physician for the NVHB since 1969. He says the NIsha’a have achieved a level of integration in health care delivery not yet reached in most southern communities. He says the credit goes to the health board’s front-line staff.

There’s a sense of camaraderie and commitment to the Nisga’a people and the health board operation which is very positive,” says Sobol. People recognize that they’re doing something for their community.”

‘People recognize that they’re doing something for their community’

Nothing but smiles from Julian Adams (left) and Lorna Anak. Adams has been a health worker in Gitwinksihlkw for 27 years. Looking out for elders is Florence Nisyoik’s task as a community health representative.

track record in her community.

“We don’t have as many kids coming back to the clinic,” says McKay, who was born in Greenville and has two grandchildren of her own.

That enthusiasm for prevention is shared by Heather Stevens, a CHS at the Klincolith health centre. Klincolith is near the north end of the Portland Inlet and not far from the Alaskan border. She helps keep track of everyone in the village, from newborn to elder, making sure procedures such as immunizations, mammography screenings and blood pressure monitoring are carried out on schedule.

On display in the health centre are photographs of the year’s newborns and of all the elders, on which Stevens keeps a close eye. She takes a special interest in making sure they receive proper health care and housing.

KINCOLITH BABY PHOTOS adorn the wall behind Heather Stevens’s desk.
Be 'keepers of seeds,' urges Barlow

by Dale Fuller

Minister Barlow, chairperson of the Council for Canadians, went through B.C. on a whirlwind tour in late January sounding the alarm against the Multilateral Agreement on Investment. Organizers of the tour were heartened by the public response.

Even in small towns, the halls were packed with hundreds of people. In Victoria there were 1,000 people; and at the Vancouver Public Library 400 people filled the meeting room to capacity and 300 more watched a video hook-up in the promenade upstairs.

Barlow and the MAI-NOT Network, which organized the tour, see this as evidence of a growing grassroots resistance to the MAI.

"The MAI will have an enormous impact on our country and our ability to maintain any protections for Canadian content, culture, or social programs and will severely limit our ability to protect our natural environment," says Barlow.

Even so, the government is not pursuing a democratic initiative in reviewing, or approving Canada's entry into such a pervasive agreement.

And then, she says, organize at all geographic and sectoral levels. Join the 100,000 other supporters of the Council for Canadians who are fighting against the MAI.

Barlow is especially proud of Canadian youth.

"As evidenced in the recent demonstrations, students are eager to direct their anger and frustration," she says. "And that is at the banks and financial institutions that also say their demand to kick corporate CEOs off of the governing boards of colleges and universities is right on target.

Barlow puts a lot of faith in the grassroots. She tells the story of a group of women in a village in India responding to the threat of an international agribusiness which was set to file a patent on a strain of rice seed that had been cultivated in the village for eons, the women simply entered the seeds in a local registry. That forgoing gesture precluded the company from patenting the seed, which would have forced the villagers to pay royalties to grow their own rice.

Barlow stresses the importance of stopping the Multilateral Agreement.

Barlow spoke of the photos in The S red Books, a book written about the Indian women by Dr. Vandana Shiva. The photographs show them standing proudly with their seeds in their hands.

This is what Barlow wants Canadians to be — the keepers of the seeds of democracy.

The MAI: death knell for democracy

by Murray Debbin

The MAI means that Ottawa and all other levels of government will have to pledge that they will not pass any legislation that contradicts the principle of investment liberalization. More alarming, there are two other clauses in the deal which say that even existing laws that contradict "liberalization" must go over time. Canada will have to gradually or even eliminate laws such as environmental protection, labour regulations or corporate taxation which "interfere" with the right of corporations to turn a profit on their investments.

The council has come to mean the right of the majority of citizens to determine their future.

"Writing to the MAI, the head of the World Trade Organization stated, 'We are writing a constitution for a single world economy.' But it is a constitution that makes absolutely no mention of actual citizens, their health, education, human rights or communities. This is a constitution for corporations only.

The MAI involves more countries and gives corporations even more power than NAFTA does. It is a company that was even planning to invest in Canada, and Ottawa or Victoria passed legislation that obliged them to use local products or protect the environment, that company could sue, claiming 'lost opportunity to profit from a planned investment.'

Even Canadian corporations will be at a disadvantage because the way the agreement is worded, governments can treat foreign corporations more favourably than domestic ones in order to attract investment. It will put foreign companies, for example, in the ridiculous situation of having to set up a foreign subsidiary or get a foreign partner, in order to be treated equally with their foreign competitors.

In both forestry and fisheries, laws which now protect those resources for future generations and ensure that B.C. workers and communities benefit from them could be declared illegal.

The Jobs and Environment Accord is one of the best examples. Those analyzing the deal claim the Accord would be one of the fine things dissolved because it puts conditions on "inverses" rights to use resources as they see fit. The ban on exporting new logs and restrictions on tree licences could be removed.

Canada has not listed the fishery in its list of "reservations" — a method by which we can protect some aspects of our economy from the effects of the MAI. This means B.C. might no longer be able to restrict size of fishing fleet or place a moratorium on fishing licenses. This would be seen as an unacceptable restriction on new (foreign) entrants to the market. Nothing in Canada's reservations would prevent American fishers from applying for salmon licenses.

This secretive deal opens up whole areas of public policy to incursions by large corporations. Health care, public education, municipal services — all will be threatened by the principle that just can't be changed as an investor by treating a competitor differently, public or private, in any industry. Giant American health corporations could demand the right to bid on the running of hospitals.

This agreement is not forever, but it might as well be. Canada can give six months notice to get out of NAFTA.

With the MAI five years notice is required, and even then the effects of the agreement up to that point remain in place for another 15 years. A whole generation would have grown up just watching to get out of this terrible straitjacket on democracy. Don't let it happen.

• Murray Debbin is a Vancouver writer and broadcaster.
Focus on domestic violence

by Margi Blaney

WHY DON’T YOU Just Leave is issue Anne Pepperwell’s provocative and sensitive examination of domestic violence. Completed in 1996, Pepperwell and her collection have toured extensively throughout British Columbia. Comprised of 19 paintings, five drawings and a 26 minute video, Why Don’t You Just Leave? has inspired local communities and numerous organizations to use the exhibition in varied and creative ways as a means of opening up the subject of violence against women.

"Art is so much more than something over the sofa," commented Pepperwell. "Art is a powerful force. It impacts people in so many ways."

In Kitimat, the Tsimshian Society of Women built a fundraising event around the collection with proceeds benefiting the local transition house. Specialized Victim Services in Powell River convinced the local cable manager to produce a program about the exhibit, the issue and services available to women locally; the program was broadcast six times in 1997.

In the Lower Mainland, Why Don’t You Just Leave? has been used for staff and public education by many organizations including Vancouver Health Sciences Centre, Vancouver Family Services, the Vancouver Alternative to Violence Program, Emily Carr College of Art and Design, the Surrey Art Gallery, Royal Columbian, Burnaby and the Hospital Employees Union.

People come forward with stories because of the artwork," Pepperwell explained. "A nurse told me about a woman in hospital recovering from a heart attack. The patient was instructed to rest and take care of herself when released to go home. However, the woman confessed that she would never be allowed to "rest" -- her husband would beat her for her inactivity.

In order to help raise money to continue touring the exhibition, Pepperwell has produced a silk-screen print. The cost of New Doors/Baja unframed is $225. Matted and framed, the print sells for $275. Twenty-five dollars from each sale goes to the Memorial hospital and Yoko Yokum of Transition Houses.

HEU welcomes new members

HEU continues to make significant inroads in organizing the community health sector, with 160 new members since last summer.

They join us from Argyle Lodge in Surrey, Crescent Care Project of Vancouver, Gomst Residences in the Okanagan, Granville House in Richmond, Hillside Lodge in Surrey, Magnolia House in North Vancouver, New Greenwood Lodge in North Vancouver, New Greenwood Lodge in Burnaby and Doris Home in East Vancouver.

There are also new certifications in the facility, CSERA and independent (private) sectors.

New HEU locals in the social services bargaining sector (CSERA) are Drea Services, Go Green Workshops, and Pamplin Home, all on Vancouver Island.

Seventy-five new members have joined HEU from the independent sector. They work at the Canadian Mental Health Association in Port Coquitlam, Kimberley Lodge in Surrey, the Kwiana Apartments in North Vancouver, Tansui House in Vancouver, and two Douglas House sites in Victoria. They also include the kitchen staff at Regent Manor in Burnaby.

In the facilities sector there is one new certification: 4 All Season Retirement Lodge in Ladysmith with 17 new members.

HEU welcomes all new members and extends a special welcome to the new members at Richmond Manor who will be represented by HEU at the nurses subsector bargaining table in 1998.
HEU people

Promotion

Joan Burgess is the new coordinator of human resources. She has been at HEU since 1991, most recently as section leader of support services.

Janet Fairbanks moves from the education rep position to the director of education and occupational health. She was an active HEU member in the Courtenay local for 14 years before First Nations won.

Vancouver Office in 1988 as a rep.

Sylvia Stieff is the new servicing rep responsible for education. She moves from her position as research analyst with HEU's communications and research department where she began in June 1992, as a research assistant. Sylvia leaves the HEU and accepts a position to the main building and may be found there after Feb. 9.

Candace Montgomery joins HEU as the new manager of support services. She has been here since January, coming from the Beth Israel Synagogue where she was operations manager for two years. Prior to that, Candace was with the Vancouver Port Corporation.

Remembering

Glen Makahonuk, general vice president of CUPE, died quietly at his home in Saskatoon on Dec. 10, 1997 at the age of 46.

Fred Muzin was among the many representatives of CUPE National's executive council at the funeral service held on Dec. 13 in Saskatoon, who came to pay their respects to a brother and friend.

"There are far too few committed social activists like brother Glen to fight the never-ending battle for social justice and decency."

stated Muzin. "It was an honor to work alongside him."

HEU'S CONFIDENTIAL HUMAN RIGHTS HARASSMENT PROCESS

COMPLAINTS INVESTIGATORS can help if you are being harassed at work because of:

- sex (including sexual harassment)
- race
- sexual orientation
- disability
- religion

(see Act 4.09 of the Facilities Sector Agreement)

1-800-310-6886 call for a recorded message about the process.

HEALTH CARE SCHOLARSHIPS

from the Ministry of Education, Skills, & Training

These $3,500 scholarships are for health care workers who are upgrading/retraining 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: 604-2610 (in the Lower Mainland) 3876100 (in Victoria) 1-800-561-1618

Two videos focus on breast cancer

by Louise Hutchinson

Jacqueline Davis, a volunteer at the Canadian Cancer Society, is the executive producer of a newly released video entitled Echoes of the Stairway: First Nations Women, Breast Cancer. Davis, a Cree woman from the Peguis reserve in Manitoba, is a breast cancer survivor.

"While in hospital, she says she asked herself: 'Am I the only native woman that gets cancer?""

Deep down inside she knew that wasn't so. Together with her other sisters she formed the Canadian Cancer Society to increase awareness of breast cancer among First Nations women.

Davis and five other First Nations women tell their stories in this video. They speak of how western medicine and aboriginal spiritual healing has helped them in their journeys. They are thankful for the women who have brought into their lives.

Lisa Senen-Salby made the decision to study herbs and take better care of herself. "Breast cancer has given me spirituality because I had to look inside myself. I see with different eyes now."

Davis sends us this urgent message: breast cancer is not proud about whom it attacks it is everyone's disease. It may affect your mother, sister, aunt, or grandmother.

This video has been distributed to 604 bands across Canada, and a copy is available in our Provincial Office. Copies may be purchased by phoning 604-875-3677.

Breast cancer claims the lives of 6,000 Canadian women every year.

Seventeen thousand diagnoses are diagnosed during the same time period. It's the most common female cancer—one of every eight women will be diagnosed with breast cancer during her lifetime. The Women's Network on Cancer and the Environment has released a video entitled Exposure = Environmental Links to Breast Cancer hosted by Olivia Newton-John. Three decades ago, the World Health Organization stated that 80 percent of cancers were caused by toxic chemicals found in our air, water, and food.

Biologist Rachel Carson, in her 1962 book Silent Spring, warned of a coming cancer epidemic if we did not abandon or drastically reduce our use of toxic, long-lasting pesticides, and other synthetic chemicals.

Since the Second World War, 100,000 synthetic substances have been introduced into the world.

Epidemiologist Dr. Rosalie Barnett advises that many pesticides and herbicides have been "watered down from the military."

They tell us these things are good for our gardens and golf courses when in fact they work in the same way they were designed to do—kill.

Some, such as DDT, are banned in Canada, but are used elsewhere and kill farm workers. Still others are found in our laundry soaps and plastics.

Dr. Barnett states that most efforts have been focused on the individual—instead of going after the growers of tobacco, we tell people to smoke.

Do you want until you have enough dead bodies to take action, as was done with smoking and lung cancer?

The women in this video believe we should take pre- liminary action based on existing evidence.

In Canada alone, from 1994 to 1996, 1.45 billion pounds of toxic chemicals were removed into the environment—of which 280 million pounds were known carcinogens.

EQUITY PHONE LINE
1.800.663.5813, ext. 514
Lower Mainland 739.1514
press 1

Ethnic Diversity
One union, many colours! Working across our differences! To participate, please call and leave your name.

press 2

First Nations
First Nations members would like to hear from you! Please call if you would like to help educate our union brothers and sisters on issues that affect First Nations people.

press 3

Leads for Gay and Lesbians
For support: afraid of being identified, feeling isolated, want to know your rights? Call for information on same sex benefits, fighting homophobia and discrimination.

press 4

People with disabilities
Warm like to hear from you, if you are on WCB or WID. Or if you are invisibly or visibly disabled in the workplace, let us know how the union can better meet your needs.

ALL CALLS ARE CONFIDENTIAL

TALK TO US... TOLL-FREE!

You can call any HEU office toll free to deal with a problem or to get information. It's fast, it's easy, and it's free.

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Workers defend community
Cordova House members put up a fight to keep their facility in the Downtown Eastside neighbourhood.

HEU at the table
Special bargaining supplement brings members up to date on all the issues for 1998 bargaining.

The Nass Valley
Our members in this northern district are committed to health care in their community.

SOS on the MAI
Murray Dobbin and Maude Barlow sound the alarm on this menacing trade deal.

HEU has proposed measures to improve long-term disability at the bargaining table. The union continues to work to restore the $10 million taken by the employer in its mid-January raid on the LTD fund, siphoning off money that could pay for improvements to health care workers' LTD benefits.