dark ages

Julie Ng tells Victoria Chinatown Care Centre they can't pay less to Asian workers anymore. HEU says racism can no longer be tolerated – anytime, anyplace. PAGE 5

CODE BLUE!

Canada's health care system and other social programs are being targeted by the powers behind the World Trade Organization. Here's how we're fighting back. PAGES 8-9

Thinking about two-tiered health care? Look what happened to the elderly in Chile. PAGE 12

HEARTS AND HANDS FROM HEU’S NEW MURAL
Victory is sweet but fight not quite over

by Chris Allmatt

WHEN I reflect on the importance of arbitrator Stephen Kelleher’s recent ruling that settles the comparability of hours employee of HEEU’s pay equity plan and page 35, I can’t help but think the economic situation of our members in the 1970s when the union made its first steps to end gender-based wage discrimination in healthcare. Back then, more than 80 percent of caregiving female positions were paid less than male positions for work of equal value. I think about Lions Gate Hospital cook Lucy Beckuck who in the 1970s was paid $300 a month less than her male colleagues because women couldn’t be chefs. And I salute the more than 600 union members who courageously filed human rights complaints that helped propel the union to our initial bargaining gains on the pay equity for equity front.

Quite clearly the road to justice has been a long one for us. But we’ve made great strides over the past two decades because of the strength and determination of our members and staff, both past and present. You never gave up! This important victory belongs to you.

More recently, Prince George regional vice president John Pirren and CUPF researcher Sue Kilgour both played important roles in making the members’ successful comparability case before Kelleher.

Although the ruling is under appeal by employers, the union is pressing forward to ensure our members get the money the respected arbitrator has determined you’ve owed them since 1973. Once again now, the comparability increases are under the award (total $55 million, which, at Kelleher’s order, will be applied to our pay equity job value compensation plan. The union is now hard at work confirming which classifications will receive adjustments.

These more recent increases are in addition to earlier across-the-board compensation bonuses of 3.7 percent for facility members in 1994, which benefited male and female members alike. For predominately female classifications this first adjustment has translated into increases totaling as much as $50,000 over the past five years. But the long road to bring an end to discriminatory pay practices in healthcare may still hold other challenges. For example, we could expect that Kelleher’s ruling will come under attack by Gordon Campbell and the Liberals, which may be salutary and ill informed enough to call the rule a special deal for HEEU. And we shouldn’t be surprised if less forward looking employers try to blame the settlement for every single raise being negotiated, much like they did at first with the employment security agreement and the 36-hour week.

We’ll negotiate implementation issues with employers, and wait a labour board decision on HEEU’s appeal, I’ll be travelling to various parts of the province to meet with members and provide special updates on where things stand and what challenges may lie ahead.

Historically HEEU members have not hesitated to mobilize to win justice. Depending on the course of events over the coming weeks, we may have to prepare to do so one more time to close the final chapter in our lengthy struggle to end pay discrimination in healthcare.

Casual wants more benefits

I have been a casual employee for several years now, and it has come to my attention again how little rights we have as members of HEEU.

We can be bumped from the fill-in positions without any notice or concern from our fellow full-time or part-time members. We pay our dues, but have few benefits. I would like the opportunity to work as a casual in two departments in the same workplace, but cannot. Why? Because I am a casual employee?

But my fellow full-time and part-time employees jump back and forth from one department to another. I do not know about you, but that sure sounds like discrimination to me, and that is against the law and the Charter of Rights.

Oh, but wait, my so-called brother and sisters, I was under the impression unions were started to help and protect their members from just such things as exploitation and basic rights in the workplace. It seems to me that the HEEU has grown so big and turned into a mega business of its own. It’s forgotten what it was originally designed to do, protect the little guy’s basic rights in the workplace.

So this is what it all boils down to HEEU and its full- and part-time members enjoy the gold mine, and us casuals get the shaft.

Peter J. McMullin
Fraser Canyon Hospital

Casuals should benefit

I was pleased with the initiative to use LPHS and Care Aides (through LPN and Care Aides courses) to relieve the acute RN shortage. However, under that initiative, only regular employees are eligible for the $500 bonus, provided by the B.C. government, to upgrade and retain Care Aides to LPNs.

Care employees are excluded. This decision discriminates against casual employees, even as it is based on employee job status. I feel both regular and casual employees should be given equal opportunity to be eligible. Hence, I urge the appropriate person to reconsider this decision.

David Ross
Renfrew/Centre Unit Branch

I want to help

This past weekend I read the Guardian. My letter to the editor was in there where I blamed the province for the long increase for the pay on LTD got in the contract. I also read Chris Allmatt’s Comment on the same page titled injustice for those on LTD and Disability pack.

age is underscored on page 11. Now I know it’s not totally the union’s fault for what we received, and I would like to apologise for my hard words. It appears the HEEBU pulled a last one on the bargaining committee.

Now we have to go forward and try to correct this for the people on LTD. The HEEU should be forced to pay us the full $5 million per year estimated. I bet the whole amount the people on the Supplementary Monthly Benefits received did not come to more than $300,000. I also read in the June 28 Comprehensive Report there is a reason for possible future improvements after 18 months. This is the perfect time to demand an increase or jump sum for people on LTD in receipt of the Supplementary Monthly Benefits.

In closing I would like to ask you what I can do, who I can write to, to persuade the HEEU to pay up.

Johanna Reynolds
Quinn Alexander Centre

Thank you, brother

I recently appealed a WCB claim that had been denied. I was represented by brother Stan Hamblay and was very pleased the WCB appeal board allowed my appeal. I wish to commend the WCB for taking on my case as it was only for 44 hours of sick time and I was not out any more than that. It was an appeal on principle. I was injured on the job, and felt entitled to the WCB for my injury. I was not in the position of supporting my family and the expertise of brother Hamblay I would not have been successful in an appeal. I know it must have cost the union more than my 44 hours of sick time to represent me, but there was no hesitation to provide this support for me.

I have always been proud of HEEU for their commitment to education for our members and am sure we must have one of the best records for providing opportunities to members. I know these educational programs are very costly, and I hope we are always able to continue to provide this support.

J. Bayley

GUARDIAN

In incredible dedication to all we do we are able to

BEFORE:
Stephen Howard
MANAGING EDITOR
Ph: (604) 878-2030
ASSOCIATE EDITOR
Mike Old
DESKTOP PRODUCTION:
Cindy Borchardt
DESIGN COORDINATOR:
Kay Kipper
ART DIRECTOR:
Jeffrey Haffenden
PUBLISHING DESIGN:
Jeffrey Haffenden

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Mary Rapuzzi
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Secretary, Provincial
Michael L. Toth
Editor

 daughters.
HEU takes wait and see approach in NDP contest

While HEU has not endorsed a specific candidate in the NDP leadership contest, union president Fred Muzin says the Provincial Executive is watching campaign trail developments with great interest, especially the health care platforms of quality public services and social justice.

The party’s leadership convention will be held in mid-February in Vancouver.

“From HEU’s standpoint our process to evaluate the strengths and weaknesses of each candidate will be largely based on their positions on health care and labour issues,” Muzin said.

“A candidate with a message for progressive changes to make our Medicare system better would obviously be quite attractive for the union and our members,” he said.

He hoped that each leadership hopeful will meet with the Provincial Executive to make their pitch for support and be qued up on their respective platforms before the end of the year.

Pay wage adjustments, says arbitrator

HEU members are on the brink of some important pay equity gains as a result of a crucial Sept. 21 ruling by arbitrator Stephen Kelleher that promise to close the final chapter in a lengthy and determined battle to eliminate the gender-based pay discrimination.

In the most recent of many rulings on the issue at hand — comparability of pay rates between HEU and BCGEU members in the direct public service in which it is part of HEU’s pay equity plan — Kelleher ordered wage adjustments equal to three per cent of pay for HEU members in the facility sector.

“It amounts to $25.8 million a year effective April 1, 1996,” says HEU secretary-business manager Chris Allnutt, “and it will classify accurate pay equity justice for thousands of caregivers, some of whom have been waiting until almost 2020 to achieve their real equity rates. Kelleher’s ruling will reduce that wait by several years.”

But in a recent development, the Health Employers Association of B.C. has launched what could be a multi-step appeal strategy. On Oct. 7, the employer organization asked the Labour Relations Board to make Kelleher expand on the reasoning behind his decision. While HEARC requested the board to rule expeditiously on its request, the employer organization hinted it was prepared to launch further action before the board and the courts.

“Could signal a renewed employer efforts to thwart a final resolution of the pay equity issue,” said Allnutt. “And it will definitely delay when members could expect to receive pay increases.”

As directed by Kelleher, the $25.8 million annual increases will be used to make adjustments to the target pay equity rates set out in the joint HEU/HEARC job value comparison plan which is the road map to bring a final end to discriminatory pay practices in health care. Close to 95 per cent of union members have not yet achieved their equity rates. The union, says Allnutt, will press on to develop a plan of which classifications will receive adjustments after the appeal process is resolved.

The award covers all union members who were under the old acute care transfer agreement, and the CCEBA and Pacific long term care contracts. It also includes improvements for HEU’s existing maternity and paternity leave provisions. These changes are in addition to the 3.7 per cent across-the-board interim comparability increase won by all HEU facility members in 1994.

Comparability at a glance

• The fight to achieve comparability — comparable wage rates with BCGEU direct public service members — began in 1978. It’s been part of HEU’s pay equity process since 1992.

• Arbitrator Kelleher’s ruling awards HEU facility members $25.8 million in wage adjustments effective April 1, 1996, plus interest.

• As of October, that totals $30 million, which will be used to adjust target pay equity rates set in the job value comparison plan.

• The ruling covers HEU facility sector members formerly covered by the acute care master contract, and CCEBA and Pacific agreements.

• In 1994, all HEU facility members received a 3.7 per cent interim comparability increase.
Cuban doctor faces blockade’s challenges

by Dale Fuller

WHEN CIRA VELASCO EIZALDA sits down for lunch in the cafeteria at Havana’s Cubacéntro de Estudios Médico-Epidemiológicos, she is joined by other hospital colleagues who may include a cleaner, driver, nurse or maybe even another doctor. She doesn’t understand why it would be any other way.

“We are people who live and work together eight, 10, 12 hours a day. We are a family and we love each other. There are no differences,” she says.

Closely working in a health care facility in Cuba is a different ball of wax than it is in the rest of North America. And that extends beyond egalitarian work relationships.

The American decades-long blockade of Cuba has caused innumerable hardships, not the least of which is a shortage of medicine and medical supplies.

Velasco is a specialist in gastro-intestinal disease, and she was in Vancouver recently for the 26th Pan American Congress of Digestive Diseases – one of four Cuban delegates who arrived for the Aug. 28 to Sept. 1 gathering.

At the Congress she could see that there is not a big difference in medical practices in the other Pan American countries – except for the availability of medicines. In Cuba, there is a critical shortage in medications in her specialty. “Especially for the treatment of hepatitis B and C,” she says.

Cuba has been living through a difficult economic situation for many years, but it is especially acute right now, with the United States putting pressure on third party countries (Canada included) to stop trading with Cuba. “We have to prioritize what we spend our money on,” she says. “There are some things we just have to do without.”

Some problems do not get resolved, says Velasco.

Cuban hospitals must purchase medicines in the world marketplace. Hepatitis treatments are often done with a combination of drugs, she says. “Maybe we can afford one and not the other. That means the treatment is not as effective – or not effective at all.”

Surprisingly, Cubans also have a shortage in certain vitamin supplements. Especially B12 and D. There is a scarcity of other important medications – some of them seriously compromising the health and wellbeing of Cubans. For example, sometimes there is no insulin, a situation profoundly life-threatening to diabetics.

“The only medicine we always have on hand is aspirin,” says Velasco.

Like other Cuban health care providers, Velasco struggles along.

“We are always having to decide, to think what is good for the majority, to the detriment of some individuals. That is very hard for a doctor and I didn’t see that problem with other participants at the Congress.”

In spite of all their problems, medicine in Cuba has advanced leaps and bounds since the revolution. Medical care is available to all, free of charge, including homeopathy and treatments like acupuncture.

Velasco came away from the Congress with the impression that Canada has privatized medicine, which is a sad commentary on the way Canadians doctors must have presented this country’s medical system to their visiting colleagues.

She had the opportunity to hear how far Cuba had come in the treatment of diseases when she spent three years practicing medicine in Mozambique in the early 1980s. “For example, they have a big problem with malaria. That is something that we eliminated in the first years after the revolution. Cholera and other tropical illnesses no longer exist in my country,” says Velasco.

In Mozambique she treated those diseases, and more. She made many friends and has incredible memories from her time in the east African country.

Velasco spends some of her “leisure” time doing volunteer work – both in the hospital itself and in her neighborhood. At the hospital she might sterilize equipment or build a table – it all depends on what is needed.

She also puts in some weekly hours with her local Committee for the Defence of the Revolutions. When asked what her committee actually does, she says that they do a lot of neighbourhood cleanup, sweeping streets, picking things up, recycling.

A cry for many North Americans’ idea of what these committees are – neighbours spying on each other.

She regrets that she did not have the chance while in Vancouver to see the inside of a Canadian hospital or health care facility. She would love to come back some time in the future to do that, and to talk to other health care workers.

"Tell HUé members that I am pleased that they would be interested in me and what I do," she says.

She extends the traditional Latin American “salvame es su casa” invitation even after learning that there are almost 50,000 members in the union.

Balancing it all is a regular Guardian column about the challenges facing women activists.

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In an effort to raise money for cancer research, both HEU staff and management of the Victoria-Chilliwack Research Cluster, are participating in a VIGIL protection (Security) services set together as a team on Sept. 11 for a half-day event. The team effort was headed by HEU member Michelle Castro. The eight brave souls who had their heads shaved — and raised $5,000 in the process — were Dale Mackie, Graham Moore, Sarah Bamford, Richard Perdew, Michelle Castro, Norma Kelly, Donna Gray and Steve Hoffman.

O’Hern has served on many of his local’s committees, including UCL, hours and labour management. He is a delegate to the New Westminster District Labour Council. HEU extends a welcome to O’Hern and thanks Gomes for all his hard work on behalf of HEU members.

Seven trying for municipal office

HEU members are running for office in six municipalities. In Maple Ridge, two incumbents are running for mayor. The current mayor, Dan Orona, is running for re-election. The other incumbent, Don纪念碑, is running for council. Kevin Andrews, chair of the Maple Ridge Retirement local, is running for the Council of Tenants. Two HEU members are running for council seats in the City of Coquitlam and New Westminster.

Two to run for CUPE positions

Pending approval from the 1999 CUPE National Convention, two HEU activists — both care aides and chairpersons of their locals — will be candidates for CUPE Diversity Vice-Presidential positions: Hank Loo’s Donna Dickson and Lana Partridge from Esquimalt Lodge. Dickson has been a member of HEU for 18 years. She is active in the Aboriginal Within-A-Weekend Network, and is co-chair of the federal NDP’s Aboriginal Caucus. Her union activities include sitting on the Women’s Committee and the 1998 Convention Constitutional Amendments Committee.

A new study by the Canadian Centre for Policy Alternatives says that B.C.’s minimum wage earners do not even live at the poverty line. Authors Michael Goldberg and David Green propose that those who are living at or near the poverty line, and work 35 hours a week, a worker must earn $9.15 per hour.

Rally blasts discrimination

July Ng, an employee of 17 years standing, addressed the crowd at the rally, which included Minister of Social Development Moe Silatta, Victoria Labour Council member Colin Graham and alderman Bob Fildesland. She said she earns three dollars less than her non-Asian counterparts and added that it wasn’t until five years ago the entire employees received holiday pay. "I have given my love and care to the residents, what I got was three dollars an hour less than my co-workers," she said.

The Asian and non-Asian HEU members are not divided on this issue. Heather Birkett, who is a non-Asian worker at the centre, expressed shock at this unacceptable situation. She says that although she learned her job from workers like Ng, she now earns more than they do simply because she is a "privileged white worker."

HEU named the Health Employers Association of B.C. (HEABC) along with Citizenship and Immigration as respondents in the complaint, but the B.C. Human Rights Commission has ruled that the health care centre to be named.

HEABC — the bargaining agent for the society — has not refused to implement a province-wide collective agreement that provides non-discriminatory wages within its classification of government-funded health care facilities.

Since June 1999, HEU has represented the approximately 23 workers at the centre, including cooks, housekeepers, caretakers, laundry aides and activity aides. About half the workers are of Asian origin.
PRESIDENT’S DESK

We're in for the fight of our lives

by Fred Muzin

The Oct. 18th to 22nd CUPE National Convention in Montreal will be tremendously important in bringing together public sector activists to strategize around the defense of quality public services. We must leave the convention stronger and send a clear message that we are prepared for the fight of our generation.

The forces demanding privatization have never been more powerful. Local governments are being seduced by Public Private Partnerships that in the short term allow for balanced budgets, but in the long term cost citizens much more and provide entrepreneurs with the ultimate control over service delivery. Whether it's the provision of fresh drinking water, sanitation services, hydroelectric power, new highways, schools, seniors facilities and even hospitals, the mantra that for-profit is more efficient pervades the media. Public sector front-line workers have better solutions based on real life experience and a commitment to maintaining services for everybody.

The World Trade Organization's Millennium Round of talks in Seattle at the end of November is yet another attempt to resurrect the failed GATT (Multilateral Agreement on Investment) that puts corporate rights over those of civil society. Public services would become just commodities that would be subject to rules governing unfair competition and free trade, regardless of the impact on health and safety or the restriction of access to those who can afford them. As it has already occurred under NAFTA (North American Free Trade Agreement), trade dispute panels—which have no accountability to citizens—have the power to penalize governments.

After being subjected to wage controls by the federal government (Bradshaw arbitration board limits of six per cent and five per cent) in the late 1970s, followed soon after by the provincial Sacred's Compensation Stabilization Program, HEU members decided in the early eighties to seek redress to the houses of labour. The leadership at the time accurately envisioned that the challenges before us would become increasingly complex and that our continued success could not be achieved if we remained isolated.

As part of CUPE, we have access to research, national committees, cost sharing of campaigns and the ability to network with activists who are fighting battles similar to ours from coast to coast. There is a new militancy in the public sector as we escape from the shackles of wage restraint and deficit reduction hysteria. CUPE members are fighting back, defending the value of our work and making significant gains at the bargaining table.

The emergency resolution calling for a Solidarity Levy for strike pay and benefits means that finances and how CUPE allocates existing resources will be a central focus at the national assembly. Our delegates' challenge is to carefully balance our stewardship ability to defend members' rights at the local level with the need to develop a national strike fund that guarantees support for members taking job action, while still providing the necessary resources to win the battles against privatization.

NOTEBOOK

Arrival of migrants exposes contradictions

by Seth Klein

Nothing more clearly lays bare the contradictions of free-market globalization than the hysterical, often ugly reactions to the arrival of the Chinese migrant ships on B.C.'s coast.

Perhaps the recent Chinese arrivals are genuine refugee refugees, or perhaps they are merely economic refugees. Only due process and a proper refugee board hearing will tell. In either case, the noisy 'send them back' reaction is based on a troubling lack of understanding about global migration and the world economy.

It's interesting that many of those who push for the free movement of goods, services, investment and professionals, most with outrage at the movements of workers. This double-standard represents the height of hypocrisy. It is entirely predictable that people follow money. Historically, it's what brought most of us here.

Canada's Latino workers, headed by its Latin American 'seasonal migrant workers', have been among the most exploited and unorganized labour and environmental regulations. It's wildcat capitalism, where national borders are already past for all but the workers who must survive on sub-standard wages.

NOTES

National borders are already past for all but the workers'

Estimates put a living wage in China at 87 cents an hour. Yet according to a study by the U.S.-based National Labour Committee, Walmart, Esprit, Liz Claiborne, Nike, and others, through their sub-contractors, pay as little as 13 cents. The profits flow back to First World shareholders. And now people are following the money.

The country with the most export processing zones than any other is China. One of the first of these was established in 1980 in Xiamen in Fujian Province, the source of the recent migrant boats. We cannot, in good conscience, continue to reap the rewards of this unjust system in the form of cheap goods from China, and then react with horror when the inevitable flow of people follows. Desperate economic, social and political circumstances lead people to take desperate actions—like a month at sea on a rickety boat.

Globalization undoubtedly heightens Canadian's economic insecurity. But responding to this growing anxiety with intolerance is misplaced. Ultimately, the migrant boats are the inevitable social call-out of free market globalization. And until we have a global economic order based on justice and a great deal more social and economic equality more boats (and planes) will come. We can either respond with higher taxes, a locked-up military and other hypocritical measures, or we can push for a new international system that stops sucking the Third World of its resources and capital.

* Klein is the Director of Canadian Centre for Policy Alternatives in Vancouver.
Charter backs free expression for all workers

A unanimous decision of the Supreme Court of Canada has ruled that laws preventing workers from leafletting at places other than the site of a labour dispute violate workers’ rights to freedom of expression under the Charter of Rights.

The Sept. 9 ruling overturns lower court rulings which supported leafletting restrictions in British Columbia and New Brunswick.

In the B.C. case, the Industrial Relations Council – now the Labour Relations Board – had ordered the UBCW to remove information pickets at K-Mart stores in the Lower Mainland and Victoria. K-Mart had locked out UBCW members who were seeking a first contract at K-Mart stores in Campbell River and Port Alberni.

The leaflets encouraged customers to do their shopping elsewhere. The workers didn’t try to block access to the store.

“The importance of freedom of expression during labour disputes cannot be over-emphasized,” wrote Justice Peter Cory. “Leafleting is of fundamental importance for workers and has a very real social value.”

The court ruling recognizes that handing out leaflets about an employer’s labour relations practices is a legitimate way of getting customers and consumers to apply pressure – no matter where it takes place.

In effect, the Supreme Court ruling strikes down the definition of “picketing” contained in B.C.’s Labour Relations Code on the grounds that it is too broad. The B.C. legislature has six months to which to amend the Code so that it complies with the ruling.

HEU secretary-business manager Chris Allnutt says the high court’s action is a wake-up call to health employers in B.C. – like the Okanagan-Similkameen Health Region – who’ve taken measures that limit the opportunities that health workers have to speak out at health board meetings.

“Our members’ responsibility and right to speak out on workplace issues is not restricted to mechanisms set out in our collective agreements,” says Allnutt. “The Supreme Court ruling clearly indicates that efforts by workers to communicate with the public will be interpreted by the Supreme Court in as broad a manner as possible so that their Charter rights are protected.”

Hotel workers are victorious

NO HIGH T.E.A was served at the 91-year old Empress Hotel for 11 days in September as 500 hotel employees walked off the job to support contract demands. But a tentative three-year agreement negotiated by the CAW means committed anglophiles can again indulge in afternoon tea and crumpets.

Treat women fairly, says Supreme Court

B.C. forest firefighter who lost her job because she failed to pass an aerobic test designed for men has won her lengthy sex discrimination case against the government of British Columbia.

And when Tammy Mclellan, 33, won her landmark sex discrimination case against the government of B.C., she couldn’t contain her relief. She jumped for joy and screamed at the top of her lungs. After five and one-half years of waiting for a decision, she figured she had it coming. The B.C. Government and Services Employees’ Union – Mclellan’s union – was also thoroughly pleased with the final outcome.

“We welcome the decision,” said BCGEU president George Heyman. “We’re determined to see women and men treated fairly in the workplace – that’s why we took the case all the way to the Supreme Court.”

The unanimous decision is of national importance, not just for women forest firefighters, but for all women, especially those in non-traditional roles,” Heyman said. “It rewrites the law on discrimination in Canada. The court has ruled that tests imposed as a condition of employment have to be fair, and they have to be related to the job. The test the government imposed basically said ‘no women allowed.”

Mclellan was fired from her Forest Services job in 1994 because she failed an aerobic capacity fitness test that favours men. Seventy per cent of men pass the test, compared to only 35 per cent of women. Since she was fired, Mclellan has been working in the forest industry bucketing logs and as a ski instructor.

On the Supreme Court of Canada decision said “No credible evidence showed that the prescribed aerobic capacity was necessary for either men or women to perform the work of a forest firefighter safely and efficiently.”

“Unfortunately the government wasted thousands and thousands of dollars trying to defend an untenable position,” said Heyman. “I’m extremely pleased for Ms. Mclellan. Justice prevail and all working women are the beneficiaries.”

Mclellan was both pleased and relieved by the decision. “A lot of people will be happy with the ruling, especially women who want to be firefighters,” Mclellan told The Vancouver Sun.

Source: The BCGEU Provincial

Meanwhile, a mainstream British newspaper says Indonesia, military units that were responsible for the carnage in East Timor were in fact trained in the United States until as late as last year in a secret operation. Based in the U.S. trained foot-soldiers of East Timor, the Guardian Weekly article adds extensive links between the U.S. schooled soldiers and a string of massacres including the violence ruthlessly unleashed on East Timores civilians after they opted for independence. The U.S. military continued to secretly provide training for their elite Indonesian counterparts even after the U.S. Congress supposedly banned any further cooperation to protect a 3591 massacre in which 2700 peaceful East Timorese pro-independence supporters – most of whom were students – were gunned down.

Support East Timor

With UN peacekeepers finally on the ground in East Timor, the Canadian Labour Congress has elected an Indonesian-speaking unit to boycott goods produced by that country.

“The security of the East Timorese is still far from in-hand,” said George P. Sept. 24. “So I urge union members and the public to continue to boycott Indonesian consumer goods until all Indonesian military is removed from East Timor, and until Indonesia formally acknowledges the legitimacy of the UN-sponsored East Timorese independence vote.”

A list of Indonesian-made products sold in B.C. should be posted on local union bulletin boards, and is on HRU’s website, www.hr.org.

On behalf of HRU members, president Fred Muir issued a letter to Prime Minister Jean Chretien and Minister of Foreign Affairs Lloyd Axworthy, urging the federal government to take a firmer stand against the Indonesian regime. He also spoke at an Amnesty International rally on Oct. 10.
Canada's health care system — and other social programs — are in imminent danger of attack. Powerful forces outside our borders want to tell us what to do.

By Ellen Gould

How can World Trade Organization negotiations among 90 nations on health care result in improved health care for Canadians? The negotiation process is currently in limbo because of differences among the member countries. This month, the WTO negotiations were suspended for three weeks after the United States and Canada threatened to withdraw if the negotiations failed to produce results. The intention of the WTO is to reduce the world's pharmaceutical prices, making them more affordable for developing countries. But what is the impact of this on health care in Canada?

The Canadian position is that the WTO negotiations are a threat to the health care system in Canada. The Canadian government has stated that the WTO negotiations are not in the best interest of Canadians and that Canada's health care system is based on principles of universality, accessibility, and quality. The government has also expressed concern that the negotiations will result in the loss of自主 decisions regarding the health care system.

The US position is that the WTO negotiations are necessary to ensure that developing countries have access to affordable medicines. The US government has stated that the negotiations are a way to promote free trade and to reduce the cost of medicines for developing countries. The US government has also argued that the negotiations will result in better health care outcomes for Canadians.

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Canada’s health care system — are in imminent danger outside our borders

How can World Trade Organization members ensure ongoing reforms in national health systems are mutually supportive and, whenever relevant, market-based?

This question is the one posed by WTO staff to frame the upcoming WTO talks on health care. As the number of uninsured Americans — now up to 44.3 million — points to the absurd failure of market-based health systems, key policy issues for global health care are being determined at the WTO with the overarching goal of expanding markets for business.

At the end of November, leaders of the 134 WTO member nations will meet in Seattle to set the agenda for a massive new round of international trade negotiations, which includes services, which include health care. The kind of “reforms” WTO officials talk about getting entrenched in binding agreements could very well destroy Medicare.

As information on the WTO gets circulated, increasing numbers of people are realizing the wisdom of the message “The WTO — Take it Personally.” Health care workers and all concerned citizens will be shocked to learn the extent to which the WTO could reach into areas of domestic policy.

What the U.S. wants

U.S. health care corporations are very open about what they expect from these negotiations. In their testimony to the U.S. Congress, they say they want WTO rules to:

- encourage more privatization;
- obtain a commitment for the cross-border provision and transfer of health care information; and
- allow majority foreign ownership of health care facilities.

They also want something done about government rules “restricting licensing of health care professionals” and that impose “excessive privacy and confidentiality regulations” …

All of these objectives can be achieved through provisions in an existing WTO agreement, the General Agreement on Trade in Services. This agreement has not removed the threat it could up until now because few governments have been willing to fully commit their public services to being covered. However, the U.S. Trade Representative recently called for vastly more commitments to be made during the new round, and highlights health and education as two sectors in particular that should be opened up to foreign competition.

Rolf Adlung, WTO senior economist, says (which gives you an indication of how WTO officials think) that a change in the negotiating approach to get all sectors on the table at once would be good because it would put groups trying to protect services at a disadvantage. Just to preserve what exists — never mind improve public services — you have to fight.

The Canadian position

According to an Oct. 21 report in The Toronto Star, “Health Canada officials flatly deny that Canada will permit Medicare to go on the free trade table, and argue their insistence on ‘carving out’ public programs will be strongly supported by European countries like Great Britain. ‘Medicare is not negotiable,’ said a senior official.”

These words would be reassuring if they were coming out of the mouth of the person actually responsible for Canada’s negotiating position, trade minister Pierre Pettigrew. He has declined, however, to provide any such reassurance in response to the B.C. government’s letter requesting this sent over two months ago, and one sent by HEU in August.

Foreign Affairs officials say the WTO negotiating position on services is still being defined. Medicare advocates must get the federal government to make absolutely no commitments under health and social services in WTO negotiations on the GATS. And the European Union can’t be counted on to save the day. The official EU position on WTO services negotiations is “to increase opportunities for worldwide market access for all services sectors and to guarantee services can be supplied in a free market environment.”

Health Canada officials should read a few WTO documents to find out what is really going on. Canada is committed by the terms of the GATS to seek increasing levels of “liberalization,” — essentially more privatization and deregulation. If the claim that “Medicare is not negotiable” is to have any real meaning, Canada would have to enter the negotiations determined to champion this clause it claims put in by the WTO.

WTO rules affecting the regulation of health care

One section of the GATS tells governments what they can and cannot do in its relation to “domestic regulation.” First, if Canada agrees to make commitments under health care, any health regulation implemented at any level of government could be challenged as not having been carried out in a “reasonable, objective and impartial manner” (see side bar).

Threats to health services

In July 1998, Canadian representatives agreed with negotiators from the U.S., EU and Japan that in order to ensure “extensive liberalization” they would explore a negotiating approach “in which countries would take on a commitment such as the right of establishment or national treatment and apply them across all sectors.”

To be clear on what this trade jargon means, “right of establishment” gives foreign corporations a guaranteed right to set up operations in other countries. The most obvious impact in Canada of having health care covered by these investment rights would be that we would have to accept for-profit hospitals. That in turn would mean the exemption for government services in the agreement would no longer apply, because this exemption only covers services where there is no competition between suppliers.

The threat of guaranteed foreign investor

BY ELLEN GOULD

What does THAT mean?

Here are a few acronyms used in this article:

GATS:
General Agreement on Trade in Services

MAI:
Multilateral Agreement on Investment

WTO:
World Trade Organization

OECD:
Organization for Economic Cooperation and Development

NAFTA:
North American Free Trade Agreement

NGO:
Non-governmental Organization

EU:
European Union

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n – and other social programs under threat. Powerful forces want to tell us what to do.

AT RISK

HERE ARE THE TARGETS

Health care workers’ credentials
Qualification and licensing requirements for individual health professionals under the agreement, the WTO can set up a body to evaluate whether the credentials required of health professionals are a “barrier to trade.” Licensing requirements tend to limit the number of health professionals in general and foreign professionals in particular. No requirements which, in the view of these WTO officials, are in excess of what is needed “to ensure the quality of the service” will be allowed.

Suppliers’ approval guidelines
Approval requirements for institutional suppliers such as clinics or hospitals: again, regulations which have the effect of increasing the number of clinics or hospitals in operation can be ruled unacceptable barriers to trade if the WTO judges them to be more than is needed “to ensure the quality of the service.”

Health care insurance
Rules and practices governing reimbursement under mandatory (public or private) insurance schemes: examples where WTO staff give of unacceptable “trade distorting” practices are public hospitals not accepting insurance from foreign-based companies and insurance plans not paying for treatment received abroad. As well, refusal to pay for the kinds of treatments that are predominately provided by foreign health specialists could be ruled a violation of the agreement.

- Nov. 6 – Victoria public forum. Call 250-442-5120.
- Nov. 11 – Students’ youth teach-in. Call 604-685-4631.
- Nov. 12 – Teach-in at Robson Square Media Centre. Maude Barlow and noted international speakers.
- Nov. 13 – Workshops and panels. Learn about the WTO’s impact on culture, the environment, community development, livelihoods, agriculture, public services and investment.
- Nov. 30 – B.C. Fed educational event at the Hyatt Regency Ballroom. Open to the public.

And this is just the start, folks!

C’MON AND GET ON BOARD!
HEU members will be going down to Seattle by the busload on Nov. 30 to let the WTO know we’re on to them.

If you are interested in joining the thousands of people from around North America and the world expected for this event and you have that day off, call Provincial Office and add your name to the list. If you are not able to do that there are a number of other events planned for the Vancouver and Victoria areas.
Member appreciates hard-won benefits

by Hugh (Bart) Vincelette

I have been a union member for many years, during two separate time frames, dating back to the 1970s. I am presently on long-term disability, for an illness which was initially considered terminal, but which I now prefer to address as the lesser ‘life-threatening’.

Before the end of the 1990s I want to convey some very important thoughts to other union members, and my gratitude to people I don’t really know and have never met. HEU staff have impacted on my life, and wellbeing, in ways that they cannot even begin to truly comprehend.

And to members at large, especially those who are younger or who believe deep down inside that unions are antiquated — perhaps a relic of the past and simply no longer needed. The only time in my 69 years that I ever walked a picket line during a labour dispute was back in the late 1970s, as an HEU member and staff orderly at VGH. It was scary disruptive and quite frankly a ‘pain in the a**’.

Today in 1999 I thank God and providence that I was party to so significant a labour issue in our provinces history. I cannot emphasise enough how exceedingly important my union benefits (especially long-term disability) have been, during enormously difficult and painful times in my recent life which I never expected to have to face, at least for another 30 or 40 years.

My ‘recovery’, such as it is, comes at the expense of usually having the strength and energy of a man in his 50s, complicated by dreadful side effects stemming from the need for classes of medicines that are amongst the most toxic ever to come out of a research laboratory. Science, and conventional wisdom, tell me that I will have to take these, or similar, pharmaceuticals, for the rest of my life, if it is another two years or 20.

I have seen appalling numbers of others with my illness, who did not have the resources available to them afforded by union membership, waste away with the macabre multitude of infections and cancers and simply die. Poverty = death.

By now you have no doubt rightly guessed that I am engaged in a life-long battle with the human immunodeficiency virus. Most of you will likely never pick up this particular lethal virus, but off in the near and distant future are a whole host of retroviruses, fia viruses and herpes viruses, eagerly awaiting the opportunity to mar your very existence, as mine has been.

Please, for your own sake, and the sake of your families and loved ones, give your ardent support to HEU and all other labour movement organisations. At the very least, your quality of life may come to depend upon it.

Panel finds road is rocky

Business Summiters are discovering that their agenda is not such an easy sell

by Mike Old

T

HE B.C. Business Summit’s plans for corporate tax rollbacks, program cuts, privatization of public services and court-ordered labour laws are getting a rough ride this fall.

That’s because labour and community groups widely regard the Summit agenda as a dry run for the B.C. Liberal’s next election platform and have dogged the Summit Panel on Securing B.C.’s Future as it tours communities across B.C.

In Terrace, HEU activist Andrea Lelande spoke out against the Summit plans to end public health and safety regulations. “I told them their recommendations to redo OH&SA rules was a narrow vision,” said Lelande.

That message was reinforced at the Panel’s Surrey engagement by Provincial Executive member Kelly Knob. He underscored the necessity of compulsory joint health and safety committees and training in B.C.’s more dangerous workplaces — health care.

Scott McRitchie of the New Workers and District Labour Council took direct aim at the Summit proposal to allow employers to use “replacement workers” during labour disputes.

“Strikes and lockouts are trying times for workers, their families and their communities,” said McRitchie noting that the use of scabs leads to longer strikes, hurt businesses and break communities.

“Why would B.C. want to take a step backward — is that the message we want to send outside this province?”

The Summit’s plan to deregulate tuition and institute a lower minimum wage for youth also ran into stiff opposition. “Most of my students have part-time jobs and struggle to meet their expenses,” said Kwantlen College dean.

What they want

• $1.5 billion in tax cuts for wealthy and corporations
• more than $1 billion in program cuts
• privatization of crown corporations and other publicly owned assets
• outsourcing and other contracting out in hospitals and schools
• two-tier minimum wage for youth
• deregulation of university fees
• employment standards rollbacks
• elimination of anti-scam legislation
• more restrictive union certification process

HEABC withdraws from Summit

Health employers have withdrawn their support for the B.C. Business Summit. HEABC says that its name appeared on early Summit materials because it’s an associate member of the Business Council of B.C. — a key Summit organizer.

HEABC says that any references to the HEABC’s support of the Summit have now been removed.

Panel’s Surrey engagement was attended by community health clinics and put doctors on salary,” she said.

But in Terrace, Lelande is feeling cynical about the Summit’s goals.

“They felt they won their opinions filtered back to them by those people participating in the public forum,” she said. “If I had had a filmmaking shovel, I would have summered out scary B.S. and walked out the door.”

The panel plans to visit 10 more B.C. communities this fall and concludes its hearings Nov. 9 in Richmond.
It's time to talk about rehab

Health board told to scrap current plans to close GF Strong and begin again

by Margi Blaney

ON SEPT. 22 - the same day as the GF Strong Rehab celebrated 50 years of delivering rehab services to British Columbians - HEU, the B.C. Coalition of People with Disabilities and the B.C. Government and Service Employees' Union held a news conference to kick off a province-wide campaign to improve rehab and maintenance services for people with disabilities.

The campaign also targets the Vancouver/Richmond Health Board's surprise proposal to close GF Strong Rehab Centre and relocate it to the site of George Pearson Centre.

"The health board must see this misguided proposal," said HEU secretary-business manager Chris Allbutt at the news conference. "Instead, we're calling for the creation of a provincial rehab agency with a concrete, province-wide mandate to better deliver improved rehab services to all British Columbians."

Mary Williams, vice-president of the B.C. Coalition of People with Disabilities, says there was no consultation about closing GF Strong. The Coalition's Sam Ebzkh, Chris Allbutt and BCGEU's Dave Noble flank Williams at the Sept. 22 news conference.

MARY WILLIAMS, vice-president of the B.C. Coalition of People with Disabilities, says there was no consultation about closing GF Strong. The Coalition's Sam Ebzkh, Chris Allbutt and BCGEU's Dave Noble flank Williams at the Sept. 22 news conference.

"We want a consultation process that involves people," she says.

The Basic Education and Skills Training (BEST) program at Surrey Memorial Hospital took a year to get off the ground, but both staff and management consider it to be a big success.

"Mary Jackson, a long-time worker who is now retired, was involved from the beginning in the project, and is very proud of the opportunity it afforded to workers. She can change the world for people with this program - I have seen it," she says enthusiastically.

Two hours a day, twice a week, for 24 weeks, students are able to study right on the job site. Although a few of the instructors come from a community college, most of them are peer tutors - co-workers who have received training in this special kind of teaching.

Vancouver General Hospital and SMH were picked to be the pilot project sites for BEST six years ago. SMH was a year later getting off the ground than VGH. "First we had to correct management than it would be a bonus for everyone. Not just the workers," says Jackson.

Scheduling was a major stumbling block, and the hospital decided to go ahead. But when they figured out that the program would cost a fortune, Jackson was pleased to see how many people came out of themselves. "This gives them so much confidence, they even walk different," she says.

Ninety per cent of the students are women, who usually have a family to take care of at home after work. "It is possible for many of them to go to school after work. This program is ideal for them. These are all women who are originally from outside Canada."

SMH puts its BEST foot forward

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Ninety per cent of the students are women, who usually have a family to take care of at home after work. "It is possible for many of them to go to school after work. This program is ideal for them. Employees who are originally from outside Canada see this as a wonderful opportunity to learn new English skills. And everyone appreciates that they can pick up the skills they need to help their children with their school work."

"We need improvements to rehabilitation. The demand for rehab services and housing is growing, and we need to respond," said HEU local executive Mary McElheny.

Over the past two months HEU has met with others in the disability community and a consensus of comments from participants over the rehabilitation proposal was easily reached.

The main issues are: the absence of public consultation and input from stakeholders including frontline care providers and clients; a further decrease in rehab services and the accompanying job loss; increased privatization of rehab services which reduces public accountability and undermines access to these services for all British Columbians, and, a serious lack of understanding on the part of Vancouver Hospital decision-makers regarding the importance of rehab and maintenance services to people with disabilities, the integral relationship between rehab and acute care, and the critical role rehabilitation plays in our health care system.

"We want a consultation process that involves people right from the beginning and that supports a vision of enhanced rehab services in facilities and our communities," and Williams.

"We need to do this right," said Allbutt. "The scope of consultation must be expanded to the whole province so that in the end there are real improvements to the system."

HEU will hold a public meeting on the strengthening of rehab services on Oct. 26 in Vancouver. The findings of this forum will be presented to the Vancouver/Richmond Health Board on Oct. 28. That will give board members plenty of time to consider how best to proceed.
IN CHILE:

Social inequalities limit seniors’ health

Private health care plans discriminate against the elderly

by Luke Sagrera

In recent years, people from the Chilean president’s own political camp have got onto the bandwagon of working for senior citizens. But, says Dolly Quijada, leader of the national co-ordinating committee representing a wide range of senior citizens’ and senior service organizations, seniors still have a long way to go, particularly when it comes to getting the attention they need to ensure good health.

Quijada points to discrimination and poverty as the two most serious problems facing seniors. Both have a real impact on their health – and access to health care.

The issue of Chile’s ageing population only really hit the social agenda in the mid-90s. Since then, national commissions, working groups and seminars have been held. But oddly enough, says Quijada, a retired medical technician, the influence of seniors themselves has dropped as the issue has become more popular politically.

“When we wanted out in 1990, the government provided us with offices and funds to operate. Now we get very little support, and we find we’re often not invited to the table when the authorities meet to discuss policy matters,” says Quijada.

Privatization of health care worsened the problems of chronic poverty

Today, the figures show that 85% of Chileans are not covered by health insurance. The government’s 1992 plan, which included a reduction in the number of public health clinics and the opening of private health centers, made matters worse, according to Quijada.

“Today, the government provides us with offices and funds to operate. Now we get very little support, and we find we’re often not invited to the table when the authorities meet to discuss policy matters,” says Quijada.

Some 85,000 seniors have a nutritional supplement, although they often share this with the rest of the family, particularly children, says Molina. Nonetheless, the base figures look impressive: since 1992 Fonasa has provided services to 181,000 pairs of glasses, 14,119 hearing aids, 13,339 cases and 4,687 wheelchairs. It has also ensured 16,995 people get cancer operations, 2,577 prostheses, 1,953 hip replacement surgery and so on.

The problem is, no one knows how this compares to demand – there are well over one million seniors in the country, “well over half” living in poverty, according to Molina.

For Molina, prevention based on exercise and nutrition is the key to health for the elderly. He points to a study recently published in the New England Journal of Medicine that indicates that a shift away from a sedentary lifestyle to walking produces a greater impact on health than, for example, if a walker takes up jogging. “But the city is full of barriers to seniors, stoplights that are too short to allow them to get across the road, for example,” says Molina.

Nowadays, some of the wealthiest municipal government offices classes for seniors in everything from conversational French through yoga, guitar and aerobics. The impact for those who participate is enormous. But for seniors in most of Chile’s poor and middle income areas, these programs are not being funded.

Health care – and its financing – is highly fragmented. A senior goes into hospital for surgery; for example, the hospital, the anesthetist, the doctor, the tests required and so on. Each is billed individually, making it virtually impossible to control, or even to predict costs.

Within this framework, funding prevention programs, including the exercise or self-help groups that experts like Quijada and Molina view as essential, will be very difficult.

• Luke Sagrera is a Canadian writer, poet and journalist who has lived in Chile for about 20 years.

100 de Internacional

EXERCISE CLASSES abound in well-to-do neighbourhoods, but recreation is a new area for public policy. For example, there are only five indoor pools in all of Santiago, a city of five million.

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Sub-committee targets goals

- change benchmarks;
- foster new attitudes within HEU on trades issues;
- educate HEU leadership/staff on trades skill levels;
- review scope of work;
- press for new pay rates;
- advocate for apprenticeship programs;
- build alliances on contracting-out issues; and
- work towards new training and upgrading opportunities.

Benchmarks spark discussion

NEW benchmarks, apprenticeship programs and a flexible seniority system. These topics dominated a lively discussion at the first-ever forum on trades and maintenance issues held Sept. 21 at Vancouver General Hospital.

More than 40 trades and maintenance members from the Lower Mainland and Fraser Valley met with the new Provincial Executive Trades Subcommittee in the first of a series of regional forums planned for the coming months.

The shortcomings of the current benchmarks dominated discussion. Many trades workers insisted that the current MW benchmarks mean some HEU members are contending with provincial negotiations by performing trades duties for which they're not ticketed.

Other participants noted that in 'The sub-committee supports apprenticeships' many cases the opposite is true. Tickets workers performed trades duties while filling MW classifications, a situation which lead Royal Columbia plumber Mike Adams to conclude that HEU must act to change the situation where a ticketed member is doing trades work without the proper classification.

The sub-committee supports apprenticeships as one method of addressing benchmarks. The group wants that participants generally supported, though sub-committee member Neil Anderson, a plumber from Lion's Gate, met with the fact that we got to be a lot of consultation with trades workers' before such a program is implemented because of the impact of seniority. "Your apprentice could end up being your boss," added Anderson.

Nursing team examines its role in health care today

About 40 HEU members attended the second Nursing Team Forum on Oct. 4 at Vancouver General Hospital's Nurses Residence.

Nursing Team Committee chair Dan Hingley got the ball rolling with: this is for you to talk to us, to tell us your concerns.

Helen Siene, a care aide from Vancouver General, said she is from the 'old school' of nursing, where everyone worked together. She said, "New RNs are completely in the dark about what LPNs can do. They don't know anything about team nursing."

This became one of the themes of the forum discussion: the fact that RNs are not being educated to practice team nursing.

That may be one of the reasons for such resistance from them, even though, as RN Shelia Ackee said, using LPNs and care aides to their full scope could greatly alleviate the workload problem faced by so many RNs. Recently arrived from Ontario and working at VGH, LPN Cynthia Dembrovski said in assessment, "RNs here have no idea what I can do."

LPN Marilyn Thornton talked about the struggle to change the language describing the relationship of LPNs and RNs.

Nursing Team Committee member Doreen Flueff added care aides about their concerns.

Montague Laframme, a care aide from Chilliwack, said that she works both in a hospital and a long-term care facility. The workload is much heavier in long-term care, she said.

Care aide workstation dominated the discussion which followed.

"We need to talk about ways we have of measuring workload," said Hingley. Counting tasks, giving points to different types of tasks and dividing hours worked by residents taken care of were some of the tools suggested.

"Just be careful," said Hingley. "If you give management numbers, they can easily change them and use them as a tool to reduce staff."

The care aides - and for the matter the LPNs and RNs - job has changed dramatically in the last 10 years. Sometimes a care aide may be taking care of the number of patients, but since the level of acuity is so much higher, the workload is much heavier.

Members had questions about the $35 million nursing team initiative, especially care aides from Holy Family and a PCA from UBC, all of whom had applied for an LPN upgrade and been turned down.

The initiative provides for opportunities for care aides to upgrade to LPN's in long-term care facilities where the employer feels there is a need to do so. Teresa Bennecke, HEU's assistant secretary-business manager, says that if an employer says no to a requested upgrade, the care aides in the facility must lobby the employer and show that there is indeed a need for (more) LPNs.

Members then moved the discussion to finding solutions, and there was general agreement that care aides and LPNs have to be their own advocates - in their union and at the job site.

Violence always stressful, not always physical

England's Health and Safety Executive has formulated a definition for work-related violence. It is, says HEU, any incident in which a person is abused, threatened or assaulted in circumstances relating to their work.

Stress always accompanies violence. The International Labour Organization links even some non-physical, or psychological, types of violence to stress and depression.

Violence, says ILO, should not exclude the following: BULLYING: one of the fastest growing complaints of workplace violence, offensive behaviour through vindictive, cruel, malicious or humiliating attempts to undermine an individual or group of employees;

MOBBING: gathering up on an employer and subjecting that person to psychological harassment;

WORKING ALONE: staff, ancillary workers and workplace reorganisation has left more workers isolated and at risk, those working outside normal hours - cleaners, maintenance or repair staff - are at a special risk of suffering physical and sexual assault. The Guardians will be examining work-related stress in an upcoming issue. G U A R D I A N • S E P T E M B E R / O C T O B E R 1 9 9 9 1 3
He touched many lives

BY DAVIDS

OR DAVIES will be remem- bered by his co-workers and retirees of Vancouver Gen- eral Hospital as a kind man who very quietly helped others. He passed away on Sept. 23, 1990 after a long illness.

He was an HEU activist, serving on the Provincial Executive as regional vice-president for the Lower Mainland from 1980-82. He was also a very busy committee member whenever the Conven- tion and Wage Policy were in the works.

But mostly he was a person who was concerned about his fellow workers, including after they had retired. Gwen Burkhart, his retired HEU mem- ber, says, "He will be mightily missed, let me tell you. He did a lot of things for a lot of people, especially retired.

HEU member Judith Wake says when Davies took over the administration of the union's retirement "wallet" it was in a state of disarray. "Rob didn't say any- thing, he just set to work and fixed everything behind the scenes. The pen- sioners got their "wallets" and were cer- tainly happy about that."

He also spent a lot of his time with retirees - he was really their advocate. Once a week he would get them together to pay crip- sles or for other activi- ties. He had a real rap- port with them - as he had with all people.

People talk about his quietness of hus- tle. We remem- bered that he was known as a truc- k driver on the job. But in time he told his wife he was bringing a dray home for a couple of weeks and that he wanted her to take care of it. "Just joking, of course."

One of his passions was motorcycles, and he was a long standing member of the Goldwing Motorcycle Club.

Lee Bibby, WHG active and current PE member, says Davies was the person at the local who really helped people. "He got along with the members on a personal level. For instance, one member just killed with during parents' health. He couldn't pay his bills or take care of himself. Rob took him into his home and let him stay until he was able to be on his own again," he says. "He was what a union brother should be - the gen- erous article.

He was not a person who tried to grab the spotlight he just unobtrusively helped people. But they knew they appreciated it, and they are so very sad he is not going to be around to enjoy his own retirement.

He was just about ready to go on early retirement when he had to quit working because of his illness - about two years ago this coming Christmas.

Patrick says, "He was really helpful and good. He would do anything for you. Everyone liked him."

Davies is survived by wife Meryl, daughters Susan (Mark) MacRae and Janet (Mark) Windolph, five grandchildren and a sister.

An Open House in Davies' honour was held at the Legion in Coquitlam on Oct. 1. It was standing room only and was a fitting tribute to a man who touched so many lives.

HEU's welcome mat

HEU welcomes 75 new members as or- ganizers continue to reach out to workers in the independent and com- munity social services sector.

Fifty-five health workers at private, for-profit, Hollyburn Home In West Vancouver, and three at Cedar Ridge Manor, a residential group home in Cranbrook, joined us in August.

Four care providers at Kootenay Kwik Group Home and seven from Jud-Mar Enterprises became HEU members in September. Both are mental health resi- dential care facilities funded by the Ministry of Children and Families and are in the community social services sector.

And pending the outcome of an up- coming LRB hearing, six clerical em- ployees at the Kerrросс Diagnostic and Treatment Centre should soon be our newest facilities sector sisters and broth- ers.

Finally, HEU organizers have moved to the Provincial Office, Vancouver Site, from the Abbotsford Site and are settling in nicely.

Good to have you here!

COMING UP ON WORKING TV

The Road to Seattle

Through November and December Working TV will focus on resistance to the New World Trade Organization (WTO) meeting in Seattle. On the same day labour and citizens groups are organizing the "biggest rally against economic globalization in history" be there! Or if you can't - watch it unfold on Working TV.

Funded in part by the Hospital Employees' Union. Regular broadcast times for Working TV are Fridays at 7:30 p.m. and Mondays at 8:30 p.m. In the Lower Mainland: Tuesday at 8 p.m., Wednesday and Thursdays at 8 a.m. on Kootenay Cable TV (Kimberly 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

Definition of economist: There are three kinds of econo- mists - those who can count and those who can't.

Workers tell it like it is: When a drug store in New York asks out the hiatus of phar- macy employees, the four mem- bers of a health care union showed up for their shifts any- way. They joined the customers' writing in. They explained why they couldn't help them, and encouraged them to complain to management. When a few weeks, they were back working on their old shifts.

Speaking of coffee: You're drinking too much cof- fee when the only time you're standing in a church.

Poor baby! You need to equal a big tub- filled with hot water. The man of the house has the privilege of nice hot water, then the boys and other men, then the women and girls. Last of all was babies. By then the water was so dirty you could actually lose someone in it. Hence the saying, 'Don't throw the baby out with the bathwater.'

What's we made of?: If the world were just 100 people, this is what it would look like: 57 would be Asians, 21 Europeans, 14 from the western Hemisphere and 8 from Africa. Out of the 100, 52 would be females, 70 would be white, 14 would be homosexual. Six would possess almost 60 per cent of the total wealth.

It used to mean ...

• bag: Making a wood stove
• bag off: Don't add any more wood
• monitor: Keeping an eye on the wood stove
• download: Getting the fire-
Anderson bids
HEU good-bye
Long-time HEU
activist Rachelle
Anderson retired July
30 after more than 40
years as a nurse on
the North Shore. She
filled almost every position
in her HEU local and also
served on the Provincial
Executive and as Nursing
Team Committee chair. A
strong advocate for better
LPN utilization,
Anderson says she’ll
stay involved in the
LPN Association of
B.C. of which she is
20th vice-presidents.
One of the high
points in her years as a
union activist was the
was the smartest move HEU
ever made,” Anderson says.

The
Superannuation
Commission
has launched its
PUBLIC WEBSITE
<pensions.gov.bc.ca>
HEU members can access an
customer-service portal for
their Municipal Pension Plan,
as members of other pension
plans administered by the
commission. For information, contact the
commission toll-free at (250) 355-
9591 or e-mail at pensions-
line@gems3.gov.bc.ca.

Boycotts, strikes and
lockouts
The following list was
compiled from the B.C. Federation
of Labour and the Canadian
Labour Congress.

In Memoriam
Sarah Catherine Smith
HEU Joins family and
friends in mourning the pass-
ing of our union sister,
Sarah Catherine Smith. Sarah
worked as a nurse aide at Royal
 Columbian Hospital for 15 years,
retiring in 1972. Her son,
Herb Smith wrote in his
er mother’s obituary: “Sarah
was a proud member of the HEU
and always wore her union
button when she went out.”

HEU’S CONFIDENTIAL
HUMAN RIGHTS HARRASSMENT
PROCESS
Complaints investigators
will help if you are being
harassed at work because of:
• sex (including sexual
harassment)
• race
• sexual orientation
• disability
• religion
(see Art. 4.0 of the
Facilities
Services Agreement)
1-800-310-6886
call for a recorded message

EQUITY PHONE LINE
1.800.663.5813, ext. 514
Lower Mainland 739.1514

press 1
Ethnic Diversity
One union, many cultures!
Working across our
differences! To participate,
please call and leave us your
name.

press 3
Lesbians and Gays
For support ahead of being
identified, feeling isolated,
want to know your rights?
Call for information on same
sex rights, fighting homo-
ophobia 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 invisible or
visibly disabled in the
workplace, let us know how
the union can better meet
your needs.

ALL CALLS ARE CONFIDENTIAL

TALK TO US . . . TOLL-FREE!
You can call any HEU office toll free to deal with a problem or to get information. It’s fast, it’s easy and it’s free.

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• Vancouver site
  1-800-663-5813
• Abbotsford site
  1-800-404-3000
• Victoria site
  1-800-742-8001
• Nanaimo site
  1-800-347-0392
• Courtenay site
  1-800-624-9940

NORTHERN OFFICE:
• Prince George
  1-800-644-6539

DIANA GORN OFICE
• Kelowna
  1-800-219-9499

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1. save HEU money
2. save trees
3. get your Guardian quickly
by notifying us promptly of any change of address.

Just clip this coupon, which has your mailing label on the back, fill in your new address below and mail to the Guardian, 2006 West 10th Ave., Vancouver V6J 4P5.

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Forums held in Vancouver

Show of strength

Business Summit opposition

Victorious in Victoria