Our future, our health care

With back-to-back Convention and Wage Policy on the immediate horizon, HEU members begin to prepare negotiating their next collective agreements.

We can do it best
HEU releases an important new guide to bringing contracted out services back in house. PAGE 10

Flying high
Feminist Joan Meister overcame obstacles that stood in her way. PAGE 4

Doctors withdraw services
Although B.C. doctors have no collective agreement, many used union tactics and withdrew their services during the summer and early fall. PAGE 3

Poultry workers struggle
UFCW workers are engaged in a bitter fight against Superior Poultry. PAGE 11

GUARDIAN EXCLUSIVE INTERVIEW

CAN UJJAL TURN IT AROUND?

British Columbia Premier Ujjal Dosanjh faces an uphill struggle in the run-up to a provincial election. We talked to him about where health care fits in the picture.
COMMENT

Get ready for the battles that lie ahead

by Chris Allsatt

LOOKING INTO THE FUTURE is a difficult task, but as we head into a Convention and Wage Policy Conference and the next round of bargaining we must try. We must also look at the past, celebrate our victories and learn from our failures.

With a provincial election to be called in the not-too-distant future, there are many uncertainties on the horizon. But I am confident that HEU and its members are up to the challenges of a possibly adverse change in government.

It is not easy being a union activist in the year 2000. We’re under constant attacks in the corporate-controlled media. But we’ve learned how to fight for what we want and believe in, and we’ve developed a depth of activism across the past 10 years under the NDU government that will stand us in good stead for the battles that lie ahead. We will set our own agenda at Convention and Wage Policy, and I am confident that we will emerge still fighting for fair wages, benefits, safe working conditions for our members and public Medicare. We will continue to fight for justice. As health care workers we are ourselves as the helpers of those who are ill, injured or disabled, yes, but also those who are needy in other ways. Like the poor. Like seniors and young people. Like workers in other lands who struggle against unjust governments or corporations. And we want our union to care about those people, too.

We need to celebrate our victories on pay equity, our winning of employment security, our model social services contract, our advocacy for modernizing Medicare, our return in the return of the Nursing Teams, the establishment of the Occupational Health and Safety Agency and our efforts to take down the wall between the community and facility health sectors (this will come to fruition in the next round of bargaining, with an agreement we’ve reached with BCGBU and UFCW). There were obstacles we were not able to overcome. But the boss was still hunting us — with the number of injuries rising by 12 per cent between 1995 and 1999. Wages did not keep pace with the rate of inflation. These must be harder fight.

In the process of fighting for our future and our health care, HEU members have gained a measure of respect while working cooperative and supportively with actions on Medicare, with members of the disability community on rehab services, with churches on Fighting the World Trade Organization, with women on pay equity issues and with students on a job bank. We have a fighting approach that not only slams bad ideas, but proposes credible, concrete alternatives. And we’re prepared.

I am confident we will come out of Wage Policy and Convention with our membership solid and ready to bargain.

Guardian

“In humble dedication to all those who lie in line.”

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Now she can build bridges

I would like to thank HEU for giving me the opportunity to attend the Building Bridges Women’s Health Conference in Victoria April 29 to May 1, 2000. It was a wonderful experience, and there were so many interesting workshop topics to choose from.

Professional women such as research scientists, doctors, lawyers, nurses and many other health professionals spoke about changes in health care and of the many complex situations women face every day.

I think the most eye-opening experience was of a young woman who had been caught up in prostitution since the age of 13. Her remarkable story was relayed with a dry eye in the auditorium. I realized each woman there had their own individual story of coming barriers, finding a niche in the world where she could make a difference and be happy doing so.

It was the most wonderful conference I’ve ever attended. When I look forward to the horizons on a daily basis, I feel happy and I feel renewed.

Sylvia Davies
Care Aide, Cariboo Lodge

Voice/mail

The Guardian Welcomes Your Feedback. Send letters to 2006 WED 1175 AV., Vancouver, BC V6Y 4Y5 or phone 1-800-250-9594. Please be brief.

LETTERS TO THE EDITOR

Let’s use our nursing team

During the time spent with the Nursing Team I was very shocked to hear from Care Aide/Den LPNs about the extreme work load issues they face on a daily basis. We desperately need more nursing power to help our members cope and reduce their injury rate.

Another point that bogged my mind was the difference in facilities not letting their LPNs work to their full scope of practice. They say we have a nursing shortage. Well I say we have an educational shortage. If Care Aides and LPNs could be utilized there would be no longer a nursing shortage and no need to close beds or transfer patients to other hospitals. I agree that not all health care workers need to or want to upgrade, but it’s not stand in the way of those that do.

PEGGY TANNER
LPN, (Queen’s C.R. Baker)

A modest proposal

Beyond addressing workload and wage issues, there is a very simple and measure to deal with health care staffing shortages that has been overlooked.

Those who choose to enter the health care field in which there are recognized shortages of qualified staff should be given the following choices — to pay for the training themselves, in which case they could work wherever they wish, including outside the province, or to accept the training at no cost.

Those choosing the latter would agree to work within the B.C. health care system for the equivalent of over 10 years at full-time hours, with violation resulting in the cancellation of licences, with certain reasonable exceptions. This would have the additional benefit of making training available to those who otherwise might not be able to afford it.

TONY WILDEMAN
LPN, Vernon

THANKS, but no thanks

In a recent HEU newsletter to members entitled “Mayday is Payday” (Pay Equity), paragraph six of that letter read:

“The total amount of interest due remains in dispute. Once this dispute has been resolved, all who are facilities sector members as of May 1, 2000 will receive a flat dollar amount pro-rated based on the hours worked between April 1, 1999 and March 31, 2000.”

Paragraph seven read:

“Staying interest to all members recognizes that all members deserve compensation for non-wage elements of comparable with the direct government service including hours of work and personnel. And all members have played a role in this pay equity win.”

This action, in the collective view of the B.C. Hospital Trades and Maintenance Workers’ Association and board of directors of which I am chair, is an unacceptable course of action for the union to take in order that interest on retroactive pay belongs only to those persons due such pay and not any others.

ACCORDINGLY, the board of directors at our present at our June 14, meeting, voted unanimously to decline (as individuals), any such payments.

BRAD SMITH
VP-Wright, Lions Gate Local

Now she can build bridges

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Sylvia Davies
Care Aide, Cariboo Lodge

The Hospital Employees’ Union is the B.C. Nurses’ Services Division of the Canadian Union of Public Employees.
NDP funding boost is good news, says HEU

The injection of an additional $250 million in health care funding by Premier Ujjal Dosanjh in mid-September is an important first step in a long-range plan to deal with the problem of overcrowding in the system, protect against privatization threats, and modernize Medicare, says HEU president Fred Mortin.

“We’re pleased with the NDP’s funding initiative,” says Mortin. “Health care providers have been warning under tremendous pressure to keep our system going, so the addition of new funds will help. And increasing the capacity of hospital operating rooms to deal with wait list pressures will protect against privatization.”

Mortin also praised the leadership role Dosanjh played in recent First Ministers’ discussions in Ottawa that closed the deal for over $20 billion more in federal health funding in the next five years. “Our premier was the only one who raised the alarm about privatization,” he said.

The $250 million announcement, which includes $180 million for hospitals and an additional $70 million for equipment purchases, is part of a long-range government action plan that HEU anticipates will include future funding boosts for continuing care programs for seniors and the disabled, and a much-needed increase for home support.

About $10 million of the equipment funding is still needed for health and safety equipment purchases in the workplace. “If employers purchase the right equipment it will have an impact on reducing the injury crisis,” says Mortin. Health authorities will coordinate purchases with the Occupational Health and Safety Agency for Healthcare.

Key appeal won, unions go after wall

While HEU won a landmark victory in its appeal of a Labour Relations Board decision on the transfer of members to the paramedical sector under Bill 28, the union is stepping up its efforts with two sister unions to press Victoria to remove the wall between the community and facilities bargaining units.

HEU along with CUPE and BCGEU had launched an appeal of a 1998 labour board ruling which held that when health services and support employees are declared to be paramedical professionals they automatically become members of the Health Sciences Association.

But in the appeal ruling in late July, the board said the original decision was flawed, and agreed that employees retain membership in the union they belonged to before the transfer.

“We’re very happy with the outcome,” says HEU secretary-business manager Chris Allnutt, “Because it restores the authority of Bill 28, which set out a fair process for transfer between bargaining units.”

Meanwhile, Allnutt says HEU, BCGEU, CUPE and the United Food and Commercial Workers Local 1538 are making headway in their efforts to get government to remove the wall between the community and facilities sectors and create one bargaining unit for health and support workers.

“Working together has been an extremely positive experience,” he says. “We’re confident that we’ll be able to move government the final step to knock down the artificial barrier between these sectors.”

When PREMIER Dosanjh entered the Sept. 11 First Ministers’ meeting in Ottawa, CUPE president Judy Darcy and Medicare advocate Shirley Douglas encouraged him to press for an agreement on health care funding to strengthen public health care. “Dosanjh was the only premier at the meeting to call for an end to the encroachment of privatization in health care,” says Darcy.

NDP government officials indicated that the federal government would put forward a new health care funding package in 2001.

HEU members and others in health care are represented by their unions, exclusive bargaining agents which together form sanctioned bargaining associations. Members abide by the collective bargaining process and honour their agreements. Specific procedures govern strike votes, notices of job action and essential services levels. In contrast, the rural doctors are not bound by procedures and protocols.

They’ve used union strategies and terminology

More than 300 rural physicians and specialists have withdrawn services at hospitals across the province. They’ve used union strategies and terminology to back their concerns about heavy workloads and insufficient pay.

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She turned adversity to opportunity

by Dale Fuller

As a young student activist at Simon Fraser University, Joan Meister started a journey. She had no idea where the road would lead, nor that eventually she would travel it not walking, but in a wheelchair. "SFU in the 1970s was a happening, political place," says Meister. "That was where I became aware of the bigger picture, and where I fit in it."!

After she earned her honors degree in English, she landed a job at the university's library. Her union was the Association of University and College Employees, AUCE. Meister attended a meeting to find out about contract negotiations that were set to begin. Little did she know that was tantamount to volunteering to be on the bargaining committee.

"They gave me a binder, a pad of paper and two sharp pencils," she says. "This was the first time I visited a staff position at the union. But then my life took an unexpected turn. Diagnosed with multiple sclerosis, she left her new job and went on long-term disability. And began life in a wheelchair. She was 30 years old.

It wasn't long before Meister made an interesting discovery. "I had been involved with the women's movement the whole time I was doing all this other stuff. When I started using a wheelchair, I realized that the women's movement, and for that matter the labour movement, never got it about access and disability," she says.

The disability community didn't look at things from a feminist perspective, either. "I found most of the political work I had done before was suddenly inaccessible to me. My former world had too many stairs," she says.

Meister figured a new organization was in order. So she and some other women in the same situation...
WHAT WE'RE UP TO

HEU members win resource guide to help members access funding from the Health Labour Adjustment Agency for training programs and basic skills upgrading.

On May 24, HEU students from Langley General Hospital graduated from an ILAAN Basic Education and Skills Training program.

Guide helps access training

The second section offers summaries of sample HEU training proposals that have been, or are in the process of being, funded by the ILAAN. These summaries will help members choose the training program that best meets their needs. There are proposals for these work education areas: activity aids, basic AID, BSET, dietary, information technology, nursing and unit clerk. Full proposals are available by contacting Terry Anderson in the Provincial Office at 604/714-1584 or 1-800-663-5813, extension 584.

Stampin' Chaos

On Sept. 9, the Canadian Labour Congress and the B.C. Federation of Labour sponsored a youth festival called Stampin' Chaos in downtown Vancouver. It was modeled on the successful Fall Festival the CLC held last year in Toronto.

A sitting Jennifer Neely, chair of the Victoria's Kardiel local, was at the event as was Sunnie Altman, a member of the executive committee at Central B.C. with its broad load out leaflets, stickers and buttons. Not to mention the munchies!

Many unions and progressive youth organizations set up tables in the font yard at Robson Square. Although it was pouring rain, there was a small - and mostly youthful - crowd at the event. HEU's table was the most popular as someone had the foresight to bring chips, cheeses and pretzels.

40,000 receive pay equity

M --k Sept. 8 as a red-letter day for more than 40,000 HEU members who will receive $10 million in retroactive pay equity adjustments after a four-year wait. "It's a milestone on the decades-long road to achieving gender-neutral pay rates in health care," says HEU secretary-treasurer Chris Allmart. HEU mem-

bers in the facilities sector received gross payments ranging as high as $5,600 to cover the four-year period from April, 1996 until earlier this year when long overdue pay equity adjustments were finally implemented.

Hell Knaun, at Vancouver's Finsdale-Canadian Care Home, told a Vancouver newspaper, "You don't do this for the job -- but it's nice to be recognized for the job you do."

The award fulfilled one element of the pay equity language that's been part of HEU's facilities collective agreements since 1992. The language calls for a comparison of the wages and benefits of HEU members as compared to those of workers in the direct public service.

Independent arbitrator Stephen Kell- erer determined the cost of achieving this by the cost of pay equity was $2.5 million in 1996 plus improvements to maternity and parental leave.

Many health care workers are still years away from meeting their pay equity targets. This province needs comprehensive pay equity legislation so that gender-based wage discrimination can be addressed fairly across the public sector in a systematic way," says Allmart.

"But in the absence of such legislation, we'll continue to fight to close the wage gap at the bargaining table."

But even now, there are some deploy-

ers who are refusing to deliver.

They've unilaterally denied significant-

pay equity adjustments and im-

proved maternity and parental leave benefits to more than 1,000 HEU mem-

bers who work at 27 health care facil-

ities formerly covered by independent agreements.

That's angered HEU activists and ex-

pectant moms Michelle Kelly, a care aide at Mission's Pineview Care Home. "We're all doing the same work and are covered by the same agreement," she says.

To fight back, Kelly's local organized a high-profile public information session on Sept. 8 that resulted in hundreds of signatures on a petition.

HEU will try to resolve the matter in front of Kellerei on Nov. 27. "If we're not satisfied with the outcome of the hearing," says Allmart, "then resolving this impasse will be front and centre in the upcoming round of collective barg-

ing.

Liberals shut us out

B.C. Liberal leader Gordon Campbell has probably met more HEU members this fall than ever before.

That's because the opposition leader embarked on a province-wide 'tour called as a 'dialogue on health care.'

But HEU members who've turned up at Campbell's whistle stops are having a hard time getting heard.

And with few exceptions, HEU mem-

bers aren't on the guest list as round

able table participants. As observers, they can't participate or ask Campbell about his views on critical health care issues.

Eleanor Schmidt, the chairperson of HEU's Nelson local, went to the round table in her community to tell Campbell about her facility's costly experi-

ment in privatized food services.

But Schmidt was frustrated to find that representatives of other health care unions plus a selection of civic politicians and physicians had seats at the table and a voice in the discussion while she did not.

"HEU has many constructive sugges-

tions for improving the delivery of pub-

lic health care in a more cost effective manner," Schmidt told Campbell in a letter.

With the tour half complete at press time, HEU secretary-business manager Chris Allmart says, "If the Liberal leader is serious about this consultation, he'll listen to our members' suggestions for modernizing health care."

HEU activists leading fight for elder care

As the union eagerly awaits an announcement of increased funding for long-term care and home support, HEU activists have been battling priva-

tization attempts at extended care facili-

ties in Burnaby and Victoria.

HEU secretary-business manager Chris Allmart says government has pledged to increase community and continuing care funding and bolster vital home support services.

"Improved services for seniors and the disabled is a crucial element of HEU's plan to mod-

erate Medicare," says Allmart. "So it's imperative that Victoria increase funding in this sector on par with the $100 million dollar boost to health authorities Sept. 19 for expanded acute care services."

And Allmart urged government to formally announce already approved capital funds to build 2,000 new long-

term care beds and upwards of 500 assisted living spaces to address urgent demands. Allmart expects that the majority of the new beds will be public or not-for-pro-

fit.

HEU members are fighting plans by the Simon Fraser Health Region to close the 205-bed Cascade Residence extended care complex and replace it through a public/private partnership (P3). SFRHS fall plans for a new facility may de-

crease the number of extended care beds in the region by 100.

In the Capital Health Region HEU activists have mounted a campaign against the use of P3 to replace the mould-ridden George Road Hospital.

"Data shows that for-profit long-term care is overwhelmingly poorer in quality and in the long run more expensive than not-for-profit care," says Allmart.

In November, HEU, in conjunction with the RCNEU and the Canadian Centre for Policy Alternatives will release groundbreaking research uncovering Medicare's weakest links - problems with the public/private mix in community care.

HEUBURN, LOCATIONS (Photo, George Halden) while he consults with handicapped panel in Burnaby.
Future full of challenges for all

by Fred Martin

VER THE COURSE of 11 days this October, HEU Convention and Wage Policy delegates’ primary responsibility is to ensure that our union becomes even stronger so that we can successfully defend public Medicare and negotiate fair collective agreements for all of our members. By reviewing and challenging our democratic structures, we ensure that leadership at all levels is accountable and in sync with members’ aspirations.

Our activists, re-energized and armed with a clear definition of our bargaining priorities, must return to their locals prepared to mobilize for success.

In the near future there will be both federal and provincial elections. The recent growth in transfer payments to the provinces for health care, which only increased the national share of expenditures to 15 per cent rather than the original 50 per cent, remains insufficient to repair the damage created by a decade of cut-backs. Health workers have paid a heavy personal price to maintain quality services despite record numbers of injuries, tremendous stress levels and workload overload.

It is imperative that the new money be targeted to improve patient care, rather than becoming buried in global budgets, and that we work closely with our provincial government to modernize Medicare.

Medicare is being besieged by those who value private profit over caregiving. We must absolutely reject the myth that privatization offers any meaningful alternative for society.

Many studies, in Manitoba, Alberta and the United States confirm that publicly provided services are more cost effective and provide better overall care. A system that caters to the privileged few results in winners and losers and ignores the fact that a healthy, well-educated population is Canada’s greatest economic asset.

Medicare is complex. Without a broad range of expertise— with practical nurses, registered nurses, care aides and doctors on the front lines and technologists, housekeeping, laundry and nutrition staff, technicians, clerical and information systems workers, maintenance and store employees behind the scenes—the system would be an impossible burden for anyone to provide top-notch services. The recent rural physicians’ dispute in B.C. is regrettable, given that it ignores the fact that although doctors are an essential part of the system, they are not “the” system.

The strengths for Medicare and for justice and dignity for members are inestimable. Health care means people caring for people. Injured people, unable to work, can’t provide assistance. Burnt out and overstressed caregivers do not cope effectively with increased patient acuity. These limits can only be won by working with a broad-based coalition of other unions and our social partners. We must understand that poverty, homelessness and a lack of education result in poor health outcomes.

Conventions delegates will provide guidance on how best to utilize HEU resources and support our collective bargaining and secure a better deal for local health workers. We must review the evolving function and structure of the Provincial Executive with a view to improving communications, increasing networking and helping to motivate members. Strong leadership at all levels, membership commitment and involvement and clear direction will allow HEU to continue to be a force for progressive change.

GAUARDIAN • SEPTEMBER / OCTOBER 2000
Our future, our health care

Fair, innovative and public is the approach we are taking into our bargaining

BY MIKE OLD

It's hard to imagine a more challenging time to begin bargaining. With a provincial election widely expected in the spring of 2001, bargaining will take place against a backdrop of political uncertainty. The economy is on the mend, but the NDP's new fiscal program could put resources for a settlement in short supply.

Then there are the high profile wage demands by nurses and doctors and a campaign by big business to restrain wages and privatize services. HEU members will need to be more committed than ever to making progress on collective bargaining issues.

And progress is needed on several fronts according to HEU secretary-business manager Chris Allnutt — the union's chief bargaining spokesperson.

"Despite the gains made over the last 10 years — gains that HEU members are justifiably proud of — there are fundamental inequities that still exist between workers in health care in terms of wages, benefits and working conditions," says Allnutt.

**Strengthen employment security and training**

Just how serious would the shortage of skilled health care workers be today without the employment security agreement negotiated by health care unions in the late '80s?

Along with retaining, job sharing and early retirement programs, B.C.'s groundbreaking employment security agreement has preserved the skills and experience of health care workers at a time when thousands lost their jobs in Ontario and Alberta.

But with an aging workforce in health care, training is a critical element of a broad recruitment, retention and retraining strategy in health care — a strategy that fosters a culture of training and upgrading.

It's time to focus on "upside adjustment" by addressing labour shortages and opportunities within the existing workforce.

And the Healthcare Labour Adjustment Agency must have the funding needed to train HEU members to take advantage of contracting-in opportunities and areas of growing need.

**Safe work and safe workloads**

"No worker deserves to be injured and health care workers suffer most of all," says Allnutt. "And it's Care Aides and LPNs who are most at risk."

A new collective agreement must target workload and other OH&S factors that make these members of the nursing team and other health care workers so vulnerable to injuries.

For 77 per cent of HEU members, workload is increasing — and they say dealing with workload issues is the single most important factor in improving working conditions and job satisfaction.

Almost half our members have worked with ongoing chronic pain over a six-month period while 48 per cent report being injured on the job over the past five years.

The new Occupational Health and Safety Agency for Healthcare must be given the resources and support to continue to advance the best practices needed to reduce the human and economic costs of health care workplace injuries.

Allnutt believes that innovative approaches to eliminate the source of most health care injuries include a "no manual lifting" policy and new initiatives to reduce workload.

"Our health care system can't afford the higher WCB assessment rates, staff shortages, increased workload and human misery that result from high injury rates in health care," says Allnutt.

When HEU and its companion unions last set out a strategy for bargaining in 1998, the goal was to win better conditions for caregivers, improve the quality of health care services we deliver and win parity for the community.

HEU's 22nd Biennial Convention is set to take place from Oct. 15 to 20. Wage Policy is hot on its heels from Oct. 23 to 25. There will be a new Provincial Executive and bargaining committee to plan the union's strategy for the upcoming round of negotiations.
First Nations are a priority

Negotiations continue with the First Nations band councils in an in- creasingly complex web of relationships with other health care providers, including First Nations health boards. The new health care agreements are designed to ensure that First Nations people receive the same level of health care as other Canadian citizens.

B.C.’s right-wing coalition will make improvements to the health care system through the implementation of a new funding formula. This formula will ensure that communities receive the necessary resources to provide quality health care services.

New contract for private facility

B.C. plans to increase funding for private health care facilities, including mental health care, addiction services, and continuing care. The new contracts will provide a broader range of services to meet the needs of B.C. residents.

Real-time monitoring and structuring cost reduction

The government plans to implement real-time monitoring and cost reduction strategies to ensure that health care services are delivered efficiently. This will involve the use of technology to track and manage costs, as well as continuous improvement initiatives to reduce waste and improve quality.

Conclusion

With the implementation of these initiatives, B.C.’s health care system is poised to enter a new era of prosperity and growth. The government’s commitment to improving health care services and infrastructure will ensure that all B.C. residents have access to quality health care.

References


WAGE GAP BETWEEN LPNS/RNS

1989

$5.27 per hour

LPN

$5.74 per hour

RN

2000

The difference in top rate wages between RNs and LPNs is widening.

"The Home Support Worker II rate awaits a total of five per cent classification adjustments that were achieved for 1999 and 2000"

TOP RATE WAGE GAP BETWEEN CARE AIDES/HOME SUPPORT WORKER II

APRIL 1, 1998

$18.45 per hour

Care Aide

$16.00 per hour

HSW II

APRIL 1, 2000

$19.69 per hour

Care Aide

$16.30 per hour

HSW II

our future, our health

Fair wages Putting aside long overdue pay equity adjustments over the the last five years, HEU members have received general wage increases totalling three per cent - a drop in purchasing power when compared to inflation during the same period. But despite these modest wage gains, HEU wage levels have been targeted by big business and their allies who argue that lower wages will free up more resources for direct patient care.

These attacks, combined with high profile wage demands of RNs and physicians mean HEU members will have to fight hard for fair wage increases. The B.C. government needs a comprehensive framework to deal with health care wages - one that includes salaried physicians. A fair compensation policy will provide health care workers with the competitive salaries needed to recruit and retain the most skilled and experienced.

"It's time to see some real growth in wage levels as the economy improves," says Allmunt.

Equity for all facilities sub-sector workers In the 90s, HEU members bargained an end to wage and benefit discrimination existing between hospitals and long-term care. But even though HEU members have achieved a common bargaining unit, the 'levelling' process has been stalled by health care employers. And they've refused to deliver comparability to all members who are entitled to it.

"Every member of the facilities sector deserves access to a common wage schedule and benefits," says Allmunt, "It's time to close the gap for those workers that have so far been sideline by health employer mismanagement.

"And every publicly-funded long-term care facility in every community must be able to attract skilled health care workers on an equal footing."

Taking down the wall The expiry of the community health agreement next March is an opportunity to end wage and benefit discrimination in community health.

Women and Children's delegate Ellen Chan takes the microphone at the 1997 Wage Policy Conference.

In the last round, the bargaining association failed to get a commitment from health employers and government to wage parity and adequate pensions.

"It's left a sizable wage gap that's got nothing to do with the work done and everything to do with what side of the community/facilities line our members fall on," says Allmunt. "Why does a Home Support Worker II in the community earn a top rate of $16.30 while a Care Aide earns $19.69?"

Integrating health care delivery regionally and across a continuum of care won't work if varying wages and working conditions are in place. A single bargaining unit for general and support workers will facilitate a more effective, integrated model of care.

The good news is that there's broad agreement among the affected health care unions to pursue a single bargaining unit and collective agreement for all general and support workers - just as in the case for RNs and paramedical professionals.

Pension justice for all Some workers have spent decades providing publicly-funded health care services without having access to the pension plans that cover most HEU members. There's no pension plan available to most community health workers. The same holds true for many health care workers at cer-

B.C.'s right-wing coalition will make its presence felt at bargaining table

When HEU heads to the bargaining table later this year, they'll be taking on more than just health employers.

For more than two years, big business has been campaigning hard for government policies that would make it easier to contract-out or privatize a variety of public services including those delivered by health care workers.

"B.C.'s $8.5 billion public health care system represents immense untapped profit potential for big business," according to HEU's chief negotiator Chris Allmunt. "One of the biggest roadblocks that stands between these corporations and huge profits is the employment security agreement that HEU and other health care unions bargained in 1993."

And these corporations have the ear of B.C. Liberal leader Gordon Campbell who promised to tear up the employment security agreement, which he refers to as 'sweetheart deal'.

But to get employment security, big business and their allies need a better excuse than the unpopular notion of a greater role for the private sector in delivering health care. So they've targeted wages.

Along with big business and certain media, the Liberals are hinting that HEU wages are "crowding out" wages for registered nurses.

And the Fraser Institute argues that if HEU members delivering so-called "hollow" services - housekeeping, laundry and food services - are paid at hospitality industry rates, the health care system would save $200 million a year.

That's $4,500 squeezed out of the wages of every HEU member.

"Forcing thousands of women into low-paid, privatized jobs will do nothing to strengthen health care services," says Allmunt. "In fact, it will have exactly the opposite effect by reducing accountability, increasing staff turnover and undermining the regional co-ordination of services.

"I believe that the public understands that health care services are not hotel services," adds Allmunt. "And that maintaining sterile, virus-free health care facilities is critical to the health of patients."

Allmunt says that Campbell and the business community should take another look at the employment security agreement which has preserved the skills and experience of thousands of health care workers during a period of massive restructuring in health care.
In January 2000, after enduring months of CSSEA's excuses for failing to implement their hard-won collective agreement, Marilyn Rust and other Community Social Services workers staged a rally in Victoria. They bargain again in 2003.

First Nations are a priority

Negotiating contracts with First Nations band councils has a lot in common with bargaining with other health employers, but there are substantial differences as well.

When there are snags in the negotiating process or when a collective agreement just isn't implemented, the problems are resolved by the federal -- not provincial -- labour board. But when the employer is a band council, claims that they cannot afford the wage and benefit demands are not unfamiliar to union negotiators. At a recent First Nations Summit meeting a Stl'atlhkepmc Band Council member complained HEU was seeking wage parity with workers at large urban health care facilities.

"The Stl'atlhkepmc employees are simply looking for the same deal as their counterparts in nearby Queen Charlotte City," says Chris Allum, HEU's secretary-business manager.

And Joe Gosnell, Nisga'a tribal council president, says unions are necessary for First Nations health care workers to obtain wages on a par with the rest of Canada.

HEU negotiations with the Nisga'a are close to an end, with a conciliator/moderator to hear from both sides in late October.

Technical/professional members key to change

Rapidly changing technologies and innovations in treatment mean that our health care system depends on otr-technical and professional members more than ever.

And with looming shortages in certain occupational areas in health care, professional and technical members should be able to work to the full extent of their competencies.

Why it's important to build on the education leave and professional development opportunities won in previous agreements. And expanding the scope of practice for these members means reviewing their benchmarks and providing appropriate educational leave and educational opportunities. Progress in these areas would represent a clear win for public health care.

We can take advantage of the latest techniques in treatment, and provide in-house maintenance and support services for new medical technologies -- rather than signing expensive private sector support and service agreements.

Fighting privatization and contracting out big business has carried out a high profile public campaign for guided labour laws, tax cuts, slashed social programs and wholesale privatization and contracting out of public services including health care.

But HEU members' experience shows that contracting-out results in service cuts and reduced quality as corporations pad their profit margins. High staff turnover, hidden costs, the loss of skilled workers in the public system and a lack of accountability compound the long-term costs of contracting-out.

"Contracted-out and privatized health services will depress wages and throw women workers back into the job ghetto that we've fought so hard to eliminate," says Allum.

"Let's move forward by building on our collective agreement language around contracting-in and providing our members with the tools to provide cost-effective, accountable and regionally integrated support services in our public health care system."

Our future, our health care

HEU's history at the bargaining table is full of proud achievements -- contract gains that advanced the rights and economic position of health care workers while fostering innovations that have strengthened the delivery of quality health care to British Columbians.

But much of our bargaining projects of the past -- a single health care agreement, full implementation of levelling, the achievement of pay equity and the reduction of workplace injuries -- are works in progress.

And there's still more that can be done to strengthen Medicare through stronger contracting-in language, improved training and education provisions and other measures that help recruit and retain experienced and skilled health care workers.

"It will take a lot of work at the bargaining table and in our communities to keep HEU bargaining interests front and centre and to turn back demands for concessions," says Allum.

But we've hesitated during difficult times before and made tremendous gains for our members and for Medicare. And we will do it this time, too."
International outcry falls on deaf U.S. ears

by André Bueno

The United States is viewed by thousands around the globe as the pinnacle of democracy and the land of freedom. Many of us think that means Americans are entitled to voice their concerns in a democratic way. Unfortunately, if Americans oppose their government's policies at home or abroad, they are prosecuted and punished. They have their constitutional rights infringed upon and violated.

There are currently over 200 political prisoners in the U.S. Muna Muna Ali-Jamil and Leonard Peltier are two of them. Alba-Jamil, an African-American journalist, has spent the last 18 years on death row for a crime he did not commit. He has written from his death row cell on social and economic injustice for workers and the oppressed.

This is just a continuation of the journalistic microscope he turned on police brutality, racist abuse by the authorities and corrupt public officials before he was charged with murder and jailed. Unless the movements to free Ali-Jamil is successful, this eloquent "voice of the voiceless" will be silenced. And that is despite the fact that there is a mountain of evidence that he is innocent.

His trial was a miscarriage of justice where key witnesses were coerced and intimidated. His trial judge is infamous for sending

Hispanic and African-American defendants to death row.

Peltier is a First Nations American who stood up against oppression by fighting for Aboriginal rights. He was arrested in Alberta for the murder of two FBI agents on the Pine Ridge Reserve in the U.S. during a shoot-out between the agents and residents of the reserve. The U.S. was successful in having him extradited based on eye-witnes.

ness evidence, which the American government knew had been coerced from the witness.

Even though the whole case against Peltier rested on that eye-witness account, and even though he has served 24 years of his two life sentences, the American "justice system" will not grant him his freedom. During his parole hearing, there were several demands of letters in support of Leonard Peltier. Still, he was denied his liberty.

"Amnesty International considers him to be a political prisoner who has exhausted all legal methods available to win his freedom. But so far the powers that be have not listened. That is no reason to stop trying. You can access two websites to find out more about Peltier and Ali-Jamil: www.freemuna.org and www.freemuna.org.

* André Bueno is a social activist and Victoria General local member

LUNCHTIME AT THE Café Columbian and Hetty Olszewski serve a treat to HEU members Pat Spurr, Stan Bowen and Kay Melville. Catering to visitors, employees, patients, physicians and volunteers, the café has been a big success. The café is wholly owned and operated by Royal Columbian Hospital.

Toolkit shows how it's done

HEU members who want to bring contracted-out services back into their facility will soon be able to refer to the union's new Contracting-in Toolkit. The kit will show union members how step-by-step, they can make a good economic case to their administrators to provide certain services in-house.

It contains practical advice and success stories to inspire, like the coffee block and deli at Royal Columbian Hospital in New Westminster. In 1995 RCH contracted out a coffee and food block to a multinational corpora-

lation. But a new director of food and nutrition services for the Simon Fraser Regional Health Board initiated a review of the contract in 1997, and a Healthcare Labour Adjustment Agency study recommended in-house operation of specialty coffee bars at RCH.

In June 1999, the hospital terminated the contract and revamped the hospital coffee shop as the Café Columbian. This was the result of several years of organizing by HEU members, the forward-looking approach of some managers and support from FLAAA.

HEU and BCGEU worked with the Health Employers' Association to examine current and future roles of LPNs and Care Aides in acute and continuing care facilities with $200,000 in funding provided by the NDP government. The joint committee looked at current utilization issues and roles, and examine challenges and success in the change process. And it reviewed relevant literature, organization and practice in other provinces.

The research confirmed B.C.'s has the lowest LPN to RN ratio in Canada, and that LPNs here are frequently not used to the full scope of their competencies. The committee called for low utilization to be replaced with inter-jurisdictional conflict with RNs and the inability to recruit qualified LPNs.

Meanwhile, Allutt said BCGEU has agreed to join HEU in a process coordinated by the B.C. Federation of Labour to discuss multiple concerns about the roles of LPNs and RNs. Fed president Jim Sinclair proposed the idea at a Sept. 27 meeting between the parties.

At that meeting, HEU raised concerns with BCGEU's wage comparisons between RNs, LPNs and Care Aides that featured prominently in a recent news story.

Vote readied on key pension plan changes

HEU members will soon be voting to reaffirm important Municipal Pension Plan changes that will give workers more control over key issues like increased pension payments, if a retirement fee for a province-wide ballot is approved at the union's Oct. 13 to 20 convention.

The Provincial Executive supports the changes that will provide for joint union/employer governance of the plan, which opens the door for further changes like increased pensions for retirees in the future. If the referendum motion is approved, HEU staff will work with local leaders to develop a schedule of community-based votes in October and November.

The members will also send a direct letter and other information to members outlining the changes. In addition, background materials produced by the Municipal Pension Plan are being distributed in workplaces across B.C.

It's proposed that workers and employees run the plan jointly, and HEU would be represented. Surveys, which occur when contributions and investments exceed benefits, would be shared. While our pension plan will be run currently in sur-

plus, future changes could also be shared.

And part of the agreement for change contains provisions to establish "fail-safes" that will reduce the likelihood of future shortfalls.
Poultry workers cry fowl

Heavy-handed tactics won't break poultry plant picket, says union

G OON SQUADS, picket line harassment and a charred chicken named Union Bruce: these are some of the elements of a dramatic battle for basic union rights being fought by more than 220 poultry workers in Coquitlam.

They've been on the picket line since July 23 fighting for a first contract that addresses deplorable working conditions and low wages. According to the workers' union, Superior Poultry has retaliated by hiring a goon squad that has been harassing picketers and their supporters.

The employer has already been fined for a series of Labour Code violations and the Labour Relations Board has ordered the company to cease and desist its harassment, intimidation, and abuse of employees. The United Food and Commercial Workers Local 1518 has filed for an injunction against Superior Poultry for enticing picket line violence.

Superior's hiring of a goon squad is almost exclusively from a pool of new immigrants to Canada, making the tactics — including video surveillance — even more outrageous.

"Our union is proud to represent and support these members," says UFBUW Local 1518 president Brooke Sundell.

"They deserve to be treated with justice and dignity just as all Canadians do, and we're going to do everything we can for them. Their struggle for a better life shouldn't mean they have to put up with conditions that were long ago overcome in most workplaces."

And things are looking up for the workers. Under pressure from campigners, retail giant Costco — who had been the main customer for strikebound Superior — will no longer stock its product. And the B.C. Federation of Labour says it will help escalate the consumer boycott if required.

In the meantime, the workers' spirits are being buoyed by widespread support from other unions who held a massive rally at the plant Aug. 22.

And let's not forget Union Bruce, a chicken who escaped the killing floor and joined the strikers on the picket line as their mascot.

Superior Poultry manager Bruce Anakst — Union Bruce's namesake — made the outstanding suggestion to the National Farm that the union had planted the chicken to somehow make the company look bad.

Labour faces big challenge with CAW/SEIU

The Canadian Labour Congress is facing its biggest challenge in decades as it imposes sanctions against its largest private sector affiliate this past summer.

The Canadian Auto Workers was found to be in violation of the CLC constitution after a raiding charge was filed by the Service Employees' International Union in February.

SEIU claimed that CAW raided right of its Ontario health care locals. CAW responded that the members of those locals voted overwhelmingly to leave their union.

By mid-September almost 80 SEIU certifications in Ontario — mostly in health care — had been switched to CAW as a result of labour board sanctioned votes.

Under CLC rules, CAW reps have been barred from participation on the collective agreements of labour and local labour councils, and from CLC conventions, committees and education functions.

SEIU's national president Judy Darcy still believes that a resolution to the dispute can be found.

In an open letter to CAW president Buzz Hargreaves, Darcy stresses the "strong history of collaboration and solidarity in defence of workers and their rights between the CAW and SEIU and repeats SEU's position that a negotiated resolution to the dispute between the CAW and the CLC is the best solution.

The letter was accompanied by statements made by Hargreaves about SEIU's role in the dispute.

You can read Darcy's letter at www.caew.ca. A history of the dispute including links to the CAW and SEIU web sites can be found at www.cfl.ca/.

Burmese military crackdown

The exiled leader of Burma's trade union central is calling for a strong international response to a new round of repression in his country.

Maung Maung of the Federation of Trade Unions-Burma says the military has stormed the headquarters of the main opposition party, which he fears will soon be disbanded.

In 1988, the military staged a bloody coup. Opposition party leader and Nobel Peace Prize winner Aung San Suu Kyi, overwhelmingly won a subsequent election in 1990, but she has been under virtual house arrest ever since.

While her international profile keeps her relatively safe from physical harm, others are vulnerable to military reprisals. Those who try to form trade unions disappear, are tortured or killed.

Amnesty International reports there are 12,000 political prisoners in Burma. Forced labour under inhumane conditions resulted in a call by the International Labour Organization for sanctions against Burma.

"We call for immediate action from our trade union brothers and sisters around the world to denounce the regime and bring democracy back to Burma," says Maung.

"We believe that with a democratic government in power, we will finally be able to return to our homes, legally organize unions, end all use of forced labour and ensure that the human rights of the people of Burma are respected."

What can you do to help? You can find out at www.amnesty.org.

FTUB general secretary Maung Maung addressing migrant workers on the Thai-Burma border.
CAN UJAL TURN IT AROUND?

Put yourself in the shoes of a mid-age female MD who is being asked about linking health care reform with safe and affordable health insurance. The medical student is faced with the task of understanding the complexities of the U.S. health care system, including the cost of medications and the potential impact of health care policy changes on patients. The student is also tasked with exploring possible solutions to improve health care access and quality.

What's the government's plan for reducing the injury rate in health care?

First and foremost, it's important to ensure that we have a strong foundation for our health care system. This requires a comprehensive approach to improving the safety and effectiveness of health care services. We must also address the issue of access to care, ensuring that every patient has access to the care they need, regardless of their socio-economic status. This can be achieved through a combination of policies and programs, including increased funding for health care research and development.

The government has also introduced several initiatives to improve the safety of patients in hospital settings. These include the implementation of standardized protocols for medication administration, the use of electronic health records, and the establishment of a national database of health care errors. These measures are designed to reduce the rate of errors and improve the overall quality of care.

However, more needs to be done to ensure that the health care system is truly safe for all patients. This includes addressing the underlying causes of health care errors, such as the lack of coordination between different health care providers and the lack of communication between patients and their doctors.

What's the redacted proposal from the president?

The redacted proposal is difficult to interpret, but it appears to address issues related to health care reform. It may include measures to reduce the cost of health care, improve the quality of care, and increase access to care for all Americans. The proposal may also include initiatives to address the unique challenges faced by certain populations, such as minorities and low-income individuals.

It's important to note that any proposal will require careful consideration and debate, and it will be essential to ensure that all voices are heard in the process. The goal is to create a health care system that is truly safe and effective for all patients.
Put yourself in the shoes of a front-line HEU member. What are the pressures they face in terms of keeping B.C.'s health care system going during tough times?

I know from talking to people who work in hospitals that they have increasingly more demands on their time, their energy. They end up coming home absolutely tired, ready to crash. And I think that tells you the kind of pressure they face. Whether it's someone who's answering the phone or whether it's someone looking after patients. I know that's tough.

Hearing talk of a very close friend who's been working lifting patients. I know that there are a large number of injuries that happen and the work situation is not safe to extent that it ought to be.

What's the government's plan for reducing the injury rate in health care?

First we need to make sure we continue to fund health care so there are sufficient number of workers and there isn't increasing pressure on a smaller workforce to do more work. That's the first thing, and we've been continuing to do that. We've just provided funding to health care authorities across the province which includes $10 million for OHSA equipment. I think injuries happen in terms of lifting patients, having to move patients physically using your own energy. We require equipment and resources that assist health care workers in doing their jobs without having to face injuries. And those are two things that the government wants to do.

You're the most popular political leader in the province. What's the re-election strategy you'll pursue?

I think people are looking for hope. It's quite clear from the polls that Mr. Campbell doesn't provide hope even for the people who support him and his party. He simply provides a place where people can go and vote, because they are unhappy with us. I think we have to give people a positive reason to support us. We must reconnect with the values of today's families.

Whether it's health care, education, services for children and families, we need to make sure we focus on the needs of families. Not on the needs of the few and the more powerful that might be represented by Mr. Campbell.

At the end of the day, people are looking for hope, and I believe that our party has the issues around social and economic justice. Mr. Campbell has no new ideas. He just wants to slash and burn both taxes and trees.

You just made a series of announcements on increased funding. How do these announcements fit in the NDP's action plan for health care?

We want to make sure we provide the resources so that public health care is strengthened in British Columbia. First, we believe in strong publicly funded health care based on the principles of the Canada Health Act.

Secondly, we will fight against privatization. We have provided additional funding of $180 million to regional health authorities plus $70 million for equipment. We've attempted to settle the issues with the doctors. We want to make sure our system is strong and responsive to the needs of British Columbians so that there is no need for a Brian Day private clinic. I want to make sure that we have strengthened and resource our public health care to the extent where we can outlaw clinics like Days. We don't need them anymore. That's where I want to go.

In terms of increased funding, you've dealt with the acute care side. But what about some of the other vital sectors of health like continuing care and home support?

As you know, we're looking at providing additional resources for long term care and home support. You can look forward to a few announcements in the coming weeks.

Both you and health minister Mike Farnworth played a positive role in the national debate around getting the files to ante up more money. What do you think the infusion of the new money is going to mean?

First of all, I think Mike Farnworth has been doing a very good job in dealing with this difficult issue.

Before he has to go to the polls, Premier Ujjal Dosanjh faces a big challenge to rebuild NDP support and narrow the gap with the Liberals.

With protecting and modernizing Medicare being such an important issue for HEU members and the public, Guardian editor Stephen Howard interviewed Dosanjh in early October to find out where health care fits in the Premier's re-election plans.
When I first went back to Ottawa in April it was in the middle of this huge fight that Ontario was having with the federal government. I said then that I wasn't interested in political bickering. That it should end because it doesn't add anything to our capacity to improve health care. I think that was kind of the turning point in the discussion getting back on track. And I believe in a small way British Columbia led - both through Mike's efforts and my intervention - in bringing the parties together to finally make a deal.

Now we know not much federal money flows this year, but the significant amount of money starts flowing next year. And that will strengthen our ability to make continuing improvements in the public health care system.

I'm hoping the federal government can move to a much broader focus on the issue of privatization. But they haven't. Not many others want to engage in that fight across the country, but I think it's an important fight. It's a fight for the future of British Columbia and the future of Canada in terms of our ability to provide the best health care in the world.

At the First Ministers' meetings you rubbed shoulders with the Kleins and the Harrises and the Tobins over the past several months. How would you compare the health care challenges that we face with those of other provinces?

What I learned from talking to the premiers is they face similar problems. I think our system is, relatively speaking, better than the rest of the country. Except that you don't hear their horror stories and we only know about our own difficult stories that we watch on television or see on the front pages. But you should take pride in the fact that just the other day there was a report that said we deal with cancer in the best manner possible in the country. And that comes from the sustained effort to do the best we can in health care generally.

Back onto the issue of the threat of private health care here in B.C. What else is part of the government plan to deal with the Brian Days of the world?

One shouldn't underestimate how difficult it's going to be to deal with the issue because the private clinics have developed over time. Partly they've developed because we have not been able to fund the public health care system to the extent possible. And we've not been able to do the innovations that are necessary to ensure that our system is able to cope with all of the stresses and strains with the resources that we have.

We need to diversify our approach to health care and to take the stress and the strain off the system so that then we can begin to not need the Day clinic or any other private clinic. And I know there are always issues around WCB and ICBC. But those are policy issues that have been in place for some time. We need to take a look at those as well.

The WCB is a pricky issue because injured health care workers are funded by the WCB to be treated at private clinics. And WCB support for private clinics is the bread and butter that keeps them operating. Are you prepared to change the policy?

Yes, I am. But we can only change that once we are sure that we can send the workers back to work after giving care without them having to wait. And that's why I keep talking about providing new resources, trying new approaches to take the stress and strain off the health care system so that we don't need the Day clinic when we need the worker treated right away or the ICBC claimant treated right away.

Earlier this summer two clinics - the Cambie Surgery Clinic and the False Creek Surgery Clinic - openly acknowledged they were performing insured surgeries at the private facilities. But government said it didn't have the power to deal with violations of the Medicare Protection Act because of loopholes. Are you looking at a plan to close those loopholes?

We are considering many approaches to all of these issues. I want to make sure I don't send the wrong message here. I don't have a piece of legislation ready to do any of these things. I want to make sure that you know that all of this needs to be done with a plan over time. It would do us no good to shut down Days clinic if we can't provide those services elsewhere.

"Mr. Campbell doesn't provide hope even for the people who support him and his party."

"I want to make sure that we utilize the potential of Care Aides and LPNs to the fullest extent possible."

"For me, the Premier, the leader of the NDP there is no room for private health care in B.C."

"Over the next seven months we are going to call an election and win."

HEU has criticized the government's public private partnerships policy for long term care. Both the NDP and Liberals support a policy that will privatize important care services for seniors. What is your government going to do on this?

As we talked about during the leadership campaign I want to ensure that we provide more facilities but do so in the not-for-profit domain. As for the private partnerships, I met with your executive [Sept. 18] that was the question asked and I said we were reviewing that to make sure that we live up to the promise that we made.

Can we count on the NDP looking at broad based solutions to the nursing crisis to harness the skills of a range of nursing personnel, RNs, LPNs, Care Aides and home support workers?

Yes, I think that the question is what happens in these professions is we get into a situation where it becomes a bit of a protectionist struggle. I want to make sure that we utilize the potential of Care Aides and LPNs to the fullest extent possible and work with RNs to make sure that happens. And for that to happen, there has to be a change in the culture of this professional exclusivity.

HEU has talked to you a lot about the wall between the facility and community sectors in terms of how health care bargaining is structured. Is the government going to address this issue?

I understand that all the unions involved have managed to deal with the substantial issue amongst themselves. Now what is required is perhaps a minor change. My staff are looking at that.

In a nutshell compare yourself to Gordon Campbell. Tell us why it's critical that they support the NDP in the next election.

As far as I'm concerned, I think that is the real issue. I want to make sure that we have the resources to provide the best education system that the country. We have moved from the second worst record of post secondary education to second best. I want to make sure that we provide the best child care system in the country, bar none, in the next three or four years as we expand the changes we started earlier this year.

I want to make sure that we have the environment that we can be proud of, that we can leave as a legacy for our children. Campbell wants to cut environmental regulations.

Where are things going to go over the next seven months? What does your crystal ball say?

Over the next seven months, our priority going to come up, and we are going to call an election and win.

COUNTDOWN TO THE B.C. VOTE

As the province moves closer to a critical election, the Guardian will closely examine the record of the two main parties, and let politicians speak for themselves on critical issues for HEU members. The Dosanjh interview kicks off our pre-election coverage. Watch for another exclusive feature in the December Guardian, when we'll hear from Liberal leader Gordon Campbell.
HEU’s welcome mat

HEU's organizing department has been busy this year, resulting in many new members in the community, health care, community social services, paramedical and medical facilities sectors. In community social services, there are two new certifications in Victoria. Peer Support Services provide 24-hour residential care for physically and mentally challenged persons. The other Victoria cert in this sector is Namaste Transition to Community.

New members at Para-Med Home Health Care, a division of Extendicare Inc., work at different locations. Each one is a separate community health certification. On Feb. 24, the Lambton Relations Board granted one cert for office staff at three of the locations: Coquitlam, Abbotsford and Surrey. On May 25, it replaced it with three separate certifications. Richmond and Prince George office staff were also granted their own individual certificates. The Victoria office staff became HEU members on Aug. 8, and Vancouver office staff joined on Aug. 30. Altogether the new Para-Med Home Health Care members number 94.

More community health workers joined HEU from Bella Coola Home Support on May 19. Pending approval, they will be part of the Bella Coola local. Also in this subsection is the Keremeos and District Home Support (clinical workers), with four new members. They are part of the Pettis local and gained their certification on Feb. 21.

The program coordinator at the CMHA South Okanagan Similkameen Branch (Crisis Line) became a member of the Pettis Health Care local on March 22.

In Vancouver, six St. Bernard House workers became members of HEU's Coast Foundation local on April 7. This is a specialized mental health residence that has beds for 12 male clients. In B.C.'s interior, Jubilee Care House provides mental health services, including at the Williams Lake Clubhouse with a work centre, a drop-in and home support program. Fifteen HEU members from Jubilee certified on April 7 and will be part of the Williams Lake local.

HEU welcomes two new paramedical members, a social worker at Craigidn Renal Home in Burnaby and a paramedical worker at Community Mental Health Services and Alcohol and Drug Treatment Centre in Revelstoke.

In the facilities sector, there are 110 new members at Rainbow Intermediate Care Home in Prince George who voted to transfer the jurisdiction of their bargaining unit from CUPE to HEU. One hundred six new members work at the Central Care Home in Victoria. Their certification was granted on Feb. 11. There are 74 new HEU members in the Delta View local. They work at Delta View Rehabilitation Centre, a multi-level care facility located behind Ladysmith Private Hospital.

Two new independent certifications bring 17 members at South Granville Park Lodge in Vancouver and 118 at Glenburn Lodge in Victoria. South Granville local was certificated on Nov. 2. This is a poly party with BCNU certification as this long-term care and retirement living facility Glenburn Lodge in Victoria is another long-term care facility.

Welcome to all these new members.

One certification, two locals for Cancer Control

The amalgamation of the B.C. Cancer Agency certifications became official on August 2.

This is a special agreement for the union, because the facilities are not in the same geographical area. As a matter of fact, they span four different health regions: Vancouver/Richmond, the Okanagan/Similkameen, the South Fraser/Peace and the Capital health regions.

There are two locals in the certification of over 550 members. One is called the Vancouver Island Cancer Control local located in Victoria. The Cancer Control local is made up of the Vancouver, Fraser Valley and Kelowna facilities.

Each local elects its executive from among its membership, and each site has its own shop stewards.

Coffee break

Sacred lamb

There always felt that work- ers really are almost like sacrificial lambs. They are paying the price for us to live in a world where chemicals are harmful. For, here is the reason: I feel very strongly, without question, that workers in many ways are, without question, the canaries in the coal mine. Environmental issues are an up-front concern to workers, as well as the rest of society...

The corporate way

A company decided to have an employee suggestion contest. One worker submitted a suggestion that they post all accidents on the dozen bulletin boards instead of printing 200 memos and distributing them to everyone. The worker won, got a helium balloon and the company logo, one share of stock, and yes, a memo announcing it went out to 200 people.

Science facts?

The following are quotes from 13-year-old’s science exam:

- Before giving a blood transfusion, find out if the blood is allergic to negative.
- To remove rust from the eye, pull the eye down over the rust.
- For a notebook: Put the nose much lower than the hands until the heart sinks.
- For drowning: Climb on top of the person and move up and down to make artificial respiration.
- For burning: Rub the per- son's chest or, if a hot tub, rub arms above the hand instead.
- Or put the head between the knees of the nearest medical doctor.

For a dog bite: Put the dog away for several days, if he has not recovered, then kill it.
- For asphyxiation: Apply artificial respiration until the patient is dead.
- To prevent contraction: Wear a condensation.
- For a head cold: Use an aspirin to spray the nose until it drops in your throat.
- To keep milk from turning sour: Keep it in the icebox.

Scab in the Woods

Professional golfing superstar Tiger Woods is facing serious disciplinary charges by the Screen Actors Guild (SAG), of which he is a member, for consorting with stars to make a TV ad in Canada earlier this summer.

Woods needs SAG membership to make filmed endorsements with unauthorized crew and other industry workers. The guild and the American Federation of Television and Radio Artists are also on the list against U.S. commercial producers. Other actors and celebrities have honoured podium挑, but some like Woods have claimed the issue by filming outside the U.S.

Canadian actor Donald Sutherland, who is a spokesman for WLA, has stopped making commercials for them until the strike is over. He says he won't be a scab.
HEU people

Activist says good-bye

Bob Rodgers, a carpenter at Children's Hospital for 23 years, retired at the end of September.

One of the locals dedicated activists, he always looked out for the membership.

He served as vice-chair, chief shop steward, trustee, union counselor and assistant secretary-treasurer. And innumerable committees. And he was always first and center at rallies to defend Medicare and fighting for fairness for health care workers. His co-workers will miss him.

Early retirement for care aide

Dogwood care aide, retiree, Kwai Fong Ets (Alice) retired on Feb. 28, 2000. She worked for 10 years at the facility, but retired early due to high blood pressure and diabetes.

25-year St. Pauls worker

Peter Stokes, who had been a precision instrument tech for 10 years, retired Aug. 25. After 25 years of service to St. Pauls Hospital.

Stokes started at the facility in August of 1975 as a housekeeper. When he retired, he had been a precision instrument tech for 10 years. In between those two jobs, he was a porter and an OR aide.

He served on his local executive as secretary-treasurer for quite a few years. He considers one of his major contributions to his local to be making an index of the local's executive back to 1999. "That way if the local needs information on anyone who has ever served on the executive back to 1999, they just have to look in the index," he says.

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SEPTEMBER / OCTOBER 2000 • GUARDIAN 15
Leonard Peltier — North America's Prisoner of Conscience

Leonard Peltier, an Anishinaabe activist and political prisoner, has spent 38 years in prison despite US government admission that they do not know who committed the crime.

On June 26, 1972, shots were fired between the FBI, members of the American Indian Movement (AIM) and others, with AIM member Richard Griffin and FBI agent Ronald Williams killed. Jack Coler leaving his life. Peltier and three others were charged with the murder of the two agents. Trying in Canada, Peltier was arrested in February 1979. The evidence, in the trial, was said to be based primarily on the testimony of Myra Black Bear who even the U.S. prosecutor later agreed was an incompetent witness.

The Trial
Peltier has always maintained his innocence. Without eye witness testimony the case was largely based on ballistic evidence that supposedly tied Peltier to the scene of the crime. Later, the FBI admitted that the report used in the trial was incorrect and that Black Bear was actually firing the first bullets at Peltier's side.

The Kerry Las Vegas incident in which Peltier killed the officers, he had "ordered and abetted" those who did. But no facts indicate that Leonard Peltier intentionally assassinated the killer of the two officers. Most legal experts agree that Peltier had nothing to do with the officers found guilty of killing and abetting.

Clemency Campaign
All this point to the best hope to obtaining Peltier's freedom lies in persuading US President Bill Clinton to grant clemency. The campaign is a joint one and is often utilized to promote justice and healing. Clinton, in the first year of his presidency, gave his address to a crowd of 100,000 people by releasing Peltier.

The Canadian Clemency Campaign represents a collaboration between labour, the Leonard Peltier Defense Committee, and new partners from the Aboriginal and justice communities.

Join the Campaign to Achieve Clemency for Leonard Peltier!

- Call the Leonard Peltier Defense Committee — Canada
  - On 416-314-3333 or email: npdcanada@gmail.com
- Campaign materials (posters, yard signs, handouts)
- Write a clemency or amnesty letter to the President
- Tell the world that you want justice for Leonard — buy a t-shirt (same image as above)
- Call 250-595-2500 or visit our web site: www.npg.ca to order
- Check payable to the Leonard Peltier Clemency Campaign Fund
  - FPO: Eddy Labrie, Ontario Federation of Labour, 15 Generals Drive, Suite 202, Toronto, Ontario, Canada, M5C 1Y8