The Nursing Team convenes

At the best nursing team conference yet, LPNs and Care Aides spent two days discussing the new contract, workplace stress, injuries and violence.

Pay Up!

Members of the Public Service Alliance of Canada were out in force protesting the federal government's appeal of a major ruling on pay equity.

Nisga'a make history

Chief Joseph Gosnell on the new treaty. A Guardian exclusive! Page 12

Shirley Douglas, daughter of Medicare's founder, Tommy Douglas, is speaking out to support the system.

Page 10
COMMENT

Our balancing act with the NDP
by Chris Allnutt

A S THE GUARDIAN goes to press, hundreds of HEU delegates – representatives from your workplaces – are gathering for the union’s 21st biennial convention. And along with the important task of setting the union’s agenda into the next millennium, we’ll also be celebrating the significant victories we’ve made over the last two years.

These victories are a direct result of the energy and commitment of HEU activists from across the province. But we must acknowledge that much of what we’ve achieved as a union since 1991 would have been more difficult, or in some cases impossible, without an NDP government in British Columbia. We are only witness how determined right-wing governments in Alberta and Ontario have undermined Medicare and dismantled the role of health care workers.

In stark contrast, Victoria has weathered billios in federal transfer payment cuts and increased the health care budget in every one of the last seven years.

But with popular support for the NDP slipping below 20 per cent and economic goals, it’s clear that this government is under considerable pressure from big business, the B.C. Medical Association and others to make commitments that would imperil workers’ rights and undermine Medicare.

---

Smoke and mirrors

Stating in a newsletter that the Vancouver Sun’s coverage of physical abuse borne by caregivers is a disservice to the thousands of caregivers who are well aware of the fundamental difference between abuse by caregivers towards individuals in their charge, and physical injury inflicted on caregivers by individuals that are suffering from severely impaired memory and reasoning ability.

The smoke and mirrors you are cleverly disguised as the other side to the issue is an obvious attempt to draw attention away from the issue of patient abuse.

Thumbs up to the Vancouver Sun and its reporter, Stuart Bell, for exposing the condition that many elderly and mentally ill residents of care facilities face everyday.

Thumbs down to the HEU leadership for challenging individuals to get out of the safe confines of the newsletter to broaden their perspective on these issues when they themselves, have refused a similar request by countless members.

JAY E. JOHNSON
Life Skill Instructor
False Creek Residence

Ratification vote protested

I am writing to express serious concerns in regards to the ratification vote held at MGM on June 25th. I recall we had the vote at the Plaza 500 on 12th Avenue (not in the nurses’ ballroom, the usual practice). I suspect it was because the union didn’t want a high turnout, and it would be less convenient for the members to come and vote.

The most serious concern I have is that members were threatened, if they voted NO the bargaining committee would have to go back to the table and all the conditions that would be on the table, and it could mean a long strike. The Provincial Executive, the bargaining-committee members, and our provincial office

You can be sure I will bring this up at the convention, to inform every delegate I am aware of what this union is doing, and how destructive this can be to membership.

NISHA RUSHIK
Sisterly Supply
Vancouver General Hospital

Troubled employee

Regard is written for Trillium Lodge for 16 years, 13 of them full-time. Then I decided to go casual for health reasons, and to take a break from the stress of the workplace. Now that the agreement is over I’m out of a job – that’s real nice! I would have liked the opportunity to exercise my seniority, if I had the chance. You see I have over 27,000 hours in at the lodge. I was in the top 10 in seniority, in the whole lodge everyone included, until now. You have people with under 500 hours working part-time, they are making more than me in call-in rights. That’s not right.

Is there not any grandfathers clause that would help a person like us? We were not informed of our executive until after the deal was done. Why do we not have bumping rights? Why do we not have union dues if we have no rights?

The casual employees of Trillium Lodge are not happy with the agreement. Please get back to me and let me and my fellow casuals know if we have any rights, or resource action that can be taken, or are we all heading for Elisabeth.

SHEILA KIRK
Long-Term Care Aid
Trillium Lodge

Guardian

"It humbles dedication to all those who toll the bell.
""ECCLES

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The Hospital Employees’ Union is the B.C. Health Services Division of the Canadian Union of Public Employees

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What we're up to

HEU member wins scholarship

HEU care aide Maria Vidal is this year’s winner of the Marianne Gilbert scholarship, awarded each year by the B.C. Government and Service Employees’ Union to a female trade unionist in B.C. to attend B.C. Fed’s Summer Institute for Women. The scholarship was set up in memory of Marianne Gilbert, a dedicated feminist and BGSEU activist.

Vidal, who works at George Derby Centre, attended the summer institute at BCTC in July. Featured speaker was Dr. Suzanne Franaway from the University of South Australia who researches sexual politics in union organizations.

“The courses were very beneficial, and I will certainly be able to use what I learned at the summer institute,” said a pleased Vidal.

Cheques please!

Show your commitment to organized labor and support HEU by proudly using Union Label/Canadian Labour Congress approved cheques. Produced by unionized labour, these cheques are offered to meet the needs of trade unions throughout Canada. You can support the goals of the labour movement by sourcing your cheques from a certified union supplier. Each order is unconditionally guaranteed by Western Cheque Printers, and is valid at any bank or financial institution. You may personalize your cheques with a “proud to be union” sticker. This initiative is endorsed by the Union Label Committee of the CLC and trade unions throughout Canada. Cost is $16.75 for 200 cheques, and that includes shipping and handling.

Order cheques from Western Cheque Printers, 82-410 Danseys St, Saskatoon, SK S7K OR1, or call toll free: 1-888-94-UNION.

Skidgate tries for agreement

The Skidgate local was back at the negotiating table, looking for its second collective agreement, but bargaining broke off on Aug. 13 after six days of limited progress. The bargaining committee of Marie Sawyer, Dorothy Rus and Ruth Gadnorne-Davies decided to recommend all outstanding demands be resolved through a binding tribunal. That recommendation was accepted by local members at a meeting on Aug. 15.

HEU'S SECRETARY-BUSINESS MANAGER Chris Allnutt, VGH security officer Norm Kelly and Canadian Auto Workers’ Jef Kightley celebrate victory outside Vancouver Hospital.

$78 million more in pay equity gains

HEU and our facilities sector bargaining partners have inked an agreement with HEABC for $78 million in pay equity adjustments over the next three years, which brings the cumulative pay equity payments won by health care workers to $500 million since HEU won its historic settlement effective in 1991.

The agreement targets $64 million in wage boosts and $14 million to cover payroll costs. “Our goal was to target increases for as many members as possible and address the worst gaps for food service supervisors, LPNs and care aides,” said HEU’s Chris Allnutt. “And 85 per cent of HEU members will receive an adjustment in 1998.”

But despite progress, Allnutt says there are still huge equity gaps which won’t be eliminated for at least another 10 years. For example, a care aide is being paid 15 per cent less than the target equity wage rate. It’s expected the new rates will be implemented by HEABC before years end. For full details watch for a special HEU publication that will be distributed in workplaces soon.

VGH security to come in-house

In a major win for the union, HEU and Vancouver General Hospital have agreed to bring contracted security services in-house.

According to the agreement, mediated by Don Munro, the structure of the unionized security service including job descriptions and wages will be harmonized out by the two parties by the end of 1998. Munro will be brought in if necessary and should the parties continue to disagree, will make binding recommendations. Whichever process is used, the security officers will become VGH employees by the end of 1998 and be covered by the HEU facilities sector collective agreement with all its benefits and protections.

This settlement closes a stormy conflict over security services at VGH that began last February, right on the heels coincidentally, of the Labour Relations Board Feb. 20 certification of HEU as the security officers’ union.

In support of these new members, HEU trade presentations to the Vancouver General Hospital and Health Sciences Centre Board and the Vancouver/ Richmond Health Board, advocating for an in-house security force.

HEU members rallied, lobbied and signed petitions. The security staff worked tirelessly to bring their specialized protection work under the umbrella of the health care system.

The parties are in discussions throughout the fall to establish the hospital’s new security force. Having these members and this service move back into the health care sector is a positive example of how the new collective agreement can be used to contract in health services.

In the Simon Fraser Health Region HEU members highlighted the work of their security members during Security Week Sept. 14 to 18.

Local activists raised the awareness of health care colleagues, the health board and the public regarding the realities of on-the-job incidents of force and violence, and the integral part security workers play ensuring safe health care facilities, by wearing stickers, leafleting and conducting information sessions.

They also lobbed the Simon Fraser Health Board to bring security services in-house rather than maintain the current practice of contracting-out using the VGH agreement as the example.

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HSA’s raid on HEU goes to next step in CLC dispute process

Canadian Labour Congress president Bob White has determined that HEU’s charge of raiding against the Health Sciences Association warrants referral to the next stage in the CLC process to deal with situations where one union tries to take members from another.

The issue now goes to an independent umpire who will meet with the two sides later in October and make a final, binding decision soon after. A union found guilty of raiding faces penalties that include being tossed out of Canada’s national labour organization.

At the heart of the dispute – which comes at a time when bargaining for 10,000 paramedical professionals, including a number of HEU members, is reaching a critical stage – relates to an application to the B.C. Labour Relations Board by HEU earlier this year to have more than two dozen professionals taken from HEU and given to HSA. Both unions are legally entitled to represent paramedical professionals.

HEU’s Chris Allnutt called HSA’s raid attempts troubling and extremely unfortunate. “Instead of having one union raid a sister union,” he said, “we should really be concentrating on building the unity that’s needed to win a strong paramedical contract and press forward on lab reform.”
Laboratory aide says ‘so long’ after 50 years

She’s a no-fuss activist from way back

by Dale Fuller

Lizzie Johnson, a laboratory aide at Alameda Hospital in California’s San Francisco Bay Area, retired in May after 50 years of continuous service. She is one of five members who organized Alameda Hospital into Local 250 back in 1952. She had been working for four years as a housekeeper in the hospital, when co-worker William Lide approached her about joining a union.

Lizzie Johnson did not say no. She talked to a couple of more friends and before you knew it there were five of them working on an organizing drive. It took them a few months and a short strike to win their first contract.

She had never belonged to a union, but, she says, “I always was a union person because my husband was a union person.” He worked in the shipyards and later belonged to the Carpenters’ Union.

Then, as now, Johnson was an investigative reader, and she knew from reading what a union could do for working people. She realized that it could improve working conditions and help them earn enough to raise their families with dignity.

The decade of the 1950s was not an easy time to be organizing a union in the United States. To even mention the word “union” could mean being banned from many jobs and professions. But Johnson shrugged off the difficulties.

She says it wasn’t easy, you had to be pretty tough, hang in there — the employer tried his best to intimi- date the workers.

“Sometimes not all of your co-workers were with you, and they would go say something to management,” she says. “Then you would get hauled into the office and interrogated. But they didn’t scare me — I just don’t scare easy.”

Johnson had made up her mind, and so had her friends. They stuck with it and organized the first health workers’ union in the Oakland area. “Local 250 is in all of the hospitals now, and the nursing homes. But back then I think there were only unionized hospitals in San Francisco.”

The organizing drive was carried out department by department. First the housekeeping aids, then cafeteria workers, then nurses aides. They eventually got the ward clerks on board, but even to this day the other clerical staff are not organized.

There are no unionized laundry workers at Alameda Hospital — laundry services have been contracted out since at least the 1950s. The cooks already had their own union, and they still do.

“The X-ray technicians and the pharmacists, the lab people, didn’t want to join the union. They were against us, but later they organized their own union,” she chuckles.

After working as a housekeeper for about 10 years, Johnson transferred to the lab. She started there being the first women on the job.

Johnson had good reason to be thankful for a union job a few years later when her husband died. “That’s when I stayed single. I didn’t want to raise the children on my own. I never had a sickly person,” she says. “And I can’t cook — I just want to work.”

Today Johnson takes pride in the fact that Local 250 of the Health Care Workers’ Union at Alameda Hospital is still going strong. She says that she moved over the years, but stayed active in the union and was a shop steward many times over.

She continues to find pleasurable work from books and enjoy going to get her, where she is a charter member.

She plans to spend retirement watching her favorite soap opera, the Young and the Restless, doing whatever she wants whenever she wants, and enjoying the company of her three children, three grandchildren, a grandson, two great-granddaughters and a great-great-grandson.

• BALANCING IT ALL is a regular Guardian column about the challenges facing working women.

London Drugs pharmacies and Winter Wives Department offices.

Wedgewood back on track

The June closure of Wedgewood Manor, as reported in the last Guardian, resulted in staff layoffs and the displacement of all of its senior residents, but the facility is being reopened under new ownership and with a new owner, and the staff is being rehired.

The former owner, Pat Liberto, had his facility closed because of such issues as failure to buy food and pay the gas Bill.

To add insult to injury, he stripped the facility of everything that was detachable, "up and including the extra- plushes, light bulbs and batteries," according to Tait.

The facility was vacated for more than two months after it was closed by the Vancouver Island Health Unit. Elderly residents were given only one day’s notice to leave.

Tait renovates the facility and says she will staff it more quickly than Liberto did. Former Wedgewood staff — all of whom were terminated as casuals at Hollydale House — will be called back to work at Balmoor in order of seniority.

Magola workers of the south, unite!

An organization that represents workers who work in foreign-owned export processing factories called Magola is in its fourth year of operations. "We have seen a significant victory for workers’ rights. Magola is a factory in Mexico and Central American free trade agreements.”

AFTER 50 YEARS of working at Alameda Hospital near Oakland, California, former laboratory aide Lizzie Johnson says she doesn’t really miss her job — just the people she worked with.

Continued from page 3

Law to increase organ donations

Members of the public must now be more proactive if they wish to become organ donors. It is required that the Organ Donor Act be registered in their name, and the donor must be in the B.C. Transplant Society. The provincial government has also been working on legislation to increase the number of people willing to donate organs. It is important to ensure that people who have signed up as organ donors are not missed.

The new rules will require that health professionals and hospitals notify the B.C. Transplant Society of the death of a donor. The donor will be able to determine if they have previously registered their wishes by signing up to the organ donor registry. The protocol will outline the process for seeking consent from the next of kin if the potential donor is not registered.

The Socialist International Women’s Committee held their 1998 regional meeting in New Westminster’s Canadian Auto Workers Hall on Sept. 12. HEU members Gidusz Luland, Iris Braungarten, Kristin Vanderwen, Patricia Callier, Suzi Kilgour and Darlene Brown flank Alex McDonough (third from right).

Health minister Penny Pridy stressed that it will only be mandatory for health professionals to ask for consent for organ donation. “Whether consent is given or not is still a matter of individual choice,” she added.

But it’s good to be prepared if you’re interested in making a decision ahead of time. She could make a decision on any matter of individual choice — on any matter of individual choice — on any matter of individual choice — on any matter of individual choice.

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WHAT WE’RE UP TO
trade zones which are exempt from the labour regulations that prevail in the rest of the country.

The Movement of Working and Unemployed Women, which is supported financially by HRU and other B.C. unions, convincedр their membership of the desperate need for employment standards for maquila workers, who are mostly women.

The new regulations protect pregnant women from dismissal; prohibit verbal, physical and mental abuse and sexual harassment; ban child labour; and guarantee basic health and safety standards. Lost, but not least, they now have the freedom to organize.

Compliance, at least on paper, from maquila owners was swift. Almost all of them signed a paid newspaper ad promising their cooperation.

The Trade Union Group (TUG) supported and encouraged this group in their work. It is backing similar groups in Guatemala, Honduras and El Salvador. TUG unites several B.C. unions, including HRU, in promoting worker-to-worker solidarity in B.C. and Latin America. Meanwhile in Tijuana, Mexico, workers at the Hany Yang plant are making history in their struggle to have a union free of government control and corruption.

HRU finances in top shape
HRU’s auditors have given the union a clean bill of financial health for 1997. The statement shows revenue for 1997 exceeded expenses for the year by $414,013 in the general fund and $555,999 in the strike fund. The reserve in the general fund for the accumulated years totals $2,406,302 and the strike fund has an accumulated balance of $10,563,223. This gives a combined reserve amount of $13,209,514 for 1997.

This year’s job action of May 26 was a resounding success, and the settlement of the facilities sector contract talks followed close on its heels. With a price tag of a little over $400,000 for the 10,000 members who were directly involved in the organisation of the walkout, it was a fruitful investment. Members can obtain a copy of the audited statements by contacting the Provincial Office.

Douglas House next for HRU
HRU is bargaining with developer Douglas Investments next year. Twenty-eight health care workers at Douglas House, an intermediate care facility in Victoria, are negotiating their first collective agreement. These workers, members of the B.C. Health Care Association and therefore must negotiate a separate contract.

Most language articles have been agreed to including a complaints and investigation process; recognition of a union shop and stewardship; grievance, trouble-shooting and arbitration mechanisms; employee status; evaluation reports and personnel files; compassionate, education and union leaves; an improvement in statutory holidays and most working conditions.

Accord heralds key lab, rehab service changes
With the signing of a special accord with Victoria, HRU and HSA have moved one step closer to the campaign to win important changes in the delivery of laboratory and rehab services and build a stronger public, non-profit Medicare system in B.C.

"This is an important initiative that consists with sound policy development and previous government commitments," said HRU secretary-business manager Chris Allnutt. "It will strengthen Medicare and help Victoria fulfill its legal commitment to provide health on a primarily not-for-profit basis."

The accord commits government to "seriously examine" a new global funding system for regional boards and community councils to replace the costly fee-for-service regime. Control over licensing of collection sites would also transfer to regional boards and community councils. Health authorities would be legally required to deliver lab services on a primarily not-for-profit basis.

On the rehab side, the agreement establishes pilot projects with ICBC and the Workers’ Compensation Board to expand their use of public rehabilitation services to treat car accident victims and injured workers, who now receive care primarily from for-profit services.

HRU and HSA will begin efforts to press forward with lab reform through a joint committee with government.

SARAH LLOYD and Cameron Dougian from the Progressive Housing Society (PVP local) in New Westminster cast their votes on Sept. 29. Results of the vote were announced on Oct. 16.

Community caregivers cast votes
Without an ironclad commitment from government to achieve parity in the future, HRU’s Provincial Executive and Bargaining Committee recommended that community members reject the tentative collective agreement reached in late July. Voting began on Sept. 28 and will conclude on Oct. 16.

"There are some important improvements contained in the agreement," said HRU secretary-business manager Chris Allnutt. "But for the PEP, a firm government commitment on a full-parity timetable was critical, and it’s one the NDP refused to give in the crucial, final stages of bargaining."

"A concrete pledge for full equality is an issue of justice and dignity for community caregivers and necessary to recognize their important contribution to Medicare. It’s not in the deal, so we’re asking members to cast a vote to protest the lack of commitment."

Meanwhile, HRU fared well in the process established in the tentative agreement to deal with existing contract provisions for locals that are superior to the community master. As reflected by decisions made by arbitrator Vince Ready Sept. 14, union members maintained most of the superior conditions.

On the important issue of implementing new vacation and benefit plan coverage, Ready agreed with HRU that members should be able to decide on whether they want the new provisions or maintain existing ones.

Special local meetings to deal with these issues will be scheduled right after the ratification vote concludes.

Allnutt emphasizes, respectfully that with other unions in the bargaining association recommending acceptance, the deal will likely be ratified.

HIGHLIGHTS OF HEU'S 21ST BIENNIAL CONVENTION:

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SEPTEMBER / OCTOBER 1998 • GUARDIAN 5
CONVENTION IS A TIME TO REFOCUS AND RECOMMITE

by Fred Muzin

IN THE HEU BUIENIAL Convention provides a unique opportunity for over 600 of our activists, stuff and friends to share experience, celebrate and recommit to the struggle for social justice.

This year, many of the submissions to convention from the locals focus on more union paid time off the job -- for local servicing and to better represent health care workers on the regional health boards and community health councils.

As well, members are demanding expanded education and preparation in order to continue to be effective stewards. Their union jobs are increasingly more complex, given the employment security agreements, the OH&S Accord, and new language on long term disability and contracting out/privatization.

Uncertainty and our continually changing health care system are made even worse by underfunding and excessive workloads, leading to high injury rates. The result is massive stress, burnout and resentment. It is essential that convention fully debate these issues.

However, delegates will also be electing a Provincial Executive to lead the union for the year 2000 and it is important that the convention provide clear direction and a vision for the HEU of the future.

We will be bargaining new facilities or community master agreements before our next convention. This will provide new opportunities to refocus our resources, enforce our bargaining gains, and solidify and expand our community and political connections.

We need to allow time for debate about the role of leadership. Whether at a local, provincial or national level, it is unrealistic to demand that leaders fulfill our expectations unless we are ready to actively participate and work with them. No one group of people has all the answers.

Activism at all levels results in pressure for officers to attend more meetings.

As our membership grows and the complexity of issues increases, executive workload expands. These additional responsibilities means that less time is available for networking with grass root members, which results in a fear that our elected representatives are isolated and less accountable.

Our convention provides the finest interactive education, geared to exploring solutions, while remaining aware of fiscal limitations.

The energy, thrust for knowledge and innovative ideas of our many first time delegates, combined with the insight of experienced activists can lead to creative answers and guidance.

We must develop structures to ensure that the democracy that we cherish extends beyond convention week. By both reaching out and reaching in, we can guarantee that the union remains relevant and responsive to members' needs into the next millennium.

Lab leak helps Medicare opponents block change

by Stephen Howard

Within the health care community, opponents of change have pulled some some dumb stunts in the past to derail progressive reform. But none has been as potentially consequential as the damaging move by someone within that community to leak a hostile media the government-union accord on progressive labor reform before the parties could themselves outline the agreement which is vital to protect our public health system.

Ironically, the leak poses a serious problem for a number of forward-looking employers who've endorsed lab reform and supported the concept the union-government accord will address. These employers have worked with HEU and HSA in joint projects to expand hospital lab use for outpatient testing to challenge the lucrative monopoly held by the two main lab companies.

But clearly, the interests that oppose any kind of reform -- B.C. Bio, MSDS and the B.C. Medical Association -- have had much early success in defining the issue and scaring everyone. They've determined that anything but the status quo is an attack on the private sector and a doomed measure that will only result in declining service quality. These spatial interests are highly skilled in the art of hard ball political lobbying, having already killed a 1993 government report that called for significant lab changes.

The challenges we face to win progressive lab reform are significant. But they're surmountable if we can pull together, activate members and launch a community-based campaign to get the real facts out. Let's not forget that when we make our case for progressive change we have a lot of arguments on our side, including:

• cost savings of 30 percent per dollar that could be achieved by cutting out the profit margin, and use the savings to expand Medicare services;

• public opinion surveys show British Columbians support the use of public labs to recycle health care dollars within the system;

• hospital lab outreach programs prove the public sector can meet the same service quality standards as private labs.

Another advantage for us is that a 1993 government study outlines widespread conflicts of interests involving private lab interests, physicians and the BCMA. It's a fact that will eventually affect the credibility of their opposition to change.

After all, the real issue is why should Medicare be forced to subsidize the private labs to the tune of $25 million a year?
Outlook is bleak for Asian workers and their families

With no social safety net in many of the affected countries, dismissed Asian workers face disaster

According to an International Labour Organization report, the social impact of the Asian crisis could be disastrous for millions of workers and their families because of the lack of any meaningful social protection. Indonesia, whose economy is likely to contract by five per cent in 1998, is facing the prospect of 10 per cent unemployment, compared to five per cent in 1996. More than one million workers will be affected. In Thailand, which has had full employment, the employment rate is expected to rise to 5.6 per cent by the end of the year, affecting two million workers. In South Korea, unemployment rose from 2.3 per cent in October 1997, to 4.7 per cent in February 1998, and could reach seven per cent by the summer.

According to the ILO, "the mass dismissals over the last few months prove that a high rate of job creation means little if the sustainability of these jobs is not guaranteed." It concludes that the Asian economies hit by the crisis could adopt "a development model with better social provisions" (unemployment insurance, social assistance, minimum pensions).

School-attending children of workers are among the worst-hit victims of the present financial and economic crisis.

This was one of the key findings of the Workshop on the Impact of Financial and Economic Crises on Women and Young Workers, organized by the International Confederation of Free Trade Unions-Asia Pacific Region Organizers (ICFTU-APRO) in collaboration with the Japan International Labour Foundation and the FNV of Netherlands and held in Bangkok, Thailand this summer. APRO has pledged to secure a contribution of U.S. $100,000 as seed money for setting up a Workers' Children Education Fund to support children of retrenched workers to continue their studies.

McHistory in the making?

The Canadian Autoworkers' news release announcing the certification of 83 workers at the Squamish, B.C., McDonald's restaurant, the first successfully organized site in North America, noted that the newest heroes of the Canadian labour movement could be contacted through their mothers. Tessa Lowinger, 17, and Jennifer Wiebe, 16, the two young women who led the drive, have set an example for other young people to step forward, not only at McDonald's but throughout the service sector. The reasons that sparked the unionization - health and safety concerns, scheduling of shifts and lack of respect for workers - are the same reasons voiced by others who are contacting unions about organizing their workplaces.

"We wanted to be treated the way we were treated management - with respect. We didn't yell at them and call them stupid," said Wiebe. "We also felt strongly that safety had to be improved. We have been getting lots of respect in the restaurant now."

"Just because we're teenagers doesn't mean we have to take all the garbage thrown at us," Lowinger said. "We didn't organize because we hate the management or something stupid like that. It was because we didn't like the way we were being treated."

It is estimated McDonald's has 13,000 restaurant outlets in Canada, employing 70,000 people, but McDonald's has refused to confirm this. There are some European unionized outlets.

"WOW! WE MADE IT!" says the smiles of Jennifer Wiebe and Tessa Lowinger after they won the Labour Relations Board's Aug. 19 ruling on the Squamish McDonald's, the first in North America.
Contract gains for HEU's nursing team

Last fall delegates at HEU's Wage Policy Conference said that they wanted the issues of licensed practical nurses and care aids addressed during bargaining for a new contract. They elected two LPNs to sit on the Bargaining Committee. When the new Master Agreement was ratified in July, the nursing team had reason to be optimistic about the future.

Within 90 days of contract ratification, a joint union-management committee which will examine the role of LPNs and care aids will be formed. It will select three facilities for review and will analyse the impact on the quality of health care services and efficiency resulting from changes in the utilization of LPNs and care aids. The committee will look at the appropriateness of the care aids at one facility, although the savings were not reported. The committee will look at the work of the LPN benchmarking and make other recommendations for effective LPN and care aid utilization. The benchmark will recognize and identify the duties of LPNs.

The process will take 12 months and the final results will be presented to community health councils and regional health boards.

Health care workers in B.C. sustain the highest rate of injury and sickness in the province. In recognition of the resulting

TEAMING UP!

Third Nursing Team Conference explores key workplace issues

LICENSED practical nurses and care aids from across the province came together on Sept. 21 and 22 to meet, talk, exchange ideas and listen to a wide range of speakers and presenters. This was the third Nursing Team Conference, and was widely attended, the best so far.

This year's conference, Contract Gains for Workplace Change, looked at how the nursing team can utilize the new Master Agreement to help them deliver better health care. Violence in the workplace, ergonomics, building the nursing team, community health, educational opportunities, and protecting Medicare and health and safety were explored.

The new contract calls for a committee to look at effective utilization of the nursing team. One way to do that is to look at facilities that have already moved in that direction.

LPN Kathryn Anderson and nursing supervisor Rosemary Watt, both of Lions Gate Hospital, were actively involved in reorganizing the work of LPNs there. They reviewed the steps that the nursing team committee used to expand the role of the LPNs. The workshop participants identified barriers they might encounter in their own workplaces and how to overcome them.

There are going to be new opportunities for nursing team members as health care continues to change the workplace. Many regions are developing new sub-acute, multi-level and transitional settings. This is particularly true in the Fraser Valley.

The workshop participants identified barriers they might encounter in their own workplaces and how to overcome them.

The workshops were lively and spirited, with participants learning from each other and from the conference presenters and guest speakers.

Vancouver/Richmond Health Board introduced a BCU video about Victoria's successful James Bay community project, a 22-year-old health centre that has shifted and changed in response to community needs.

Linda Tripple, an LPN from East Vancouver's Beach Center, shared her work experience as one person in a multi-disciplinary team to one of the most recognized and innovative centres in the province.

Participants reviewed the large and growing role of private, profit-driven companies in health care, particularly in the expanding care facilities, supportive housing and home care. Participants shared the sessions by identifying the issues and HEU Executive Director, Denis Hinley and HEU Research Analyst, Irene Janzen crystallized the problems with current examples of inadequate staffing levels, intimidation of nurses, and unequal access to education and job activities.

Participants left at the end of two days with a good grounding in how the new contract will affect their work — and lots of material to take back to their local.
Study puts long-term care under close scrutiny

Incidence of accidents and occupational injuries is high in long-term care facilities. The Health and Safety Board of British Columbia and the Canada Health Act have agreed to an OHS improvement lawsuit. The provincial government announced a new plan to improve workplace safety and reduce the incidence of accidents and occupational injuries.

The employer is now required to inform a resident if a patient is aggressive, provide in-service training on dealing with aggressive patients, and provide sufficient staff for caring for aggressive patients - regardless of the cost.

Vacations and in-service training will be given to health care workers who are at risk for infectious diseases. In-service training sessions on preventing the spread of disease will be available.

The contract also recognizes the critical role education and training play in preparing health care workers - and of course this involves the nursing team - for change in the health care system. It addresses the long-standing issue of paid leave for occasionally required certifications.

Workers will now receive regular wages if this training is scheduled by the employer. HCA's yearly funding has been stabilized.

Taken together, these new education and training provisions will recognize the importance of maintaining the skills and experience of all front-line caregivers.

Language
Residents and workers often experience communication problems. B.C.'s significant increase in the diversity of residents and workers. The residents can get frustrated and lash out. One care aide told the story of an elderly woman at her facility who had reverted to her first language. There are so many configurations possible - and racism is not absent from the scenario.

Procedures
In any given facility, 25 of the top 50 residents. The care of these residents, once they are identified, should not be left to one person only - there should be at least two people present when an incident occurs. Many families will be reluctant to inform a facility of a parent's or relative's past history of aggression or violence. They are fearful that it won't be accepted.

The issue of the unwanted resident must be dealt with to solve this problem. In the following section, we can see how this framework worked for dealing with aggressive residents, if this was simply accepted as part of the picture of long-term care, then there wouldn't be any need to hide that information, says Boyd.

Boyd was impressed by the people he encountered during his study. "The people who work in long-term care, five to 10 years or more, don't do so without a real commitment - it's a real job. It's such a difficult job - emotionally and physically. It is not pleasant and nobody wants to hear about it in our culture." He welcomes the opportunity to speak out about this issue, to get others to understand that the more significant problem is not one of abuse perpetrated on residents by care aides and other health care workers, but one of how the workers deal with physical demands placed upon them by residents and their workplace.

Here are the key recommendations

In order to fully implement the Night's Agression in Long-Term Care, violence expert Neil Boyd offers concrete solutions to make our workplaces safer:

- A two-year trial project of increased funding for five care aide positions at 50 facilities of 100+ residents with high WCB claims
- A trial program of mandatory employer-paid in-service training of four hours, four times a year
- A provincially standardized care aide education in dealing with aggressive behaviors
- A system to match language capabilities of care aides and residents
- A house to house visitation of all residents
- A home to home visitation of all residents
- A community to community visitation of all residents
- A school to school visitation of all residents
- A hospital to hospital visitation of all residents
- A facility to facility visitation of all residents
- A province to province visitation of all residents
- A country to country visitation of all residents
- A world to world visitation of all residents

Neil Boyd

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by Dale Fuller
Douglas defends Medicare legacy

Medicare. We fought to get it; we'll fight to keep it — for actor Shirley Douglas, the fighting in the blood.

Actor and activist Douglas remembers her father, Tommy Douglas fighting to get Medicare in the early 1950s. She said he always warned Canadians not to take it for granted, that we had to keep an eye out because the same people and institutions that were opposed to the creation of Medicare would always be trying to take it away. That warning was prophetic and now, Douglas a spokesperson for the Canadian Health Coalition (CHC), finds herself, along with other defenders, fighting to keep Medicare because some would see it taken away.

On Oct. 14 in Victoria and on Oct. 15 in Vancouver, the B.C. Health Coalition, of which the Hospital Employees' Union is a partner, sponsored a free public forum — Medicare. We fought to get it; we'll fight to keep it. Douglas was the keynote speaker. Jotted by Dr. Iain Saloo, an unemployed opponent of two-tier health care.

The evening event was in support of a comprehensive CHC national campaign to save Medicare. It focuses on five demands: enforcement of the Canada Health Act; investigations of Health Canada's Health Protection Branch; restoration of $3.5 billion to health care funding; expansion of Medicare to include home care, community care and pharmacy; and a moratorium on health care privatization.

‘Contracting in’ is now an option

The new facilities sector contract contains a new letter of understanding that for the first time gives health care workers more opportunity to bring contracted out work in-house.

The current contracting out provisions contained in Article 2.17.1 are bolstered by an agreement that spells out the structure of union proposals to bring work in-house. The employer must give the union proposals due consideration and provide reasons for their acceptance or rejection. Both sides agreed that:

- the union may submit a proposal for work to be done by bargaining unit employees where such work is currently being contracted out or where the employer intends to contract out;
- the employer will provide the union with tender documents and other information associated with the work to be performed;
- the union's proposal will address a wide range of factors including availability of qualified employees, availability of equipment and resources necessary to complete the work without incurring unjustifiable costs; and options for the employer's capital costs;
- the union's proposal would include a plan for using new or existing employees.

If the employer's proposal is accepted, the following shall apply:

- positions for work which is of 12 months duration or greater shall be posted pursuant to the collective agreement, and workers will be covered by the full employment security protections;
- positions for work which is either specific projects or pilot projects for new services or types of work etc., or term assignments with an applicant, at the time of applying for the position is aware of the expiry date of the assignment. Pending such assignments are less than 12 months duration will be posted pursuant to the collective agreement, and workers will return to their former positions.

CUPE calls for toll-free highway

This summer CUPE members in New Brunswick expressed their outrage and concern at the government's plans to privatize 195 kilometres of the Trans-Canada Highway between Fredericton and Moncton. New Brunswick, 'Young's Transfer' refers to the former minister of transport, Doug Young.

Drug companies are way too close for comfort

by Irene Jansen

ONFLCJST between scientists and the pharmaceutical industry has renewed public concern about the influence of drug companies in medical research, hospital programs and health education. The most recent controversy was at the Toronto Hospital for Sick Children, where Dr. Nancy Olivieris fought to publicize drug trial findings which her sponsor, Aponex Inc., did not want released.

When Dr. Olivieris told her patients and the medical community of the potentially harmful side effects of the experimental drug defenbrose, Aponex Inc. took her off the study and threatened legal action. The hospital, which receives funding from Aponex, refused to defend Dr. Olivieris. While public pressure and a petition from 140 of her doctors and scientists has forced the hospital to review the dispute, the sidestepping of patients' rights and research integrity in this situation continues to send shock waves across the country.

Another example of drug-company interference in medical research was the effort of British-Mexican Squibb to stop publication of a report on cholesterol-lowering drugs that it feared would damage sales. In May, the report went ahead after a judge ruled in favour of scientific freedom of speech.

With the pharmaceutical industry spending twice as much money as government on health research in Canada, we should question why more of these flashes are not coming to light.

The influence of drug companies reaches far beyond research. Companies sponsor "public lectures" and even patient support groups to promote their products. When Glaxo launched its new treatment for migraine, sumatriptan, the company pumped money into the Canadian Migraine Foundation and organized "health education" seminars to create demand for its product. Similarly, the Atherosclerosis Society relied on money from Seattle Genetics to launch its web site. These ties with patient support groups give drug companies a major marketing boost.

Drug companies have other tactics to influence prescribing practices. In 1996, the company reps were involved in a federally funded project to set guidelines for when and how to use HIV-infected patients.

Drug companies also buy information on pharmacy records to tailor their sales pitch. One of the largest information traders is IMS, a company which is now suing the B.C. government for restricting its access to prescription data.

All along the health information highway, from medical research to physician guidelines to hospital programs, the pharmaceutical industry is using its financial clout to influence decisions — decisions about what drugs are safe, what treatments are appropriate, and what information individuals should have to improve their health. In this blurred system, where does the public interest end and marketing begin?

HEU continues to challenge corporate influence over health information. With the Canadian Health Coalition, HEU has undertaken a follow-up research to the CUPE/AEU report Main Street, Not Bay Street which will develop our vision for a public sector health information system.
CUPE to combat privatization coast to coast

HEU's efforts to combat privatization and public-private partnerships in seniors care is part of a coast to coast campaign launched by the Canadian Union of Public Employees to harness the growing opposition to privatization and outline workers' alternatives to provide stronger and better services for Canadians.

"The Goodwaterns of privatization are gradually but steadily rising," says CUPE national president Judy Darcy. "With each privatized service that opens, with each new user fee that's imposed, with each program that's cut, and each medical procedure that's delayed, the Goodwaterns grow higher and higher," she said.

One of the highest profile targets in the campaign launched by Goodwater is the privatization of Long Term Care Partnerships (LTCs) in Alberta. The latest scheme being pushed by corporate Canada with a healthy appetite for profits from taking over public services.

"The provincial government has bought the right-wing pitch. "It's the new face of privatization," says Darcy, "and it endangers the quality of essential public services like water, health care, education and transportation." At the end of September, CUPE released its special research document called Behind the Pretty Packaging: Exposing Public-Private Partnerships to highlight the many dangers posed by P3 deals.

In western Canada, health care will be the focus of much of CUPE's campaign energy. In Alberta, CUPE members will battle Ralph Klein's plan to expand private-profit hospitals. In Saskatchewan, the birthplace of Medicare, CUPE members will be aggressively lobbying for an expansion of public health care services including home care and pharmacare. A number of provincial campaigns will target municipal services under threat from privatization or private-public partnerships. In Ontario, where many multi-provincial companies are lobbying the Harris government aggressively, the focus will be on getting the provincial and municipal water and sewage services.

• Copies of the CUPE report, Behind the Pretty Packaging: Exposing Public-Private Partnerships are available, on request, from CUPE's communications department, or directly from CUPE's website, www.cupe.ca.

Public-private partnerships given thumbs down by HEU

Union launches long-term care campaign this fall

By Margi Blumney

HEU is challenging the provincial government's expanded opportunities for private, for-profit companies in seniors' long-term care with a new campaign opposing public-private partnerships (PPPs) that was approved by the Provincial Executive in late September.

This expansion of the private sector role through public-private partnerships was first published as part of an announcement of seniors' health care initiatives made by former health minister Joy MacPhail last January, and brought an immediate and extremely critical response from the union.

Chris Allnutt, secretary-business manager, called the move to increase private, for-profit involvement, ill-advised, highlighting the serious quality of care problems in such facilities. Including staffing levels as low as 60 per cent of provincial guidelines. Allnutt said, "Quality care for seniors and the profit motive are incompatible concepts."

Allnutt went on to say that rather than expanding the role for private, for-profit companies, the government should be reviewing what role, if any, private corporations should play in caring for seniors. This issue will be front and centre in the union's campaign.

Private, for-profit companies already own and operate a range of continuing care services in the province including licensed continuing care facilities, unlicensed "supportive housing" complexes, home support agencies, and emerging "supportive" care facilities. The fragmentation of services is most pronounced in the unregulated area of supportive housing, where a two-tier housing system in which those with personal wealth can buy decent accommodations and services, and those with lower incomes barely few options exist.

In several provincial and regional reviews, HEU is promoting innovations which take advantage of public sector resources and make links between supportive housing and health care, between "housing" and "health."

HEU has also identified municipal governments as key players in the proliferation of supportive housing developments as it is at this level that such ventures are scrutinized, albeit only in regard to building standards and land use.

The devastating human costs of allowing profit-seekers into health care are illustrated by recent closures. So far this year closures include Greenvale House (Wilson Place) in Port Coquitlam, Wedgewood Manor in Qualicum Beach, Trout Lake Manor, and Lakeside Place in Vancouver.

Residents and their families are not the only victims of incompetent or uncaring owners; workers suffer, too. For example, the Ministry of Labour's Employment Standards Branch has investigated a complaint by former Greenvale House employee, all HEU members, alleging that workers are entitled to regular wages, statutory holiday and vacation pay, compensation for length of service and group termination pay.

The determination ordered that the owner, Leo Chamberland and his United Health Care of B.C. Inc. and associated corporations pay a total of $435,000.05 to the workers. To date, Chamberland has failed to comply.

A particularly ominous trend, following the U.S.-style of looking after seniors, is in the acquisition of facilities by corporations such as Central Park Lodge (CPL) Long Term Care Real Estate Investment Trust, one of the Winrich Reichmann family's many companies.

Three seniors' care facilities, Royal City Manor in New Westminster, where 35 HEU members work, and Trout Lake Manor and Lakeside Place in Vancouver, where over 1,533 HEU members used to work before these facilities were closed, have recently been bought up by the Toronto-based

'C'Quality care for seniors and the profit motive are incompatible concepts'

CPL. The two side-by-side buildings that were Trout Lake and Lakeside will re-open as one facility under the name Lakeside.

Some companies are even building new facilities. Port Coquitlam's municipal council has approved a 120-unit seniors' development to be built and operated by Vancouver-based Westbridge Investments Inc., B.C.'s largest seniors' housing and care provider. The complex will include 39 units for sale and 81 units for rent to local seniors.

However, unlike those companies that acquire properties and own several seniors' housing and care facilities in B.C. including Arbutus Manor in Vancouver, where HEU fought long and hard for a new collective agreement this year, and Douglas House in Victoria, where the union is currently in negotiations.

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Nisga'a treaty sends signal of hope and reconciliation

by Joe Gosnell, Jr.

THE INITIATING of the Nisga’a Treaty on Aug. 4, made Canadian history and sent a signal of hope and reconciliation around the world. It was a proud day for Canada. And a triumph for the Nisga’a, because to us, a treaty is a sacred instrument, a framework for a society on the move. Clause by clause, the treaty emphasizes self-reliance, personal responsibility and modern education.

The treaty is a monumental achievement for the Nisga’a people and for Canadian society as a whole. It shows the world that reasonable people can sit down and settle historical wrongs. It proves that a modern society can correct the mistakes of the past and ensures that minorities are treated fairly.

As Canadians, we should all be very proud. I hope the Nisga’a Treaty will shed more light on a controversial and little-understood issue in contemporary Canada.

In contrast to the assumptions of many non-natives, the Nisga’a and other First Nations of British Columbia began our efforts to settle the land question right at the start of white settlement. And we persevered despite the massive efforts of misinformed and government officials to suppress our culture, and despite Parliament’s outlawing of claim-related activities. It was only in 1963, remember, First Nations were granted the federal vote.

Few history texts tell us, but the land claims as is old as British Columbia itself. (One notable exception is Paul Terras’s Aboriginal Rights and Politics, now considered a standard reference.) And today, as people learn more about the treaty, the question has never been more controversial. Nor, it seems, more controversial.

Now, well into the ratification phase, I ask all British Columbians to stand back from the line some have drawn in sand, and read the treaty for themselves.

A thoughtful reading of the document (or one of its summaries) will help explain why the Nisga’a and other First Nations constantly pressed to settle the land question, indeed our efforts to do so have been at the heart of our history. For more than a century, government officials have just as consistently ignored, suppressed and distorted that question. The treaty has also provided one unintended consequence: proof that some of the treaty’s most vociferous critics remain out of step with public opinion in this province. Poll after poll confirms that British Columbians want to resolve land claims sooner now.

On hot-line shows, and in newspaper columns, using coded language and scare tactics, a cabal of critics demonstrate they are either ignorant or contemptuous of the honour of the Crown. (Lordon Campbell, Leader of Her Majesty’s Loyal Opposition, borrowing the shop-worn ideas of Reformer Marvin Brown, is the latest victim.) Mr. Campbell and the inborn B.C. politicians, Mr. Bill Vander Zalm, come across as weak and impotent, their efforts against the Nisga’a a token gesture.

Back in 1887, our ancestors, pressing to settle the Nisga’a land question, climbed into their canoes and paddled down the British Columbia coast to Victoria’s inner harbor, where, on the steps of the Parliament Buildings, they were sharply turned away by Premier Smuthe.

Today, that is changed forever. The Nisga’a Treaty is a triumph — for the Nisga’a people, the people of British Columbia and the people of Canada.

To the Nisga’a people, a treaty is sacred. It represents an understanding between distinct cultures and shows respect for each other’s way of life. That is why we have fought so long, and so hard.

Under the treaty, the Nisga’a people join Canada and British Columbia as free citizens — full and equal participants in the social, economic and political life of this country. That has been our dream for more than a century. Today it is a reality. The Nisga’a Treaty proves, beyond all doubt, negotiations — not lawyers, not roadblocks, not violence — are the most effective, most reasonable way to resolve aboriginal issues in this country. And far beyond our borders, the treaty sends a powerful message of hope and reconciliation — to aboriginal and non-aboriginal people around the world.

Gosnell is serving his third consecutive term as tribal council president of the Nisga’a people.

The MAI is bad for our health

Speaking to a special committee of the B.C. Legislature, representatives of the B.C. Health Coalition including HEU president Fred Mazin, strongly opposed the Multilateral Agreement on Investment (MAI) and its impact on Medicare.

The BCHC sent a strong message, opposing the MAI and warning that such an agreement would force Canada to adopt a two-tier, private sector health scheme, and kill publicly funded, publicly delivered health care and its enshrining legislation, the Canada Health Act.

"The MAI poses a real threat to Medicare and it’s critical that champions of Canada’s publicly funded, publicly administered health care system continue to speak out against the deal," said Mazin.

The proposed MAI is a legally-binding and wide-ranging international agreement on investment often referred to by concerned citizens as a corporate bill of rights. It may affect a variety of sectors in the province including health, labour, education and the environment.

Presenters addressing other MAI-vulnerable areas include Mauro Marra of the Canadian Federation of Students, Tony Clarke of the Polarics Institute/ Council of Canadians, Steven Shrybman of the West Coast Environmental Law Association and Susan George of the Transnational Institute.

There are 12 members on the special committee, appointed to examine the impact of the MAI on British Columbians, including chairperson MLA Joan Smallwood.

More public hearings will be conducted early in 1999 and parties interested in participating in presenting at that time should access the special committee’s website at www.legis.gov.bc.ca/mtc or call the clerk of committees at (236) 356-1800.

Canadian unions back anti-APEC students

The students who protested the presence of the Asia Pacific Economic Co-operation summit at the University of British Columbia and were arrested and pepper-sprayed are being supported by leaders of the community. The B.C. Federation of Labour has set up a legal support fund for them, kickstarting it with a generous donation of $10,000.

Anita Muttay, APEC protestor

The students who protested the presence of the Asia Pacific Economic Co-operation summit at the University of British Columbia and were arrested and pepper-sprayed are being supported by leaders of the community. The B.C. Federation of Labour has set up a legal support fund for them, kickstarting it with a generous donation of $10,000.

HBC’s Provincial Executive authorized a donation of $1,000 and the Canadian Labour Congress has pledged $2,000. With the contributions of other labour organizations across the country, the fund now totals more than $10,000.

The students have decided to fight their arrests in the courts, claiming that the office of the prime minister directed the RCMP to prevent their protest. The Globe and Mail wrote that this is "the most serious violation of a citizen's rights that can take place in this country and someone’s head should roll for it."
Residents and workers turfed out as another facility closes

The Fraser Valley Health Board has withdrawn funding effective Oct. 30 from Dr. Al Devries, owner of Yarrow Lodge, who has consistently operated the board's facilities without compliance with the standards set out in his contract to provide mental health services. The facility will close Oct. 30.

The residents, all of them males who live with various psychiatric disorders and chronic health problems, will continue to be dispersed to group homes and care facilities throughout the Lower Mainland and the Fraser Valley.

Despite overwhelming community backing and intense lobbying, including a delegation of residents, workers and Yarrow Lodge supporters travelling to health minister Penny Priddis's office to plead to keep the group home open, the health board recently announced the facility's closure.

"Private, non-profit operators and their failure to provide adequate care to some of society's most vulnerable people are not only a problem in this region but throughout B.C.," said HEU's secretary-business manager, Chris Allnutt. "The larger question of the role of for-profit care in health care deserves careful review now more than ever."

B.C. Fed critical of law changes in high tech sector

Proposals to gut basic protections for workers in the high tech sector announced in late summer by Victoria have been given two thumbs down by B.C.'s top labour leader.

"We appreciate that B.C. is trying to expand high tech businesses to create good paying jobs," said Federation president Ken Georgetti, "but the best way to do that is to raise standards, not lower them."

The government is reviewing proposals from a special committee dominated by high tech bosses. Among the regressions proposed are measures to exempt all high tech workers and support staff like secretaries from any limits on hours of work and overtime provisions.

"It's clearly the wrong message to send to employers," Georgetti said.

And HEU president Fred Muzin joined Georgetti in criticizing the changes. "There's no doubt that if the NDP implements them, it could set dangerous precedents," Muzin said.

"Health employers will be beating down the door pressuring for contract concessions that differ from similar backward conditions for HEU members who work in high tech fields."

HEU will join with the federation, says Muzin, to urge government to stop the contentious changes.

Health centres to be 'user friendly'

The concept is that it is important to involve the public in the planning process. Reach Clinic in East Vancouver, for example, has very successfully operated on this principle for many years, and HEU supports this approach to the delivery of community health care.

Meetings sought on WCB queue jumping plan

"Our view is simple," says Chris Allnutt, HEU spokesperson. "The WCBs have all the requirements of a queue jumping attack on a basic principle of our health system: equal access to care.

"We represent more injured workers than any other union," he said, "so HEU is well aware that what is going on both for injured workers and the public. But there are better solutions than the plan being pushed by the board with the support of the B.C. Medical Association, and we're prepared to be part of that discussion."

Allnutt was among government reneged on a July commitment that HEU would be consulted for input on the contentious issue.

THE VICTORIA TIMES-NEWS

ROARS reports are mixed bag

The Vancouver/Richmond Health Board released its long-awaited Review of Acute and Rehabilitation Services (ROARS) report in late July.

The review focuses on long-range planning, maintaining existing acute care capacity and on new services needed to fill the gap between the hospital and the community. It does not recommend the closure of beds, but foresees the number of acute care beds at the current level over the next 10 years.

The report supports the completion of Laurel Pavilion at Vancouver General and will either be closed or used to provide a range of other residential services and ambulatory care.

The review recognizes that the region needs to develop 22 new services in the next two years — in both the facility and community sectors. "HEU applauds the board commitment to improve co-ordination and develop new services to fill the gaps between the hospital and the community," said HEU secretary-business manager Chris Allnutt. However, some of these new services are clearly in the facility sector, others are in the community and yet, the line between is becoming increasingly blurred.

Another problem relates to the anticipated increase in patients' acuity. This will result, in HEU's view, in the need for higher staffing. But the report proposes to reduce administrative and non-customer support costs, including staff cuts.

Health care unions succeeded in getting the board to reaffirm their commitment that, in the development of new services, the providers would be in the public, and not the private, sector. A training and labour adjustment strategy to assist workers in facilities undergoing significant change in function was also written into the report.

Meanwhile, the draft review presented to the Simon Fraser Regional Health Board in August has caused a furor in the community.

The consulting firm which drafted the report is recommending that St. Mary's Hospitals acute care services be transferred to Eagle Ridge Hospital in Port Moody. The community, the staff and the administrators at StM are in arms about the proposed changes.

"Health workers know that there have to be changes to the delivery of health care in the region," said HEU's secretary-business manager Chris Allnutt. "But the report was fawed from the beginning because of its over-ruling goal was to reduce costs — that isn't your main goal in a region that expects significant population growth."

Allnutt added that the community and front-line workers were not consulted, and they have some concrete and valid suggestions on reform of hospital services in their region, as they have vociferously shown at public forums being held by the health board.

"We are going to hold the board to their word about taking the recommendations given at the public meetings seriously," Allnutt said.

Public meetings are scheduled until the end of October. The board will decide on the recommendations in November.
Rehab aide sits down on the job

Chair exercises can keep seniors fit

BLANCHE BLACK was at a career crossroads a few years back. Although she had trained as a registered nurse, she had not worked in the health care sector in quite awhile. She had her eye on an activity director's position in a nearby facility, and in order to bolster her resume, took a course which certified her as a fitness instructor at the local YWCA.

The YWCA member didn't get the activity director position, but she did spend about five years working as a casual rehabilitation aide at Victoria General Hospital. Part of her job there was to conduct "chair exercises."

"So I put two and two together and came up with this chair fitness routine. The people responded and it made a perceptible difference in their lives," says Black.

She says that it is a strong workout. It was interesting they could do for themselves that made getting out of bed and transferring easier. "I realized I was onto something pretty exciting," she enthuses.

She tried to sell the idea to CHEK-TV, telling them this was a fitness show whose time had come. But they turned her down. "Sorry, your audience doesn't go out and shop," she was told.

Black was itching to get her idea out to the people who could benefit from it. The next logical step was to make a video.

She found some local video makers and put it together. The video takes the viewer through a range of moves using the untrained eye like very simple exercises.

But, says Black, it is a rigorous exercise regime for people who are physically debilitated, but easy and effective.

Four months ago Black was hired on at the geriatrics ward at the Royal Jubilee transitional care unit as a rehabilitation aide. She uses her video as a tool in her job, and says that many facilities in Victoria utilize it for their residents and patients.

Chair fitness is ideal for seniors, Black says. "They don't want to stand on one foot, their balance isn't that strong. And they don't want to bend over."

She is especially satisfied that these exercises can improve the quality of people's lives.

THE REHAB ward at Victoria General Hospital shows the video twice a week, and many of the clients buy it and take it home. Black feels that it can help them to overcome some of the conditions that may have sent them to hospital in the first place.

Chair Fitness, which was released in the summer of 1997, and already there is a second video available. While the first one is a 20-minute workout, the second, Chair Fitness, Volume II, has two 30-minute workouts. A third one is in the works - made for instructors who work with patients who require one-on-one attention.

A fourth video is "on the drawing board." With this video, Black is branching out. She is working with an elementary school teacher to produce an exercise tape for the classroom. It emphasizes stretching and relaxing rather than physical fitness.

She sees this as a tool for teachers to get their restless charges back on track. "The tape will have different short segments - three minutes, five minutes," she says. "The teacher will just put in the tape, pick one of the segments and say, class, class take a deep breath, do some stretching exercise and weld, they're focused again."

Black's fitness videos can be ordered from Fit as a Fiddle Productions, 1417 Johnson Street, Victoria, B.C., V8W 3P1, or Chair Fitness, Volume I is priced at $20, and Chair Fitness, Volume II at $29.

HEU's new faces, new places

The social services bargaining sector, has increased by 19 members from Nulceous Resources in Maple Ridge and the Embil Site of Crossover Enterprises in Victoria.

And two new independents, Thrupp Minor, a long-term care facility in Kamloops, and Dr. Gary Miles Inc., a medical clinic in Eldorado, bring 16 members.

Welcome statesmen and brothers!

Coffee break

Rock's in a hard place

If one of the political arts consists of speaking at length without saying anything, federal health minister Allen Rock is learning fast. Addressing the Canadian Medical Association late this summer in Whitehorse, Rock succeeded in delivering a 14-page, single-spaced text while avoiding almost every important health-care-policy decision confronting the Ottawa government.

The joy of waiting

Some Hollywood actors wait - on tables - for a break. Brett Davis credited her stint in a restaurant with being my "patron in podium," however, the right attitude was important. When George Bums found Gella Wesson serving him and learned her career plans, he asked, "Can you make me cry?" The future TV performer responded by uncorking his wine bottle and saying, "Would this Bresledijas down the back of your neck do?" The comedian replied, "I think you're going to make it, kid."

Not such a good deal

"But sir ... you said to install surveillance cameras where there was suspicion of illegal activity."

The spanil word he used for "speaker" a big mouth, a boomer, someone who talks too much.

No mistake there.

Get out of jail card

Santa Clara County in California will have the first major jail in the U.S. with a bail-dispensing machine. With the use of a credit card, eligible defendants will be able to get out of the clinic within moments of being booked.

"It's using the newest technology, and we are the technological valley," said supervisor Pete McGlash, adding the people who will be released after using the machine have been charged, with not convicted of a crime.

Bail bondsmen, who enjoy a $10 billion national monopoly are up in arms about this encroachment.

Spanish translate of the
HEU people

Joan Adams, with going-away gift from co-workers.

LPN will stay busy
Although LPN Joan Adams is retiring after 18 years at Burns Lake/Smithers Hospital, she will be “busier than ever doing the things I want to do” — especially spending time with her lovely granddaughter.

She is an active community member, donating time to the breast self-examination clinics at the Cancer Society and her church and serving as a nurse at a local summer camp.

As that were not enough she has held almost every office in her local at least once.

Co-workers will miss Una
Mount Saint Joseph nurses aide Una Blossom retired in June 1997. She was a gentle, loving caregiver with a good sense of humour. She loves to travel, garden, watch soap operas and is considered to be a wonderful cook — so she will have a lot to do during retirement.

She’s not done yet
Melba Drnkworth is retiring from Mount Saint Joseph Hospital after 31 years as an LPN.

She has enjoyed her work so much that she will continue working now and then as a volunteer, but travel is also in her plans.

Care aide speaks out
Ruth Dean, 14-year veteran of PentICTOR’s Haven Hill Retirement Centre, remarked upon her retirement, “I believe staffing levels are inadequate for the care we, as health professionals, seek to provide. Who cares for the caregivers?”

She has a full slate for her retirement, planning to “become an excellent flautist.” She enjoys her involvement as a lay leader in her church and will do more of that in the future.

16 years at George Derby
Nina Graevenhert, 16-year LPN at George Derby, is going to enjoy herself after her July retirement. Besides her work at the facility, she runs a nursery in the community of Aldergrove/Langley and Abbotsford. She thanks her union brothers and sisters for the beautiful orchid.

Hale and arty member retires
George Derby is losing another worker to retirement. This one is Margaret Dobson, who was in the artwork department as an arts and crafts worker. Her granddaughter will be the beneficiary of her retirement, but she will also continue to work with seniors.

Queen’s Park worker retires
After working at Queen’s Park Hospital for 32 years, Maple Ridge resident Margaret Rose will spend more time with her family. A trip to England to visit her sister is also in her plans. Rose served in many official capacities for her local: trustee, vice chair, shop steward and secretary.

Travel in her plans
After 22 years at Mount Saint Joseph Hospital, housekeeping aide Maria Scaglione going to spend her well-deserved retirement travelling.

Bingo!
Margaret Staines, a nursing aide at Queen’s Park for 19 years, is going to have lots of fun during her retirement. She couns the bingo ball among her community activities, and she plans to play even more bingo and go to Reno as much as she can.

Staines serves as trustee and shop steward in her local.

She gave her all
Mount Saint Joseph housekeeping aide Louise Stefan not only worked at the facility, but also volunteered her free time there. Embracing 18 years and one week after starting at Mt. St. Jo, past shop steward, warden and trustee Stefan is retiring. She says that she will enjoy the rewarding activity of grand-mothering.

Off to parts unknown
Lilian Walton has retired from her job as building services worker at Richmond Hospital. She worked there for almost six years.

Her co-workers will miss her kind and generous heart as she takes off to travel and meet new and interesting people.

In memoriam
Phyllis Battiste
Sister Phyllis Battiste recently passed away at age 79.

Phyllis, a member from HEU’s PentICTOR local, worked at the hospital in purchasing and housekeeping before she retired in 1983. She is remembered by family and friends for her dedication and long service to the union.

In memoriam
Ken Strange
On Friday, Sept. 18, 1998, Brother Kenneth Albert Strange passed away at the Cottonwoods Extended Care Facility in Kelowna at the age of 58. Brother Strange was an HEU staff person, a committed labour activist for most of his adult life. He is mourned by family and friends.

To remember Ken’s contributions to HEU and the labour movement the union’s Provincial Executive has approved a one-time bursary within HEU’s post-secondary education bursary program plus a $1,000 donation to the Labour College of Canada.

FOR INQUIRIES ON LONG-TERM DISABILITY
HEU members can call toll-free:
Health Benefits Trust: 1-888-736-2987

EQUITY PHONE LINE
1.800.663.5813, ext. 514
Lower Mainland 739.1514
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press 4
People with disabilities
Well like to hear from you, if you are on WCB or LTD. 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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SEPTEMBER / OCTOBER 1998 • GUARDIAN 13
Medicare.

WE fought

TO GET IT!

Never since the dawn of Medicare in the 1960s have Canadians been in greater danger of losing our national health care system. Join the B.C. Health Coalition, Shirley Douglas and others in the fight to keep Medicare. A public discussion will follow the keynote and guest speakers' presentations.

Keynote speaker
Shirley Douglas, actor and daughter of Medicare founder Tommy Douglas, speaks passionately and forcefully about the need to protect Medicare from those who would privatize it away.

WE’LL fight to keep it!

Organizing 1950s style
After helping to organize California health care workers and not missing a day’s work in 50 years, Lizzie Johnson retires.

And 1990s style
Two Squamish teenagers walked out of the Labour Relations Board in August with an historic union certification in their hands.

Care aides are suffering
It’s official, according to Simon Fraser University professor Neil Boyd.

Keep it public
CUPE and HEU launch campaigns challenging the privatization agendas of big business and government.