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# Guardian



VOL. 17 NO. 3

THE VOICE OF THE HOSPITAL EMPLOYEES' UNION

JULY/AUGUST 1999



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A different approach to  
health care delivery

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## COMMENT

# Justice for those on LTD

by Chris Allnutt



**I**N JULY, HEU's community social services members ratified a new collective agreement bringing to a close 18 months of intense bargaining that began in earnest with facilities sub-sector bargaining in January 1998.

During this period, every public sector union was challenged to make gains for their members in the face of a government imposed wage freeze of 0-0-2 per cent. Part of that equation resulted in an end to wage discrimination against community social services workers.

But the other part of the equation was a commitment to creatively address non-wage demands. Justice for members on long-term disability was at the top of HEU's list.

I clearly recall our bargaining session with health employers on Feb. 12, 1998 – a pivotal date in facilities bargaining.

Members on LTD were at the table in person, recounting to employers the financial and emotional impact of poverty-level benefits on their families and on their self-worth.

The die was cast and four months later HEU signed a tentative agreement that provided significant improvements to the facilities LTD package including increased benefits, regular indexing of benefits, 50 per cent coverage of extended health and dental premiums and shorter waiting periods.

The new LTD package contained early retirement provisions and

improved support for members seeking rehabilitation or retraining. And for those long-time LTD recipients who qualified for neither retirement or rehab, the supplementary monthly LTD benefits would boost poverty-level incomes.

According to actuarial figures provided by HEABC, \$19 million of benefits would flow to our LTD members in each contract year. The supplementary monthly benefits alone was valued by the employer at \$5 million – four times as much as the lump sum payments contained in the previous agreement.

But one year later, many HEU members on LTD are angry and frustrated.

And they have every right to feel this way.

Preliminary figures show that the value of new LTD benefits received by our members falls far short of the \$19 million mark. The number of HEU's LTD members receiving newly negotiated benefits – and the amount of those benefits – is also much lower than expected.

Fully one-third of long-term claimants – those not eligible for early retirement or rehab – are not receiving the Supplementary Monthly LTD Benefit. And more than half of those who do receive

the benefit are reporting increases of \$50 or less per month.

It's an intolerable situation that leaves many LTD members grappling with poverty. And it undermines the efforts of HEU's

42,000 facility sector members for whom justice for those on LTD was an important precondition to ratifying the current collective agreement.

We've met with HEABC on this matter. We've demanded a complete accounting of the value of LTD benefits over the first year of the contract.

HEU will take whatever steps are required to see justice delivered to our LTD members.

## 'One year later, many HEU members on LTD are angry and frustrated'

## voice/mail

THE GUARDIAN WELCOMES YOUR FEEDBACK. SEND LETTERS TO 2006 WEST 10TH AVE., VANCOUVER V6J 4P5 OR PHONE 1-800-909-4994. PLEASE BE BRIEF.

### Good-bye and thank you

This is a thank you note to the union, to all the people who worked so hard for years and months to bring good contracts to the members. Going into retirement now, I'd like to tell Mr. Allnutt and the retirement commission of the union what wonderful work they did, bringing all the wishes of the people into consideration.

Attending a session before the last vote, I was impressed with Mr. Allnutt's patience explaining to members what the contracts were about. I am grateful it is so easy now to retire. The coordination between the union, the Health Care Benefit Trust and VGH is very impressive and pleasant to experience.

Over the years, the union has been a friend, in working days and times of disability. Taking many

happy moments with me into retirement, it was the good people that mattered most, working together with better conditions in mind. The union has come a long way since 1960 – when I first started in VGH and came back later after two babies. Thanks for all the good things accomplished over the years.

**THERESIA BOHM,**  
former VGH OR Anaesthesia Attendant

### Paramed wants issues addressed

HSA did not raid HEU in respect to the perfusionists. The perfusionists made application to the LRB.

Why? Because like many of the paramedical technical professional groups represented by HEU they felt their needs and issues were not being addressed by HEU. There were a number of resolutions in the last round of bargaining that would have addressed some of this group's concerns. None were part of the final agreement.

Some of these issues were what the

HSA and nurses went on strike for. If HEU wants to represent the paramedical technical professional health care workers, we better start addressing their concerns and not just giving lip service to the issues.

**BRITT PARISH,**  
Biomedical Engineering Technologist,  
Children's & Women's

### I want some more, please!

• The following letter was sent to the Kimberley Community Health Council. It has been edited for length.

My mother is a resident at the Kimberley Special Care Home. I am writing to describe my concerns about its level of staffing and consistency of care.

It appears that the staffing level on "A" wing is wholly inadequate to provide the necessary level of care consistent with basic principles of risk management within the health care sector.

During the afternoon/evening shift the RCA's take their meal breaks leaving one staff member to deal with the resident's evening routine. This is a very busy time for residents who experience "sundowning." It's also a very busy time for some of the new residents who are unsettled and demanding. How can quality care be given with this ratio considering the increased attention required by the residents at this time?

My recommendation is that the staffing levels should be examined on the wing, and consideration given to increasing staff between 3 p.m. and 8 p.m.

**SHELLEY SILVER**

### Wants justice

First a little history. Last June Chris Allnutt announced an agreement between HEU and its members with a lot of hoopla in the press about a negotiated agreement with a huge, huge victory for their members on long-term disability (LTD).

Nine months later I found out what the huge victory was.

I've been on LTD since 1986, and I've received the same amount of \$677.60 per month since that time. For the last 13 years I have had no increase. So you understand how happy I was with the negotiated agreement with a huge victory for LTD people.

After writing to the Healthcare Benefit Trust (HBT) and HEU many times, finally after nine months I found out my monthly supplemental LTD benefit would be a paltry \$24.04 per month. Not only did we have to wait nine months, but it was not the huge victory they announced in the press and on TV last June.

The HEU has sold us out once again and I think it is a disgrace to this province and to our union. To add insult to injury, we also face the added threat that this will be taken away in the year 2001.

Are the people on LTD going to stand for this? I tell you I will not. Write to your union, to the HBT, your provincial government – let them know how you feel.

And I would like to know how everyone feels about this injustice. Please write to me at P.O. Box 1160, Chemainus, B.C., V0R 1K0.

**JOHANNA REYMERINK,**  
Queen Alexandra Centre

## Guardian

"In humble dedication to all those who toil to live."

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# What we're up to

## Navigation aids for rehab plans

Did you know that your union can help you work out the details of an "Approved Rehabilitation Plan" with the Healthcare Benefits Trust?

In last year's facilities sub-sector bargaining, HEU LTD claimants won the right to have a union rep present in discussions with HBT regarding training, return-to-work schedules or other elements of a rehabilitation plan.

LTD claimants who dispute HBT's decision to carry out a rehab plan or any of its elements – such as training or return-to-work plans – can appeal HBT decisions through a rehabilitation review committee.

If you, or someone you know, needs help navigating through a rehabilitation plan, please contact your local officers, servicing representative or the Provincial Office.

## Beyond Hope's decision

Arbitrator Allan Hope Q.C. released his long-awaited decision in the case of Nanaimo Regional General Hospital worker Vicki Bertram, and it is not good news for the HEU activist nor the union. Hope upheld Bertram's dismissal from her position.

Bertram was fired last August in the wake of a sit-down protest which itself followed a summer of volatile labour/



On July 15 members of the Children's and Women's Hospital local held a diversity picnic. It was a big success, with more than 50 people attending. Everyone ate plentifully and had a lot of fun, as evidenced by this three-legged race.

management relations.

"The union is naturally disappointed at this decision," says secretary-business manager Chris Allnutt. "We believe that Ms. Bertram's termination was unjust, and that is why we fought it."

HEU has asked the Labour Relations Board to review Hope's decision.

One positive outcome of the

protest was an agreement to a "labour relations enhancement process" facilitated by Vince Ready and designed to improve communications and the resolution of grievances.

## Trivial it's not

The Solidarity Committee at HEU's Nelson local has joined forces with the Advocacy Centre to produce a board game to

raise funds for projects abroad and in Nelson.

Nelson 2000 Our Town Trivia is a board game featuring questions in a number of categories including one tailor-made for this West Kootenay community.

The solidarity committee has supported three projects over the past few years in El Salvador and Guatemala while the Advocacy Centre provides information and support in a wide variety of family, income assistance, housing, disability, poverty and other matters.

Barry Nelson of HEU's local solidarity committee encourages other locals to contact him about purchasing copies of the game to give away at special events or to use as retirement gifts. And he insists that Nelson 2000 will soon be a collectors' item.

Intrigued? Call Barry at 250-354-2304.

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# Bill 28's been undermined, says union

HEU has asked the Labour Relations Board to reconsider its February decision stripping away the rights of health care workers to maintain their union membership when transferred between bargaining units.

At a hearing July 12, HEU argued that the LRB failed to properly apply the *Health Authorities Amendment Act* – Bill 28 – when it transferred a group of clinical perfusionists from HEU to the Health Sciences Association.

Bill 28 is the 1997 legislation that restored the rights of unions to follow members transferred between bargaining units in health care.

"There's broad support among health care unions for our position," says HEU secretary-business manager Chris Allnutt, noting that CUPE BC and BCGEU supported HEU's application.

But the Health Employers Association of B.C. and HSA have weighed in against HEU's application and are supporting the Feb. 17 LRB decision.

HSA's position is surprising in view of the Canadian Labour Congress charge of guilty of raiding which resulted in their withdrawal from the original LRB application.

And in response to an HEU application to have some of its members at Richmond Alcohol and Drug Action Team transferred into the paramedical professional bargaining unit, HSA and health care bosses have taken the position that the workers should be "de-unionized" rather than retain their HEU membership.

Under HEU's paramedical professional certification, the counsellors may have access to higher wage rates and a more appropriate classification system. HEABC agrees that the counsellors belong in the paramedical professional bargaining unit but along with HSA, they've taken the position that the workers should be stripped of their union membership.

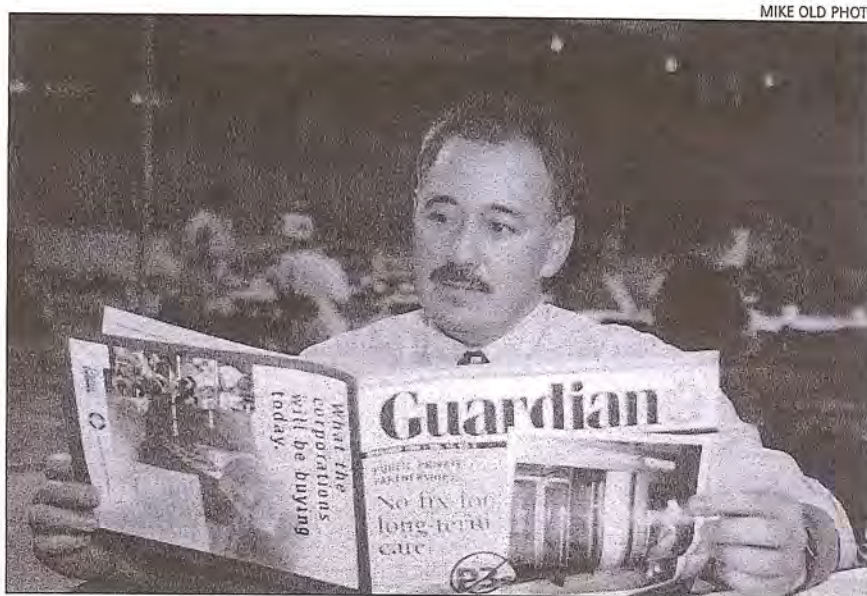
"Bill 28's intention has been undermined leading to some bizarre and unwelcome developments," says Allnutt. "And while HEU will pursue every avenue of appeal, the provincial government also has a responsibility to amend the *Health Authorities Act* so that its intention is clear to the LRB."

"Neither the government nor health care unions can afford to be distracted from the critical work of defending our Medicare system."

## STAYING INFORMED

Premier Glen Clark catches up on his reading at the B.C.

NDP June convention in Burnaby. Was he also contemplating a cabinet shuffle?



# HEU lauds cabinet shuffle

PREMIER GLEN CLARK says his reorganized cabinet is an effort to deliver on the NDP's commitments to working people – like improving health care, education and diversifying the economy.

Clark brought four new faces into cabinet and created two new ministries: Social Development and Economic Security headed by Moe Sihota and Community Development, Co-operatives and Volunteers led by Jan Pullinger. A new cabinet committee on social development chaired by Women's Equality Minister Jenny Kwan will give a higher profile to social issues.

Penny Priddy will carry on as Minister of Health. HEU secretary-business manager Chris Allnutt says, "HEU has enjoyed working with Minister Priddy, and we are pleased that she will continue on in this capacity."

Allnutt hopes that the reconfiguration of cabinet signals a renewed focus on fighting poverty in communities across B.C.

"We're confident that this government will defend and improve our health care system," says Allnutt. "But there's no question that more effort must be spent addressing income security – one of the key determinants of good health. The link between poor health and poverty is one our members confront every day in communities across the province."

Allnutt says the new cabinet must address the inadequate levels of income assistance provided to those living in poverty.

"It's absolutely critical the new cabinet connect with British Columbians on the issues that affect them in their workplaces and in their communities," adds Allnutt. "They must demonstrate how their policies differ from the agenda the Business Summit and the Liberals would inflict on our province."

Clark's new cabinet includes Surrey-Whalley MLA Joan Smallwood as the new Minister of Labour.

"Joan has a long-standing relationship with our union because she shares with us a commitment to fairness and justice for those who have been marginalized in our society," says Allnutt.

Allnutt also welcomed Vancouver-Mt. Pleasant MLA Jenny Kwan as Women's Equality Minister.

"As B.C.'s largest union of women, HEU has a keen interest in this government's agenda for women," says Allnutt. "And we'll be looking for Jenny's help in implementing comprehensive pay equity legislation."

Aside from Smallwood, there are three other new faces in cabinet: Burnaby-Willingdon MLA Joan Sawicki is Minister of Environment, Lands and Parks, Columbia River-Revelstoke MLA Jim Doyle takes over Municipal Affairs and former parliamentary secretary for health and Skeena MLA Helmut Giesbrecht is Minister for the Public Service.



## WHAT WE'RE UP TO



On May 17 HEU's People with disAbilities Standing Committee received the *Pioneers, Paving the Way* award from the B.C. Coalition of People with Disabilities. Present at the award dinner were Fred Muzin, Crystal Williamson, Laura Muzin, Cheryl Young, Louise Hutchinson, Gail Hogarth and Bonnie Down.

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### For the record, we were right

Health records staff at Vancouver Hospital who've been critical of management's restructuring of their department have had their views vali-

dated by an external review.

An external consultant's report concluded that the hospital should have acknowledged the expertise of front-line workers in the department and consulted with them more extensively before implementing changes. The report also

backed up workers' claims that restructuring had led to workload problems in all areas of health records.

VGH local secretary-treasurer Doreen Plouffe says the hospital ordered the external review in February after receiving an HEU report that documented how restructuring of health records has transformed a smoothly functioning department into one plagued by morale problems and increased rates of illness and injury.

"The report proves that enhanced consultation is an important step in making sure that the restructuring of health services is implemented with the best interests of patients and workers in mind," says Plouffe.

### It's a real contract

HEU locals across the province boycotted Coke on

their worksites for eight weeks while members of Teamsters Local 213 were locked out at three Coca-Cola operations in B.C. The transnational corporation broke off contract negotiations on May 31 when the union rejected its demand that 50 sales and marketing staff be removed from the union.

The B.C. Federation of Labour called upon its 1,100 affiliates to actively support the boycott. BCFL president Jim Sinclair said that Coke unilaterally tried to take away the right to be in a union for some of its employees.

But on Friday, July 23 the union and the employer reached an agreement. The marketing staff will remain in the bargaining unit, while the sales staff will choose to be in the union or not, or take a severance package.

The workers ratified the agreement by 84 per cent and

were back on the job on Monday, July 26. Ray Zigmont, president of Local 213, said "Buy Coke now, Pepsi is non-union."

### If it ain't broke

On June 11 HEU members at Bear Creek Lodge in Surrey held an impromptu rally outside the facility. They were up in arms about scheduling changes. Care aides who had been working the same shifts for years were suddenly told they would be changing to rotating shifts.

Phyllis Spiletz, local chairperson, says, "People have been working the same shifts for years and have built their family lives around them. They are very upset."

A supervisor told one member — whose mother has mild Alzheimer's and wants to be able to be home on one of the shifts she is being told to work — that she should put her

# Negotiating the maze of red tape

*ASAP's staff lend a hand in dealing with brass*

**V**ICTORIA LAMBERT says that she has always been able to befriend and relate to people of all ages. This was definitely an asset in the early 1990s when she returned to school as a 27-year old single parent.

And it also comes in pretty handy in her present job as an advocate and project coordinator for the Prince George organization called Active Support Against Poverty (ASAP).

There is a significant problem in Prince George with poverty and lack of affordable housing. ASAP strives to help people with problems they face living with poverty, leading them through the maze of dealing with government bureaucracies.

"We help people who call or come in off the street. Usually they are having some kind of difficulty with the Ministry of Human Resources," Lambert says. The small staff act as mediators, giving the clients the information they need to empower themselves to solve their problems. Often they don't know what their rights are, but they are able to help themselves once they are armed with enough information.

Lambert says that sometimes, even after the client has done the lion's share of the work, there is still a need for some support. "Then we might make a phone call or two to ministry workers so that the problem can be resolved."

They also advocate for people on income assistance who become disabled. They give them a hand at applying for disability benefits.

Even when they are successful in their applications for assistance, it is not a lot of money. Single people receive just \$500 a month on income assistance. And if you are at a Level 1 disability, where it is expected you can return to the workplace in the future, you receive \$596. A person who has a permanent disability receives the overwhelming sum of \$771.

"They are expected to pay no more than \$325 for shelter, which even in Prince George is not realistic," she says. "It is so hard to survive on that money."

And an important part of ASAP's work is to help people access affordable housing. ASAP is managing



**MOUNTAIN CLIMBER** Vicky Lambert spends her working days helping people on income assistance find a way over the mountains of paperwork that government throws at them.

a project called Lower Income Urban Singles (LIUS) — 16 housing units owned by B.C. Housing. The \$325 month rent includes all utilities. "This truly reflects the amount of money one receives on income assistance," says Lambert.

When the units became available, about 50 per cent of them went to older women. "We were really pleased to be able to provide a service for a segment of the population that is so often overlooked," she says.

Another project for which funding is still very tentative, but one for which the executive director of ASAP, Audrey Schwartz, has high hopes, is called Homeless at Risk. LIUS is for people who can take care of themselves; HAR is for people who are at risk of becoming homeless, which generally means they require a little more help in their day-to-day living.

A group which receives a lot of attention from ASAP staff is young people who need to access income assistance. Youth face a barrier because their parents must fill out a form claiming they are no longer financially responsible for their child. Parents are then interrogated about the possibility of taking their child back into the home. If they make even the smallest sign that they would, under certain conditions, income assistance is denied. "In

my opinion, this sends them out onto the street," says Lambert. So ASAP acts as an advocate for those sometimes very young people, steering them through that maze.

During the last couple of years ASAP has managed a winter emergency shelter which has received a lot of press, so people know there is somewhere to go if they are really in need of help — not for financial assistance but for information on what the various options are on how they can access it. And that is very satisfying for Lambert and her colleagues.

Lambert is happy she moved to Prince George after she completed her degree at the University of Victoria. Her original plan was to pursue a master's degree at the University of Northern British Columbia, but fate intervened when her son Matt's kidney condition flared up.

"I had to decide whether to continue with university or focus on my son and creating a life for the two of us. I chose the latter," she says. Matt is better and Lambert says that one day she may return to her original plan, although now she is studying for a certificate in management studies, with an eye to being involved in non-profit management in the future.

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

## BALANCING



## IT ALL



## WHAT WE'RE UP TO



Members from the Goodwin local lay flowers on the grave of Ginger Goodwin on Miners Memorial Day on June 26 in Cumberland on Vancouver Island.

mother in a nursing home.

Others have been told to quit if they don't like it.

Residents are also upset, because they like to have their "regular" people on the shifts where they are used to them.

Spiletz says local members will

keep on fighting this unfair and abusive treatment. Of course, there are grievances galore.

### The ROAR of the crowd

The Vancouver/Richmond Health Board has put off a decision to close GF Strong. The 100-bed provincial referral centre for rehabilitation services is staffed by more than 250 HEU members.

It's planned closure was a surprise recommendation arising from the health board's Review of Acute and Rehabilitation Services (ROARS). Only three months ago a ROARS update made no mention of closing GF Strong. In fact, rehab services were not a primary focus of ROARS.

But on July 22, the health board briefed front-line staff and media on the planned closure only hours before board members were to vote on the

proposal. An eleventh hour compromise means the decision won't be made until November and only after a full review.

"This plan was hatched without consulting our members or the community who depend on rehab services," says HEU secretary-business manager Chris Allnutt. "Health board mem-

bers made the right move to delay any decision on this matter until a full public discussion on rehabilitation services can take place."

### Trayless in Nanaimo

Registered nurses in Nanaimo say they are being required to

do jobs that belong to HEU members – jobs like answering telephones, mopping spills, moving furniture – and delivery meal trays.

They wore stickers at work with slogans such as "Trayless in Nanaimo."

On June 6 and 7, 250 RNs put a penny in a jar for every job they did that belonged to other workers.

At the end of the two days, they had collected \$47. That's 19 non-nursing duties per RN per shift.

HEU Provincial Executive member Dan Hingley and chair of the Nanaimo local, says, "HEU supports the RNs' 'Trayless in Nanaimo' campaign."

This work should be done by HEU members and as long as enough staff are hired to perform the duties, it seems like a smart way to keep RNs at patients' bedsides."



The Canadian Union of Public Employees held a political candidates course at Naramata May 16 to 21. Five members from HEU took the course: Roger Kishi, Heather Arnold, Kevin Andrews, Tracy Lester and Iris Reamsbottom.

## HEU ratifies social services agreement

**H**EU'S community social services members have voted 92 per cent in favour of an historic five-year collective agreement that guarantees wage and benefit parity with other health workers while providing successorship protection and employment security.

The late July ratification votes had been delayed by one month because the Community Social Services Employers' Association flip-flopped on an agreement setting out which HEU positions are residential care workers or their equivalent. That dispute was resolved in the union's favour.

CSSEA had not ratified the agreement by press time.

A tentative agreement was reached May 29 after 12 weeks of job action and more than a year of bargaining. Since January, bargaining and job action had been co-ordinated with other CUPE members, BCGEU and HSA in an unprecedented show of union solidarity.

The contract provides retroactive wage increases for RCWs and equivalents to \$14.45 increasing to at least \$16.83 in 2002. Equity adjustments over the next three years will also increase



ONE OF MANY rallies by community social services workers took place at Vancouver's Library Square on May 13, 1999. Delegates from HEU's Equity Conference joined the crowd.

wages in the sector.

Benefit improvements will match the community health agreement by 2002 and include employer-paid medical, dental and extended health benefits.

### 'The contract provides retroactive wage increases for RCWs'

Group RRSPs and community health-level vacation, accumulated sick leave and special leave benefits are also in the contract.

Community social services members gain access to a facilities-level LTD plan this fall and by 2002, at the latest, its costs will be completely employer-paid.

And these workers also gain access to a range of labour adjustment programs and on Oct. 1, 2000, 12 months of employment security will be available in the event of layoff. Complete parity with the community health sector is guaranteed by 2004.

And in a sector dominated by contracted services, the new collective agreement will be protected through new successorship provisions.

"Our members have worked hard for this outcome and it shows," says HEU secretary-business manager Chris Allnutt. "It's a victory shared by the workers themselves and the rest of HEU's membership who provided concrete support throughout bargaining."

## Legislation to enable joint trusteeship of pension funds

The NDP government passed a bill on July 15 which will enable public sector workers – including those in health care – to have a direct say in how their pension plans are managed.

Right now the trusteeship of public sector pensions in B.C. is held only by the employer – the government. The *Public Sector Pension Plans Act* enables the trusteeship to be jointly shared by the employer and the workers.

The Act consolidates and modernizes statutes governing four public sector pension plans, providing a mechanism through which workers are able to have an equal say in the management of their

pension funds. "With joint trusteeship it will be impossible for future governments to treat pension surpluses as another source of revenue," says HEU secretary-business manager Chris Allnutt. "Instead, health care workers will have a say over how their hard-earned pension contributions are managed with a view to safeguarding and improving future pension benefits."

Allnutt says the new Act would prevent a government raid on pension surpluses such as that conducted by the Ottawa Liberals on the federal public sector pension plan earlier this year when 700,000 workers were powerless

to stop the federal government from stripping \$28 billion in surpluses from their pension plan.

When she presented the bill for second reading Minister Joy MacPhail said, "It has long been recognized that a pension benefit is a form of deferred wage. As such, it makes abundant sense to allow plan members to be actively and directly involved in the co-management of their pension plan."

In other provinces, shared control of public sector pensions has been a reality since the early 1990s. The Hospitals of Ontario Pension Plan and the Canadian Blood Services Plan are two.

Workplace pension plans which are jointly held have an impressive track record in terms of financial performance. The IWA-Forest Industry Pension Plan and the Telecommunications Workers' Pension Plan are two long-standing joint trusteeship arrangements which consistently post returns that place them in the top ranks of pension plans across Canada.

The opposition, while stating that the concept of joint trusteeship is a progressive idea, nevertheless moved to have its implementation delayed. The motion did not pass, and the bill was voted into law.



## PRESIDENT'S DESK



# Organizing key to shared struggle

by Fred Muzin

**T**HIS SUMMER, our sister union in Pennsylvania, Local 1199P, celebrated its 25th anniversary. I was privileged to attend their largest ever delegate assembly, where 500 delegates celebrated their victories and debated how to build an even stronger union. 1199P's tremendous membership growth – 70 per cent over the last 25 years – makes for a dynamic union, constantly in an organizing mode and in touch with the front-line struggles of workers facing off against corporate giants like Beverly and Extendicare.

Our American sisters and brothers are fighting for universal health care. We have a responsibility to them and to ourselves to defend and preserve Canada's Medicare system. They need to know about our struggles, and we need to learn from their fight against powerful adversaries.

There is no single payer (government) Medicare system in the USA, and 43 million Americans go without coverage. Although employers provide some benefits,

most people supplement services through costly private contracts with health management organizations (HMOs) whose primary focus is profit at the expense of service delivery.

This tremendous corporate power and greed has generated a unique blend of solidarity –

all disciplines recognize that no one group can succeed against the giant. 1199P's 14,000 members include technologists, care aides, LPNs, RNs (5,500 of them), tradespeople, maintenance workers, cooks, housekeepers, etc. Their national affiliate, the Service Employees' International Union (SEIU), counts 15,000 physicians, who are battling insurance companies' attempts to limit their scope of practice, as part of its 1.3 million members.

Like HEU, 1199P is committed to social justice. But in a state where anti-scab legislation is a dream and the mere suggestion of a master agreement and co-ordinated bargaining is considered a threat to the whole free enterprise system, the union's strategy must deal with corporate market control where profits come before people.

While we focus on the social determinants of health – poverty, unemployment, level of education, the lack of affordable housing – to build bridges with community activists, in Pennsylvania these connections are essential to union survival.

We have a 32 per cent overall unionization rate in B.C., including the vast majority of health care workers. In the States, only 10 per cent of their 11.2 million health care workers are organized. In Pennsylvania, 80 per cent of nursing homes, 70 per cent of the 281 hospitals and all 16 hospitals in Pittsburgh are non-union.

This competitive model is the corporate master plan for Canada, where a third of our health system is already private. We have much to learn from 1199P about being vigilant, passionate and strategic in resisting privatization.

As our sisters and brothers struggle for universal health care, we can share our experiences and suggest ways to improve upon Medicare.

What was especially revitalizing at the delegate assembly was each member's consciousness that belonging to the trade union movement is still the best way for workers to make their dreams come true.

It is a lesson that we would be wise never to forget.

## NOTEBOOK

# Bank CEO supports universal Medicare

by Ben Swankey

Something strange, but nonetheless welcome, happened in Vancouver last April. Speaking before the Vancouver Board of Trade, A. Charles Baillie, chair and chief executive officer of the Toronto Dominion Bank, came out strongly in support of our publicly funded health care system. As far as I know, he is the only corporate head in Canada who has done so.

Baillie described himself as the son of a small town doctor whose compassion in the days before Medicare was too often all that stood in the way of the sick having to choose between retaining their life savings or preserving their health.

"I believe it is high time that we in the private sector went on record to make the case that Canada's health care system is an economic asset, one that today, more than ever, our country dare not lose," said Baillie. "If there is one priority that brings Canada together from coast to coast, it's the desire to see our universal health care system preserved."

Replying to the advocates of a two-tier health system, Baillie said that while he supports the market system, "It cannot work in the context of universal health care." He described the advantages of



**'Canada's health care system is an economic asset'**

Medicare as including administrative savings and economies of scale.

He noted that in the U.S. with its privatized health system, over 40 million Americans are not covered and warned that under a private system in Canada, a by-pass operation would cost up to \$100,000.

He told his business audience that a privatized health care system would not be good for them, either. "It would cost every business, large and small, more if they had to pay for benefits themselves. In an era of globalization, we need every competitive and comparative advantage we have. And the fundamentals of our health care system is one of those advantages."

Baillie also called for some changes in our health care system, including more and better home care and community care; treating people who now go to emergency in community clinics; the creation of multidisciplinary clinics that would operate on a seven-day week and provide a full range of health caregivers; more research and resources for illnesses that will affect our growing elderly population such as diabetes, osteoporosis and Alzheimer's disease; and improvements for nurses whose numbers will need to be increased by 110,000 in the next decade.

Baillie's speech, in sharp contrast to the views of some of his corporate colleagues, will be welcomed by the majority of Canadians who support our publicly funded health care system.

• Ben Swankey is a consultant with the B.C. Old Age Pensioners Organization (OAPO).



DAD RON FLYMAN speaks some words of encouragement to four-year old son Eric while orthopaedic technologist Elmer Place wields the electric saw that removes the cast from his leg.

# There's a Place at Children's

by Dale Fuller

Cindy Barron brings her four-year-old son Cole into the orthopaedic clinic at Children's Hospital to have casts put on his feet. He is undergoing correctional treatment, and this will be his third set of casts. An orthopaedic surgeon will apply the casts, assisted by orthopaedic technologist Elmer Place.

Place applies many casts himself, but in this particular case the doctor needs to see and feel Cole's feet to decide on future treatment.

While they wait for the doctor, Barron tells Place that while she was sitting in the waiting room she began talking to another mother whose child is about to begin the same treatment. She said she was able to reassure the mother, remembering how Place had done the same with her when she first came in with Cole.

"Part of my job is to educate parents," says Place. "In a case like this, where a child is born with what the parent may consider a flaw, there are all kinds of feelings, including guilt. It is so gratifying to be able show parents that the problem can be fixed."

Place has been at Children's Hospital since 1988, at first working as a plaster

room orderly. In 1990 he decided to obtain his certification as an orthopaedic technologist. "I ended up as top dog in Canada that year for high marks, which was amazing because I was just hoping to pass!" he says.

Place spends a lot of his working week in educational activities – teach-

ing nursing and medical students, family physicians and nurses about casting.

"I teach them for cast up and cast removal and repercussions and precautions and procedures in dealing with casting," he says.

Much of his job has to do with interactions with parents, getting children prepared for the operating

room or getting them ready to go home.

Only about six or seven of the 14 orthopaedic technologists in B.C. are recognized as such by the facilities where they work.

"We have people who are orthopaedic technologists, certified and registered with our national association, and the hospital still won't dignify them with the appropriate title," Place says. Children's Hospital and Surrey Memorial Hospital were the first ones to recognize the title.

## ON THE



## JOB



# Labour

NOTEWORTHY NEWS ABOUT ISSUES AFFECTING WORKING PEOPLE HERE AND ABROAD

## British union launches pay equity case

In a legal action brought under the auspices of the Equal Pay Act and Equal Treatment directive from the European Union (EU), Britain's largest public sector union, Unison, has launched a pay equity law suit against a health trust (health authority) that if successful would see wage increases totalling 5.8 million pounds sterling (\$13,746,000 Canadian) for approximately 1,500 workers.

Three hundred fifty female workers employed as ancillary staff, manual workers, professions allied to medicine, catering/domestic staff, and administrative/clerical staff by Carlisle Hospitals National Health Services (NHS) Trust, prompted the suit, claiming discrimination because they are paid less

**'Health service women do some of the lowest paid jobs'**

than their male colleagues who do comparable jobs. Unison, in legal arguments that began June 3, is arguing that the women do work of equal value to men's jobs in terms of physical effort, initiative, independence and environment, but receive less pay.

Unison regional women's officer Ruth Berkley said that health service women do some of the lowest paid jobs and the value of their work has never been recognized, and the union hopes to put this right at least in Carlisle.

"If we are successful it obviously has implications for other trusts in the health service," added Berkley.

Health trusts throughout the region could be bound by a decision in favour of the workers to follow suit either voluntarily, through negotiations or in the courts.

Unison has lodged 200 cases in the Carlisle hospital trust on behalf of a range of members, and the Trust has admitted that it does not have an objective job evaluation system to justify the differentials in pay scales.

The employer and the union have agreed to appoint experts allowed for under the United Kingdom equal pay law to examine the jobs rather than continuing with the full-blown tribunal process. However, the union has reserved its right to continue legal actions.

Unison represents more than 1.3 million members who work in the public service, for private companies which provide services to the public, and voluntary organizations.

• Unison / Newcastle Journal



ON JULY 13, 1999 more than 2,000 union workers from Detroit's two daily newspapers marked the fourth year of their strike against the two largest newspaper chains in the United States, media giants Gannett and Knight-Ridder.

## CUPE flight attendants settle

*Strong strike vote, united membership, spurred employer to address issues*

CUPE flight attendants and Air Canada concluded a tentative contract within minutes of a midnight deadline that would have seen workers walk off the job and on to picket lines in the early hours of July 8. The deal came after nine months of difficult bargaining with an employer that was apparently unwilling to share its good fortune of recent years with the employees who'd made that possible.

"I am very pleased ... that we have reached a tentative settlement with Air Canada," said CUPE Air Canada component president Pamela Sacha. "This is a good contract for our 5,000 members, it's a good contract for the company and the future of labour relations, and it will allow us to continue to give superior service to our customers."

CUPE successfully resisted any of the concessions the globally-connected airline had wanted and negotiated improved retirement income for flight attendants, safer and healthier working conditions, and a 12 per cent wage increase over the three year contract.

CUPE Air Canada flight attendants had delivered a solid strike mandate of 94 per cent in favour of job action with 78 per cent of the membership voting in

mid-June, and had followed that up with a resounding rejection – 89.2 per cent against with a 75 per cent voter turnout – of Air Canada's "last offer" July 5.

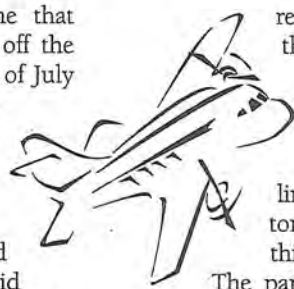
At that time Sachs said the rejection vote repeated a strong message to Air Canada of what flight attendants will and will not accept and that the company had still not addressed the key issues of improvements to the pension plan, working conditions and the elimination of rollbacks.

"Flight attendants deserve tangible recognition for their contribution to the success of Air Canada. Our airline has won several awards for superior in-flight passenger service. Flight attendant productivity has increased and revenues for the airline are up. These are positive indicators for the airline, and we want to see this reflected in our new contract."

The parties resumed bargaining on July 5 and worked around-the-clock to hammer out the new tentative agreement. CUPE is recommending acceptance of the contract and the ratification vote result will be announced July 28.

"Through this process we have seen Air Canada begin to assume its corporate responsibility towards their employees and this is a very encouraging sign," Sachs said. "This round of bargaining centred on dignity and respect for our members. And, because of the tremendous strength of our members in fighting the good fight together we were successful in reaching a fair and just contract."

• CUPE National



## Pattison worker wins equal pay

United Steelworkers has won an arbitration on behalf of a young mentally-challenged worker who was being underpaid by a company owned by wealthy West Coast wheeler-dealer Jim Pattison.

The worker is employed as a janitor/cleaner at Montebello Packaging in Hawkesbury, Ontario. Last September, he approached his union, Steelworkers Local 8952, questioning why he was being

paid \$1.31 an hour less than other employees in his job classification.

The union filed a grievance, which Montebello fought all the way to arbitration.

The company even attempted to use the worker's aging parents as a way to influence him into withdrawing the grievance.

In a decision released in May, the arbitrator agreed with the union that the worker should be paid according to his job classification, and not on the basis of the tasks within that classification the company chose to assign him.

So far the company has not appealed the decision,

which orders Montebello to pay approximately \$2,000 for wages earned since the grievance was filed.

Montebello Packaging is part of a global network of companies owned by Pattison, the Vancouver billionaire who boasts a total of 20,000 employees worldwide.

"It's amazing that a corporate empire like that can still find the time and energy to single out one worker for unfair treatment," said Steelworkers' staff representative David Lipton. "It's just another reason why workers join unions in the first place."

• USWA/OFL



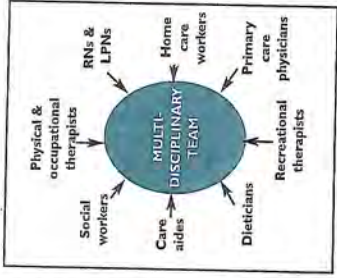
# le de ca e

This innovative approach proposes an integrated public system that applies the best features of institutional and community care, fully utilizes the skills of all personnel and builds in community and consumer participation

It isn't news Canada's health care system needs an overhaul. But it is news that there are creative ways of tackling the situation without downsizing, privatizing, contracting out — or any other so-called fixes that are harmful to average Canadians and health care workers.

HEU, together with other B.C. health care unions, is in the forefront of developing some of these fresh ideas. Our discussion paper, *Blended Care: Blending the Best of Institutional and Community Care/Making the Most of the Health Care Team*, is in the final approval stages. *Blended Care* is one of HEU's contributions to the health policy debate.

"Our health care system has plenty of strengths," says HEU secretary-business manager Chris Allmunt, "but they are often thwarted. We have an organizational culture that prevents many health care personnel from working to their full capacity. We have gaps between hospitals and community services that are very hard on patients and families. And we have governance structures that don't allow health care users and communities to participate in their own care."



In a blended care environment, a non-hierarchical multidisciplinary team like the one above would deliver quality health programs to its clients 24-hours-a-day.

"Blended care deals with these problems. Its goals are to break down organizational barriers, maximize the involvement of health workers in hospitals and community settings, and give genuine authority to citizens."

## Where does the present system fall short?

Blended care is a positive response to the slow-burning crisis in Canada's health care system. Some of the problems are historical.

Medicare was created during an era when many people faced financial ruin if they fell victim to a life-threatening illness or accident.

Today, few patients in hospitals are healthy young

people with a medical emergency, but are elderly with chronic conditions like cardiovascular disease, cancer and diabetes. Caring for patients with these conditions calls for a great deal of planning, coordination and monitoring. Yet the existing system, with its emphasis on crisis intervention, is simply not designed to deliver this sustained care.

Another huge obstacle is that home care and pharmaceuticals are not fully funded by the public system. Prevention and health promotion are also given short shrift. Effective strategies depend on multidisciplinary teamwork, long-term planning and follow-up. Physician-run primary care structures do just the opposite: doctors rarely work in teams, and their fee-for-service regime doesn't cover prevention, education or telephone follow-up. Other care providers, such as LPNs, care aides and RNs, are underutilized and disempowered.

In short, the system's outmoded design means many Canadians fall into the chasm between what they need and what is offered.

During the last decade, governments' response to problems was to downsize hospitals and, theoretically, move services "closer to home." B.C.'s acute care beds fell by approximately 40 per cent, yet there was no parallel transfer of resources to communities.

Today, HEU members are very concerned when we see patients discharged earlier and earlier into communities that cannot meet their needs. We are also distressed about the many people with chronic conditions who end up back in hospital, in medical crisis, for the same reason.

This is where blended care comes in. It involves fundamentally reshaping services to create a network that breaks the boundaries between hospital and community-based care.

## What is new about blended care?

In a blended care system, people would receive care from multidisciplinary teams working in a web

## Caring values

Hospitals place too much emphasis on cost savings, technological investments and streamlining. Senior administrators often seem to lose sight of the enormous benefits of human caring.

Yet good research tells us what we already know: when health workers are given the time to pay attention to patients — by simply talking with them, expressing interest, offering information and giving emotional support — patients are helped to get better.

## Transforming hospitals

### A respectful workplace culture

Hospitals are notoriously undemocratic workplaces. Their top-down organization gives managers and physicians undue power, meanwhile, other personnel — clerical and technical staff, nurses, other health professionals — find that their skills and knowledge are undervalued and underutilized.

This hierarchical culture is stressful to morale, wasteful of resources and it hurts patient care. In 1994, U.S. researcher Linda Aiken studied hospitals where nurses enjoy significant control over clinical decisions. These hospitals have a mortality rate around five per cent lower than other hospitals.

With blended care, health workers are empowered. Staff are encouraged to work in teams. And everyone's perspectives on good work processes and good care would be listened to and respected.

## A NEW VISION FOR HEALTH CARE

- would encourage practical connections between hospitals and community-based care. Blended care is a systematic approach to health care that:
- includes the best features of institutional and community-based care;
- changes hospitals into more democratic workplaces;

- provides holistic care with a psychosocial focus, and offers a range of preventive and monitoring programs;
- uses non-hierarchical, multidisciplinary teams;
- respects and utilizes the skills of all workers;
- builds in genuine community and consumer participation;
- acknowledges social and economic

factors are key health determinants of Canadians.

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## Blended care on the scene

### Community health in Quebec

All provinces have community health centres, but only Quebec has a full and integrated network: approximately 160 CLSCs (centre local services communautaire).

The first CLSCs were pioneered by community groups 30 years ago. As Quebec established its Medicare program, CLSCs gradually became the local point for community-based services. In the mid-1980s, the centres took up the home care mandate and became one-stop shopping facilities for local health and social services.

All CLSC personnel are unionized. The centres employ many RNs, care aides, social workers and LPNs, but only around seven or eight physicians.

In the 1990s, CLSCs became the centerpiece of Quebec's move to the community. Budgets and personnel were literally moved from the hospital system to CLSCs. Transferred employees retained their union membership, seniority, wages and benefits.

People in Quebec are worried that mergers and restructuring are undermining the CLSCs' ability to provide health promotion and home care. Nevertheless, Quebec still leads the country in having a robust community health care movement.

### On Lok senior health services

San Francisco is home to an inspiring non-profit program for frail elderly people. On Lok was launched in 1973 with a day health centre located in a renovated downtown nightclub. Today there are three centres serving 560 high-risk seniors. The Cantonese words *On Lok* mean, abode of peace and happiness, reflect the program's philosophy.

The average age of On Lok's clients is 84, and many are at high risk because of poverty and isolation.

Health promotion is the cornerstone of the program. Participants must visit On Lok at least once a week, most come at least three times. They are offered a nutritious meal, exercise and companionship, as well as a range of services such as rehabilitation and dentistry.

Due to this frequent contact and monitoring, clients are quickly treated if their chronic condition flares up — and hospitalization is usually avoided.

A strong feature of

On Lok is the multidisciplinary team of health care personnel, all of whom receive generous salaries and benefits. Care aides play an especially prominent role: On Lok employs 30.8 aides per 100 patients. The program has two salaried, full-time doctors and two part-time physicians on night call.

The program uses over 50 per cent of its budget for home care and day programming, and only 16 per cent for institutional services. On Lok's clients have an overall institutional rate of only six per cent. At least 16 per cent of all Canadians over 75 are in institutions. By spending money on personnel, the On Lok program actually saves money by reducing acute care admissions.



A blended care system unites the strengths of hospitals and community care. The result would be quality health care services that are available around the clock, deal with a whole range of health care determinants and are delivered by multidisciplinary teams. Blended care encourages a more effective delivery of health care resources without a perverse focus on cost-cutting.



ers often work alone, with little or no means of contributing their knowledge to a patient's care plan. A 1995 article in the *New England Journal of Medicine* showed that home care services do not automatically improve patient function and reduce costs; the active ingredient for such outcomes was the full integration of all staff into a care team.

In other words, blended care would make health care more efficient and effective — without a perverse focus on cost-cutting. Certain values are at the root of the blended care philosophy. For example:

- poverty, isolation, discrimination and other social and economic factors are key health determinants;
- universal Medicare coverage must be extended to include community and home care, within the context of a new *Community and Home Care Act*;
- community representatives and health care consumers must have real authority in the planning and governance of services and programs;
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## 'Blended care would unite those strengths to provide quality programs'

Blended care is both new and somewhat tried and tested. Several hospitals have pioneered programs that reflect blended care elements, such as healthy heart programs, quick response teams and support for new mothers. These programs coordinate hospital and community services — and they work. They are proof the blended care model is valuable and viable, and they are a beginning from which to build.

and monitoring patients with similar problems; and

- establish more community and home care liaison positions.

## Public accountability

Hospitals often seem disconnected from their communities, creating many problems. For individual patients and care providers, it means loss of continuity in care, medical information and planning. For the community, it means that the hospitals' many resources are unavailable for preventive care, education, monitoring and follow-up. The isolated position of the hospital shortchanges individuals and communities. It also overtaxes the hospital itself because many people end up being admitted with preventable problems.

Blended care calls for hospitals to make practical connections with other health care and social services and to be more responsive to their communities. They also need governance structures that make them genuinely accountable to consumers, communities and staff.



## MAKING THE MOST OF THE HEALTH CARE TEAM

# blendedcare

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opposite: doctors rarely work in teams, and their fee-for-service regime doesn't cover prevention, education or telephone follow-up. Other care providers, such as LPNs, care aides and RNs, are underutilized and disempowered. In short, the system's outmoded design means many Canadians fall into the chasm between what they need and what is offered.

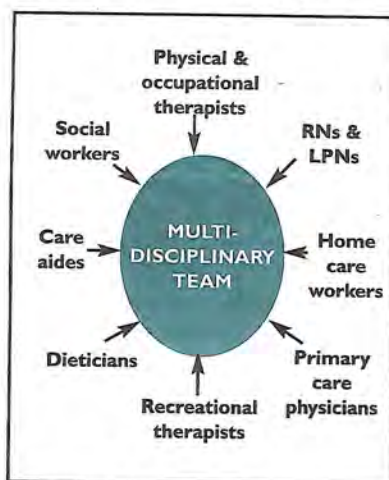
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Yet good research tells us what we already know: when health workers are given the time to pay attention to patients – by simply talking with them, expressing interest, offering information and giving emotional support – patients are helped to get better.

Institutions practice a false economy when they value technical and clinical data over human needs. Blended care would recognize and build on the health benefits of human connections within hospitals, and between hospitals and communities.

### A new role

Blended care challenges hospitals to rethink their role in the health care system, posing two questions:

1) How can a hospital's strengths and stability be harnessed for pop-

of institutional/community services.

"Hospitals would cease being small worlds unto themselves," says Allnutt. Blended care would take the best of both worlds – hospital and community – to ensure coordination and continuity of care.

Many hospitals offer 24-hour care, a full range of skilled professional and health support staff, sophisticated resources, and a good measure of stability. Community services offer a more holistic approach to care, better connection to local needs and more flexibility. Blended care would unite those strengths to provide quality programs that are:

- available around the clock;
- holistic, with a psychosocial focus;
- delivered by multidisciplinary teams.

Many studies show that multidisciplinary, proactive interventions can dramatically reduce deaths from chronic illnesses. Regular monitoring, counselling and telephone contacts would be built-in features of the blended care system.

Other studies show the advantages of valuing every member of the care team. B.C. home support work-





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- front-line workers and health care unions have

an essential role to play in promoting change and in deciding how care is delivered.

"Blended care is HEU's way of making a strong, positive contribution to the health care debate," says Allnutt. "The discussion paper will enable us to engage proactively with regional health authorities,

### 'Blended care would unite those strengths to provide quality programs'

other health unions and community groups."

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n health goals — and not simply the treatment of acutely ill duals?

How can a hospital's skilled staff help with the care of people at home and in the community? For example, hospitals could: help coordinate post-discharge care; apply additional skilled workers to act as specialists to front-line care givers;

one vehicle for launching programs, finding people in need

and monitoring patients with similar problems; and

- establish more community and home care liaison positions.

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Blended care calls for hospitals to make practical connections with other health care and social services and to be more responsive to their communities. They also need governance structures that make them genuinely accountable to consumers, communities and staff.

### On Lok senior health services

San Francisco is home to an inspiring non-profit program for frail elderly people. On Lok was launched in 1973 with a day health centre located in a renovated downtown nightclub. Today there are three centres serving 560 high-risk seniors. The Cantonese words *On lok geui*, abode of peace and happiness, reflect the program's philosophy.

The average age of On Lok's clients is 84, and many are at high risk because of poverty and isolation.

Health promotion is the cornerstone of the program. Participants must visit On Lok at least once a week; most come at least three times. They are offered a nutritious meal, exercise and companionship, as well as a range of services such as rehabilitation and dentistry.

Due to this frequent contact and monitoring, clients are quickly treated if their chronic condition flares up — and hospitalization is usually avoided.

A strong feature of On Lok is the multidisciplinary team of health care personnel, all of whom receive generous salaries and benefits. Care aides play an especially prominent role: On Lok employs 30.8 aides per 100 patients. The program has two salaried, full-time doctors and two part-time physicians on night call.

The program uses over 50 per cent of its budget for home care and day programming, and only 16 per cent for institutional services. On Lok's clients have an overall institutional rate of only six per cent. At least 16 per cent of all Canadians over 75 are in institutions.

By spending money on personnel, the On Lok program actually saves money by reducing acute care admissions.





## Teacher provides a new twist on bilingualism

by Linda Forsythe

I spent this past year working as a Capilano College instructor in the Basic Education Skills Training (BEST) program with HEU members at Vancouver General Hospital. The program is offered on-site and workers/students attend class during their work hours.

One key element to the program is the training of other VGH workers who act as tutors. During the year 35 students attended the program and received support from one of a dozen tutors. The students, as adult learners, set their own learning goals and the tutors' job was to assist them in meeting those goals.

I believe that one of the reasons the program works so well is that it is largely conducted by workers for workers. VGH has a common set of workplace principles and practices, and both students and tutors share this experience. As well, both groups are members of HEU and can give information and support to each other around workplace issues and problems.

Often, when students practiced writing memos and workplace incident reports, discussions ensued about rights and responsibilities on the job. Students, as well as tutors, had a great deal of information and suggestions to offer one another. The power imbalance (where tutors often held more power than their students) was shifted in these cases, and students saw themselves as people with knowledge and skills.

In my opinion, another reason the program worked so well con-



**'The environment was a safe one for the students'**

cerns issues of social class. In workplace education programs, working class people get a chance to gain new skills and information in a working class environment. I think that the environment was a safe one for the students – and they responded to it.

Although many of the reading and writing skills that students learned had to do with personal goals, like filling out an accident report or learning math so they can help children with their homework, some students were interested in taking more academic studies. Academic studies presented the students with another language to learn. Standard English that is used in colleges, universities – and in textbooks – is the domain of the middle and upper classes.

I watched as students grappled with the way information was presented and ideas developed. They needed help to understand the text in light of the way the language was used.

As well, much of the content was foreign to them. I reflected on my own discomfort, when as a child I read stories about people who had no relation to my life. My father didn't go to work in a suit and tie; he wore coveralls and boots! I started asking myself what these readings had to do with my life.

I faced the same dilemma with the students in the BEST program. I have resolved this issue for myself in the following way: in order for students to gain the information and skills they desire, some will be required to learn Standard English. This does not mean that they have to "give up" their working class English, but rather see themselves as learning a new language and learning how to use it.

The BEST program is an exciting one, challenging all who were involved to learn new and different things.

• Linda Forsythe is an adult education instructor who presently teaches at Douglas College.



**IN SPITE OF** the pending gag order imposed by the Okanagan Similkameen Regional Health Board on its employees against speaking at board meetings, members of HEU's regional OH&S committee took the floor during the public forum to invite the board's chair, Murli Pendharkar, to their June 28 meeting. He later declined the invitation.

DALE FULLER PHOTO

## Québec nurses backed in fight

New Canadian Labour Congress president Ken Georgetti issued a message of support and encouragement to the president of the Québec Federation of Nurses (Fédération des infirmières et infirmiers du Québec) on behalf of the 2.3 million members of the CLC.

"The back-to-work legislation brought in by the Québec government is an attack on the basic right of workers to collective bargaining," Georgetti said. "It's the kind of attack that has become all too common on the part of the governments in Canada at the provincial and federal levels," he stated.

The 47,500 member federation began a province-wide strike on June 26. The nurses were seeking a 15 per cent wage increase over three years, which includes a 10 per cent catch up to other public sector employees. The government refuses to budge from its offer of five per cent increase over three years.

"It's obvious that the government has chosen to use a series of judicial attacks instead of negotiating in good faith. If our right to free collective bargaining is denied, we won't take it lying down," said Henri Massé, Québec Federation of Labour president.

The government called the strike illegal and invoked the same legislation passed by the Liberals in 1986 and previously used against RNs in 1989. The workers can lose one year of seniority and two days of wages for each day of the strike.

Because the government would not negotiate with the RNs while they were on an illegal strike, Québec RNs returned to work for 48 hours on July 13.

The resulting tentative agreement did not make the rank and file happy. The government had not moved from its original five per cent offer, promising instead to "study further wage hikes." On July 21 the RNs voted 75 per cent to reject the offer.

At press time, union delegates were meeting to plan their strategy.

# Okanagan hosts first Nursing Team forum

**O**N JUNE 28 the HEU Nursing Team held its first forum in Kelowna. The idea is to hold nursing team forums in each of the union's regions over the next two years.

Forty nursing team members from as far away as Ashcroft took full advantage of the opportunity to talk about what is happening in their facilities, what they would like to see happen and the obstacles they encounter. Members of the Nursing Team Committee talked about the new \$5 million nursing team initiative.

An important component of the new initiative is education. Delegates agreed that there is a need for more programs in community colleges so that LPNs and care aides can upgrade their training and education without having to leave their communities.

There is a special need for bridging programs which care aides can use to certify as LPNs, if they wish.

The "LPN Access" curriculum allows care aides to become LPNs with eight months of training instead of going through the entire 12 month program. Okanagan University College is willing to offer the program if employers demonstrate the need and care aides the interest.

In stark contrast to some other areas, the South Okanagan and Thompson cannot fill their LPN positions. This is a sure indication of the necessity for Okanagan University College to increase its programs for LPNs and care aides. The participants agreed that employers must be encouraged to write to the college and the Ministry of Health, stressing this need.

Activation and rehab assistant bridging courses which build on care aides'

existing skills and knowledge are all lacking.

As a result of the nursing team initiative a regional committee was struck with representatives from South Okanagan, Okanagan Similkameen and the Thompson health regions. They will target and coordinate where and how training funds are dispersed in the region.

Members heard reports about what challenges each region is facing.

Some facilities are forward-thinking in their utilization of nursing team members, while others certainly are not. As LPNs in the Thompson region are doing, nursing team members can use facilities with good utilization to pressure backward facilities in the same region to improve their practice.

There will be one forum in each region over the next two years. The second forum will be in the Lower Mainland in October.



# Union activists take messages to their hearts

AS THE *Guardian* goes to press, Summer School 1999 is in full swing. So far, it has been an experience to remember for many HEU activists. The theme "Taking Back our History" speaks to the experience of so many that there was no difficulty getting into the rhythm.

Participants have just concluded their core course with its heavy emphasis on the study of class structure, labour history, equity issues and how local trade unionism ties into the big picture of global economics. They will use that foundation as they now go into their elective workshops.

The night before classes began, the Jubilee Action Group kicked everything off with songs and drama illustrating the history of the Jubilee movement – an ancient phenomenon, but also a new one. As the millennium draws to a close, people around the world are saying we are not going to accept things the way they are anymore. This is manifesting itself in Canada as a fight against homelessness, and in some other parts of the world as a call for the cancellation of "odious debts."

Premier Glen Clark gave a relaxed and wide-ranging address on Thursday night focussing on the challenges of globalization to B.C.'s economy. And he challenged public sector unions and his own government to more proactively defend the importance of taxes in funding critical public services.

His talk sparked more than an hour of questions and answers. Donna Dickson of the Haro local told

Clark that he needs to visit B.C.'s reserves, because although there is some acknowledgement that the NDP's policies have generally been good for First Nations peoples, there is a low voter turnout on the reserves.

The Women's Committee hosted a breakfast to start off the third day.

That evening two women, Monica Urrutia from the Philippine Women's Centre and Linda Moreau from End Legislated Poverty, made a deep impact on their audience.

Moreau talked about what it is like to live in poverty in this society – the effect it has on people and their relationships.

Urrutia told how one of the Philippines' main exports is her own people – 10 per cent of the pop-

ulation goes abroad to work for poverty wages, but sends back \$7 billion in remittances a year to boost the country's economy.

Both women told participants that policies that lower income assistance rates and encourage a low-waged underclass of caregivers serves to undermine unionized work and public services.

Jim Sinclair, new president of the B.C. Federation of Labour, challenged participants to forge a united front with other trade unionists and community groups to defend and improve our public health care system.

He argued that Medicare is a fundamental social right that does not discriminate on the basis of wealth. And while there are problems in the system like surgery waits, citizens do receive the care they need. "For 40 million Americans, the waiting list is forever. It's that simple," said Sinclair.



MOREAU



URRUTIA



SINCLAIR



CLARK

## New agency hires director

THE NEW Occupational Health and Safety Agency – with its mandate to develop plans promoting better health and safety practices – has contracted its founding executive director, Dr. Annalee Yassi of the University of Manitoba. She was chosen from a field of worthy candidates and seems to be tailor-made for the position.

Yassi is a medical doctor with a specialty in occupational medicine. And she has extensive experience with organized labour. Even before she graduated from McMaster University, she was teaching a health and safety course at the Ontario Federation of Labour. Shortly after graduation she helped to establish the first labour-controlled occupational health clinic for Local 1005 of the United Steelworkers of America in Hamilton, Ontario.

Her academic credentials include further degrees or diplomas in epidemiology, occupational health and safety, community medicine and occupational medicine from McMaster, the Royal College of Physicians and Surgeons of Canada and the University of Toronto.

She moved to Manitoba in 1985 to work with the

Manitoba Federation of Labour's Occupational Health Centre. While there she established a comprehensive occupational health program for health care workers at Winnipeg's Health Sciences Centre.

Yassi is enthusiastic about her new responsibilities. "I plan to use my 20 years of experience in occupational health to work with both labour and management to identify the causes of the workplace injuries and illnesses afflicting health care workers, to assist in the formulating and implementing of effective

solutions and to evaluate our efforts so that we can continue to improve working conditions for health care workers in British Columbia and beyond," she says.

And her experience of having served with international commissions on occupational health and safety will prove to be a valuable asset.

HEU secretary-business manager Chris Allnutt, who was on the selection committee, says "We are indeed fortunate to have found someone of Dr. Yassi's background and qualifications."

The new agency will be jointly administered in much the same way as the Healthcare Labour Adjustment Agency and will be fully operational by Oct. 1.

**'She has extensive experience with organized labour'**

## Disability package is underfunded

HEU is questioning the implementation of the facility sector LTD package after reviewing preliminary figures that show a lower than expected number of claimants are receiving benefits.

A key contract improvement in last year's facilities bargaining was a package of LTD benefit improvements worth \$19 million in each contract year. But late-June figures indicate the true value of benefit improvements fall far short of the mark.

In particular, the Supplementary Monthly LTD Benefit – targeted at long-term LTD claimants not eligible for early retirement or rehabilitation – benefits only about 530 claimants out of 770. And more than half of the beneficiaries are receiving an adjustment of \$50 or less per month.

Many existing claimants are being assessed low or at no supplementary benefits as a result of the impact of offsets such as Canada Pension Plan payments on the benefit calculation.

"Our agreement was based both on firm actuarial figures provided by HEABC and on a written commitment that \$19 million of benefits would flow to our LTD members," says HEU secretary-business manager Chris Allnutt.

"We're prepared to take whatever steps are necessary to ensure our LTD members receive the justice our union fought for and won last year."



# Alternatives to be explored

## Public opposition to public/private partnerships in long-term care bears fruit on Central Vancouver Island

**T**HE B.C. cabinet has approved a Health Ministry proposal to explore alternatives to the private operation of multi-level care facilities for seniors. The move capped several weeks of intense activity in HEU's campaign against public-private partnerships in seniors' care.

At its June 23 meeting, cabinet gave approval-in-principle to two pilot projects in continuing care that would feature not-for-profit operation integrated with affordable seniors' housing.

It's a small but significant departure from the two-year old P3 policy which restricts the development and operation of new multi-level care facilities to private corporations.

The decision gave substance to Health Minister Penny Priddy's announcement just days earlier that Victoria's guidelines for providing new multi-level care facilities would be broadened to include consideration of non-profit alternatives.

And the cabinet action came one day after a public meeting organized by HEU in Nanaimo that attracted more than 50 seniors, health care workers, affordable housing activists and students to oppose plans for a P3 seniors' care facility in that community.

"We need to promote publicly accountable non-profit alternatives," HEU president Fred Muzin told the meeting, "rather than depend on P3 models that limit our ability to care for seniors in new and creative ways"



PRIDDY

### 'But our fight is far from over'

In the wake of the cabinet decision, the Central Vancouver Island Regional Health Board postponed their approval of a privately operated seniors' facility. Local Medicare advocates are confident that Nanaimo will be the site of one of the non-profit operated pilots.

Nanaimo had been one of two communities designated by former Health Minister Joy MacPhail in January 1998 for the first P3 facilities. But the news came too late to prevent a P3 facility from being approved in Kelowna, the other targeted community.

Opposition to the province's P3 policy also emerged at the governing NDP's annual convention held June 18 to 20 where delegates adopted a resolution calling for the rejection of the costly and dangerous option of

public-private partnerships and the consequent loss of public control over public services. And on June 17, delegates to the B.C. Old Age Pensioners' Organization convention in Mission unanimously adopted policy opposing P3s in the development of seniors' care facilities.

"There's a growing understanding – both inside and outside of government – that the P3 policy will undermine the non-profit character of continuing care for seniors," says HEU secretary-business manager Chris Allnutt.

"The provincial cabinet has made a small but significant move that acknowledges our view that wholesale privatization is not the answer to provid-

ing for care needs of a growing seniors population.

"But our fight is far from over," adds Allnutt. "The government is still committed to its two-year old P3 policy and has finally acted on it in Kelowna. We must continue to build the opposition to P3s and press government for a complete review of their approach to providing badly needed multi-level care facilities."



MIKE OLD PHOTO

PENTICTON LOCAL MEMBER Barb Burke tells NDP convention delegates that P3s would undermine public health care in this province.

## Meanwhile, in Kelowna

May Bennett seniors' facility in the Kelowna suburb of Rutland is near and dear to the heart of the community. So much so that they formed the Friends of May Bennett to fight to have the aging facility rebuilt on-site – and be publicly owned and run.

When the government announced that Kelowna was going to be one of two communities in B.C. to build a new seniors' facility under a public/private partnership, the alarm bells went off.

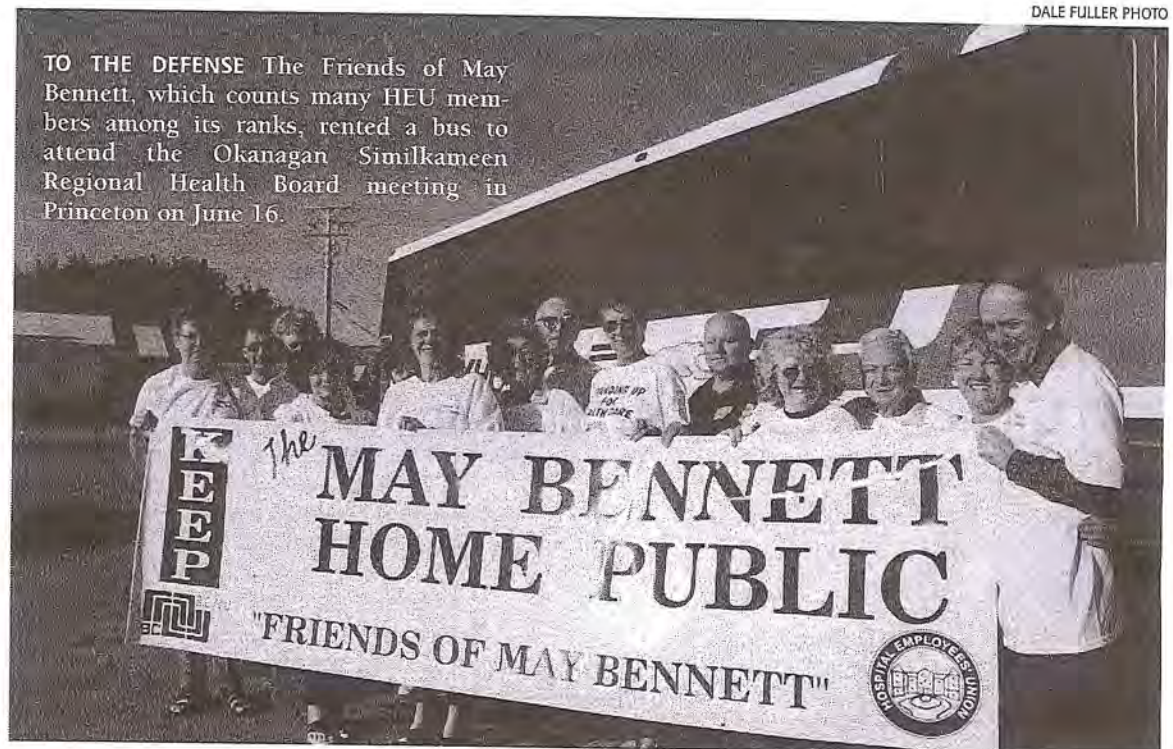
The Friends, made up of members of the community, residents, their family members and staff – including many HEU members – called public meetings, staged events and attended regional health board meetings.

Murli Pendhakur, chair of the Okanagan Similkameen Regional Health Board, said at their June 16 meeting in Princeton, that the RHB could not say no to public/private partnerships. "To do so would be to say no to beds. The government has the last say. It is the government who should review the policy," he said.

The announcement of the award of the bid for the 100-bed facility was expected at that meeting, but was in fact made two weeks later.

Allan Claridge, spokesman for the group, said at the same meeting that there is no reason to change the structure and governance of May Bennett. "The welfare of the patients and the staff, effective use of taxpayers dollars – those already exist at May Bennett," he said.

They even submitted a proposal to redevelop May Bennett. After all, they argued, the land that the facil-



DALE FULLER PHOTO

TO THE DEFENSE The Friends of May Bennett, which counts many HEU members among its ranks, rented a bus to attend the Okanagan Similkameen Regional Health Board meeting in Princeton on June 16.

ity sits on already belongs to the government.

In the end, the contract was awarded to Pacific Sun, which owns four other (private) Kelowna long-term care facilities. The plum for them will be the 42 independent living condominiums, 36 supported housing and assisted rental suites with "partial or complete home support services."

"HEU's fear is that this will not be affordable housing," says the union's secretary-business manager Chris Allnutt. "More than half of the women in B.C. over 75 have annual incomes of less than \$20,000 per year. Will they be able to afford those condominiums? My guess is, no they won't."

At the June 16 meeting, board CEO Murray Ramsden said that May Bennett would not be impacted by the building of another facility. So, the Friends will continue fighting against the facility being rebuilt by a private company.

This may provide some consolation to May Bennett care aide Debbie Finlay, one of four people including Claridge, his son Don and BCNU member Judy Jeffrey who made presentations at the meeting. But, she said, they have already been struggling with the threat of closure for eight years, and those are not the best circumstances in which to care for people.



# Pitching the big business agenda

by Mike Old

**T**HE B.C. BUSINESS Summit takes its campaign for corporate tax cuts, gutted labour legislation and privatization of public services on the road this fall. A "Summit Panel" chaired by Board of Trade director Carole Taylor will visit more than a dozen communities to communicate the Business Summit's goals and "seek public consensus on economic issues."

Those goals include \$1.5 billion in tax cuts mostly targeted at the wealthy and corporations, a wholesale attack on the labour code and employment standards and an aggressive program to sell crown assets and privatize services in hospitals and schools.

"There's a striking resemblance between the Business Summit agenda and Gordon Campbell's 1996 election platform," says HEU secretary-business manager Chris Allnutt, "including proposals to reduce the minimum wage, end the university and college tuition freeze and repeal anti-scab legislation."

Allnutt says Campbell and his Howe Street allies aren't being honest with British Columbians about who benefits from their slash and burn blueprint for B.C.'s economy. "About 90 per cent of the tax cuts proposed by the Business Summit benefit fewer than 10 per cent of B.C. taxpayers," says Allnutt. "But every British Columbian will pay for these cuts through the loss of public services and privatization of their health care system."

"B.C. already has the leanest public sector in the country," says Allnutt. "That's why Campbell's claim that a Liberal government could preserve health care and education spending while implementing these tax cuts for his friends lacks credibility."

In fact, the Business Summit recommends "greater use of outsourcing and external contracting by all provincially funded public sector bodies" including hospitals and schools.

And the Liberal's health care policy specifically targets the employment security provisions in health sector collective agreements while promising to replace health care workers' bargaining rights with an "alternate dispute mechanism."

The Business Summit has also targeted B.C.'s labour and employment standards laws for special attention. They'd bring back the use of scabs and require mandatory certification votes in place of the signing of union cards in organizing efforts.

And the Liberals and their Summit allies would lower the minimum wage for young people. "People working for today's minimum wage are seldom able to support themselves independently," says Allnutt. "The creation of a special class of people who earn even less than this minimal amount is an abhorrent notion."

"Today's Business Summit agenda represents tomorrow's British Columbia under a Gordon Camp-

bell Liberal government," says Allnutt. "It's critical that health workers and other union members forge a strong coalition with community groups to unmask the designs Campbell and his big business friends have on health care and other public services."

"This fall's Summit tour is a dry run for Campbell's election platform," adds Allnutt. "We'll need to work hard across the province to make sure the real implications of the Business Summit agenda on our com-

## Business Summit targets

- \$1.5 billion in tax cuts most of which benefit the wealthy and corporations
- privatization of crown corporations and other publicly owned assets
- outsourcing and other contracting out in hospitals and schools
- five per cent program cuts
- two-tier minimum wage with lower wages for youth
- easier access to "variances" to employment standards
- elimination of anti-scab legislation
- more restrictive union certification process

DAN TATROFF / BCNU PHOTO



**TARGETING LABOUR LAWS** Will the BC Business Summit resort to Ontario-style tactics in their pre-election campaign for gutted labour laws, tax breaks for the rich and cuts to public services?

munities is understood."

So far, the Business Summit panel plans to visit Campbell River, Castlegar, Cranbrook, Fort St. John, Kamloops, Kelowna, Nanaimo, Penticton (Sept. 21), Port Alberni (Oct. 22/23), Prince George, Prince Rupert, Terrace (Sept. 18), Vancouver, Victoria and Williams Lake.

## ... and HEABC's on the team

It's no surprise the Board of Trade, Chamber of Commerce and Business Council are on the list of 46 organizations endorsing the Business Summit goals of corporate tax breaks, program cuts and gutting of labour laws. But did you know the Health Employers Association of B.C. is also on the list of endorsers?

"To be blunt, the organization representing public health care employers has no business participating in an agenda to dismantle and sell off health care

piece by piece," wrote HEU secretary-business manager Chris Allnutt in a letter to HEABC. "It's inconsistent with the public nature of Medicare as defined in the *Canada Health Act* and in this province's *Medicare Protection Act*."

Allnutt questioned HEABC's commitment to new privatization and contracting out language reached in the last round of bargaining given the Business Summit goal of more outsourcing and contracting out in hospitals.

But at least one HEABC member organization has taken exception to HEABC's endorsement of the Business Summit's goals. The Central Vancouver Island Regional Health Board passed a resolution earlier this year asking the HEABC to withdraw its name from the list of endorsing organizations.

HEABC is the only public sector employers' organization to endorse the Business Summit agenda.

# News that didn't make the cut

Once again the *Vancouver Sun* is very, very silent when it comes to publishing the results of an investigation that was spurred by the newspaper's allegations that the NDP masterminded a conspiracy of dirty tricks to fight recall campaigns in Prince George, Skeena and the Comox Valley against Paul Ramsey, Helmut Giesbrecht and Evelyn Gillispie respectively. Forensic accountant Ron Parks was supposed to dig up all the dirt, but he didn't. Because there wasn't any.

As it turns out, the investigation discovered only minor reporting errors — on all sides. As chief electoral officer Bob Patterson explained, "The unique and untested nature of the legislation may have contributed to the errors and misunderstandings."

Patterson reviewed the report, along with the RCMP and a special prosecutor. They have recommended no criminal investigation, prosecutions or any other penalties be taken.

While the paper grudgingly admits there were errors on both sides, and that the nature of the legislation made it difficult to avoid such errors, they have still chosen to report only on errors made by the NDP or third parties opposed to the recall campaign.

The B.C. Federation of Labour was vilified by the *Sun* for spending \$2,888 to help volunteers travel to help on the campaigns, but nary a word about Parks'



RAMSEY

finding that the Regina office of the Canadian Taxpayers' Federation spent \$22,895 promoting the recall campaign in B.C.

The *Vancouver* newspaper seems to be unwilling to live up to its obligation to report fairly on matters of public concern.

It's worth remembering that the *Sun* is hardly a disinterested party in these events. The provincial NDP continues to pursue legal action against the newspaper for its blatantly unfair coverage of the story. Parks' report certainly strengthens the NDP's suit.

But the damage is done. Most people will never know what really happened, because if the mass media refuses to report it, who will?

• BCFL Bulletin/The Provincial/CALM



#### AUGUST 16

Application deadline for CUPE National Convention, delegate status

#### AUGUST 25-28

Federal NDP Convention, Ottawa.

#### SEPTEMBER 6

Office closed for Labour Day.

#### SEPTEMBER 21

Preventing Violence in the Workplace, OH&S workshop, Cranbrook.

#### SEPTEMBER 28

Preventing Violence in the Workplace, OH&S workshop, Prince George.

#### SEPTEMBER 30/OCTOBER 1

Provincial Executive meeting.

#### OCTOBER 4

Nursing Team forum, Lower Mainland.

#### OCTOBER 18-22

CUPE National Convention, Montreal.

## A warm welcome to new members

HEU's family has grown a little bigger over the last few months with new members in every sector of health and community social services.

Workers at two for-profit facilities providing seniors' housing and care now call HEU home: 52 workers at Waverly of Chilliwack and 12 workers at Crescent Gardens in South Surrey.

In Campbell River, 14 new members at Crawford House are proof positive that community social services workers need their newly negotiated successor-

ship protection. The contract used to belong to Dysa Services – also an HEU certification.

Also in community social services, HEU welcomes eight new members at Vancouver Aboriginal Child and Family Services Society.

There are a number of new certifications accounting for more than 35 new members in the community health sub-sector.

Welcome to new members at South Cariboo Family Services in Ashcroft, Fort Nelson General Hospital Home

Support Program and two mental health group homes in Langley: Brookwood Court and Vel Rey Lodge. New members at Penticton's Flora Esson House and Penticton Health Centre also provide mental health services.

HEU's Red Cross local at Canadian Blood Services has added 17 telerecruiters to its ranks while 24 members at the Victoria Chinatown Care Centre will soon be part of the facilities sub-sector.

Welcome all!



## 'HEU AT WORK' photography contest

Are you a frustrated shutterbug? Do you want your work seen by the 50,000 readers of B.C.'s highest circulation health care publication?

This is your big chance for some real exposure.

As the century draws to a close, the *Guardian* wants to capture on camera HEU members as they deliver health care services in hospitals, long-term care and in the community. We're assembling a photographic record – a slice of work life – of front-line workers across the province.

We want you – HEU members – to take snapshots at work and send them in to the "HEU at Work" photo contest.

A professional photographer will judge entries and the top three will appear in the final *Guardian* of the millennium. There will be swell prizes, too.

Common sense should prevail. You need to have the okay of your supervisor before you start snapping away, and ask people if it's all right to take their picture.

#### Contest rules

- contest open to HEU members only
- limit of two entries per person
- submit black and white or colour but prints no larger than 5" by 7"
- photos must feature HEU members at work
- include a brief caption which includes the names of people who appear in your photograph
- you should get the written permission of clients, residents, patients and workers that appear in your photographs as well as contact telephone numbers

- entries must be postmarked by October 29, 1999 and mailed to *HEU Guardian Photo Contest*, 2006 West 10th Ave., Vancouver, B.C. V6J 4P5

Entries will become the property of HEU's communications department. We reserve the right to use any photographs in the *Guardian*, HEU newsletters or promotional material, whether or not they are prizewinners. Photographers will be credited, however.

### COMING UP ON WORKING TV



Four scintillating programs will be broadcast on Working TV in late summer and early fall.

- Glen Clark speech at HEU's Summer School, followed by a lively question and answer period.
- Council of Canadian's *The Private Drain on Public Water*, will feature Maude Barlow's April 21 Vancouver talk.

- Tribute to Ben Swankey, long-time activist and consultant for the Old Age Pensioners Organization.
- Labour Day solidarity special: union organizing in Mexico's maquiladoras.

Regular broadcast times for Working TV are Fridays at 7:30 p.m. and Mondays at 8:30 p.m. in the Lower Mainland; Tuesdays at 9 p.m., Wednesdays and Thursdays at 8 p.m. on Kootenay Cable TV (Kimberley and Fernie) and now on air in 50 American cities. And don't miss the Working TV website at <<http://www.workingtv.com>>.

## Coffee break



All stories guaranteed factual. Sources this issue: Guerrilla Shots, Motion Picture Screen Cartoonists Local 839, BBC News

#### Media scoop

Rarely do the media talk about themselves, yet newspapers, radio and TV have an enormous impact on our society. And it's the managers and senior journalists at these outlets who decide what gets reported and what doesn't. So Vancouver's *Guerrilla Media* is launching an Internet rumour mill about B.C. news-shapers later this summer called *The Tattler*, to be located at [www.guerrillamedia.org](http://www.guerrillamedia.org). GM wants to uncover the editors who routinely kill stories to promote their ideological goals, and expose the effects corporate downsizing is having on the morale and ability of newsroom staff to do the job of informing the public.

#### D'oh!

Matt Groening may be "one of the silent heroes of popular culture" (Mother Jones inter-

view, March/April 1999), but he's definitely not a hero to the American labour movement, according to Tom Sito, president of the Motion Picture Screen Cartoonists Local 839 in Hollywood, California.

In response to the Mother Jones article, Sito wrote, "The Simpsons began at the Klasky Csupo animation studio, run by Gabor Csupo, who told the *Los Angeles Times* 'I'm never going to sign with a union. If they vote for it, I'm just not going to hire them. I can lay them off and I'll take [the

work] to Hungary. I'll take it to Japan.'"

Bart and Homer later moved to Film Roman, which sends the bulk of its work to be drawn and painted by low-wage artists in Korea and the Philippines. It pays their working animators well below union minimums.

#### Lights out for Lady with the lamp

Health workers belonging to the United Kingdom public sector union, Unison, voted

unanimously to ask the International Council of Nurses to move International Nurses' Day from May 12, Florence Nightingale's birthday, to May 21, the birthday of Elizabeth Fry who founded the Institution of Nursing Sisters several years before Nightingale set up her own nursing team.

Delegates say Fry is a better representative of modern-day nursing than Nightingale. Fry – best known for her work with female prisoners – led reforms in the hospital system and helped improve the treatment of the mentally ill.

Nightingale – whose hospital was set up with family money – believed nurses should be subordinate to doctors, was against registration of nurses, opposed the three-year formal training for nurses, and did not see mental health as a field for nurses.

#### NEW WORLD ORDER



PRITCHARD CARTOON



# HEU people

## Care aide retires after 35 years

Betsie Van Eldik retired in April after 33 years as a care aide at Parkridge Hospital and Holyrood Manor.

"It was hard to say good bye," say her co-workers. They told the *Guardian* that Betsie plans to spend her retirement travelling with husband Bill in their new motor home, gardening and visiting with her three children and six grandchildren.



VAN ELDIK

## Activist retires from New Vista

Also retired is Eva Wollenberg, former chairperson of New Vista local which she helped bring into the HEU. Eva also served as vice-chairperson and shop steward and throughout her 20 years at New Vista was diligent in protecting the contract rights of fellow workers. Eva also enjoyed speaking out at HEU conventions.

As for her retirement, Eva will spend more time with husband Sonny and the rest of her family.

## Retiree to take to the road

Yuculta Lodge's Helen Poznikow is turning her attention after almost 25 years as an HEU activist. Helen joined HEU at Trail Regional in 1975 and then moved on to help organize Columbia View Lodge. She's worked as a resident care attendant at Yuculta since 1980.

With the best wishes of her fellow members, Helen plans to soak up the culture and history of Central and South America and generally catch up on the good things in life.

## In Memoriam

Elaine (Kope) Makarortoff passed away in April after a brief struggle with brain cancer. Elaine worked as a care aide and activity aide at Avonlea Care Centre. She'll be sadly missed by her co-workers at the Parklea local who say her kindness and generosity touched many of the people that knew her.



PERKINS

Lee Perkins of the Prince George CMHA died June 2 at the age of 52. Through her work as a community access worker, Lee's compassion for the people she served shone through. She had a powerful voice in the community and often performed miracles by knowing exactly who to approach to get results that no one dreamed possible.

Lee's pride and joy were her two wonderful sons, Scott and Ian, husband Doug and soon to be daughter-in-law Anita.

Although her life was cut short Lee touched the hearts and souls of hundreds of people and is truly missed by her fellow workers and the clients she so compassionately served.

## New staff

HEU has bolstered its servicing capacity with the addition of four new Rep II's in the Provincial Office.

Jennifer Whiteside brings 10 years of advocacy and organizing experience to HEU from her



HARDIE



PAUL



WHITESIDE



QUAIL

work in the education sector. She's an active member of the women's movement and a long-time CUPE member, with an academic background in labour history.

John Hardie worked almost "every job in the building except nursing" during his 16 years as an active HEU member at New Vista. Asked what he does in his spare time, John said "What spare time?"

Erin Paul has been working as a servicing rep at HEU since June 1. She worked for 10 years for the Canadian Union of Postal Workers, first as a union rep and then as the regional grievance officer for the Pacific region. She's originally from Vancouver, but she became involved in CUPW while serving as a letter carrier in Edmonton. She enjoys working at HEU and appreciates everyone's helpfulness.

Debbie Mann is no stranger to servicing having left Langley Memorial four years ago to work as a Rep Trainee and Rep I. Congrats to Debbie on her appointment as a Rep II in the Provincial Office.

And Marcy Cohen is HEU's new research policy planner. Since 1995 Marcy's been one of HEU's research analysts. She brings a wealth of experience in research, training and popular education to HEU.

Jim Quail is HEU's new in-house legal counsel. Jim has a diverse background that includes community legal services and public interest advocacy. He's been executive director of the Legal Services Society, business manager of a municipal workers' union and a legal services advocate for farmworkers. Over the last several months, Jim has had ample opportunity to get to know HEU's legal files as a CUPE legal rep assigned to our union.

Welcome aboard.

## The Superannuation Commission

has launched its

## PUBLIC WEBSITE:

<pensions.gov.ca>

HEU members will be able to access an on-line estimator for their Municipal Pension Plan, as will members of other pension plans administered by the commission.

For more information, contact the commission by fax (250) 356.9591 or e-mail: <pensionline@gems3.gov.bc.ca>.

## 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 Art. 4.03 of the Facilities Sector Agreement)

**1-800-310-6886**

call for a recorded message about the process

## 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 us 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

## Lesbians and Gays

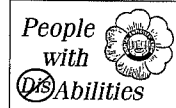
For support: afraid of being identified, feeling isolated, want to know your rights? Call for information on same sex benefits, fighting homophobia and discrimination.



### press 4

## People with disAbilities

We'd 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.

### PROVINCIAL OFFICES:

- Vancouver site  
1-800-663-5813
- Abbotsford site  
1-800-404-2020

### NORTHERN OFFICE:

- Prince George  
1-800-663-6539

### OKANAGAN OFFICE:

- Kelowna  
1-800-219-9699

### VANCOUVER ISLAND OFFICES:

- Victoria site  
1-800-742-8001
- Nanaimo site  
1-800-347-0290
- Courtenay site  
1-800-624-9940

### KOOTENAY OFFICE:

- Nelson  
1-800-437-9877



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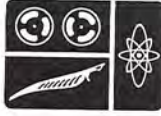


# Needs Fixing

Our employer's arrogance, arbitrary and unequal treatment of staff and continued harassment are at the root of several serious grievances which have been piling up over the years and can now only be dealt with through a fair contract. We simply want and deserve a little protection and respect in our workplace.

As customers of BCAA we ask that you show us your support by taking a few seconds to fill in the reply form below and drop it in the mail, or fax it to us at (604) 299-8211.

We also ask that you respect our pickets and not do any business with BCAA until this dispute is over.



Office and Professional Employees'  
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[www.bcaaoonstrike.com](http://www.bcaaoonstrike.com)

BCAA employees are good people providing very good service, but is BCAA a good employer?

1. Is an employer who pays one employee he likes 30% more than one he doesn't care about, even though they perform exactly the same job, a good employer?  
☐ YES ☐ NO
2. Is an employer who gives some staff sick leave but refuses it to others a good employer?  
☐ YES ☐ NO
3. Is an employer who lays off or recalls employees on a personal or arbitrary basis without any consideration of seniority a good employer?  
☐ YES ☐ NO
4. Is an employer who refuses to agree to contract language protecting staff from harassment a good employer?  
☐ YES ☐ NO
5. Does such an employer deserve your support and business?  
☐ YES ☐ NO

If you answered NO, please go one step further and fill out your name and address...

Name: \_\_\_\_\_ ☐ I am a BCAA member  
Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ Code: \_\_\_\_\_  
Signature: \_\_\_\_\_

# Guardian



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JUNE/JULY 1999



## Getting the skinny

Guess who's staying up to date on the news by reading the *Guardian*?

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## Fighting poverty up north

Victoria Lambert and her colleagues wage war against poverty in Prince George.



PAGE 4



## HEU ratifies by 92 per cent

Community social services workers reached a tentative agreement with CSSEA after more than one full year of negotiations.

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## Big business lobs shots

As election time grows closer, big business and the Liberals move to consolidate their ties and overturn NDP policies.



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