Victory, Victoria
Health care workers in the capital city rack up a major win.
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Getting ready to bargain
At HEU's 15th Wage Policy Conference 900 demands from locals around the province were a starting point for delegates.
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Health care action plan
NDP makes major funding commitment. PAGE 3

Caregivers must have input
An HEU study shows how a new model for caring for people with dementia can work. PAGE 8

Closure imminent
Burnaby hospital is closing down Cascade, the largest single closure since Shaughnessy.
PAGE 5

Defend Medicare and those who care
Delegates at HEU's 22nd Biennial Convention set union's course.

MOVING TO THE MIDDLE?
In an interview with the Guardian
Gordon Campbell announces some surprising policy shifts on a variety of health care issues. Is the opposition repositioning itself to win votes? PAGE 16
Politics got the message — no-two-tier

by Chris Allnutt

ONE OF THE lasting images of the recent federal election campaign is that of Stockwell Day holding up a hand-made sign saying "No two-tier." Even though the election results were disappointing, that picture represents a sweet victory for HEU and other Medicare advocates.

Along with CUPE and other unions right across the country, HEU has been fighting tooth and nail against the notion that our health care system is not working and we can fix it by privatizing parts of it. In other words, converting it to a two-tier system. This slogan — "No two-tier" — comes from the people leading this fight to save Medicare. And that includes HEU — front and centre.

Medicare advocates were in politicians’ faces all during the election campaign, applying pressure wherever and whenever we were able.

That the most right-wing of the political parties would find it unacceptable to say, "Yes, I think it’s all right to privatize some parts of health care," means we had a significant impact on the direction taken by the election parties across the country.

Health care became the leading campaign issue, and no politician — publicly or supported a two-tier health care system, it would have been political suicide, and they knew it.

Of course, Day did not become prime minister. Chretien did. Now we need to do everything we can as a union and part of the labour movement to do everything we can to make sure the politicians in power deliver on their promises, that they remember what Canadians want — a public health care system that has been revitalized by restoring transfer payments back to the provinces.

Federal politicians are not the only ones who are feeling the heat, either.

The interview with Gordon Campbell in this issue of the Guardian reflects that pressure. He knows who will read the interview: that HEU members are among the strongest of Medicare advocates, and that we will defend our hard-won gains of the last 10 years. Gotta like job security and comparability.

We should be cautious about accepting his pronouncements at face value. We will remain vigilant about what he and his caucus members say to others about health and health care workers. However, trusting what any politician says is not enough.

Our upcoming round of bargaining provides us with the opportunity to put into the collective agreement effective measures to protect and enhance our public health care system. By the time this Guardian lands on your doorstep, bargaining will have begun in earnest. With the government, ministry, and facility subcommittees’ contracts expiring on March 31, 2001, our goal is to have one contract for these two subcommittees.

One contract that will protect our members and the people they care for. And when the provincial election is called, health care will again be the leading campaign issue. We’ll see to that.

Guardian

"In humble dedication to all those who call on us,"

StephenHoward

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Home support workers worth more

While brooding through the Guardian one day, one thing really caught my attention — the wage gap between Care Aides in facilities and Home Support Workers I. The $16.30 the HSW I make is at the top end of the scale. That’s as much as they can make. We have workers who have been with us for 15 years or more and they are still making that amount.

When I started with Home Support four years ago, the top salary range was $16.00. This means we’ve only increased our salary by 30 cents. We are basically doing the same work as the Care Aide. The difference for the facility workers is they work in a controlled clean environment with a support staff and have an onsite RN.

Whereas we go into client’s homes in isolated areas with no backup, sometimes two or three weeks in between, on gravel roads in horrible winter weather conditions, right or day.

Also, some of the places we visit are filthy and unhygienically cluttered with no proper equipment such as mechanical lifts, bath chairs, hospital beds etc.

We deal with mental health clients and dementia clients in a wide variety of difficult situations. We have a dedicated group of professionals who do the best job they can looking after your patients, grandparents, aunts and uncles, wherever they are, so they can stay in their own homes.

So support us in the next round of bargaining, and bring down the wall between facilities sector and community sector, have one collective agreement for all, and give us the wages and respect we so richly deserve.

APRIL BOUCHER

Oakanagan

Parksville Home Support Local

Mental health was at forum

In your most recent publication of the Guardian, you make mention of the Liberal’s "round table" discussions regarding health care and the fact that the Hospital Employers Union did not have representation at the table. The Mental Patients’ Association Advocacy Program was invited to end the Burnaby round table. I respectfully represent mental health.

Although mental health is somewhat removed from the tone that HEU wanted to take to table, it is a very important "social justice" issue.

Since the introduction of the 1998 Mental Health Plan, only $10 million in funding has been allocated, which is over $43 million short of the $54 million that should have been allocated to meet the plan commitment of $125 million in five years.

The magnitude of the impact of mental illness on the health care system is staggering.

In 1999 the recent federal transfer payments to the provinces for health care, not a penny was allocated to mental health in this province.

Following are some statistics from the Mental Health Monitoring Coalition Report, Aug. 23, 2000.

Over 700,000 British Columbians, or 20 percent of the population of British Columbia will experience some form of mental illness in their lifetime. (CMHA, 1999), of this number approximately 70,000 people will suffer from serious and persistent mental illness.

The demand for mental health care on the larger health care system in British Columbia is significant. Mental health takes up seven percent of the total health care budget.

Impact on the health care system: mental illness accounts for the second highest utilization of hospital days after disciplinary diseases according to the Canadian Institute for Health Information, Hospital Morality Database, 1994-95 and 1996-97. There are 22,000 people with a diagnosis of a major mental illness discharged per year from acute hospital beds in B.C. (Ministry of Health and Ministry Responsible for Services, 2000).

In the Capital Health Region, nearly one-third, or 32 percent of all hospital bed days are used by people with a mental illness.

The province average utilization of patient acute care bed days by people with a mental illness is 22 percent, or more than one in five of all patient popula-bed days.

The impact is significant.

Many admissions to acute care hospital beds of people with mental illness can be avoided when there are adequate mental health services and supports in the community.

Mental health concerns are the number one reason why people become unable to work.

It was nice to see at the recent B.C. Mental Health Convention the Disability Standing Committee had literature on mental illness and made it a part of their agenda.

A person who has a mental illness and applies for long-term disability is much more likely to have great difficulty in receiving things.

So, even though all of HEU’s issues were not addressed at the Liberal health discussion in September, mental health was.

I hope that HEU will continue to educate itself about mental health, as it is a vital part of our health care system.

JUDY SHORLEY

Outreach Coordinator, ARS Local, Community Sector

The Hospital Employee’s Union is the B.C. Health Services Division of the Canadian Union of Public Employees.
What we're up to

Trip of a lifetime

Sister Donna Dickenson, a member of HEU's women's committee, embarked on a 10-day trip to Santiago, Chile, and a commitment of $330 million in new health funding announced earlier in December is a very welcome step and will improve health care services for British Columbians and fight against two-tier health care, says HEU.

"There are concrete solutions that will help get our public Medicare system fitting on all cylinders," says secretary-business manager Chris Allnutt. He said he was extremely pleased with these specific areas of the announcement: nursing strategy, more long-term care beds, and increased home support funding.

The strategy to deal with the nursing shortage is broad-based and includes new opportunities for LPNs, Care Aides and other HEU nursing staff.

Donna Dickenson enjoys her time on the river as she and other Aboriginal women journeyed down the Fraser as part of a Women's March 2000 project to encourage Aboriginal women to speak out about restorative justice and violence against women. In September, 16 women began their trip down the Fraser, stopping to put on workshops in Prince George, Tsa-tali, Lytton and Yale.

"Combined with the announcement of 2,000 more long-term care beds along with $32 million in new funding for home support, these initiatives will significantly improve care services for our seniors and our disabled," says Allnutt.

"We will also reduce pressures on acute care hospitals by providing better care in a more appropriate setting."

In fact, the LPN theme was frequently cited by new health care minister Corby Evans when he made the announcement. "Many years ago," Evans acknowledged, "hospitals decided to phase out LPNs and eliminate the nursing team." He then went on to announce a series of commitments that will include practical nurses and Care Aides, like more training slots, new scholarship programs and other forms of financial assistance to support training, more LPN positions in acute care and expanded use of non-registered nursing staff to reduce RN workloads.

Other important measures that are part of the NDP's health action plan include:

- more intensive care, ICU beds and flex beds for hospitals; and a provincial-wide bed tracking system to end delays in finding beds for patients;
- another big whack of equipment funding;
- a palliative care drug benefits plan which will cover drugs, equipment and supply costs for individuals who choose to die at home that will reduce financial burdens significantly (these costs are covered by Medicare in hospitals, but not in the community);
- 20 new community health clinics over the next four years to expand primary health care services.

New NDP health plan opens doors

A COMPRESSIVE series of progressive new health care initiatives by the NDP that is set to provide a commitment of $330 million in new health funding announced earlier in December is a very welcome step and will improve health care services for British Columbians and fight against two-tier health care, says HEU.

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WHAT WE'RE UP TO

continued from page 3

The SDVAMSUU ended on Oct. 31, the International Day for the Elimination of Poverty, and special ceremonies in New York focused on the United Nations and wrapped up the seven months of her North American activities.

HEU members vote approval

HEU members approved major changes to the union’s multi-employer pension plan last month when they voted 89 per cent in favour of a tentative agreement that includes government control over the fund’s investments and ensures that any red ink is shared equally by the employees in the chain of employers under a new structure called joint trusteeship.

Local job stewards, plan members through their unions and employers will then control the plan’s investment and determine contribution rates and plan benefits. Surpluses will be shared and used to improve pension benefits, reduce contribution rates by workers and employers, strengthen coverage and protect against future contributions increases.

"This new arrangement will help us to have greater control over our pension plan," said HEU secretary-treasurer managing Chris Allum.

HEU members who work in private or-for-profit long-term care facilities are not presently part of the municipal plan. Most community health workers aren’t either, nor are community social services caregivers.

"Having a dream retirement is a reality in the HEU. That’s why it’s our bargaining goal to ensure that all members are covered under the Municipal Pension Plan," said Allum.

Don’t forget life before Medicare

HEU joined with B.C. Seniors’ Summit, the B.C. Seniors’ Network and the 411 Seniors’ Centre to co-sponsor an interactive health care forum to raise awareness about our public health system and mobile phone to preserve and strengthen it.

Sister Avril to St. Carthage

Health Care Flighted (Medicare) activist and actor Shirley Douglas

Shirley Douglas, daughter of filmmaker Tommy Dou-
glas encouraged the more than 150 seniors who packed the room to see her to talk to the children and grandchildren about what it was like before Medicare.

Douglas and health care activist and author Colleen Callahan willed Dr. Donnelly the event and Surrey Health Working Group chair, Joyce Jules, moderated.

Douglas recalled the battle to achieve universal Medicare, and reminded people that were in another fight to keep it because of privatization, fragmentation, high demand for services and low wages.

Drawing comparisons to other country’s health care systems, Douglas noted that Canada’s is the envy of the world because all citizens are covered and don’t have to worry about the costs of life’s necessities.

Jill of all trades, but always union

by Dale Fuller

WHEN LAURA BESE graduated from high school in the early 1960s, she made a beeline for the Vancouver Vocational Institute to study to be a nurse. After 10 months in the Licensed Practical Nursing program, she emerged with her diploma.

Although the route from high school to college was a straight line, her life has taken many twists and turns since then. But mostly she has been a dedicated health care worker, in one guise or another.

Bese stayed in the Lower Mainland at first, got married, had children. She worked as an LPN at St. Mary’s Hospital in New Westminster and then at Surrey Memorial Hospital.

Then in 1973 Bese moved with her three children — two boys and a girl — to Merritt in the Nicola Valley and began the life of a single parent.

"Look how far my practice has come," she says. "But I think it was about the most difficult time of my life in the health care system since I was working in a small community and as a nurse in a small community and as a nurse in a small community.

As a member of the British Columbia Nurses’ Association, Bese could count on a decent wage. Now most of the flagging jobs have been contracted out, and she is unable to pay the qualified union at all.

"When she returned to work as a casual LPN at NVGH, she started to get more interested in her union," Bese says. "I was pretty apathetic before," she says. "In fact I was about the most apathetic member in my local. But that’s why I got interested in being more active in the union."

Right now she is the HEU Ombuds representational at her facility and a shop steward.

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Douglas recalled the battle to achieve universal Medicare, and reminded people that were in another fight to keep it because of privatization, fragmentation, high demand for services and low wages.
The HEU Annual Work Opportunity is a chance for members to express their interest to work in nursing on a temporary or permanent basis, in positions that include a building services worker, clerical and accounting support, research and communications staff, nursing representatives, and organists.

Your resume must be mailed to the Provincial Office with a complete cover letter stating all the following information: your name and phone number, which job you are interested in (e.g., organist or accounting clerk), and where you are interested in working. If you want permanent or temporary, and part-time or full-time employment and where in the province (e.g., Vancouver Island or Kamloops, etc.). You wish to work. Applications must be received before 5:30 P.M. on Friday, Jan. 26, 2001.

More security for HEU
HEU welcomes approximately 40 security officers from Delta, Langley Memorial, Peace Arch and Surrey Memorial Hospitals in the South Fraser Health Region and Lions Gate Hospital in the North Shore Health Region. The union, effective April 1, 2001, will be considered in-house and then become part of the facilities security collective agreement.

In South Fraser, security in all four hospitals will become a regionally-managed, in-house service and security officers will be recognized as hospital, not regional, employees. At LGH, the officers will also become employees of the hospital. Earlier this year, security officers in the Simon Fraser Health Region became HEU members when, in a procedures-setting ruling, arbitrator Don Munro determined that the guards performed bargaining unit work and that the health region was the "true employer." That award set the tone for the agreements reached in South Fraser and at Lions Gate.

HEU officers Chris Allmunt, Fred Noonan and Mary LaPlante congratulate newly re-elected B.C. Federation of Labour president Jim Sinclair. He won his second term by acclamation. One hundred and eighty-five HEU delegates participated in B.C. Fed's 44th convention.

Victoria workers win one for us all
Unionsized caregivers at Victoria Chilcotin Care Centre are entitled immediately to the full wages, benefits and working conditions of the facilities sector collective agreement, said arbitrator Nicholas Glass in a decision released Nov. 23. Approximately 23 staff at the seniors' long-term care facility will receive significant wage increases, much improved benefits, and employment security as a result of the ruling that is retroactive to June 30, 1999, the date the workers certified with HEU.

"This is a real victory for our Victoria Chilcotin Care Centre sisters and brothers and for the union," says HEU secretary-business manager Chris Allmunt. "This ruling is about more than wages and benefits; it's about justice and respect." HEU claimed that all new certifications are automatically covered by the master agreement. The Health Employers Association of B.C. unsuccessfully argued that instead, this new certification was subject to the levelling process and with no more money in the levelling fund employers would have to accept inferior non-union wages and benefits until the next round of bargaining produced a new collective agreement.

"We call on HEABC to do the right thing and implement the decision immediately," says Allmunt. "Any further delay on the part of employers will poison labour relations."

It's wrong to close Cascade
HEU says the Simon Fraser Health Board's announced plans to close Burnaby Hospital's 205-bed, extended care Cascade Residence in the face of widespread opposition from residents, family members, health care workers, politicians and other concerned groups and individuals, is wrong.

The closure costs Burnaby Hospital total bed count of 380 by more than half and places the future of the acute care facility in jeopardy. It is unfortunate that the health board is making the wrong decision and moving forward unnecessarily with a plan that will reduce by 100 the number of extended care beds in the region when more beds for aging and frail seniors are urgently needed," says HEU secretary-business manager Chris Allmunt.

"Many people with legitimate concerns have encouraged the board to slow down and rethink its plans to close Cascade Residence. But it appears that the board is not listening to front-line health workers, residents, their families, or the broader community."

Cascade is an extended care facility attached to Burnaby Hospital. The health board has decided to replace it through a public-for-profit partnership with the Burnaby-based New Vista Society. A new facility will have 150 multi-level care beds and 30 assisted living units for a total of 200 spaces. Of the 150 multi-level care beds, only 100 would be extended care. That's a 105-bed reduction in extended care.

"It's encouraging that the health board has chosen the New Vista Society as its partner in this project despite the lack of clear direction from Victoria to health authorities to consider public-for-profit cooperative ventures," says Allmunt, adding that partnering with not-for-profit organizations is a better way to build affordable housing and provide health services for our seniors.

This decision puts more pressure on Victoria to stop stalling on developing solutions to provide better care for seniors. A government-sponsored study outlining a progressive plan to deal with the long-term care bed shortage has been gathering dust since March.
A gift to last from health care workers
by Fred Muniz

We demanded and achieved restored federal funding for health care as a key starting point to modernize Medicare

B.C. to embrace the Nursing Team, including LPNs. Care Aides, until clerks and orderlies is reflected in the B.C. government's recently announced Health Action Plan.

Our joint study of LPN utilization clearly shows that allowing people to perform to their full scope of practice is a logical step to alleviating the nursing shortage.

Supporting quality home care and mental health services and establishing a national pharmaceutical program makes sense. Educating the public about wellness and setting up community health centres, staffed by multi-disciplinary teams of providers will reduce wait lists. Staff shortages can only improve if we reverse the workload overload and start valuing and stop injuring more than 7,000 health care workers per year. Health outcomes can only improve if we eliminate poverty and homelessness.

Why should anyone be surprised that we have workable solutions? We're on the front lines every day. Over the next five days, our delegates to convention demonstrated their expertise about how services actually get delivered. We have the knowledge and determination to be a part of the solution.

We must recharge over the holidays for the struggles in the New Year. Proponents determined to plunder Medicare remain relentless.

Our seniors had to fight to get Medicare. We'll have to fight even harder to keep it.

Our Christmas gift to people is our work and commitment. 365 days of the year. All the best for a healthy and happy holiday season!

David Sanella and his dog Belle became a familiar sight at HEU's recent Biennial Convention and Wage Policy Conference. Belle was a real hit at the rally in front of the WCB on the fourth day of convention.

He stands up for dogs
by Dale Fuller
Dave Sanella works one-on-one with people who are having a hard time in their lives. He's a crisis program worker at CRESTT in New Westminster and very much a people person. But he's also a person who loves animals.

So much so that he used to go down to his local SPCA on his lunch breaks and take dogs that were being kept there out for walks. He says that he has always had a special rapport with dogs. "And they have always taken to me, too -- regardless of their disposition."

He realized that many of the dogs at the SPCA were not there because they were lost. "Owners would run into aggressive behaviour problems with their dog, and drop them off at the pound because they didn't want to deal with it. Or didn't know how."

That upset Sanella, because he felt it wasn't the dogs' fault. So he decided to do something about it. He studied and became a certified and registered dog trainer with the North American Guard Dog and Training Academy. Then he set up his own kennel and dog obedience school, and now teaches dogs how to behave themselves.

"I learned that most dogs act aggressively because they have no confidence in themselves -- they are afraid." So he teaches them how to not be afraid. "I give them the freedom they need to approach other dogs" how he puts it.

The first thing he does when he arrives at a new home is to determine if they have any level of previous training, i.e. if they have commands to sit, stay, etc. Then he "introduce" him to another dog -- who is tied up. Little by little he let the dog get closer to the tied-up dog. Using commands -- this is why some previous training is important -- I tell him what to do as we get closer. If the dog reacts aggressively, he starts all over again. In the end he will have enough confidence to be down next to the tied-up dog and be seemingly oblivious of its presence.

According to him this method works like a charm. "I don't believe you have to be mean to a dog to get him to behave. You just have to show him what is expected of him," says Sanella.

He takes his dogs to work sometimes, too. "Pets are very therapeutic," he says. "People love my dogs." He lives with two roughnecks, Belle and Quine, and two cats.

He hasn't figured out how to train the cats, yet, but he's trying.

Decoding Campbell
by Stephen Howard
I have to confess that for the first time ever on a Guardian assignment, I was a little nervous. There I was in the office of the Leader of the Opposition, sitting round a coffee table across from Gordon Campbell -- a political figure with whom HEU hasn't always seen eye-to-eye on health care and other important issues.

In the end, the butterflies subsided and the interview -- which ran to 10,000 words of Campbell's views on health care and other topics of which about 2,100 run on page 16 of this issue -- went reasonably well. It follows the same general rules for a similar feature with Premier Danial in our last issue.

Fresh from a province-wide health care tour -- where he says he heard from scores of HEU members -- the Liberal leader was well schooled on issues. And he outlined a series of commitments on funding, training, long-term-poor seniors care, employment security and privatization, that represented significant changes in Liberal positioning, or in some cases dramatic about faces. But on concrete solutions, he had nothing that came close to matching the depth of the NDP's early December health action plan announcement.

So how would I decode Campbell's interview? First, the obvious political imperatives. Campbell has to be knowledgeable on health issues because an election is looming, and health care is the top time for British Columbians. So with the 2001 election campaign already unofficially underway, Campbell's going to be on the hook to spell out how he'd do it better than the NDP.

Polls showing British Columbians don't support two-tiered health care solutions to make Medicare better are also driving Campbell's positioning. Have the Liberals supported private clinics before? Yes. So Campbell's about face on this issue is clearly public opinion driven, and a signal that the efforts of HEU and other groups to tackle private health care have paid off.

He also needed to do a deal or two or two to wallpaper over past comments from him and his caucus members. Has Campbell said he would cut health care funding and cancel our employment security agreement? Have his MLAs criticized our pay equity plan and suggested we've paid too much? The answer is yes on all counts.

And then there's his fixation with tax cuts and the notion that you can cut more than a billion dollars in revenue to reduce taxes to the bone without cutting health and education, the two big spending items in the provincial budget. Here Campbell seems too enamoured with his own woozy logic. Even right-wing economists admit that tax cuts have to be paid for somehow.

On the other hand, HEU members shouldn't diminish the importance of the commitments he made. They are big departures. They are a sign of grudging respect for the depth of our commitment to Medicare and our capacity to defend it. But that doesn't mean we won't have to hold his feet to the fire should he become premier.

NOTEBOOK
"Right-wing economists admit that tax cuts have to be paid for somehow"
We didn't vote for that, say Ontario workers

The Ontario Federation of Labour is in the fight of its life. On Dec. 5, in response to the threat of a dramatic attack on workers' rights in the province, labour and social activists occupied the constituency offices of Ontario premier Mike Harris and his minister of labour, Chris Stockwell.

Under the guise of modernizing his province's labour law, Ontario Tory premier Mike Harris is set to ram massive changes through the province's legislature. Ontarians did not vote for these changes, nor were they consulted.

Workers' rights will suffer a severe setback if they do go through. While other parts of the world, Europe in particular, are moving towards curtailing the workweek and enhancing workers' rights, the Ontario government seems poised to move backwards.

Some proposed changes to the provincial Employment Standards Act -- circulated in a government consultation paper -- are truly draconian.

A combination of expanding the legal work week to allow employers to intimidate employees into working 60-hour weeks -- along with requiring overtime pay only after an individual has worked over 133 hours in three weeks is a giant step in the wrong direction.

CFTC submission to the government in response to the paper attacked a 60-hour work week as 'archaic.' In B.C., HEU Secretary-business manager Chris Alhumairi warns that B.C.'s Liberal leader Gordon Campbell might take the same tack as Harris if he becomes the next premier.

"Although Campbell is a Liberal and Harris is a Tory, these two individuals are very close in their ideas on favouring big business to the detriment of workers. If B.C.'s Ecles Campbell, we may also be fighting a backward tide."

The federation has better ideas on how to modernize the Labour Code: no exemptions from employment standards, raising and indexing the minimum wage, kicking in overtime pay after an eight-hour day or a 40-hour week, three weeks vacation after five years, more paid holidays, equal pay for part-time workers, rights to sick and personal leave, protection for homemakers, just cause legislation to protect employees from wrongful dismissal and protection for dependent contractors.

Nicaraguan women benefit from solidarity

Nicaraguan working-class women have shown incredible resourcefulness in the face of attacks on their ability to support themselves and their families over the last 10 years. Mariel Aguirre of the Marta Elena Cuadra (MEC) Movement of Working and Unemployed Women was in Vancouver during the recent B.C. Federation of Labour Convention to talk to labour activists about how their support and solidarity have made a genuine difference in the lives of many women in her country.

American president George Bush was able to support and finance opposition politicians and engineer the defeat of the Sandinista party in Nicaragua's 1990 elections.

"One of the first things the new president did was to close many factories which employed women, throwing thousands out of work," says Aguirre.

"To have such a large pool of unemployed women was one of the factors that contributed to the proliferation of the maquila sweatshops in Nicaragua.

"Realizing there was no one else to fight for their rights, a group of women -- among them Aguirre -- organized to end discrimination and violence against women and fight for equal opportunities for women. They held their first congress in 1994 and called themselves Marta Elena Cuadra Movement of Working and Unemployed Women.

"They set out to accomplish these goals, with zero resources because most of them were unemployed. But MEC now receives assistance from abroad. Through CoDevelopment Canada, labour groups in B.C., including HEU, who are one of their principal sources of support.

With this help MEC has succeeded in setting up training programs in "alternative employment" like electricity, refrigeration, carpentry and mechanics. They also teach women about labour rights, health and conflict resolution.

"Sometimes women who go to the police to report they have been physically abused end up as prisoners, so another important tool MEC gives women is training in the Penal Code," says Aguirre.

"Because women often have skills they can use to produce goods they can sell, MEC has set up a revolving fund to give them small business loans.

Aguirre says these programs have helped thousands of women -- including those in the infamous maquilas. "Your solidarity is so important to us. The struggle of working people is the same all over the world, and you have made us feel that our struggle is also yours," says Aguirre.

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**VOICES**

**WCB re-injuring injured workers**

by Marta Colorado

WCB continues to re-injure workers daily in so-called rehabilitation programs, which are provided by private for-profit companies.

My story is too typical of what is happening to injured workers in poverty, your access to home support will be severely restricted.

Without Foundation, a report recently published by the Canadian Centre for Policy Alternatives, HEU, BCGEU and BCNU, concludes that although the need for home support services has increased, the availability of services is steadily decreasing. And private for-profit agencies are ready to fill the gap.

*My story is too typical of what is happening to injured workers.*

The cuts affect patients, family members and care providers. Declining health because of poor nutrition, stress and lack of care result in more hospitalization, lost work hours for relatives and at least the potential of poor care. Caregivers suffer from burnout, higher injury rates and low job satisfaction.

Perhaps most frighteningly, private for-profit corporations are all too ready to jump in to fill the gaps in the public provision of long-term care, senior’s housing and home care.

The threat of a two-tier system in this sector is very real, and would leave the people with disabilities who live in poverty even worse.

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- Marta Colorado is an activity worker at George Derby Centre in Burnaby.

**New model of caring for elderly can work**

But new study says front-line caregivers must have input

A CROSS Canada health authorities are exploring new ideas in dementia care that favour flexible, close-centred approaches based on the activities of daily living. Gerontology consultant Nancy Gaedtcher worked with the HEU research department to produce a report on new approaches to caring for the elderly with dementia.

*This model is extremely challenging to implement.*

The philosophical framework of the new model of care coincides with the caregivers' wish list. The 32 front-line health care workers who participated in focus groups had positive comments about the model. The task of meeting with residents in small groups, a respectfull management philosophy and their involvement in decision making. However, this model is extremely challenging to implement in practice.

The study recommends concrete ways to implement the new model to the benefit of everyone, including the health care providers. At the top of the list is increasing the staff-to-resident ratio. It advises to mix residents in terms of level of physical care. Stop building large hospital-like buildings and use limited facilities by creating small clusters with a maximum of 12 residents. Education in dementia is key.

Include front-line staff in decision making, says the study. Front-line teams or some specific committees should be formed to make problem-solving and share information, and, where possible, to include casual workers.

Staff who are working directly with residents with dementia should be given the option of rotating their shift and/or unit every three to six months.

“These recommendations could go a long way towards providing what HEU considers to be essential information when policy is made about the health and well-being for our seniors,” says Allnutt.

And already head nurses and regional health authorities are asking for copies of the study. “That’s a very positive sign,” adds Allnutt.

**Home support needs repair, says report**

An important element in care for seniors and the disabled is home support, but access to this important service has been lost over the last decade. If you are old or disabled and live in poverty, your access to home support will be severely restricted.

Without Foundation, a report recently published by the Canadian Centre for Policy Alternatives, HEU, BCGEU and BCNU, concludes that although the need for home support services has increased, the availability of services is steadily decreasing. And private for-profit agencies are ready to fill the gap.

Therese Vogel, a researcher with the CCGA, acknowledges B.C. has done better than other provinces in Canada, and this is despite of drastic federal cutbacks. But still, although hospital stays are declining, there is an appalling lack of parallel investment in the community and continuing care (CCC) sector.

*This cuts to CCC affect some of the most vulnerable members of our society,* says Vogel. “And most seniors and people with disabilities who live in poverty are seniors.”

The cuts affect patients, family members and care providers. Declining health because of poor nutrition, stress and lack of care result in more hospitalization, lost work hours for relatives and at least the potential of poor care.

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- Without Foundation is published in three parts, authored by Therese Vogel, Michael Rachlis and Nancy Pollock. It can be ordered from CCGA.
Delegates chart union’s future course

**FIRST TIME delegates**

Suzanne Taylor
COOK/DINNER/PROGRAM WORKER
Bellevue, Comox, Goldstream, Nanaimo

"Every union member should have the opportunity to come here. It provides for more strength with all the solidarity."

Betty Andal
CARE AIDE
Nanaimo Regional General Hospital

"I'd like to thank my local for sending me. I've learned a lot about the union, and I've learned that criticism is good if it's positive."

Milie Dominelli
CARE AIDE
Beaverton

"I was happy to see that the union is run very democratically. Everyone can speak their mind and no one holds it against you."

**Convention signals determination to defend Medicare, build on gains HEU members have made**

Constitutional delegates enthusiastically greeted Premier Dusan’s commitment to tear down the wall between community and facilities workers in health care.

"Welcome to the 22nd Biennial Convention of 1996. We are here to chart our future, and to build upon the gains we have made in the past."

**FIRST TIME delegates**

Betty Andal
CARE AIDE
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"I'd like to thank my local for sending me. I've learned a lot about the union, and I've learned that criticism is good if it’s positive."

**More than 600 B.C. health care workers gathered in Richmond for HEU’s 22nd Biennial Convention from Oct. 19 to 20. They were greeted with solidarity greetings, officers’ reports and elections, delegates debated a whole range of issues, including proposals to strengthen Medicare, improve health care delivery and fight privatization.**

Proceedings got underway only after Walter Stogan of the Musqueam First Nation welcomed delegates, respectfully reminding them and their guests that they were meeting on Musqueam land. “You care for our elders, our neighbours and our children,” Stogan told delegates, giving his blessing to the proceedings which were to follow.

An important discussion on the convention’s first day was sparked by a motion calling for a seven-point campaign to force improved conditions in long-term and home care. Speaker after speaker relayed the dangerous, dehumanizing and disrespectful conditions that exist in continuing and community care around the province. Many described how facilities and agencies injure workers and put residents at risk.

Many of HEU’s newly organized members work in long-term care and in the community, with hostile employers who delay bargaining beyond the four-month freeze period outlined in the Labour Code. The bosses then feel free to wreak vengeance on workers who support the union. Delegates passed a resolution calling on BCU to lobby government for more protection for newly certified workers.

Local mergers were a very hotly debated issue. All agreed there are problems in the merger process, first mandated at the 1996 Biennial Convention. Some said bigger is better; there is strength in numbers and a vote to allow “demerging” would divide HEU. Others said smaller locals get lost when they are merged into bigger locals. Activists declined because they feel they have no voice. After long debate, an amended resolution was passed, which allows for “demerging” but only after the Provincial Executive lends support to merged locals that are experiencing problems, and then only after no less than two years have passed.

Delegates sent a strong signal to health employees that they’re determined to win a strong collective agreement by raising strike pay by $250 a week to $250. As one Okanagan delegate stated, “It will be more difficult for HEABC to starve us back to work now.”

All the action was not on the floor of the big tent. Noon-hour workshops introduced members to a new contracting-in tool kit and an important study on LHI and Care Aide utilization.

Eve events provided a relaxed atmosphere to learn about the unions’ work in international solidarity and about its equity caucuses.

At a noon-hour rally in front of the nearby Workers’ Compensation Board offices, delegates demanded that the WCB get out of private health care. "It’s time to refocus our efforts on strengthening public health care so that all British Columbians receive timely treatment for their injuries," said secretary-business manager Chris Allain.

Delegates adjourned the 22nd Biennial Convention ready to carry on their fight for justice for health care workers and the people they care for.

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HEU’s help was vital
CUPE National president credits health care workers for Medicare victory

On the second day of convention, CUPE National president Judy Darcy told delegates that the union’s 150,000 health care members can take a lot of credit for Ontario’s recent injection of $2.7 billion into the healthcare system.

"The postcard campaign, the public meetings, the coalition meetings, the rallies, the news conferences, our personal ambulance trust that HEU did so much to make a success here in B.C. — those efforts have finally started to pay off," said Darcy.

"It’s absolutely outrageous for Jean Chretien, Paul Martin, Allan Rock, Mike Harris and Ralph Klein to trumpet this new health care deal as proof of their commitment to our Medicare system," added Darcy. These are the guys who’ve been swinging the wrecking ball through our health care system, she said, in reference to Chretien’s cuts and Klein’s cuts to the Calgary hospital.

CUPE members will need to be vigilant, said Darcy, to make sure the money is spent on rebuilding and expanding the public health care system.

"That money must not be used to line the pockets of private health care corporations or used to pay physicians hundreds of dollars an hour to be on stand-by pay. It must not be used to boost the profits of multinational drug companies. That money has got to go to the front line of health care."

And Darcy said that health care workers — and all union members — must stand together to maintain their gains and protect health care from the privatizers.

"When CUPE wins a victory by stopping a P3 hospital in Prince Edward Island, it helps you in your struggle against privatization here, too," she said.

"When CUPE’s Ontario hospital workers stopped Mike Harris from taking away their contract protections against contracting out, it helps HEU members."

Darcy spoke on the split between the Canadian Labour Congress and the Canadian Auto Workers, saying she believes a negotiated settlement is the only way to go. "History teaches us a pretty simple lesson: when workers are united, we win, when we’re divided, the employers win."

When Darcy spoke to CUPE delegates, the federal election call was imminent, and Darcy called on delegates to support Alexis McDonough and the NDP. She said that there is really not much difference between Stockwell Day and Jean Chretien.

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HEU’s strength is you, Allnutt tells delegates
Secretary-business manager Chris Allnutt used his report to convention to underline the strength HEU members have brought to their union over the last two years.

"Referring to the business overview — all based on stickers produced for members’ fights — Allnutt said, "There’s a record of some of the hundreds of campaigns we’ve carried on to solve problems in the workplace, build stronger communities and to protect and modernize Medicare."

Allnutt commended HEU members for their
Strong unions mean healthy communities

B.C. Federation of Labour president Jim Sinclair congratulated HEU activists for their role in challenging B.C. Liberals and the business community's push for combined labour law and privatized health care during recent province-wide tours. "Rather than talking about their agenda, they talked about ours," Sinclair told delegates. He reflected on the historic role working people and their unions have played in fights for Medicare. And he criticized health care privatizers. "Will waiting lines get shorter? Not a chance," said Sinclair. "For 45 million Americans with no health insurance, the wait is forever."

He asked delegates to consider the gains working people have made through the NUP such as anti-scalp legislation and Canada's highest minimum wage.

Safeguard Medicare for all our sakes

Eileen Connolly, secretary-treasurer of the Service Employees International Union, Local 1199, urged HEU delegates to defend Canadian Medicare. "Many in the U.S. believe the Canadian health system has got it right," said Connolly. "If you lose your fight here, we will lose our chance to change our health care system."

Local 1199 represents 15,000 health care workers in Pennsylvania. Almost all health care delivery in Pennsylvania is private for-profit and that includes health care in prisons - a fact which evoked cries of "shame" from delegates.

She described how seriously ill citizens in her state who are without health insurance are driven around in ambulances until they find a facility which will accept them. "Health care is about people, not profits," said Connolly. "Keep up the fight."

HEU equals solidarity, says Heyman

British Columbia Government and Service Employees' Union (BCGEU) president George Heyman told convention delegates that "when he thinks of solidarity between unions, he thinks of HEU."

His appreciation grows out of the work the two unions have done together on issues like organizing the community and facilities sectors.

"In this room two years ago," said Heyman, referring to his own appearance at the last HEU convention, "I would have thought that we would find a way to work together to bring down that wall."

Premier Ujjal Dosanjh's apparent commitment to the conventions delegates that he is committed to combining the facilities and community sector bargaining units is the fruit of lobbying by BCGEU, HEU and UFCW over the last two years. He said that now the unions will be able focus on home care, keeping health care public and making sure that the providers of health care are seamless between the community and facilities.

"All health care workers will be treated equally," he said. "What a tremendous success."

Alberta Dorval, Mary LaPlante and Berenice Gehring were three of the four women HEU honoured for their contributions to their union and the labour movement. Gwen Parrish was there in spirit, but on her way to Australia to visit her newest grandchild.

HEU honours World March 2000, four women pioneers

The third day of convention proceedings started out with much fanfare when women delegates marched onto the floor and onto the stage with banners emblazoned with signatures and commitments of HEU women. The banners had been sent out to locals around the province earlier in the year, and HEU women were asked to express their thoughts about what it means to be a woman and a health care worker in B.C.

"Where is woman? Wherever she is necessary," they sang on their way up to the stage - the words to a song from Storms Leo in Africa.

The colourful banner became the backdrop for a ceremony of special recognition of four pioneering HEU women.

Sisters Bernice Gehring, Alberta Dorval, Gwen Parrish and Mary LaPlante all received a plaque recognizing their contributions to HEU. Besides the plaque they were given a loaf of bread and a single red rose - an internationally recognized symbol of women's struggles for equality - and a World March 2000 scarf.

Gehring was the first woman servicing representative and later the first woman director for HEU. That was in the 1970s. She is impressed by the advances women have made in the union since then, "I really notice how many more women there are at conventions and conferences now," she said. "I'm happy with this award, not only for myself, but because it represents the tremendous achievements women have made in our union."

About the same time, Dorval became the first woman vice-president of the predominantly women's union. "I was HEU members to know how exciting it was to be on that podium after 10 years away, and sharing that honour with my good friends Bernice Gehring and Mary LaPlante, and sharing it also with Gwen Parrish who couldn't be there in person," said Dorval.

And before LaPlante was elected as financial secretary in 1984, no woman had ever held that position.

Parrish was a Vancouver General local activist for more than 30 years. She was not able to pick up her award in person as she was on her way to Australia.

Earlier that morning HEU's Women's Committee hosted a breakfast after which women and men listened to Jacqueline Davis and oncologist Dr. Karen Gelman talk about their experiences with breast cancer, both as healers and survivors.

"ALL RECEIVED A PLAQUE RECOGNIZING THEIR CONTRIBUTIONS TO HEU."

LaPlante presents dazzling look at HEU finances

HEU's financial secretary Mary LaPlante produced a lot of odds and Ends with the dazzling multi-media display that accompanied her convention report. The presentation was spectacular but the content was serious as she described HEU's financial picture.

"There are far more legitimate demands on our money that we can possibly afford," LaPlante told delegates on the first day of the convention. "The job of your leadership is to make the tough decisions that are necessary to keep us financially viable and able to continue defending and extending our members' rights." She drew a strong link between the union's ability to take on key struggles like the fight to save Medicare and the 12-week long community social services strike in 1999 with HEU's membership in CUPE. She acknowledged the cost, but said it cannot be measured only in dollars and cents. "With the provincial elections looming in the short-term, being part of the broader labour community through CUPE will be crucial for us," said LaPlante.

HEU members were able to get a glimpse of the architecture of their new headquarters to be built next year in Burnaby. Despite some large expenditures in the offering - like the new building - LaPlante says the union is on a sound financial footing, ready to face challenges that are coming up in the near future.

"Winning in tough times requires careful financial planning, anticipating our needs and balancing those needs with our available resources," she concluded.
Next two years full of challenges for new Provincial Executive

Fifteen seasoned incumbents will show the ropes to six newcomers

HEU's newly elected Provincial Executive met recently and developed an action statement for the next two years. The statement emphasizes that the union's strength and solidarity lies in the locals, the membership and the staff. The PE reaffirms HEU's role, through its locals and activists, as a strong grass roots advocate for labour and social justice. It pledges to increase political awareness and progressive change through involvement with community groups, labour councils and broader political organizations. The PE is committed to working toward achieving a single solid collective agreement, sector balance and equality through the elimination of walls and barriers.

PRESIDENT
Fred Musin begins his fourth full term as president. Musin worked as a biomedical electronics technologist at St. Paul's Hospital in Vancouver and served on the locals executive for 11 years. In 1986 he was elected to the PE and provincial bargaining committee. He assumed the presidency in 1993, after serving as 3rd vice-president and 1st vice-president. Musin's priorities for this term in office include mobilizing for bargaining, working toward maintaining a progressive government when the provincial election is called and increasing HEU's integration at all levels with CUPE. He will work with the Provincial Executive to improve their outreach to local activists and see that as one way to strengthen the union. He continues to work with our social justice partners to defend Canada's universal health care system and all public services.

SECRETARY-BUSINESS MANAGER
Chris Allnutt is confirmed as secretary-business manager for a third term. In this position he is the chief administrative officer and spokesperson for HEU. Before he assumed office in 1996, he had been the union's assistant secretary-business manager for six years and an HEU researcher. He currently serves on the board of directors of the Healthcare Labour Adjustment Agency and the Occupational Health and Safety Agency. Allnutt sees the next two years as challenging. As a member of the bargaining committee, he will be pushing for a fair and just collective agreement for HEU members. The provincial election will also figure prominently, and he will work to ensure that whoever is in government knows that HEU's members support the strengthening of our public health care system.

FINANCIAL SECRETARY
Mary LaPlante has been re-elected to her eighth term as the union's chief financial officer. She began working at Prince Rupert Regional Hospital in 1972 as a clerical worker and was instrumental in organizing the facility's clerical staff into HEU in 1980. She was first elected to the Provincial Executive as the North's regional vice-president in 1982 and, in 1984, when she became the financial secretary, she also made HEU history as the union's first full-time, elected female officer. She is one of the directors on the board of Pacific Blue Cross. LaPlante is looking forward to the bargaining down of the wall between the facilities and community subscribers in the upcoming round of bargaining, and to coordinating HEU's move into the new headquarters.

VICE-PRESIDENTS
David Ridley begins his fourth term as first vice-president. A biomedical technologist at Royal Jubilee Hospital in Victoria, Ridley served on the local executive from 1989-1993, overlapping Provincial Executive duties as 5th vice-president in 1992-1993. He is the labour appointee to the Capital Health Region board and an active delegate to the Victoria and District Labour Council. He's a member of the Council of Canadians, a social justice advocacy group, and is on the continuing executive of the Beacon Hill NDF. During his last mandate, Ridley was an energetic opponent to public/private partnerships, especially in health care. This term, he is looking forward to furthering social justice and equality with the support of the barriers the employer continues to invent.

Dan Hingley moves from 4th to 2nd vice-president as he enters his third term on the Provincial Executive. A long-time executive, he is also a member of the Cowichan Regional General Hospital and remains active in the local and in the community at large. Hingley is the union representative on the Central Vancouver Island Health Board, where he has continued to speak out against the encroachment of public/private partnerships and other forms of privatization into the public health care system. He continues to be an advisor to Bladderwrack, an organization that helps prepare disenfranchised youths for employment by partnering them with construction companies.

Colleen Fitzpatrick returns as 3rd vice-president, maintaining a record of service on the Provincial Executive that began in 1986 when she was elected as the regional vice-president for the North. Since then she has held the offices of trustee, senior trustee, and 5th, 3rd and 2nd vice-president. Fitzpatrick, an accounting clerk at Prince Rupert Regional Hospital, was first elected to her local executive in 1982 and is currently the chair and chair of the social committee. She is also a labour council delegate, a union councilor and the labour appointee to the North Coast Community Health Council.

Thomas (Tom) Knowles is back as 4th vice-president, adding to the resume of positions he has held on the Provincial Executive since 1990 that include 2nd, 3rd and 4th vice-president and trustee. He has also served on the 1988 and 1998 provincial bargaining committees. A precision instrument technician at St. Paul's Hospital, Knowles has been an activist in the local for 27 years and is currently secretary-treasurer. And he's a member of the local's newsletter editorial committee, a union peer counsellor and on the political action committee. In his spare time, he's a little league baseball umpire and avid golfer and curler.
Louise Hutchinson, first elected to the Provincial Executive in 1996, returns as 5th vice-president. A dedicated activist for social justice and equality, Hutchinson is the chair of both HEUs equal opportunity committee and women's committee, and co-chair of CUPE's national women's committee. She works at Children's and Women's Hospital as a bed booking clerk and is trustee of the local, a position she's maintained since 1996. Her extensive labour and community involvement includes being a trustee to the Vancouver and District Labour Council, a board member of the Women in View Performing Arts Society and a member of the Vancouver Women's March 2000 planning committee.

TRUSTEES
Julia Arnedt, a Surrey Memorial accounting clerk over 1986-1992, assumes the position of trustee-elect, replacing Linda Hargreaves. She brings experience to the position, having served in it for 12 years. In 1994, Arnedt was first elected to her local executive in 1976 and has held numerous positions over the years. She has also been on three provincial bargaining committees and sat on the union's political action and women's committees and the people with disabilities standing committee.

Donisa Bernardo, first elected to the Provincial Executive in 1998 as the regional vice-president for the Okanagan, is now the senior trustee-elect. A pharmacy technician at Royal Inland Hospital in Kamloops, she has been active in the Kamloops/Thompson local since 1980 and is currently the chairperson. Bernardo is the 1st vice-president and trustee of the Kamloops and Districts Labour Council and an outspoken activist in the fight for universal Medicare and against public/private partnerships in health care. Her political work includes campaigning against the World Trade Organization and its anti-worker policies. She's the number one fan of the Kamloops Blazers hockey team and claims that hockey at all levels is her best stress reliever.

Kelly Knox begins his third term on the Provincial Executive by moving from Lower Mainland Coastal regional vice-president to trustee. He comes from the St. Paul's local and was first elected to the local executive in 1991 where he has served as vice-chair, chief shop steward, harassment advisor and conductor. Knox has a keen interest in occupational health and safety issues and believes that the work of the Healthcare Occupational Health and Safety Agency is essential in decreasing the injury rates of health care workers, and in improving working and caring conditions for staff and patients.

Joanne Foote, a recreational aide at Holyrood Manor in Maple Ridge, is a member-at-large and one of the new faces on the Provincial Executive. She is from the Fraser Crossing local and was first elected to the local executive in 1990. She served for eight years as the locals secretary-treasurer, is currently acting secretary and remains a shop steward. Foote chaired HEUs First Nations standing committee for 1990-1998 and is the chairperson of CUPE's rainbow committee. She has recently stepped down as a board member of the Ridge Meadows Child Development Centre after eight years of involvement. The foundation of all Foote's activism in the union and in the community is the unshakable belief that all people should be treated with dignity and respect.

Marty Norgre begins his first term on the Provincial Executive as a member-at-large. He is an employment counsellor at the Coast Foundation Society in the Lower Mainland and has been active in many community activities. Reambottom is the Provincial Council delegate for the Maple Ridge-Pitt Meadows NDE; a Council of Canadians' member and a Block Watch captain.

Gilbert Tissier from the UBC local starts his first term on the Provincial Executive as Lower Mainland Coastal vice-president. He is the coordinator of volunteer services at UBC Hospital and has been vice-president and secretary-treasurer of the local. He is also co-founder of HEAL-Vancouver, an organization that offers non-traditional health information to people diagnosed HIV positive or living with AIDS. As a member of the Provincial Executive, Tissier wants to make the public more aware of the value of unions and the real contributions they make to our communities.

Mary Nicholls begins her second term as regional vice-president for the North. She has been active in her local for approximately 10 years, eight of those as secretary-treasurer, and is currently the chairperson. Nicholls works at Mills Memorial Hospital as an LPN and activity worker and is a strong advocate for LPNs and the Nursing Team. She is serving as a second term as a director on the board of the College of Licensed Practical Nurses of B.C. Nicholls is an active member of her community and is involved in a variety of sports and other non-profit organizations in Terrace.

Jackie Prety is the new vice-president for the Centennial region. This is her first term on the Provincial Executive, and she comes from an activist background at the Buchanan local, where she is the secretary-treasurer and a shop steward as well as co-chair of the joint HEUs committee. Pretty is a care aide on long-term disability and is currently working toward a certificate in health sciences (ON1ES) at the British Columbia Institute of Technology. She is involved in her church, and her home provides a safe haven for abused and mistreated animals.
The bargaining committee that will represent HEU on the HS&G Bargaining Association is made up of 10 elected members plus the president, secretary-business manager and financial secretary of the union.

OUR BARGAINING TEAM IS READY

Conference Notebook

Musical voices Music is always part of HEU’s conventions and conferences. Whenever there is a pause in the proceedings, you can count on someone approaching the microphone to sing. Sometimes they need to be coaxed — a little. For this Wage Policy Conference, several singers filled the bill. Katherine Mahler, she of the honey hats, from Karlset Consulting Services in Victoria, treated the delegates to her lovely, singing voice. And Sophia Dracos from Mt. St. Francis in the Kootenays belted out some powerful musical messages. Cindy Dodds, a delegate from Haney Intermediate Care Centre in Maple Ridge, is always in demand at HEU conferences, and she didn’t disappoint. Those interludes take the edge off when delegates are tired or restless, making everyone feel a little better.

UFCW head brings greetings Brooks Sundin, ex-home care worker and president of United Food and Commercial Workers Local 1518, addressed HEU delegates on the conference’s second day. He said he is looking forward to the next round of bargaining, especially after the premier’s commitment to tear down the wall between the community and facilities health sectors.

This will bring the three largest unions in the province together — HEU, BCGEU and UFCW — as part of the HS&G Bargaining Association. He added that we will all benefit from this solidarity, he added.

Caring for a living Marilyn Rust, chairperson of the community social services bargaining committee in 1998-99, hands the committee’s strike scrapbook to president Fred Muzin.

Agreement will set standard

After three days, Wage Policy Conference delegates gave clear mandate to bargaining committee

On the first day of HEU’s Fifteenth Wage Policy Conference, secretary-business manager, Chris Almott, told delegates, “We are here to determine for HEU — one of the unions in the Health Services and Support Bargaining Association — what we want from bargaining.” And after three days of intense debate, the newly-elected Provincial Bargaining Committee got the message loud and clear — we want a fair contract. About 200,000 public sector workers — 60,000 of them in the HS&G Bargaining Association — will be negotiating new contracts next year, Almott said. “This collective agreement will set the standard.” Before the conference even began, the bargaining demands committee went through the hundreds of demands sent in from locals around the province. Chris Dowckett, chair of the committee, explained the criteria they had used to determine the committee’s recommendations to delegates:

- Is it consistent with the goals and philosophies of the union?
- Is there a definite benefit to members?
- Would it marginalize any group of members?
- Will it aid in removing the wall between the community and facilities sectors?
- Is it equitable?
- Do we have jurisdiction?
- Is it inferior in any way to our actual contract?
- Could it be a loss to any group of members?
- Would it limit the ability of the Provincial Bargaining Committee to negotiate better or new language?

The committee didn’t waste any time getting down to business once the conference was over. They met almost immediately to frame a comprehensive package to present to employers when negotiations start.

Five steps forward for our future and our health care

ONE CONTRACT FOR ALL
One agreement for all is in the best interest of progressive health care reform and addresses the key issues of fairness and treatment of caregivers. In order to ensure a seamless continuum of care between the facilities and community sectors, HEU will be bargaining for an end to wage and benefit discrimination against health services and support workers based on where they work.

EMPLOYMENT SECURITY
To ensure effective utilization of the current health care workforce, the bargaining committee will be looking to strengthen the current provisions of employment security, improve training and educational leave opportunities, reduce the contracting out of work in health care, utilize the skills of our Nursing Team members, achieve fairness for casual employees and improve severance provisions.
Unions, employer to begin bargaining before year-end

The Provincial Bargaining Committee will commence bargaining with health employers for a new collective agreement on Dec. 19, 2000. Chris Allnutt expresses this first meeting to focus on establishing a general framework for bargaining. A further 10 days have been scheduled with the Health Employers Association of B.C. between Jan. 10 and Feb. 1, 2001. The collective agreements covering general and support workers in the community and facilities sectors expire March 31, 2001.

The B.C. Government and Service Employees' Union is also part of the HSE&U Bargaining Association. BCGEU President George Heyman says, "Our goal is to bargain a new collective agreement covering all community and facilities health care workers before the current contracts expire. That's why we served notice to bargain at the earliest possible moment."

HUNDREDS OF WAGE POLICY DELEGATES GAVE THEIR BARGAINING COMMITTEE A MANDATE TO SEEK A FAIR CONTRACT, A TASK THE COMMITTEE IMMEDIATELY SET ABOUT TO ACCOMPLISH.

The unions in the association have agreed to be bound by a process that would require an agreement of the largest union – HEU – and at least one other union on any proposals or agreements as a way of ensuring the protection of the rights of minority unions.

Barb Juret, G.E. KENNEDY, CLERK, PENTICTON
Chris Dudley, PLUMBER, MAINTENANCE WORKER, POWELL RIVER
David Lowther, STERILE SUPPLY, VICTORIA GENERAL HOSPITAL
Frank McCann, DISTRIBUTION, COORDINATOR, ROYAL COLUMBIAN
Laura Nell, UNIT CLERK, ROYAL JUBILEE
Ronnie Nicolaisen, LAUNDROMAN, UNION TILBURY
Bob Peacock, LAUNDROMAN AIDE, BROADWAY PRETECHNICAL
Shubil Rewell, CLERICAL WORKER, C.A.S.I., G.E. STRONG REHABILITATION CENTRE
Dave Santella, PROGRAM WORKER, CRISTY

"TIMING, STRATEGY ARE THE KEYS"

It's important to get to the bargaining table early and conclude collective bargaining as quickly as possible but not at any cost.

That's the first element of the union's strategy to win a fair collective agreement in the upcoming round of bargaining, according to HEU secretary-business manager Chris Allnutt. "HEABC wants to delay bargaining until after the (provincial) election." Allnutt told delegates to the fifteenth Wage and Policy Conference. "They expect their friends will get elected."

Allnutt compared HEU's situation with the experience of Ontario public sector workers who chose not to settle a collective agreement at the end of the former NDP premier Bob Rae's government and instead took their chances with Mike Harris. The result: Thousands of jobs were lost as Harris changed the laws making privatization and contracting out easier.

"We will fight no matter what," said Allnutt. "But we must be in a position to make a choice."

"We will not come to you with a collective agreement that is inferior." If an early agreement does not address your needs, we won't bring it to you. If we have to deal with a new government, we will. But we need flexibility."

Another critical element in the strategy to win a fair collective agreement is putting essential services levels in place by April 1. Front-line health care workers will negotiate essential services levels that protect the health and safety of patients and residents but will not tolerate levels below in favour of the employer.

And Allnutt told delegates that HEU's bargaining priorities must be backed up with action in the workplace. "We have to launch and be involved in local campaigns in the workplace," said Allnutt.

A successful conclusion to bargaining will require coordination among all public sector workers and their unions through the B.C. Federation of Labour. It's especially important for HEU and its allies to work closely on bargaining issues shared with the Health Sciences Association and the B.C. Nurses' Union.

"When unions aren't together the boss wins," said Allnutt.

"BARGAINING PRIORITIES MUST BE BACKED UP WITH ACTION IN THE WORKPLACE" • Chris Allnutt

SAFE WORKPLACE
A healthy workplace will be achieved by bargaining language that ensures replacement for absent staff, safe staffing ratios, the use of mechanical lifts, payment of premiums for first aid attendants, an employee assistance program for all employees and their families, strengthening of the OH&S provisions, reduction of excessive overtime, minimum standards for maintenance and plant services.

COMPENSATION
In order to attract and retain health care workers in a strong public health care system we need a two-year agreement which provides for an across-the-board flat general wage increase in the first year and a fixed percentage increase in the second. With COLA clause.

Bargaining needs to abolish increment steps, to target discrepancies in benchmarks, to improve on-call, call-back language and to improve extended health and dental benefits.

FAIRNESS AND JUSTICE
To achieve fairness and justice, there must be improvements in the long-term disability plan, barriers to union representation under regionalization must be removed and improvements to provisions for compassionate leave, child care, grievance procedures and equity in the workplace.
MOVING TO THE MIDDLE

It's not just a hard, pro-business edge to B.C. Liberal boss Gordon Campbell and a fixation with tax cuts. But in an exclusive interview with Guardian editor STEPHEN HOWARD, the opposition leader outlines some big policy shifts on key issues like employment security, privatization and senior care. Is it calculated political posturing designed to demobilize his opponents? Or a pre-election olive branch? The trust issue looms large.

"I disagree with the Health Labour. Accord. I have never said I would tear up agreements."

The fundamental problem is that a tax cut will generate additional revenue for the upper class who pay little or no tax. As an issue, its worth has been challenged by those who point out the rich will not actually pay any tax cut. In fact, they will pay more in other forms of taxation and not have any additional revenue to spend on consumable goods. The political pendulum has swung to the right and the tax cut is just a consequence of this swing. The government is losing any semblance of credibility and the trust issue is looming large.

"I want to get the public system back firing on all cylinders so that [the middle class] becomes redundant."

The 2005 election campaign was marked by a government that was determined to demonstrate its commitment to improving health care. However, the results of the election showed that the public was not interested in these promises. In fact, the public was disillusioned with the government's record on health care. The public was increasingly concerned about the cost of health care and the quality of care. The government was not able to provide the type of healthcare that the public demanded.

"Are we going to cut tax by cutting any health care funding? No we are not. This is not going to happen."

The government has been criticized for its handling of the health care system. There have been concerns about the quality of care and the accessibility of services. The government has not been able to address these concerns effectively. The public is looking for a government that is committed to providing quality health care. The government needs to demonstrate its commitment to improving the health care system and address the concerns of the public.

"The B.C. Liberals recognize the importance of HMO workers to the public health care system."

The B.C. Liberals recognize the importance of HMO workers to the public health care system. The government has been criticized for its handling of the health care system. There have been concerns about the quality of care and the accessibility of services. The government has not been able to address these concerns effectively. The public is looking for a government that is committed to providing quality health care. The government needs to demonstrate its commitment to improving the health care system and address the concerns of the public.

What's the role for community health services in Ontario's health care system?

I think they are a critical part of the system. They provide services at the point of care, which is where health care can be delivered. They are also accessible to people who may not have access to other health care services. They provide a range of services, including primary care, mental health, and community health services. The government needs to support these services and ensure that they are adequately funded.

"If I don't agree with them then I am going to seek to change them. I am not going to just go along with them."
Put yourself in the shoes of an HEU member: What’s it like on the frontlines now in our health care system?

IT’S pretty stressful for HEU workers. They’re working extremely hard, under very difficult circumstances and they are worried about whether they’re able to deliver the service that people expect of them, that they want to provide to people. There are days when they go home and they’re exhausted and they wonder how they are going to start the next day. I think they are trying to provide excellent service and they understand how important the service is to people.

You’ve toured the province extensively on health issues. You’ve said we need a short term plan and a longer term one that provides for some fundamental changes. Sketch it for us.

The first part of the plan is to recognize the foundation for a good, strong public health care system is people. And there is a continuum of care and of talent that has to be applied to patients’ needs when they come into the health care system. My plan is to make sure that people get the care they need where they live and when they need it. If I get sick I want to be sure there is a doctor there to diagnose what the problem is. That doctor has to know there are nurses there behind so that they can provide the support. Those nurses have to know that there are Care Aides and LPNs behind them to give them the support so they can apply their professional expertise. We have to have a long-term health plan that looks at human resources, at capital plant, and machinery and equipment. If I have heard one thing in our dialogue for health care, it is that there is no plan.

Governments across the country are wrestling with nursing shortages, overburdened hospitals, “bed-blockers” and a lack of long-term care places for seniors. What kinds of solutions would you introduce?

First, we will empower the health committee of the legislature to meet on a regular basis with players in the health care system. Second, you have to recognize a human resource crunch is coming. We have to provide that training within the system. We have to increase nursing training positions, we have to increase LPN training positions. I think the advantage of LPN training programs is that they are much quicker into the system. The advantage of the Care Aide program is that they are much quicker into the system. If you can build a ladder of expertise and response to deal with nursing, I agree with you in regard to the problem with long-term care users in the acute care system. If you don’t provide the home care people need, if you don’t provide the facilities so that people can move in, then frankly what you are doing is pushing a lot of health care problems out on to the street. And they’re coming back as acute issues, back into the hospital, which we don’t want.

What’s the role for community health services in our Medicare system?

I think they are a critical part of it. I’ve talked to lots of seniors in the province who’ve had their home care cut back. I can remember talking to a senior in Ladysmith. He said I’m 89 years-old. Everyday I make myself get up and I get myself dressed and go for a walk. Because I do that, they tell me I don’t need home care anymore. The fact that I have home care allows me to have the energy to get up and go for my walk.” We don’t want that seniors to get to the point where he’s deteriorated so much he has to go into acute care. In fact it’s a whole cost more effective way of dealing with the health of a large part of the population. Mental health is another example of a situation that we need to put into a cloud, that we treat and pretend that somehow it’s different if you break your leg than if you have a mental illness. We have to recognize both those things are deserving of our support and deserving of a positive human response and that’s what real health care is about. I guess. If we do those well, I think you start to alleviate some of the problems that we are intensely feeling in the acute care sector.

Would you continue the precedent set by the NDP in terms of increased health funding?

Health care is clearly right up at the top with British Columbians so my point is, you put the dollars into the health care system to meet the needs of the people. We’re going to put resources in to make sure we have those nurses we need, that we are training the doctors that we need, getting the Care Aides that we need. I can’t tell you what the final case of that is right now I can tell you there is enough money in the economy in British

PHOTOS BY STEPHEN HOWARD

MOVING TO

There’s still a hard, pro-business edge to B.C. Liberal boss Gordon Campbell and a fixation with tax cuts. But in an exclusive interview with Guardian editor STEPHEN HOWARD, the opposition leader outlines some big policy shifts on key issues like employment security, privatization and seniors care. Is it calculated political posture designed to demobilize his opponents? Or a pre-election olive branch? The trust issue looms large.

"I disagree with the Health Labour Accord. I have never said I would tear up agreements."

"We have to have a long-term plan that looks at human resources, capital plant and equipment."

Columbia for us to meet that need. Are we going to cut back any health care funding? No we are not. That is not going to happen.

How do you reconcile that with other campaign pledges – in particular making B.C. the lowest tax regime in Canada? How can you reduce revenue by $1.5 billion in tax cuts and maintain health and education when they are 70 per cent of provincial expenditures?

If I thought we were going to reduce a billion and half dollars in revenue because we’re giving people a tax cut then that would be a real issue. I don’t believe that happens. And the only tax that we’ve talked about, for the upcoming election, is personal income tax for the bottom two brackets of the income scale. Your workers in the HEU have watched, well maybe not your workers but I bet they have, their average take home pay has gone down. The average take home pay for B.C. working families has gone down by $1,700 a year over the last decade. I believe when you cut personal income tax, you are increasing pay cheques for everyone in this province. And they will then spend that money in the local economy which will create jobs. So effectively, you have more people at work, paying a lower tax rate but generating more revenues to government.

What implications does the tax cut pledge have for other important public services that are delivered by provincial government?

I don’t buy the argument that a personal income tax cut is revenue raise. I think a tax cut is a revenue increaser. But there are places where we are going to do different things in government. We are going to restore open contracting. We are not going to play around with business subsidies that have cost B.C. taxpayers a billion dollars in the last 18 months. We’re not going to spend $100 million on government advertising. There are places that we are going to cut.
The fundamental premise that a tax cut will generate additional revenues to make up for the tax cut in the first place is an issue that's debated on both sides by economists. You find economists on both sides. That's absolutely right.

There's a huge list of 9,000 seniors waiting for long-term care beds. The public-private partnerships policy in long-term care is an area where on paper, the NDP and Liberals are in agreement. Yet you spoke earlier about the need to invigorate the not-for-profit sector. Do you favour a P3 development model or a not-for-profit one?

I favour not-for-profit because when you deal with not-for-profits in communities you are actually building communities as well as health care. We have to remember that people want to give to their communities. And when you create the environment that allows them to do that, I think you do more than just take care of the people who need long-term care. You take care of the spirit of community. You provide a quality of care, and quality of facility that I think is significantly better.

There are groups who are more friendly to your party than to the government who are saying we need to privatize all seniors' care.

"I want to get the public system back firing on all cylinders so that [private clinics] become redundant."

and not just because it was my mother. You have to recognize what people do and you have to value their work. I can tell you, you take the words pay equity and you look at every union contract in the province of B.C. and you'll find different definitions in different places but I'm for pay equity as a principle. And I think the public is.

Monitoring the pulse of HEU members, their sense of a Gordon Campbell government would be the privatization of health care services and their jobs.

I don’t think they have to worry about it. Their sense should be that Gordon Campbell and the B.C. Liberals recognize the importance of HEU workers to the public health care system. They are frontline workers who are necessary. You can’t talk to anyone to the health care system who don’t recognize that and I want HEU workers, like other workers in the public health care system or in the public service to recognize their value and we will value them.

So you don’t subscribe to the notion advanced by the Fraser Institute, the B.C. Business Summit and elements within the BCMA that what we need to do to protect Medicare is to maintain direct patient care services in the public sector and hive off and privatize the “hotel” type services that are also an important part?

I think our job is always to get the best value for patients. In terms of medically necessary services, I think we should be providing them through the public health care system. [When he was mayor of Vancouver] I found that the workers in the city nine times out of ten were providing way better value in terms of what we were doing than “private” sector workers would. I would be shocked if HEU workers don’t believe that themselves.

What they want is a fair opportunity to provide their service to the best possible way and that is what they are going to get.

A 48-year old housekeeper, who has finally, after decades of struggle, come up to the average wage in B.C. Does she have anything to worry about privatization from a Gordon Campbell government?

I say no. What she’s getting to find is that people in British Columbia and the government are recognizing the value of the work she does. More importantly, she’s getting to find the quality of work she’s able to do is more rewarding and fulfilling.

One of the things that’s novel about health reform in B.C. has been the Employment Security Agreement, or the Health Labour Accord. In the past you have said you would rip it up. What’s your position today?

First of all, I don’t believe in ripping up agreements. I wasn’t happy with the Health Labour Accord and I said that quite clearly in 1995. Having said that, I think the question today is how you maintain the quality and the talent of the people who are in this system. I have never said I would tear up agreements. I said I disagreed with the HLA and I did. That’s just the way it was. I am not tearing up any agreements.

So there will be no legislative initiatives to remove it from the Collective Agreement?

I don’t plan on it, no.

What role should private clinics play in our health care system?

I read the premier’s interview in the Guardian and I agree with what the premier said. Our job is to make them redundant because the public clinics are doing so well. I want to get the public system back firing on all cylinders so that they become redundant.

Why should HEU members, why should British Columbians vote for Gordon Campbell?

I think the most important issue for British Columbians is that they should have a sense of pride and confidence in their public service. I believe that the vast majority want to have a new sense of opportunity. They’ve been ambushed by what this government has done in terms of health care. We know that the way to support those critical public services is through an active, vibrant private sector economy, with private sector investment to get our jobs happening in British Columbia again. We think we can do all those things. I want to earn people’s trust in doing them.

GENDER BASED WAGE discrimination isn’t on, says Campbell, who says the workplace experiences of his mother Peg, a school secretary, are at the root of his support for pay equity. The Liberal leader says criticism of HEU’s pay equity plan by some of his MLAs wasn’t targeted at our union, but at the NDP because government wasn’t applying pay equity properly in HEU’s case.
This is the real toy story

CHILDREN love their toys. They always have and they always will. There has always been a romance about toy factories. Children's movies and books show happy workers having an awful lot of fun making playthings for kids.

But what happens when toys are made by children working in inhuman conditions? What if children die making toys? Or what if toy makers get sick from handling and breathing poisonous chemicals?

That is precisely what is happening, according to Victoria writer and researcher Sarah Cox. In The Secret Life of Toys, Cox tells of factories in the Far East where workers earn as little as six cents an hour for a 12-hour shift.

"What I discovered is that, especially if a toy is made in a third world country, the chances are that it was made under exploitative conditions," Cox told the CBC television program Marketplace.

The CEO of the giant toy manufacturer Mattel earns a salary of U.S. $25,000 per day. "It would take a Chinese worker making Japanese Barbies working seven days a week for four-and-a-half years to earn that much money," Cox says.

The production of Barbies is a perfect illustration of the globalization of the toy industry. The Puerto Rican Barbie is produced in Malaysia, the Japanese Barbie in China and the First Nations Barbie is made in Indonesia.

"We even see Barbie given new meaning to the concept of the global village, the unified global economy means we know far less about the factories that make these toys than we used to," Cox says.

Workers in North American toy companies mostly assemble and package toys that were produced overseas, where workers earn next to nothing and have zero protection from disease and even death.

Cheap labour and tax breaks have hired toy companies out of the U.S. and Canada and more often than not, health and safety regulations, if they exist at all, are not enforced.

Two particularly horrendous incidents have drawn the world's attention to the working conditions of people—mostly young women, some of them as young as 12—who make the toys that are so popular with today's children. Like Barbie. Like the little plastic toys that McDonald's hands out to children.

Almost 300 women died in two fires in Asia a few years ago. The workers were locked inside the buildings so they wouldn't leave before their work was completed.

An international pressure group focuses on giant toy companies like Mattel and Hasbro, protest that they enforce a "code of conduct" in the plants that make their toys. But they will not permit independent monitors.

CLC President Ken George recently toured several factories in China. He was shocked at the working conditions.

"Canada has to take a stand," he says. "We, as a country, have to demand and expect certain standards.

"The CLC has been lobbying Ottawa to make decent labour standards a part of any trade pact. Canada signs with other countries.

Cox says it's important for parents and others who buy toys to demand to know where and how toys are made.

"We do not want my daughter to have toys produced by another child," she says. "I want my daughter to be able to see shadowy images of fires and poisonings and 16-hour shifts."

Coffee break

Satisfaction

A frog goes into a bank and approaches the teller. He can see from her nametag that her name is Patricia Whick.

"Miss Whick, I'd like a $30,000 loan so I can go on holiday."

Patricia looks at the frog in disbelief and asks his name.

The frog says his name is Kermit Jagger, and on the door because he knows the bank manager.

Patricia explains that he will need to sign the loan with some collateral.

The frog says, "Sure, I've got that," and produces a tiny porcelain elephant, about half an inch tall, bright pink and perfectly formed.

Very confused, Patricia says she will have to consult with the bank manager and disappear into a back office.

She finds the manager and says, "There's a frog out there called Kermit Jagger who claims to know you and wants to borrow $30,000. He wants to use this china elephant."

She holds up the tiny pink elephant, "I mean, what in the world is this?"

The bank manager looks back at her and says, "It's a knock-off. Patricia Whick, give me back, my old man's a Rolls Royce."

Office Jargon

- Brainstorming: sitting around a group, discussing why a deadline was missed or a project failed, and who was responsible.
- Stepchild: a manager who flies free, making lists of everything and then leaves.
- Sighing consensual: an outside expert brought in to reduce the employee headcount, tearing up their will with their hands.
- Cube farm: an office filled with cubicles.
- Flee hermetically: people who always seem to have their idea generators running.
- Prairie hopping: when someone will or does something loudly in a cube farm, and people's heads go down over the wall, to see what's going on.

Strategic management

At the beginning of the plan was the plan.

And then came the assumptions. And the assumptions were without form. And the plan was completely without substance.

And that darkened and upon the face of the workers, and they spoke among themselves, saying, "It is a cock of — and it still is a cock." And the workers went unto the supervisors and said, "It is a cock of and may never be reviewed.

And the supervisors went unto the managers and said, "It will be a cock of and there will be no more plans."
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Working across our differences To participate, please call and leave your name.

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

press 4
People with disabilities
Well like to hear from you. If you are on WCB or LTD. Or if you are visibly or visibly disabled in the workplace, let us know how the union can better meet your needs.

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WIN

A COVETED HEU JACKET

A If you have to do is send us your e-mail address, and we'll throw your name into the barrel. We'll pick a winner on January 31. By the time you read this, we'll already have sat down with the boss to begin bargaining our next contract. Once we get into the thick of it, there will be times when we'll need to mobilize with lightning speed to back up our demands. Getting the word out - fast - could make all the difference.

That's why HEU is collecting as many e-mail addresses as we can. And what better incentive than the possibility of winning one of our beautiful jackets, complete with fleece zipped-in vest, a $230 value. If you send in your e-mail address by January 31, along with your name, which local you belong to - we'll throw your name into a draw. Winners will be announced in the first 2001 Guardian.

You can mail this form to:
HOSPITAL EMPLOYEES' UNION
c/o Kristina Vanderveort
Communications Dept.
2000 West 10th Avenue
Vancouver, B.C., V6J 4P8

Or, you can fax or e-mail
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fax: 604-739-1526
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LPN wins Merritt

Laura Besse is recognized by her community for her years of service.

Research project completed

A report on Nursing Team utilization in British Columbia was released to the public on Oct. 25.

Employer foiled in California

Organize a union and I'm moving to Mexico, he said. No you're not, said the Labour Relations Board.

Toy story, too

Parents should know that a lot of toys they buy for their kids are made by other children.

AGREEMENT NUMBER 157/931

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