WHAT'S THE DEAL?
Drug manufacturers' concern is often the bottom line, not public health

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They aren't listening
Lower Mainland buses have been strikebound for four months. Canadian Auto Workers regional director Len Ruel says the company responsible for the dispute, Translink, has turned a deaf ear to riders and workers.

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Our liquid assets
The fight is only beginning to keep this basic human need out of private hands.
PAGE 5

The rescuer
Maple Ridge Care Aide is one of those intrepid search and rescue volunteers.
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BCMA says privatize
But poll shows public doesn't agree.
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Bring it back home
Hollander report urges restoration of home support.
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Count your blessings
British Columbians get more for their tax dollars than Washingtonians do.
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COMMENT

Get ready to defend your contract

L
HE LIBERAL government hasn’t even been in power for four months and already the health care labour climate is disarray. Registered nurses and paramedical professionals are at the forefront right now in the fight to protect our health care system. HEU members are not by any means on the sidelines. We are supporting our sisters and brothers in the other health care unions, and as a matter of fact we are part of their bargaining associations. Most of our members, however, are in the facilities, community or community social services sectors and were able to sign a collective agreement before the provincial election, so they are not therefore in the same boat as the RNs and paramedical professionals. Not yet.

However, we may soon find ourselves having to defend the collective agreements we already have. HEU members are going to be the targets of a concentrated attack and the weapons are going to be contracting out and costcutting.

Just days after the provincial election, the Health Employers Association of B.C. fired off a health care wish list to the Liberal government. Hanging on the list was a proposal to severely restrict the right of direct care providers to talk about forms of job actions. The government almost immediately did just that: in a special session of the legislature—calling for a moratorium on HSA and BCNA job actions and ordering a 50-day “cooling off” period. This measure effectively stripped their collective bargaining powers, putting virtually all of the negotiating cards in the employer’s hands. And it certainly did not cool things off.

This shows where the government is going to go for advice—and it is not front-line health care workers. It will be going to organizations like HEU, the B.C. Medical Association and the Fraser Institute.

It’s the Fraser Institute that is providing the government with the next round of ammunition against support hospital workers. This right-wing think tank released a document in January 2000 called How Private Hospital Competition Can Improve Canadian Health Care.

The Fraser Institute argues in the document: “Private hospital competition will lead to lower costs, lower prices and higher quality of care. People will choose among competing hospitals for any reason—quality of care, location and personal preferences—and will naturally choose the hospital that offers the best deal. This will mean that hospitals will have to improve their efficiency and cut costs. In the process, they will have to take on more risk and be more innovative.”

LOW PAY RATES

‘They identify the main source of the problem as being the union’s strength’

If we just sit back, those arguments are what the Liberal government is going to hear and act upon. And as a matter of fact, the arguments they want to hear.

We are going to have to make an awful lot of noise to make ourselves heard.

In the coming months—maybe even the coming months—HEU members will hear a lot about contracting out of their work. We are going to be waging a very tough, uphill battle, but armed with the facts and the hearts of our members, we are going to win.

THE ROMLOANS

The following poem was sent to the editor of the Vernon Daily News.

An LPN’s Lament

I’m sorry in advance—I’ve only two hands and two feet, I’m trying to care for your patient, your parent, and I’m trying to meet my own needs at the same time.

My 12 hour night is now 16, no replacement could be found, my aching feet they cry out, my head begins to pound.

I’m sorry in advance—I cannot meet your game: my eyes are filled with tears, your face is just a haze.

If I could sit down for a minute, and maybe grab a bite, phone my kids and say I love them, and I’ll be late again tonight.

I’m sorry in advance— I didn’t do all that much but I worked as fast as I could, I’m sorry I didn’t do more

I’m sorry in advance— your dressing aren’t yet done, but a patient just passed away, I offered solace to his son.

I’m sorry in advance—I’m not as cheery as a bird; I’ve worked 12 hours, my feet ache, I asked for help, but no one heard.

I’m sorry in advance— you’ve had a bad day, I’ve seen my share of death, I’m doing my best, and I’m sorry.

The Hospital Employers’ Union is the B.C. Health Services Branch of the Canadian Union of Public Employees.
Gitxsan sign contract honouring traditions

by Mike Old

A NEW collective agreement between unionized health care workers and the Gitxsan Health Authority (GHA) signals a growing and maturing relationship between First Nations and organized labour.

Gitxsan health workers ratified a first contract on July 13 that reflects the unique traditions and culture while providing for fair wages, benefits and working conditions.

"This is in fact further evidence that unions and First Nations can and will work together to strengthen health care and other public services while remain-

High income earners benefit from tax cuts

It was never talked about during the campaign, but Premier Gordon Campbell delivered deep tax cuts that benefit high income earners the most. And while the average HSU member will receive a tax break of about $540 a year, or about $21 a pay cheque when the cuts come into full effect in 2002, higher income earners in health care like doctors and administrators will cash-in big time, says the union's secretary-business manager Chris Allmunt.

"Clearly," says Allmunt, "Campbell's tax cut plan is geared to deliver the greatest tax relief to British Columbians at the top end of the income scale."

The $540 tax cut will benefit the average HSU member who earns about $35,000 a year, but Allmunt says that the real windfall was delivered to doctors and high-paid health care admin-

Pharmacare tie-in ends

Three key improvements to health and welfare benefits will come into effect over the three years of the new facilities sector agreement.

The first improvement came into effect July 1, ending the Pharmacare tie-in. This means prescribed drugs do not have to be covered by Pharmacare in order for their costs to be covered by our plan.

Some exclusions for "lifestyle drugs" like oral contraceptives and vitamins are still not covered. Low cost alternatives and reference-based priced drugs still apply.

Health and welfare plans comparable to Pacific Blue Cross coverage kicked in on July 1 for HSU members who were not leveled or who did not receive comparability, and for members certified from 1995 to March 31, 2000.
Continued from page 3:

Vancouver: The VHA Culture
local has 94 HEU members and was certified on June 1, 2001. HEU’s paramedical profession-
Al work unit union has been
boosterd by four members who
work at the Vancouver-Burnaby
branch of the Canadian Mental
Health Association. They are
occupational health

The April 23 certification of
Cassie gardens has added
113 members in this province, for-
nprofit, multi-level care
work, as part of the independ-
ent sector, these health care
workers are negotiating their
first contract.

Eight new HEU members
work in Milliken at Macdonald.
"We have heard that the only
enmity for mostly younger
cfients suffering from schizo-
phrenia or chronic depression.
Their certification date was

IROM MANY years Carol Pinnson (Taylor) was a competitive bowler and played in the women’s baseball league. Now she is limit-
ed to dead-balling a few past-the-prime flowers in her garden.

But she is a fighter and recently won an important battle that she wants HEU members to know about.

Eighteen years ago, Finson’s life was changed forever when she injured herself at work.

In May 1983, she was pulled a cart full of soiled sheets with another laun-
dry worker at Tilbury Regional Laundry when the cart knocked down her shoe. She fell backwards, landing on her con-
crete floor. Although it wasn’t immediate-
ly evident, she was badly injured.

She went to see the first aid attendants, who sent her to a doctor. She was off work for six weeks.

She began a cycle of going back to work too soon, re-injuring herself, going back to work too soon, re-
injuring herself, until October 1989 when she reached a point where she was no longer able to work at all.

Until then, WCB accepted and paid all her claims. When it was determined she was no longer able to work, WCB said they wouldn’t send her anymore money. She started receiving long-term disability after a six-month waiting period. She thought that was the end of WCB in her life, but she was wrong.

In 1994, WCB contacted her. She still can’t figure out exactly what triggered it, because she was not collecting any benefits from them. They terribly asked her why she had not showed up for her doctor’s appointment at WCB.

She had no idea what they were talking about. We finally figured out they had sent a letter, but had not, to the wrong person,” says Finson. She told them she had to see their doctor.

She was puzzled, but went to the appointment, with her mother in tow. According to Finson, the doctor was rude in the extreme, calling her a fraud. After a two-hour interrogation he examined her. “Afterwards, he apologized, and said that as a matter of fact, I needed five operations and an MRI. He sent me, accompanied by my mother, to Bellington for the MRI, because the waiting list here was too long, and I needed one right away,” Finson says. Subsequently, she was operated on for a herniated disc, and was laid up for four months.

HEU then stepped in, saying her WCB claim should not have been terminated, because her injuries were work-related.

The union said she should receive back pay from the time they cut her off in 1989, and launched an appeal.

“She Rolde, who was the WCB director at HEU at the time, really went to bat for me,” says Finson. “It took so many years, and I was ready to give up many times. But Bill told me to hang in there, that I had nothing to lose. He kept me fighting until I won.”

She lost the first time around, but Rolde thought she had a solid case, so brought in an outside lawyer to represent her. In 1997 Finson won about $250,000 with a full pension for the rest of her life.

She thought she had won, but her battle wasn’t over yet.

“Someone at WCB decided that I was only entitled to half the award — and that included half the pension. They told I had fibromyalgia and WCB doesn’t recognize that as a covered illness,” she says. “I don’t know about that, but I have never claimed to have that disease.”

She appealed that decision in 1997 and had to wait three years to regain the full award, with retroactive compensation and the full pension.

“My life was altered by this injury. My opportunity to work was taken away from me,” she says. Although happy to have a little bit of economic security now, she says it was rough during all those years. "My family suffered a lot, We almost lost the house. My girls were teenagers then (both are RNs now) and it was very hard on them.”

Finson is very grateful for the support she received from Rolde, who worked on her case until his retirement in 1998. (He died last year after a seven-year retirement.) She is remembering him when she says, “I’d like to say to anybody who is fighting for their right to compensation after being injured at work — don’t give up. It may seem like it will never end, but it will someday and I’ll be worth it.”

- BALANCING IT ALL is a regular Guardian column about the challenges facing women workers.

4 GUARDIAN + SUMMER 2001
HEABC wish list is recipe for chaos

Legislation banning job action tops a long list of anti-worker demands that the Health Employers Association of BC has included in its new provincial government according to a secret briefing document obtained by HEU.

The HEABC brief contains a legislative wish list that would weaken health care workers' bargaining rights and dismantle HEU’s main collective bargaining unit. “HEABC hopes the new legislative government will implement their outrageous agenda,” says secretary-business manager Chris Allnutt. “We hope the new government has the wisdom to recognize the health care changes that would result if that agenda was adopted.”

HEABC is calling for even more restrictions on legal job action including designating all Care Aides and LPNs 100 per cent essential and increasing strike notice from three to six months.

And employers want government to rebuild the wall between union and non-unionized health care services and support workers.

They want to have thousands of LPNs transferred to the new Bargaining Association in order to “nationalize” recent reductions in wages and benefits. The HEABC document also recommends a giant step backward to a bygone era where government-funded private, for-profit health care employers — represented by Picture — bargained separate contracts with health care unions.

Health employers are demanding more “realistic” approaches by WCB to ergonomics and workplace violence. And they want government to assist them in their union-busting efforts by funding non-union workplaces and giving them preferred status.

“HEABC’s agenda would lead to chaos in our health care system and the public would suffer as a result. Our union will continue to work with our allies and government to improve the quality of care for British Columbians and express our dissent,” says Allnutt. “HEABC’s destructive agenda should be stopped now.”
PREZIDNET'S DESK

Cloudy weather ahead, but solidarity is our silver lining

by Fred Martin

The motto on the Health Employers' Association of B.C. letterhead should be on every cloud has a silver lining.' Their recent actions, however, show why their union activities clearly shows why health care workers are experiencing low morale, resentment and distrust of health care management. Trust HEABC to make a difficult situation worse.

Within hours of the Health Sciences Association indicating that its members would be taking further job action and HEABC receiving an complaint that this would be illegal, health employers individually served actions in all unions with final warning letters that any support for HSA could get them fired. This provocative reaction, by forcing activists to make such a guerrilla war choice, seriously challenges HEABC's credibility.

This latest action follows closely on the controversy initiated about whether July 1st or 2nd would be the real Canada Day and HEABC's conjectural solution for a New Era, which they tabled with the government just two days after the provincial election. The document advocates restricting and eliminating workers' collective bargaining rights, increasing the number of bargaining units by separating private and non-profit employers, reconstituting the wall between the facilities and community stakeholders and repealing pay equity legislation.

In stark contrast to their 'cupboard is bare' bargaining stance, HEABC is calling for huge wage increases for its excluded members while a "conservative pay philosophy is no longer sustainable" and employers need to attract, motivate and retain highly skilled professionals. As well, an industry that annually injures a second number of workers wants to gut WCSC on ergonomics and workplace violence.

These matters were of sufficient import to distract the employers' attention away from bargaining with the RNs and paramedical professionals. After being legislated back to the bargaining table, instead of generating serious job offers, HEABC's strategy is to let the Liberals bail them out yet again.

Competent, successful employers support their staff, especially during challenging situations, and facilitate their ability to provide efficient and effective services. It is unbecoming in an industry where understanding, caring and compassion are so fundamental to service delivery to treat workers so abhorrently.

The Liberal government is doomed to failure unless it rejects HEABC's destructive vision and accepts the reality that workers is its greatest resource, especially in public services like health care. HEABC needs to stop trying to intimidate health care workers and win them over with dignity and respect. That's how you foster creative solutions to the stresses and chronic problems plaguing Medicare.

The solidarity that prevails between unions and their community and social justice partners is the silver lining that guarantees our ability to rain on HEABC's parade.

Hiking skills help others

by Dale Fuller

One sometimes marvels at the feats of bravery that search and rescue crews perform, the risks they take while saving lives. Could anyone do it?

Not according to Diane Hackett, who joined up almost three years ago.

Hackett, a Case Aide at Wanuskewin Care Home in New Westminster, says she saw an ad in her local paper, "Eagle Ridge Search and Rescue was looking for volunteers," she says. "I've been an avid hiker for a long time, so I thought 'why not?'

Sewenty would-be volunteers were invited on a four-hour hike to see if they had what it takes.

They gave them a 20-pound bag of sand and started them out on the hike.

"I made that first cut. I don't think they were looking for the most physically fit persons, because I came in last" says Hackett. "I think it must have been endurance, because I carried that 20 pounds the whole way."

After an interview, she was on the team.

She remembers one rescue which induced her to branch out into another volunteer activity.

"There was a group of German tourists who went in with their dog. One of the women slipped, fell into a waterfall and died," says Hackett. The woman's brother and son called for help.

"I'll never forget the looks on their faces when they walked out of the group of people that were gathered."

Hackett realized she wanted to go into grid councelling, and began working as a hostage volunteer around a year and a half ago.

But nothing is tragic.

She laughs about one poor fellow who went on a 10-hour hike up a mountain with his Great Pyrenees dog. "I don't know how many people think about it, but I don't think dogs are used to walking for 10 hours," she says. "The dog was so exhausted he couldn't go back. The fellow wasn't about to leave his dog alone."

She and some of his buddies took him supplies so he could continue his hike.

"I felt bad and thought he could really use the mountain, with his dog. The next day his friends helped him return the dog to civilization in a wheelchair."

568R Volunteers must supply much of the equipment they use, and indeed having equipment was one of the qualifications for the (unpaid) job. So Hackett is organizing a hand-raising golf tournament to help raise the much-needed equipment and to help pay for their re-certification in First Aid and CPR.

She's issuing a challenge to all HEABC golfers to come out to Pitt Meadows on September 22. The tournament will be at Swam-eet Bay Resort. There will be prizes and lots of fun. If interested in more details, visit their website at <www.568r.com> or call 9305/3854.

Liberals send clear confrontation signals

by Stephen Howard

Remember late last year when Gordon Campbell — in an exclusive Guardian interview — talked about how much he valued HEU members and how he wanted us to work together to build a stronger health care system?

Well sure didn't take long for Campbell’s cabinet colleagues to case doubts on his kind words and commitments. A late July "open" cabinet meeting provided a glimpse of the confrontational approach that some in Campbell’s government may take towards health care and HEU members, unless the premier makes much harder.

First, the Liberals trounced community social service workers. On the cabinet order paper was a recommendation to kill successionhip protection that’s part of the social services contract. It protects caregivers and the quality of care in a sector where endless tendering of provision of service contracts creates instability. However, the Liberals regard the success that "creates barriers to open tendering" as "invaliding business opportunities." And with an orchestrated show of hands, successionhip protection — a signed agreement between health unions, employers and government — was eliminated by cabinet fiat.

"Attacks on health care workers will only cause chaos"

But this opening salvo should prove to be an embarrassing gaffe for the Liberals. Why? Because legally, cabinet lacked the authority to take such a step, and the health unions will work together to make Victoria back track. But more important, it’s a black eye for Campbell, who went to great lengths to November to reassure HEU members that “I don’t believe in ripping up agreements.”

Then it was the turn of health services minister Colin Hansen to put HEU members in his government's cross-hairs. Health care spending is spiraling out of control, he claimed, because of the high wages of health and support workers. He used an erroneous comparison of pay rates for just two jobs, to demonstrate that HEU members were paid 32 percent more than the Canadian average.

It was quite a provocative and unexpected broadside. And it sigaled an effect by the Liberals to create an artificial crisis in health care, identify enemies and push through service cuts to pay for the Campbell tax cuts that disproportionately benefit the wealthy. Clearly it was the first sign that what the Liberals said about protecting health care during the election may go by the wayside.

Months ago, HEU expressed its desire to work together to improve health care services should the Liberals form government. And based on their comments before the election, it appeared that key elements of a Liberal government were prepared to work cooperatively to create the stability that health care urgently needs.

The Liberal cabinet’s actions are sure a wake-up call for HEU members. Hansen and his colleagues need to recognize that attacks on front-line health care workers will only cause chaos.

NOTEBOOK
Remembering union martyrs

Canada's labour history is not as bloodstained and violent as in other countries. But this country has its share of union martyrs - activists, organizers, and front-line workers killed for their union activities.

Joseph Fontier, René Fontier and Fernand Trudrin were among a group of lumber workers on strike against the Spruce Falls Power and Paper Company when they were attacked and killed by strikebreakers at Bensford siding near Kirkland Lake, Ontario, on Feb. 10, 1933. Their killers were fined $100 for "carrying offensive weapons." Their union was fined $27,650 for "mishandling a assembly." A memorial to these labour martyrs can be seen by anyone driving across Northern Ontario on the Trans-Canada Highway.

Nick Nargm, Pete Markomanus and Julian Grybko were shot dead by the RCMP during a parade of coal miners at Estevan, Sask. Many others were wounded. A monument was erected at their graves, with the inscription "Murdered in Estevan September 20, 1931, by the RCMP. Authorities later had the last words chiselled away.

Ginger Goodwin, an organizer for B.C. miners, was fatally shot by police during a miners strike in Cumberland on July 27, 1918. On August 3, 1918, workers around B.C. staged a one-day general strike in his memory.

William Davis was one of the steelworkers on strike against the British Empire Steel Company in Cape Breton, Nova Scotia, in 1925. When the company cut all the workers' wages, the strikers' homes, he led a protest and was shot dead by the company's private security guards.

Viljo Russell and John Montanez were organizers for the Lumber Workers' Union who disappeared in November 1929, in the woods near Orton Lake, Ontario, on their way to an organizing meeting. The threats to their lives, and whether they allow union search parties to enter the area. Their bodies mutilated bodies were found the following spring.

James Saffery was a striking coal miner who was clubbed to death by a company watchman near Wayne, Alberta, in 1928.

Caw-SEIU dispute resolved

A serious rift in the Canadian labour movement that resulted in wide-ranging sanctions against the country's largest trade union is on the mend.

The Canadian Auto Workers (Caw) and the Service Employees International Union (SEIU-Canada) agreed on a process to resolve a jurisdictional dispute that resulted in the expulsion of Caw representatives from the CLC executive council and from affiliated provincial federations and labour councils. With the support of SEIU-Canada, these sanctions have now been lifted.

"This chapter of our movement's history has been divisive and destructive to the interests of working people," says HEU president Fred Moquin. "With this resolution, Canadian labour can refocus on the real threats to our members represented by unfettered globalization and privatization."

Transit workers are not looking to break records

by Bob Smith

ONE RECORD no bus driver wanted to break was the 94 days transit workers spent on the picket line in 1984. They broke that record July 4, 2001.

In 1984, B.C. Transit locked-out its bus drivers and mechanics and shut down its bus systems in Vancouver and Victoria for 94 days. They saved $33 million and spent that money building 3.5 kilometres of SkyTrain. Seventeen years later, they are building an extension of SkyTrain with a similar funding formula.

Public service strikes are a different kettle of fish, as health care workers will know. In health care, the essential parts of your labour are immediately apparent. People suffer and its front page news.

And though people also suffer because of the transit dispute, the essential parts of a public transit system are not so blatant.

This is not a strike. It is a lockout. The transit union has accepted a reasonable recommendation from mediator Vince Ready. We've accepted significant concessions that save the company millions of dollars.

Coast Mountain rejects the Ready report because it calls for national discussion of the most contentious issues: part-time workers and contracting out. They know their demands for these concessions will not stand up to careful scrutiny.

They want the transit system shut down long enough to save enough money to capitalize their share of the SkyTrain expansion.

The transit workers of the Canadian Auto Workers Locals 111 (drivers) and 2200 (maintenance and S蹒fl) had nothing to do with the transfer of government from B.C. Transit to Vancouver city councilor George Poli and his newly created TransLink board.

Transit workers had nothing to do with the decision to build the underequipped SkyTrain extension.

But all transit workers are now donating their pay cheques to these colossal blunders.

Poull knows he can get away with it because he knows who is served by the transit system - students, the elderly, the disabled, the poor. They are the ones with the least political clout in our society.

George Poli can withstand the pressure from these groups of people until hell freezes over, or the next civic election, whichever comes first.

Short of a general strike, it is hard to imagine any power other than small retail businesses changing George Poli's approach to his self-esteem funding crisis. Without that pressure, transit users will be waiting at the stop for a long time yet.

It is a stalemate the public sector has run into before, but we have yet to develop the strategy to break it.

* Transit driver Bob Smith has put to bed the 60th edition Daily Review, Caw 1115 strike bulletin.

THE CHOCOLATE MAKERS at Purdy's Chocolates in Vancouver, members of CEP Local 2000, have been on strike since May of this year. They are trying to achieve their second contract with this employer. Purdy's wants to claw back benefits they won the first time around like job security, some health benefits and the right to be represented by shop stewards of their choice. The union members are asking for better benefits and a modest wage hike. "Please don't buy Purdy's chocolates while we're on strike," they ask.
The business of developing cures and treatments for disease is fraught with contradictions. Its raison d'être is to help people. But being so highly valued — it attracts both those who want to help and those who are greedy.

Buy me, try me, say drug ads

Not only do advertisers try their best to sell drugs, but they also spend significant amounts of money to have their drugs approved by the authorities. This process is highly regulated, and the companies involved spend huge amounts of money on marketing and advertising to promote their products. These efforts are aimed at persuading doctors and patients to prescribe and use the drugs, regardless of the underlying medical condition.

New drugs may not be so new

The pharmaceutical industry is estimated to be worth over $1 trillion annually, and it spends large amounts of money on research and development to create new drugs. However, the process of bringing a new drug to market is time-consuming and expensive, often taking over a decade. This means that many of the new drugs on the market are not truly new, but rather derivatives or improvements of existing drugs.

Papent versus generic drugs on the world stage

When it comes to the use of patented and generic drugs, there are often significant differences in price. Patented drugs are typically much more expensive than their generic counterparts, which can lead to significant cost savings for patients and healthcare systems. However, this also raises questions about the ethics of charging such high prices for essential medications.

By Dale Fuller
OST CANADIANS probably have a vision of pharmaceutical research as being at arms length from the companies that will eventually produce and market the drugs that result from their investigations. They would be shocked to learn that this is not necessarily the case, and that regulations controlling this relationship are lax.

Increasingly, pharmaceutical companies are controlling the process of developing new drugs from start to finish. The problems, according to a group of academics is that the public interest is not being served under this regime. Nor is public health.

In a document entitled "Tales from the other drug war", released by the Centre for Health Services and Policy Research (CHSRF) at the University of British Columbia in the last year, they explore how drugs are developed, marketed, and approved for distribution in Canada.

Advances in medicine in recent history have been phenomenal. Diseases that used to kill people on a regular basis either have been almost wiped out or are managed so that people now live long and useful lives.

But there are still many diseases out there that have no cure or treatment. Many medical researchers want to leave a lasting contribution and help those who are sick.

Pharmaceutical research is a magnet to those who simply want to make a lot of money. If a drug is developed that will help people be well, it will sell.

Guaranteed.

But the problem, according to the papers prepared for "Tales from the other drug war", is that in Canada pharmaceutical companies almost completely dominate the country's clinical research business.

There are such prodigious amounts of money involved that often test results will be swept under the rug if it means a drug will not be approved.

Pharmaceutical companies are powerful enough to ensure that favourable results make it to the public eye and unfavourable results are suppressed.

Researchers are put into the position of deciding to "blow the whistle" when it may mean losing a research grant — maybe for a very long time.

That is what happened to a blood specialist at Toronto's Hospital for Sick Children. Nancy Driscoll first reported favourable results for a drug used to treat a genetically transmitted blood disorder. But three years later, when she had data on long-term effects of the drug, she reported that there was actually no benefit at all for those treated with the drug.

The drug company which had funded her research did not want to hear that. She found herself being threatened with legal action if she publicly presented or published the negative results.

"Often test results will be swept under the rug."

"Often test results will be swept under the rug."

And pharmaceutical companies sometimes deliberately apply data collected from one segment of the population and apply it to another. Studies done on middle-aged men have found strong links between high cholesterol levels and heart disease created a market for cholesterol-lowering drugs.

Random tests were never done on women, but their doctors prescribe these drugs to them anyway.

The importance of diet was recognized early in the research, but it has been shoved aside by a sophisticated media campaign, according to Isabelle Savoie, another of the document's authors. By the early 1990s, nearly two-thirds of the American population was aware of the reported role of dietary cholesterol.

Ken Bassertt, one of the document's authors, cites the example of breast cancer tests for women. "The testing technology is, in effect, a marketing test," he says. Once determined that she is at risk of osteoporosis, a woman is generally put on a drug treatment, when exercise and diet are perhaps better ways to combat this disease.

"And pharmaceutical companies sometimes deliberately apply data collected from one segment of the population and apply it to another."
of developing cures and treatments for disease is contradictions. Its raison d’être is to help people. But being so highly valued – it attracts both those who want to help and those who are greedy.

in coronary heart disease and of the reported importance of reducing dietary fat intake as a means of controlling cholesterol," she writes. Pharmaceutical lobby groups waged a media campaign that shifted the public perception significantly and by the late 1980s a large percentage of the population had been prescribed a lipid-lowering drug.

Researchers need to act in a collective manner and develop their own ethical guidelines. Union members will recognize the advantage of this arrangement.

An independent agency to oversee the protection of public health in Canada is needed, one that has the power to conduct independent audits. Pharmaceutical companies should not be permitted to make unlimited profits at the cost of the public's health and well-being.

In B.C., prescription drugs form a substantial part of the health care budget, and Pharmacare is an easy target for the government when it starts to make cuts. We could end up paying more money and more often for drugs which may not even be necessary.

Buy me, try me, say drug ads

N O LONGER content to limit their advertising dollars to publications aimed at the medical profession, pharmaceutical manufacturers are now going straight to the patient/consumer. Direct advertising of prescription drugs is banned everywhere except in the United States and New Zealand.

In Canada, drug companies have been permitted to advertise the price of prescription drugs along with the name of the drug, but that's all.

Recently, however, Health Canada conceded some ground to pharmaceutical manufacturers who want to reach the public.

Picture this: A middle-aged woman talks confidentially to the camera about how she used to be so depressed. But now she feels better. She credits the change to the woman affectingly cuddling her husband, both sitting contentedly. "I'm so happy I found my way out," she says. Fade-out and voice-over, "Brought to you by Miracle Drug X.

In Canada the ad is still not allowed to say, "Miracle Drug X cured my depression. You should use it, too!"

But the public gets the not-so-subtle message loud and clear.

Health care professionals are concerned about this trend. Australian doctor Peter Mandelfield has seen what happens in New Zealand when pharmaceutical companies are allowed to advertise directly to consumers. He says that patients start insisting on the drugs from their doctor.

"When prescription drugs are marketed directly to consumers," he told a Toronto Star reporter last June, "you get a much higher demand for them. Meanwhile, they're supplying the drugs that we know the least about."

And they are often more expensive than other comparable drugs.

Prescription drugs – which are subsidized in B.C. – form a huge chunk of the provincial health care budget. Too much spent on prescription drugs will cause money to be taken away from other parts of the health care budget.

Only stockholders' pocket books are ensured of better health with increased drug advertising.

The development of cures and treatments for disease is more important than corporate profit.

in the hopes that the South African example would help them win support at the WTO tribunal. Brazil had a substantial role in the outcome of the tribunal. The U.S. was charging Brazil with violating international trade laws for its policy of allowing the manufacture of cheap generic versions of patented AIDS drugs and their free distribution to Brazilian AIDS/HIV sufferers. The tribunal adjourned five days before the U.N.'s special assembly on AIDS, and it was there that the U.S. unexpectedly withdrew its complaint against Brazil.

It seems that sometimes things like the deaths of millions from disease are more important than corporate profit.

Without a doubt, this is a defeat for the drug manufacturers, but they will still make profits far in excess of most other industries.
Voice: What does pay equity mean?

by Brenda Jardine

The simplest way to explain pay equity is to get rid of all the window dressing. Basically it boils down to the value of the job, not the gender that performs it.

Let us look at our health care sector. The most relevant is the question: if nurses, not women, were traditionally employed as registered nurses, BCNU would not be asking for $42 dollars an hour, they would already be receiving.

Look around at the trades and ask what does a welder, plumber, logger and others who work in traditionally male-dominated employment earn as an hourly rate. This is not an attack on men. They are worth every cent they earn. It's just a fact of our society. Women-dominated employment has traditionally been paid less. To this day women earn approximately only 80 per cent of what men earn.

When I first arrived at Sunset Lodge in 1980, Care Aides were paid at the low end of the pay scale. I worked in the accounting office and was the lowest paid person in the bargaining unit. Though we still have a long way to go, with HEU we have won some significant pay equity adjustments. This has somewhat alleviated the wage gap.

When the NDP government passed pay equity legislation, the private sector screamed bloody murder. If you are wondering why, just take a look around our society. Wage discrimination is alive and kicking.

Ask a friend or relative who works in the private sector what their pay scales are like. Take note. The male-dominated categories are paid higher than the female categories.

When I discuss this with my friends and relatives, I am often discouraged to find that they actually often find a way to justify this discrimination.

But the good news is I am able to make them come around to an understanding of what pay equity is about. As a matter of fact, they end up being very much in favour of paying women equally.

Lessons more education is needed for the masses, so spread the word.

Brenda Jardine is an accounting assistant at Sunset Lodge in Victoria. She is chair of the Pacific Rim local and editor of their newsletter, where this article was first printed.

No user fees, says top doc

B.C.'s top public health officials say we can preserve Medicare without bringing in user fees.

According to media reports, chief medical officer Perry Kendall says health care should be funded through general revenues and not from user fees which are a tax on sick people. His comments come on the heels of a call from the prime minister who says user fees should be on the agenda of the royal commission on health care.

"We do need to explore new ways of strengthening our public health care system," says HEU secretary-treasurer Chris Allum. "But these efforts are undermined by politicians like Chrétien who want to take us back in time when the poor, sick and elderly were forced to make the choice between groceries and medical care.

"Our chief medical officer deserves the support of our new provincial government in his efforts to bring a public health perspective to the issue of user fees," adds Allum.

CUPE's national president Judy Darcy and the Council of Canadians' Maude Barlow are also speaking out against Chrétien's user fee agenda.

"For the second time in two months, politicians are trying to force privatization on the commission's agenda and we won't stand for it. Last month Mike Harris. This month the prime minister warns us a look at user fees. This is in spite of citizens of studies -- including a major Saskatchewan report -- showing user fees are a tax on many seniors, most distressingly by denying care to the poor," says Darcy.

"Chrétien's comments look dangerously like a political move: abandoning advocating against the Canada Health Act. User fees would clearly violate the Canada Health Act. Cross, along with Harris and Klein have had their chance to speak on health care -- now we need to hear from the people who it affects directly the citizens of Canada," says Barlow.

Canadians are paying far too many health care costs out of their own pockets, shouldering increasing expenses for prescription drugs, dental care, de-listed services and health insurance premiums. Far from strengthening Medicare, further privatizing costs onto the backs of individuals will erode Medicare for those who need it most -- vulnerable poor and elderly Canadians.

Just last month, the B.C. Medical Association released a report calling for increased user fees and privatization of health care services. A subsequent HEU poll indicated that more than three-quarters of the B.C. public believe that Medicare should be expanded to cover home care and long-term care. Only 16 per cent favoured the BCMA's proposal for tax-based individual health savings plans that would transfer the costs of elder care onto individuals.

Home support saves lives

NEW STUDY released in May confirms that without home support services, seniors and the disabled die and end up in long-term care facilities much sooner than those who receive those services. And their care costs are substantially higher. As a matter of fact, about 50 per cent higher, says this study funded by Health Canada.

In 1994, seniors and disabled British Columbians in some regions had their home support services cut, while those in other jurisdictions did not. In making these cuts in such a seemingly arbitrary manner, the provincial government inadvertently created an ideal yardstick by which to measure one system against the other.

Marcus Holland, the author of the report and a health policy researcher in Victoria, studied the effect of the cuts in four B.C. regions. Three years after the cuts, the average annual health care costs per person was $11,000 in the area which had undergone cuts in home support services, while the same average was only $7,808 where services had been preserved.

The government purported to make the cuts as cost savings measures, but Holland says it accomplished the exact opposite. "By the end of the third year, the difference in total average cost to the health system was about $4,000 more per person, so clearly this 'cost savings' measure was not cost-saving at all," he says.

Sadly, the cuts meant death to many.

NAME THE CENTRE

CONTEST HEU's new digs in Burnaby will include a modern conference centre. HEU members are invited to submit their ideas for a name for the centre. Winner will get a coveted HEU jacket.

Send ideas by e-mail to discuss@heu.org or write to Name Contest, HEU Communications, 2006 West 10th Avenue, Vancouver, V6J 1P3.

Deadline is 5 p.m. Sept. 13, 2003. Move-in is Sept. 15.

"Sadly, the costs meant death to many."
What does pay equity mean?

by Brenda Jordison

The simplest way to explain pay equity is to get rid of all the window dressing. Basically it boils down to the value of the job, not the gender that performs it.

Let’s look at our health care sector.

The most relevant way to explain pay equity is this: if males, not women, were traditionally employed as registered nurses, BCNU would not be asking for 42 dollars an hour, they would already be receiving it.

Look around the trades and ask what does a welder, plumber, logger, etc. earn who works in traditionally male-dominated employment earn as an hourly rate.

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When the NDP government passed pay equity legislation, the private sector screamed bloody murder. If you are wondering why just take a look around our society.

Wage discrimination is alive and kicking.

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Lessons: more education is needed for the masses, so spread the word!

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According to media reports, chief medical officer Perry Kendall says health care should be funded through general revenues and not from user fees which are a tax on sick people. His comments come on the heels of a call from the prime minister who says user fees should be on the agenda of the royal commission on health care.

“We do need to explore new ways of strengthening our public health care system,” says HEU secretary-businessman Chris Allbutt. “But these efforts are undermined by politicians like Chrétien who want to take us back in time when the poor, sick and elderly were forced to make the choice between groceries and medical care.

“Our chief medical officer deserves the support of our new provincial government in his efforts to bring a public health perspective to the issue of user fees,” adds Allbutt.

CUPE’s national president Judy Darcy and the Council of Canadians’ Maude Barlow are also speaking out against Chrétien’s user fee talk.

“For the second time in two months, politicians are trying to force privatization on the commission’s agenda through rhetoric like Michael Harris,” this month the prime minister wants a look at user fees. This in spite of dozens of studies — including a major Saskatchewan report — showing user fees fall on many fronts, most discouragingly by denial care to the poor,” says Darcy.

“Chrétien’s comments look dangerously like a prime minister advocating abandoning the Canada Health Act. User fees would clearly violate the Canada Health Act. Even though Harris and Klein have had their chance to speak on health care — now we need to hear from the people who it affects directly, the citizens of Canada,” says Barlow.

Canadians are paying far too many health costs out of their own pockets, shouldn’t be increasing expenses for prescription drugs, dental care, do-livered services and health insurance premiums. Far from strengthening Medicare, further privatizing costs onto the backs of individuals will erode Medicare for those who need it most — vulnerable poor and elderly Canadians.

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“In making these cuts in such a seemingly arbitrary manner, the provincial government inadvertently created an ideal yardstick by which to measure one system against the other,”

Marcus Hollander, the author of the report and a health policy researcher in Victoria, assessed the effect of the cuts in four B.C. regions.

Three years after the cuts, the average annual health care costs per person was $1,103 in the areas which had undergone cuts in home support services, while the same average was only $7,800 where services had been preserved.

The government purported to make the cuts as cost savings measures, but Hollander says it accomplished the exact opposite.

“By the end of the third year, the difference in total average cost to the health system was about $4,000 more per person, so clearly this ‘cost savings’ measure was not cost-saving at all,” he says.

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VICTORIA IN THE NEWS

Margaret Birell, executive director of the B.C. Coalition of People with Disabilities, says housekeeping services cost the government $2,500 a year per person, compared with $42,000 per year for institutional care. “Not only that,” she says. “Basic homemaking services provide stimulus and stability, even when it’s as simple as for a short time period.

The home visits also can act as an early warning system for serious health problems, the researchers found.

Hollandier trade the obvious conclusions from this study. It appears from both the quantitative and qualitative data in this report that ignoring the multiservice, and prevention aspects of home care may not only lead to increased costs to the health system, but may also lead to suffering and emotional distress for a significant portion of the people cut from care,” he said.

GUARDIAN • SUMMER 2001 11
HEU says Good-Bye

HEU's Provincial Executive is losing one of its veterans at the end of July, and two others did not run for office during last year's convention because they knew they would be retiring.

HEU wishes them well in their retirements, and thanks them for the indispensable contributions they have made to their union.

David Ridley

HEU'S FIRST VICE-PRESIDENT David Ridley will retire from Royal Jubilee Hospital and resign his position on the union's Provincial Executive on July 31.

The 61-year-old biomedical technologist has served on the PE since 1992 and for the last several years has sat as the union representative on the Capital Health Region board of governors.

A well-known and highly respected unionist, Ridley's activism has enriched HEU during a period when the health care system was undergoing major restructuring.

His leadership — both in the union and on the Capital Health Region board — has resulted in a stronger voice for HEU members during some very turbulent times in health care.

Ridley not only made a major contribution to the union, but also to the greater community through his commitment to social justice and his work in various coalitions that brought together labour organizations, community-based groups and other representatives of civil society.

Ridley says that he and his wife Hildred will retire to a cottage in the Lake Cowichan district of Vancouver Island this summer.

It's fitting that he's going to be able to enjoy in his retirement many of the benefits for which he fought and won for all HEU members.

Maurice Smith

ANGUISH 22ND BIENNIAL Convention last October, Maurice Smith received a standing ovation when delegates honoured him after his 2001 retirement was announced. Smith did not run for office on the PE, and he left a legacy of service that few can match.

During his last term on the 1998-2000 Provincial Executive, Smith sat as a trustee. The dedicated activist is a veteran PE member, first serving HEU on the union's governing body in 1978.

Since then he has held the positions of financial secretary, member-at-large, 2nd, 3rd, 4th and 5th vice-presidents. And, he didn't do that at the expense of HEU members at Burnaby Hospital where he was a storey worker: Smith was chair of that local for 20 years and also held other offices — vice-chair, trustee and wardens.

At convention, as he accepted the recognition of his peers and brothers, he spoke of his union and its members. "I can't tell you what it's been like representing HEU members. The union has been my life, I'll never forget you. Thank you."

Leo Bibo

VANCOUVER GENERAL HOSPITAL maintenance supervisor Leo Bibo will be retiring on August 31. He's been a well-known figure at HEU since the 1970s, when he first became active in his local. Over the years he held a number of offices in his local: vice-chair, trustee, wardens, conchinator, shop steward and chair.

And he's proud to have graduated from HEU's first-ever summer school.

He was on the Provincial Executive two times, first as Lower Mainland-Coastal regional vice-president (97-99) and then as 3rd vice-president (99-01). He was also on the 1986 and the 2001 bargaining committees.

Bibo also served on many committees, including labour adjustment, contracting-out, returns to work and mergers.

He's a firm believer in grass roots activism, is grateful for his years in the union and says, "Belonging to the union made coming to work worthwhile. If it wasn't for HEU, I would have retired a long time ago."

Originally from Australia, Bibo arrived in Canada in 1963. He was on his way back from an extended stay in Europe when he landed in Vancouver and decided to make it his home.

He doesn't know what his retirement holds for him yet, except for enjoying the company of his three grandchildren.
### Count Your Blessings

A new study compares 'competitiveness' and well-being in Washington State and British Columbia

**BRITISH COLUMBIANS pay way more taxes than our neighbours south of the 49th parallel, say B.C. business lobbyists. Our taxation system and government regulations obliterate our competitive edge with Washington State, they complain. But is that really true? Donna Vogel, a researcher for the Canadian Centre for Policy Alternatives, says no in a recent study called In Search of the Good Life. In it, she examines the systems of taxation, delivery of public services and employment standards in B.C. and Washington. She found that if you compare taxes, public spending, out-of-pocket costs, inequality and working conditions, B.C. has a clear and substantial advantage over Washington.

The difference in the two taxation systems is marked. "B.C. relies primarily on a progressive income tax, and this makes the tax system here much more fair than in Washington, where regressive sales and property taxes provide the bulk of state revenue," says Vogel. This means that in B.C., the wealthy pay a higher percentage of their income in taxes than lower income people. In Washington it's the opposite. For example, a British Columbian family earning $90,000 per year pays 10.5 per cent of their income in provincial taxes and a family earning $25,000 pays 9.3 per cent. In Washington, a family with a $15,000 income pays 19.5 per cent in state taxes, while a family with a $125,000 income pays only 5.6 per cent.

So what does this really mean when it comes to how much the average family is out of pocket, if you count both taxes and money paid for services? According to Vogel, the average B.C. family pays $1,663 more a year in provincial taxes than that same family would pay in Washington. But the Washingtonians would pay $1,118 more for public programs than the British Columbians. That's because Washington families have to pay for private services that would be publicly provided or subsidized in B.C. Post-secondary tuition, water, electricity and fuel are far more costly in Washington. And British Columbians pay less for unemployment and life insurance and workplace and public pensions.

The difference in the two taxation systems is marked. These are all statistics that only hint at the difference in the social climates of B.C. and Washington. B.C. offers more protection to people who aren't able to earn a living in the job market. Washington sees very strict limits on access to public assistance. "At $748 a year, the difference to private spending on health care costs wipes out much of Washington's tax advantage," Vogel says. About 16 per cent of Washingtonians have no health insurance at all. People in Washington would love to enjoy the workplace standards that British Columbians take for granted. Statutory holidays and vacations are not legally mandated in Washington. Only 59 per cent of women are entitled to maternity leave, and then only for 12 weeks of unpaid leave. Working Washingtonians indeed pay lower taxes, but is it really a better place to live? Vogel doesn't think so. "Rather than competing in a race to the bottom, British Columbians would be better served by a realistic assessment of our advantages and public policies to improve on what we have."

### CUPE unveils plan to bolster defense fund

Sister Geraldine McGuire, secretary-treasurer of CUPE National, is spending the last year of her mandate promoting a plan to reform and rebuild the union's national defense fund. The Canadian Union of Public Employees is committed to ensuring its members have access to strike pay if they are forced to take job action. This is one of the strengths of the national union, but it is completely dependent on a rather large defense fund and wise planning.

"No member need ever worry whether the union will have strike pay if they're walking the line," says McGuire. "So we must have a strike fund that's as strong as our members." The strike fund has paid out more than $391 million in strike pay and benefits since July 1998, three times the average cost for the previous eight years. McGuire knows why. "We've got more strikes, longer strikes, bigger locals and better strike pay. You put it all together and it's clear we need to strengthen our defense fund."

The 1999 national convention set up a task force with representation from across the country. They reviewed the structure of the defense fund and recommended changes—ones of which was to split the fund into two parts.

One part would cover strike pay and benefits, campaigns aimed at averting strikes and internal arbitration costs. That money would come from six per cent of the per capita paid to CUPE National.

The second part would continue to serve the defense fund for cost-shared campaigns, national campaigns and major organizing drives. This would be funded by four per cent of the per capita.

This per capita income is derived from dues and levies paid by member organizations. HEU approved renewing its affiliation at last November's convention. And paying the levies.

At the time HEU financial secretary Mary L'Allaire 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 and HEU's membership in CUPE.

The task force recommended maximizing all proceeds from the solidarity and special levies for building up the new strike fund. The special levy will continue until the strike fund reaches $25 million, and the solidarity levy will continue until the 2003 national convention unless the fund reaches $15 million beforehand.

The task force recommended a ban on borrowing from the strike funds. The National Executive Board endorsed the task force's recommendations in February, inviting input and discussion before their June meeting.

"We think it's a solid plan that will make a good balance," says McGuire. "We know there are locals that are feeling the pinch. But we also know we need a strong strike fund."
Justice, not charity

Jean Swanson, in her new book Poor-bashing: the politics of exclusion, says that the poor are as discriminated against as much as victims of racism by Dale Fuller

Being poor in Canada is more than just not having enough money to buy a decent meal or warm clothes, according to Jean Swanson in Poor-bashing: the politics of exclusion. It also means you are the victim of exclusion, prejudice and hate.

With Stats Canada identifying more than a million people as unemployed, and many more in low-paying jobs, it is an immense social problem. And with governments cutting funds for welfare and unemployment insurance, it isn't getting better.

Right off the bat, Swanson says she refuses to use the government's term for unemployment insurance.

"That is because I have to use the language of people who are trying to manipulate me and others," she says.

Language is a tool to bash the poor. And it is pervasive in Canadian society, used by the media, the business world, the average Canadian and even the charities who purport to help them.

Swanson dedicates a chapter to the use of language, offering up a glossary of words and phrases used in an unrespecting way against the poor.

"The media has been irresponsible and uncaring," she says.

She examines the misconceptions behind the vocabularies, and then offers up a series of scenarios in which the wealthy would be subjected to the same treatment.

For example, "The wealth trap. It is wealth that keeps its victims from seeking productive employment, knowing they can rely on its generous and unconditional benefits."

Frequent users and dissimulators of this pejorative language are members of the media, and Swanson puts them under the microscope, dissecting stories, articles and comments that often are blatant lies. She says the media has been irresponsible and uncaring about the effect of some of their stories on the poor.

The "media onslaught made it acceptable for poor-bashing politicians to pass poor-bashing laws, chip welfare and UI even more, and force people to accept sub-poverty level jobs to survive," she writes.

Swanson doesn't spare charity groups, either, claiming that the poor want justice, not charity. One misguided and insulting charity is an American group called Share Our Strength, which holds expensive fund raiser dinners so they can buy thugs to go around to restaurants gathering unused food for the poor.

SoS raised a total of $44 million in the same period the U.S. government cut millions of dollars and Canadian governments cut billions from their social programs.

Poor-bashing shows the contradictions of charity.

While big corporations give money to charity (and get their tax credits and good publicity), at the same time they also pressure governments to enact legislation that harms the poor -- slashing the unemployment insurance program, for instance.

Groups that work for the benefit of the poor are doing the very same thing, showing them all the respect they deserve are not a problem for Swanson.

She asked the poor how they felt about it. One person said, "At a good charity they're not telling you what you can have. They listen to what you need."

Swanson writes from a background of over two decades as an anti-poverty activist. Her book offers an incisive look at what it means to be poor in Canada. She not only indicted the media, corporations and charities for their role in creating poverty, she also blames them for helping to make it okay to make villains out of poor people. And therefore okay to hate them.

* Swanson's book is available at People's Co-op Bookstore, Spartan Books and Dashes on Fourth.
HEU people

She's laughing
Staff at Cumberland Health Centre on Vancouver Island wished housekeeper Esther Webber a fond farewell as she retired this spring after more than 15 years. Webber was a loyal union member, could always be counted on to attend local meetings and held several local officer positions over the years. She loves a good joke and plans to laugh with and enjoy her grandchildren in her retirement.

Thirty years of nursing
Nurse aide Jean Andrews recently retired from Sechelt St. Mary's Hospital after 30 years of caring in the province. Andrews began her nursing career in Vernon in 1971. She moved to North Vancouver in 1973 and worked at Lions Gate Hospital (Evergreen) until 1995. Back to the Sunshine Coast in 1989, she committ ed to LGH. In 1996, she ended her commitments and settled in at Totem Lodge, St. Mary's extended care unit. Andrews will spend more time with her grandchildren now and perhaps return to Totem "to work as a casual."

Advocacy will continue
Agnes Mari, a recent retiree from Nooksack Lynn Manor in North Vancouver, started there in 1975 and during her 26 years at the facility, worked as a nurse aide, activity aide and housekeeper. Sister Mari, with her strong belief in equality for all, was instrumental in organizing the facility with HEU in 1976. A committed union member, she has served the local as a shop steward and CHRE's committee member and the broader community as a seniors' advocate. Mari plans to continue her work with seniors as well as take time to adjust to her new situation, enjoy her pets and travel.

Mission activist retires
Ruth Heatherington’s co-workers will miss her when she retires July 31 from Pleasantview Care Home in Mission. This dedicated activist, a dietary aide, initially arrived at the facility for a six-week stint as a replacement cook, and stayed for 19 years. Heatherington served as shop steward, vice-chair and chairperson, chaired the CHRE’s committee for 10 years and attended numerous HEU conventions and wage policy conferences. Her retirement will be filled with fishing, gardening, traveling, community activities and first and maybe the occasional casual shift at Pleasantview.

A singing send-off
HEU South Delta local member Doreen Toeny was given a musical send-off as a June retirement party where 50 friends from Delta Hospital sang her with songs specially written for the evening. Toeny, a care aide at the facility since 1977, retired after more than 25 years in health care. She was a union activist and served on the local executive as a director for several years. She looks forward to traveling, gardening, yoga classes and enjoying her grandchildren. Her sunny smile will be missed by co-workers and patients alike.

A tribute to Cheryl
Members of Queen’s Park local, and especially the staff of 3 West, mourned the loss of Cheryl Rooyakkers, who died unexpectedly last fall. In a tribute sent to the Guardian, unit clerk Jerrilyn Keall wrote, "Cheryl was more than just a care aide at Queen’s Park; she was a family member and friend to all who knew her. We are grateful for having had the privilege of working with her."

New duties at HEU
Jacquie Rice is HEU’s new coordinator of administrative services in the Provincial Office. Rice came to HEU in 1999 as the finance department’s temporary controller and has since carried out a number of special assignments including working on plans for HEU’s new headquarters in Burnaby. She brings a wealth of expertise and knowledge to her new role, including as director of finance at UBC. Her response when asked about life at HEU — “Love the people here!"

NOTICE TO LTD CLAIMANTS: If you are referred for rehabilitation/retraining assistance at BHT, you have the right to union assistance. Contact Robin Knox at 714-1551 in the Lower Mainland or your servicing rep elsewhere.

EQUITY PHONE LINE
1.800.663.5813, ext. 514
Lower Mainland 739.1514
press 1
Ethnic Diversity
One union, many colours!
Working across our differences! To participate, please call and leave us your name!
press 3
Lesbians and Gays
For support: afraid of being identified, feeling isolated, want to know your rights? Call for information on same sex benefits, fighting homophobia and discrimination.
press 4
People with disAbilities
Well like to hear from you. If you are on WCB or LTD. Or if you are instantly or visibly disabled in the workplace, let us know how the union can better meet your needs.

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

Hasta la vista
means later, baby
Interested in learning how to say something in another language? Visit Jennifer’s language page and show her how you do. For example, "mijn" means "good morning" in Dutch. She'll tell you how to say "hello" in 719 languages.
Address is <www.elite.net/~runner/jennifer/index.htm> Have fun

Laws of life
Law of Re-run: If you’ve watched a TV series only once, and you tune in again, it will be a re-run of the same program.


Law of Probable Dispersion: Whatever hit the fan will not be evenly distributed.

Dystraga’s Law: Everyone is somebody else’s weirdo.
Coke’s Law: Thinly sliced cabbage.

Remember
light bulbs?
How many Floridians does it take to change a light bulb? 0. Don’t know for sure, they’re still counting.
How many politicians does it take to change a light bulb? 1. Two. One to change it, and another one to change it back again.
2. Four, one to change it and three to deny it.
How many MPs does it take to change a light bulb?
20. Twenty-one. One to change it and 20 to form a fact-finding committee to learn more about how it’s done. How many Conservative economists does it take to change a light bulb?

1) None. The invisible hand does it.
2) None. No need to change the light bulb. All the conditions for illumination are in place. Recent survey shows growing confidence in the light bulb lighting up again.
3) None, because, look, it’s getting brighter! It’s defi nitely getting brighter!

Words, words, words
<www.handler.com> is another website to visit if you are interested in the origin of English words.
This site is from Merriam-Webster dictionary. It is the dictionary, but also a thesaurus, word puzzles, riddles, etc. A good way to entertain yourself and learn something in the process.

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