

# GUARDIAN



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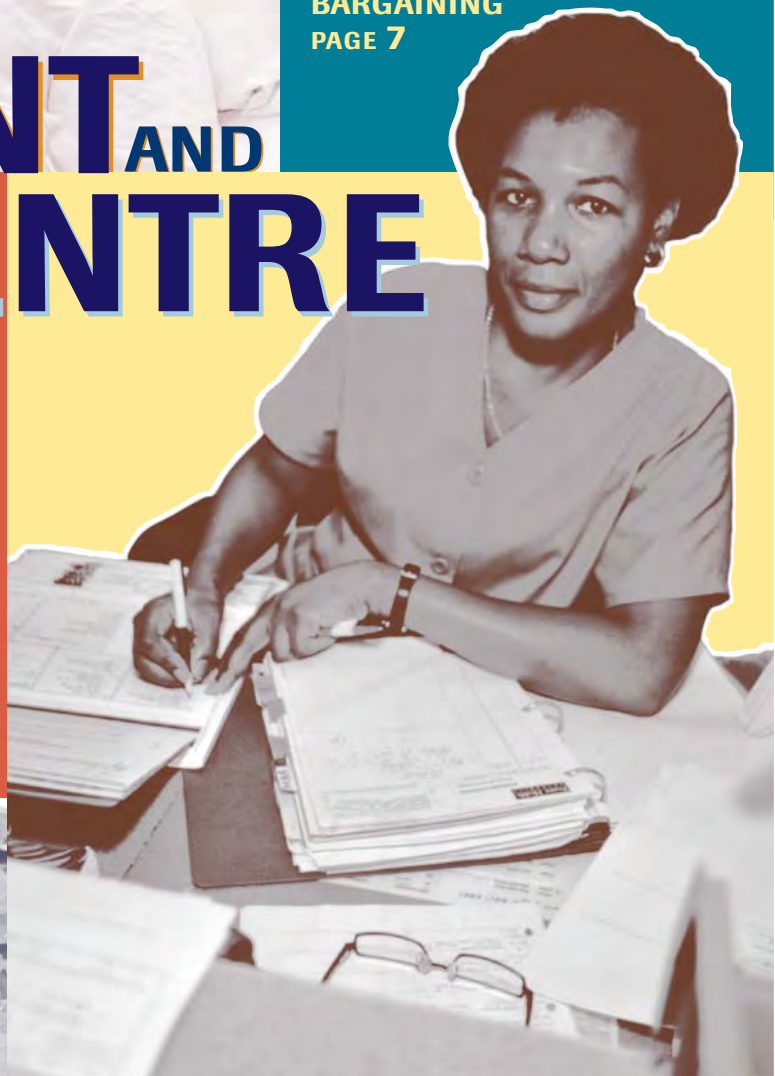


From health care's front lines to the bargaining table, HEU members are making their work visible with politicians and the public.

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## FRONT AND CENTRE



**FALLING WAGES FUEL GROWING RETENTION AND RECRUITMENT CRISIS IN HEALTH CARE** PAGE 8



### SOLIDARITY COUNTS

This summer and fall British Columbia saw an unprecedented level of job action as teachers, Telus workers, Sodexo workers and CBC staff took their struggle for decent wages and working conditions into the streets.

All across the province, HEU members joined their sisters and brothers on picket lines and protest rallies, helping to bolster the fight for fundamental rights and fair collective bargaining.



## climate change?

Whatever the weather has in store for the 250,000 public sector workers heading into bargaining this spring, HEU members are busy preparing for a tough round of contract talks. That's meant setting priorities, strengthening alliances, and building support among politicians and the public. It's all here in this expanded issue of the Guardian.



MIKE OLD PHOTOS



JUDY DARCY

## Ready to bargain smart and hard

As the year draws to a close, and I look at the groundwork we have laid together over the past several months, I can hardly wait to get to the bargaining table.

That's because I know we are thoroughly prepared to meet the employer and defend the value of our work. And I know we're ready to bargain smart, and bargain hard, for the gains our members need and deserve.

**All our efforts, internally and externally, make it possible to approach bargaining in 2006 with confidence, with pride, and with absolute determination.**

We've started the hard work of rebuilding a relationship with Victoria through face-to-face meetings held last summer with the Premier, the Minister of Labour and the Minister of Health.

In recent weeks, dozens of members who attended the union's occupational conferences have lobbied their MLAs about the work they do and the contribution they make to quality care.

We have the research in hand, showing exactly how far our wages have fallen and how out-of-sync HEU salaries have become in just a few short years. We have your stories, directly from the front-line, as a result of our first-ever occupation and sector-based bargaining conferences this fall.

## voice.mail

### The rich get richer

I am still hurt, shocked and definitely upset, to say the least, concerning the brothers and sisters who remain without the necessary means to properly support their families.

Those who have lost; not just their financial security, homes and their life's savings but more importantly their self-esteem, enthusiasm, confidence and their purpose. These feelings result in low morale that causes an increase in fatigue and stress which leads to more injuries and illnesses.

I also have empathy for our new sisters and brothers who are currently responsible for the work that was expected of our former colleagues. These people are expected to complete the same amount and quality of work, in less time and with a drastically

reduced staff. These members are the same as you and I, trying to support their loved ones. They remain unseen beside those of us who feel invisible.

I am supporting the teachers in the stand they are taking for the future of our children. I was very disappointed, frustrated and upset that our union was unable to complete our stand.

I hope that one day everyone will realize that unless the "working class poor" stand together we will remain in the "dark ages" controlled by the elite. "The rich will become richer and the poor will become poorer." (from a quote by: Friedrich Schiller, 1759-1805, a writer and poet who wrote about people's perils.)

This does not begin to express the feelings I have concerning the future of health care and education issues.

**CLAIRE ROLLINS**  
Burnaby local

### Change of heart, the right thing to do

*The following letter, written to Carole James and copied to the CBC, was read on air.*

Dear Carole,

As many other members of the public, my husband and I, too, were pretty outraged at the pay raises you MLAs granted yourselves. We wondered why you would have supported it. So we were pleased when you had time to reflect on this and changed your mind. I can understand MLAs being angry over your change of heart, as they are

now deprived of the luxurious increase they were salivating over and working hard to justify in their minds!

However, you are right in asking for it to be repealed and to go to public process. After all, we, the public, are your employers. We hired you with our votes. And, may I ask: What other employees have the luxury and privilege of setting their own wages? I know I certainly don't. If it were only that easy!

Without an increase in place, MLAs already earn about double what I earn. As a Cardiology Technologist and member of HEU, I've often wondered how many MLAs or

their family members have benefited from the health care services my colleagues and I have provided them. Perhaps we may have been involved in life-saving procedures for them. Yet the thanks we get for doing our jobs is to have our wages rolled back 15 per cent.

I don't begrudge MLAs an increase if it can be negotiated fairly through public process. Hold the high ground, hold your head up, and keep plugging for this process. And while you're at it, please keep fighting for fair negotiations for all public workers. It's the right thing to do.

**SUSAN NORIE**  
Penticton Hospital

## Promises made, promises broken

"Members of the Hospital Employees' Union take great pride in what they are doing in the health care industry. They work day in and day out, taking care of the patients and the elderly. But by what we have seen, this government has shown total disrespect for that..."

"Prior to 2001, the Leader of the Opposition and the current Premier met with the Hospital Employees' Union, and he promised that he would not touch the collective agreement of the HEU. But I think that promise was made to be broken, like many other promises.

"Bill 29 shattered a legally negotiated agreement in health care and resulted in thousands upon thousands of skilled, experienced health care workers in every region of the province losing their jobs and being unable to help those in need.

"The majority of these workers that I mentioned earlier were women, and they were from the Lower Mainland. Most of these women were women of colour, and they had been working in the health care industry for about 15 years or more. They were taxpayers, like anybody else. They helped the local economy and helped raise their families. Over the past four years British Columbians have seen just how devastating this legislation has been for workers, patients, residents, families and communities. It's a piece of legislation that never should have seen the light of day."

*Excerpt from former HEU staff member Raj Chouhan's first speech to the Legislature as the new MLA for Burnaby-Edmonds.*





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# Spreading the word about our work

**B**y the time HEU heads to the bargaining table this spring, politicians from both sides of the legislature will have met more than one hundred union members, face-to-face, in constituencies across the province.

And they will have heard members from all occupational areas talk about the work they do caring for patients and residents; the frustrations and challenges they are up against in their facilities; and why they continue to do the best job possible, in spite of it all.

“Most politicians just don’t understand the diverse nature of our members’ work, let alone the complexity of their jobs,” says HEU secretary-business manager Judy Darcy. “That’s why we intend to meet with all 79 MLAs, in their constituencies, before we sit down at the bargaining table.”

At press time, union members had met with more than 25 MLAs; many of them cabinet ministers.

Darcy says the initiative is a continuation of our 2004 election strategy to build capacity among HEU members



MIKE OLD PHOTO

**HEU’s lobby is part of a broader public education strategy unfolding in the lead-up to the next round of contract talks. Between now and then, the union will be using every means at its disposal to explode myths about the nature of members’ work and to build greater awareness among politicians and within the broader public about the reality of members’ jobs and their contribution to quality care.**

to lobby politicians on important issues between elections.

“This fall’s occupational confer-

ences were critical in helping prepare for this first round of lobbying.

Several delegates – many who were

attending a provincial gathering for the first time – volunteered to help raise awareness among decision-makers about their work,” says Darcy.

**When HEU members stand shoulder-to-shoulder with one another and describe the incredible, wide-ranging contribution they make, it’s a real eye-opener.**

In the process they’ve developed the ability and confidence to talk about the work they do, and why it matters to patients, residents, and every other member of the health care team.”

The lobby groups include up to six HEU members from various occupations, a member of the provincial executive wherever possible, and a staff person to record notes and ensure any additional information requested by the MLA is followed up on.

“The format lends itself to a very powerful presentation,” says Darcy. “When HEU members across the spectrum of care stand shoulder-to-shoulder with one another and describe the incredible, wide-ranging contribution they make, it’s a real eye-opener.”

In preparation for the member-lobby, Darcy and HEU president Fred Muzin met with BC’s labour minister Mike de Jong last summer, who welcomed the idea of hearing directly from HEU members about their work. That reaction was echoed at a subsequent meeting in September with Premier Gordon Campbell and health minister George Abbott.

“Those meetings opened the door for cross-occupational lobby teams to meet with Liberal MLAs,” says Darcy. “They also gave us an opportunity to reopen lines of communication with Victoria and brief government about the serious morale, wage and workload issues on health care’s front lines.”

**MARGI BLAMEY AND PATTY GIBSON**  
HEU COMMUNICATIONS

## New Democrats well-positioned to take seats from Conservatives in BC

“The Liberals privatize with a smile. The Conservatives don’t even smile.”

That’s one of the messages from a campaign by the Canadian Union of Public Employees (CUPE) to workers across the country as they prepare to head to the polls on January 23, 2006.

“We have a real chance to make Parliament work,” says CUPE President Paul Moist. “A Parliament that works means quality public services and strong communities.”

Those comments are echoed by Vancouver East MP Libby Davies, a former HEU staff member. “By voting NDP you’re voting for someone who is going to go to bat for you, and who is going to uphold the values of working people.”

She says the media are “all abuzz about strategic voting” and the Liberals are trying to get progressive voters to buy into “their campaign of fear.”

But she points out that here in BC, “it is the NDP who are in the best position to win seats from Conservatives. There are some very tight races and we have a chance to send more NDP members to Parliament.

“That means we’ll have even more clout in Ottawa,” says Davies. “In the last Parliament we were the smallest party, but we got the most done.

“We’re very proud of our record. We forced the Liberals to back off “Star Wars” and to roll back billions of dollars in corporate tax cuts that was then redirected into housing, transit, the environment, aboriginal people and other important initiatives.”



## COFFEE BREAK

### GM versus Microsoft

While speaking at a tech conference, Bill Gates reportedly compared the computer industry with the auto industry saying, "If General Motors kept up with technology like the computer industry has, we would all be driving \$25 cars that got 1,000 miles to the gallon."

Here was GM's response.



If GM had developed technology like Microsoft, we would all be driving cars with the following features:

- For no reason whatsoever, your car would crash twice a day.
- Every time they repainted the lines in the road, you would have to buy a new car.
- Occasionally your car would die on the freeway for no reason. You would have to pull over to the side of the road, close all of the car windows, shut it off, restart it and reopen the windows before you could continue.
- Occasionally, when executing a manoeuvre such as a left turn your car would shut down and refuse to restart and you would have to reinstall the engine.
- New seats would force everyone to have the same sized butt.
- The airbag system would ask "are you SURE?" before deploying.
- Occasionally, for no reason, your car would lock you out and refuse to let you in until you simultaneously lifted the door handle, turned the key and grabbed hold of the radio antenna.
- Every time GM introduced a new car, car buyers would have to learn to drive all over again because none of the controls would operate in the same manner as the old car.
- You'd have to press the "Start" button to turn the engine off.

Macintosh would make a car that was powered by the sun, was reliable, five times as fast and twice as easy to drive.

Internet / CALM

# Compass workers still HEU members - LRB

BC's Labour Relations Board confirmed HEU's standing as the union for 300 Compass cleaners and dietary workers in the Provincial Health Services Authority.

On September 30, the LRB dismissed all objections and an appeal from the Steelworkers challenging HEU's right to continue as the bar-

gaining agent.

Compass employees had voted to become HEU members in April, 2004. Compass has filed for a judicial review of the LRB decision in the Supreme Court.

The LRB also dismissed a Compass objection which had stalled ballot counts from an October run-off vote between HEU and the Steelworkers to

represent the company's employees in the Vancouver Island Health Authority.

A date for the count hasn't been set.

But the LRB has dismissed HEU's application to represent Compass workers in Fraser Health retail food services, at the Kinsmen Retirement Centre and at five sites of the Central Care Corporation.

## Sodexho strikers win first collective agreement

It was a long, tough struggle for HEU Sodexho members working in the Fraser Valley, Lower Mainland, Sunshine Coast and Victoria - but on December 13 they secured their first collective agreement with the Paris-based corporation.

The 1400 dietary, cleaning and other support staff will see their hourly pay rise to \$13.05 by October, 2007 - a wage boost of between \$2.60 and \$2.90 an hour for most workers.

"This agreement is not perfect, but it represents a huge victory for our members who put up a courageous fight - against a lot of odds - to improve their wages and working conditions," says HEU secretary-business manager Judy Darcy.

The contract also includes retroactive increases resulting in lump sum payments for most members, improved sick leave and other important benefits and union rights.

In early November, following a seven-week strike, the BC Labour Relations Board granted the unions' application for mediation, appointing Vince Ready to help settle the dispute.

Ready's non-binding recommendations were handed down November 22 and subsequently ratified by Sodexho members, who voted 65 per cent in favour of the proposed settlement. Sodexho also accepted the mediator's recommendations, after



failing to meet the original deadline.

"There's no question that our members' seven-week strike forced the company to shift their position significantly. By 2007 we will have wages that match those negotiated with ARAMARK," says Darcy.

The contract applies to eight HEU certifications, covering workers at more than 30 facilities, as well as 15 Sodexho workers at George Pearson Centre who are members of the BC Government and Service Employees' Union.

Workers at Mission Memorial, a stand-alone unit, rejected the proposed contract. It's expected that HEU and Sodexho will meet with Ready to find a way to arrive at a first contract for these workers.

## ARAMARK workers achieve industry-leading wages, benefits

HEU members working for the US-based corporation ARAMARK have achieved their first collective agreement. It was ratified by 69 per cent in mid-November.

The contract covers about 700 cleaning staff employed at more than 25 hospitals and care facilities in the Lower Mainland and on the Sunshine Coast.

Hourly wage rates for most workers will increase from \$10.67 to \$12.47 immediately and then rise to \$13.05 over the term of the three-year settlement.

The contract also includes grievance language, harassment protection, seniority recognition and other workplace rights.

HEU secretary-business manager Judy Darcy says that while wages are not as high as they were prior to government-mandated privatization, they are the most competitive in BC among the major private contractors now active in public health care facilities.

"This agreement provides a modest financial boost for our members working at ARAMARK and makes progress towards a more stable workplace," says Darcy.

"It's a significant step towards recognizing the important role these workers play on the health care team," says Darcy.

### Promote equality, end violence against women

On December 6 - the National Day of Remembrance and Action on Violence Against Women - trade unionists, community activists and NDP politicians gathered at a BC Federation of Labour-sponsored breakfast to commemorate the murders of 14 women at l'Ecole Polytechnique de Montreal 16 years ago.

Members of HEU's Provincial Executive and Women's Committee were there to hear federal NDP candidate Dawn Black talk about why measures to end violence against

women are still necessary, and outline steps that we can all

take together to bring this about.

One concrete step is to support the Canadian Labour

Congress' campaign for freedom and equality for

women. The postcard campaign, which runs from Dec. 6 to March 8, 2006, calls on the federal government to "show national leadership with policies that enhance women's social and economic independence like: pay equity legislation; universal, quality child care; and core funding

for women's organizations and services..."

The campaign is endorsed by national unions including CUPE and the BC Fed, and other provincial federations of labour. Look for information and postcards coming to your local, and check out the campaign at [www.canadianlabour.ca](http://www.canadianlabour.ca).

### Fighting for St. Paul's

HEU secretary-business manager Judy Darcy and CUPE BC president Barry O'Neill joined forces to publicly speak out against the use of a public-private partnership (P3) to redevelop the internationally-renown St. Paul's Hospital in Vancouver's West End.





**The Task Force held more than 90 meetings with members all across BC, and while people took the challenge of improving and strengthening the union seriously, there was always time for laughter, too.**

# Rising to the challenge Members make the Task Force work

**W**hen Donna Ashdown, chair of the Fort Nelson local, was asked to pull together a meeting for members in her area to talk with HEU's Task Force, she wasn't sure what to expect.

"We feel pretty isolated here in Fort Nelson and we get frustrated," explains Donna. "But as it turned out it was a good meeting, and I think we had some great ideas. We talked for over three hours and our members really felt like we were listened to and heard."

Fort Nelson was one of the first sites on the Task Force's province-wide tour, and one of the most remote, tucked into the north east corner of BC. It was only one of 94 meetings held by HEU's Task Force in communities across the province.

The eight-member Task Force, which includes five members recruited from HEU's general membership, was established by resolution at the union's 2004 biennial convention.

Task Force co-chair Janice Varga says, "Our goal was to hear from as many members as possible, not only in direct meetings but through other vehicles as well. And I have to say it's been an amazing experience to be able

to sit down with members, in their own communities, and hear their concerns and their ideas for change."

In addition to the outreach tour, the Task Force also seized the opportunity to meet with members attending HEU's Summer School in July and at each of the union's occupation and sectoral conferences in September and October.

In all, more than 1,000 members met face-to-face with Task Force representatives. And many more used the Task Force questionnaire, e-mails and voice messages to tell the union what they'd like to see change in HEU's overall structure and operations.

"Our discussions with members focused on how to make improvements at every level of the union – locally, regionally and provincially – as well as in our bargaining processes, conventions, Provincial Executive elections, staffing and other parts of HEU's structure," says Varga.

The Task Force met in early December to begin the task of assembling and reviewing members' suggestions for change.

Task Force co-chair Sheila Rowswell says certain themes emerged early on, and during almost every meeting.

"Generally speaking, members are telling the Task Force that they want

more open processes and clearer information about how the union works," she says. "They want better ways of communicating and they want the opportunity to have a say in critical decisions."

Rowswell says members brought forward numerous specific suggestions for change, and that some of those suggestions may not need to wait for the next biennial convention to be implemented, as they do not require any constitutional change.

Examples include holding regional meetings, ensuring members are entitled to vote on any bargaining conclusions (including emergency situations) and introducing a new educational workshop for members focused on knowing and enforcing collective agreement rights.

Those ideas will be referred to the Provincial Executive for their consideration and potential implementation prior to the next biennial convention.

"There is no question that members have become alienated and disengaged from the union, and blame

HEU for what they perceive as a failure in 2004 to represent the membership's interests," says Rowswell.

"But we were truly impressed by the input we received from members. There is a strong desire to rebuild, but members want to see meaningful and concrete changes from within the

organization and from the leadership."

Throughout the consultations, she says, participants inevitably zeroed in on very specific concerns, offering creative, thoughtful ideas for change.

"They've given the

Task Force a lot to consider from new regional structures, election campaigns and more inviting and democratic conventions to supporting local activists and members' specific educational needs."

A draft report with the Task Force's recommendations will be available to members in the spring through their locals and on the union's website at [www.heu.org](http://www.heu.org). Final recommendations will be sent to the October 2006 biennial convention.

**JOEY HARTMAN**

**"It's been an amazing experience to be able to sit down with members, in their own communities, and hear their concerns and their ideas for change."**

In a letter to the *Georgia Straight* last month, Darcy and O'Neill pointed to documentation that indicates a decided preference for a P3 deal on the part of Providence Health Care, the overseers of St. Paul's and other Sisters of Providence-owned Lower Mainland health facilities including Mount Saint Joseph, Holy Family and St. Vincent's.

In fact, land for a St. Paul's replacement facility has already been purchased by a third party. Public records show that the Vancouver Esperanza Society purchased a parcel of land in the city's False Creek Flats neighbourhood in March, 2004 for the purpose of constructing a public health care facility. Soon after, Providence signed

a "right of first refusal to purchase" agreement for that land with VES.

Two of VES's three directors have close ties to private, for-profit health care ventures in BC and are directors of the Cambie Surgeries Corporation.

"Privately operated hospitals are not in our collective best interest," wrote Darcy and O'Neill. "They are expensive, profit-driven, and saddle us with a generation or more of debt."

The BC Health Coalition has been vigorously campaigning against a P3 redevelopment scheme for St. Paul's, along with many community activists. Next steps include lobbying municipal and provincial politicians to keep the hospital public.



**In early December, Oxfam representatives presented HEU with an award for the union's \$50,000 donation earlier this year in aid of the agency's tsunami relief efforts. Oxfam raised \$278 million (US) globally. A full report detailing how Oxfam is spending the money can be downloaded at [www.oxfam.ca](http://www.oxfam.ca). Pictured above are Fred Muzin, Mary LaPlante, Oxfam board member Blair Redlin, Zorica Bosancic, Oxfam program coordinator Miriam Palacios and Judy Darcy.**

# Private health care lobby plots ways to sell two-tier medicine

As Canadians prepare to cast their ballots in January's federal election, the debate over privatized health care is once again in the public eye.

Amid all the rhetoric on the issue, many voters are justifiably confused as to where the privatization agenda is taking public health care. Especially when proponents of for-profit medicine claim they are strengthening, not eroding, Canada's universal medicare system.

At an exclusive conference held in Vancouver in mid-November some of the world's top strategists for the private health care lobby met to dish out advice as to how to secure a two-tiered medical system in Canada.

Participants, who paid between \$1,150 and \$1,300 to get in the doors, heard several speakers rail against public medicare; all under the banner of saving it.

For the record, here are some illuminating quotes from an article (*Toronto Star*, November 19, 2005) by Thom Walkon, about how health care privateers see themselves winning the war on medicare.

"The key, as former British private hospital supreme (Charles) Auld tells the conference, lies in strategy. The best way to get Canadians to accept two-tier health care is to sell private medicine as part of a partnership that will strengthen medicare. If it is just presented as better health for the well-to-do, it will not fly.

"Second, attack as reactionaries

those who support the current system. 'Draw the teeth from the unions,' advises Auld. 'Paint them as the voice of vested interests.'"

And this: "Reform party founder Preston Manning advises the crowd to present their ideas as a compromise...The solution is to rearrange the terms of reference so that what appears moderate today is redefined as extreme and what appears extreme is recast as moderate."

"Once the battle over language has been won, Manning says, it will be politically easier to follow his substan-

tive prescription: completely dismantle national medicare, have the federal government hand over more taxing power to the provinces and let them handle health as they please."

In the meantime our public health care system continues to be weakened by the steady introduction of private, for-profit medical care in several parts of

the country.

Jean Charest's Liberal government in Quebec and Ralph Klein's Conservative government in Alberta are currently poised to facilitate "double-dipping" by allowing doctors to work in both public and private practice; drawing their pay from public medicare and private insurance.

Here in British Columbia, where private clinics and for-profit surgeries – like the one operated by Dr. Brian Day in Vancouver – continue to operate without impunity.

Recently the Copeman Healthcare Centre opened its doors and is charging a \$1,700 initiation fee and an annual \$2,300 membership fee.

high turnout – solely on reviewing the employer's final offer.

The union has since filed an unfair labour practice complaint against NVHB for interfering in the administration of union business, intimidation, and laying off all members of the bargaining committee.

The HEU contract – which expired on March 31, 2005 – covers about 50 cultural community health representatives, alcohol and drug counsellors; dental, technical, clerical, housekeeping and maintenance workers who provide front-line health care services in New Aiyansh, Gitwinksihlkw, Greenville and Kincolith.

In 2001, an historic first contract

PRESIDENT'S DESK



FRED MUZIN

## HEU is on the move again

HEU is on the move again with renewed vibrancy and a clear sense of purpose. This is due, in large part, to the willingness of hundreds of members who have taken the time to help the union develop new ways of operating.

From those who attended occupational conferences in early fall focusing on the essential work you do (despite enormous stress and escalating responsibilities) to those who participated in Task Force meetings (where you called for enhanced communication and regional meetings to improve members' accessibility to HEU's leadership), your ideas were creative and your passion was strong.

All this has helped ready us for a new year with its unique challenges. Delegates to January's Wage Policy Conference will finalize the union's bargaining demands and elect a new provincial bargaining committee. BC Finance Minister Carole Taylor's recent announcement that \$1 billion in additional revenue is available for settlements made before contracts expire on March 31, 2006 means that our bargaining timelines and strategies will be particularly complex. Our goal, however, will be to recover as much of our wage rollbacks as possible, without neglecting such priorities as workload, recruitment and retention problems, health and safety, and the need for professional responsibility language.

As many of you know, we owe a great debt of gratitude to our 8,500 members – many of whom were activists – who were savaged by contracting out. Having lost those members it is essential that we rebuild and expand our activist base. There is no better time to do that than in January's local executive elections and steward selections, which provide an opportunity for experienced members to reach out, and embrace, new activists.

Local officers play a crucial role orienting and educating members about how HEU operates and informing them about the opportunities that exist for learning and participation in our democratic structures. Whether it's arranging regular departmental meetings, helping to coordinate political lobbies, or ensuring union information reaches members on the front line, local activists are key to our collective strength.

Long after bargaining is over, we will be depending upon our local activists to be our first line of defense in enforcing our collective agreements.

Everyone who is willing to step forward should know that table officer training is available upon request. Throughout the year, HEU offers educational courses for shop stewards and health and safety advocates. And the union makes \$350 a year available for each member who is interested in taking labour studies courses.

This holiday season, consider making a resolution to participate in your local union, in whatever way you can. The support is there if you're ready to make a personal commitment to sharing the responsibility for our collective future.

**Consider making a resolution to participate in your local union, in whatever way you can.**

### Nisga'a health care workers vote NO to wage cuts

HEU members in the Nass Valley have rejected their employer's final contract offer by an overwhelming 94 per cent.

The employer – the Nisga'a Valley Health Board (NVHB) – was demanding that workers take a \$2.00 an hour wage cut until March 31, 2007 at which time their current wage rate would be restored.

If the contract had been accepted, Nisga'a health care workers would have earned wages far below the standard in other northern communities.

HEU did not make a recommendation to members, who voted – in a

was signed between NVHB and Nisga'a HEU health care workers, blending traditional contract protections with others that recognize unique Nisga'a beliefs and customs.

HEU also represents First Nations health care staff in the Gits'xan Health Authority, the Skidegate Band Council in northwestern B.C., and the St. Mary's Band in the East Kootenay.

### Smell a rat?

Rats have become a noticeable problem at Victoria General Hospital where they're surprising workers in unexpected places – like on desktops – as well as appearing in more likely locations.

But according to recent media

reports, the Vancouver Island Health Authority doesn't seem alarmed despite confirmed reports of the wily rodents being in the hospital's kitchen.

A VIHA spokesperson was quoted saying that "Never was patients' food ever in any way threatened" because most meals are prepared off-site.

However, rat-sightings anywhere near food and meal preparation/assembly areas should raise immediate and serious infection control issues – especially in a hospital.

It certainly does in restaurants where finding rat droppings, let alone the creature itself, is reason enough for VIHA inspectors to temporarily



# Focus is key to recovering lost ground

**O**n January 9 and 10, more than 300 delegates to HEU's Wage Policy Conference will set in motion a series of events that won't end until nearly 40,000 union members have new collective agreements in their hands.

They've got their work cut out for them.

Fueled by seven highly successful pre-bargaining conferences held in the fall, HEU locals have submitted more than a thousand bargaining proposals for discussion and debate.

Wage policy delegates have just two days to set priorities and provide the focus that's critical for a successful round of collective bargaining in 2006.

And that's not all.

They're also responsible for electing a new bargaining committee that will be charged with hammering out the union's bargaining package and taking it to the negotiating table.

It's a daunting task. But despite the large numbers of wage policy resolutions, there's one theme that clearly dominates – wages.

"Members in every sector are determined to recover lost ground in this round of bargaining," says HEU secretary-business manager Judy Darcy. "Most have taken a direct hit on their pay cheques amounting to hundreds of dollars a month.

"But it's not just members and their families that are hurting," adds Darcy. "Pay rates for many HEU classifications are out of step with comparable public and private sector jobs – and they're not keeping up with expanded responsibilities."

In November, the HEU Provincial Executive provided every local – and every registered wage policy delegate – with a discussion paper to help focus the union bargaining goals on the key issues that arose out of the pre-bargaining conferences (next page).

"The PE's position is that every HEU member deserves a general wage increase – and this relief

should not come at the expense of hard-won benefits," says Darcy.

"In addition to a general wage increase, we'll need to negotiate adjustments that address labour shortages and uncompetitive wage rates at the root of a serious retention and recruitment crisis that's putting health care at risk.

"And a new collective agreement needs to recognize the changing roles and expanded responsibilities of our members," adds Darcy. "That means fast-tracking benchmark reviews and negotiating the resources to pay for them."

The PE also identified a number of other issues that need to be addressed at the bargaining table including workload, "whistleblower" protection and disclosure on the true costs of contracting out.

What kind of response can HEU's negotiators expect from the other side of the table?

According to BC finance minister Carole Taylor,

her government is looking for a conversation – not a confrontation – with public sector unions.

Taylor says her key goals for public sector bargaining are better recognition of workers and better services for taxpayers, which she says can be achieved if the parties are "creative, and approach new ideas with an open mind."

The finance minister has set aside an extra billion dollars to encourage public sector unions to sign contracts before March 31.

"I'm glad the minister wants to have a conversation – because our members have lots of ideas about how to improve the services they deliver to British Columbians," says Darcy. "But this billion dollar dangle could make this a pretty short conversation.

"And it's another reason for our union to come out of our Wage Policy Conference with focused and clearly defined bargaining objectives."

MIKE OLD • HEU COMMUNICATIONS DIRECTOR

## "Taylor-made" negotiating framework

BC finance minister Carole Taylor has set aside \$5.7 billion to settle collective agreements with 300,000 public sector workers over the next four years.

And although Taylor has called for "creative and flexible" approaches to bargaining – and won't set down "one size fits all" wage guidelines – her framework does come with a couple of serious limitations.



**\$1 billion**  
2005/2006

- "incentive" for early contract settlements
- applies only to agreements reached before contracts expire
- one-time payments only (signing bonus, pension or health plan liability for example)
- Cannot be used to increase base wage rates
- Amount unused by March 31 will be applied to provincial debt

**\$4.7 billion**  
2006-2010

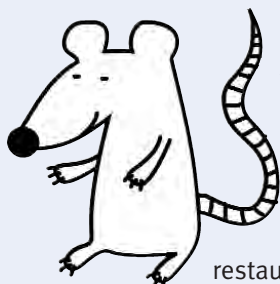
- 4-year funding for public sector contracts
- No across-the-board wage guidelines

up to  
**\$300 million**  
2010

- only four-year contracts eligible (after Olympics and 2009 election)
- funded from the 2009-2010 budget surplus
- funded from surplus exceeding \$150 million forecast for 2009-2010

## STAY IN THE LOOP

Don't be the last to know. Register for bargaining bulletins by email at [www.heu.org](http://www.heu.org).



shut down a business until the problem is eradicated.

In Victoria, it appears that pest-control standards for

restaurants are different, and higher, than those for hospitals.

### HEU delegation, strong presence at BC Fed convention

HEU's 63-member delegation to the BC Federation of Labour's 49th annual convention in Burnaby, were a strong presence in workshops and on the

plenary floor.

Held November 28-30, 2005, the policy convention featured several guest speakers including Ken Georgetti, President of the Canadian Labour Congress and Carole James, leader of the provincial New Democrats and Grand Chief Ed John.

In his opening speech BC Fed President, Jim Sinclair said, "This convention has to send a clear message to the BC Liberals. We are united, we are strong, and we are committed to supporting each other... Premier Campbell listen closely. The days of imposed contracts in BC are over."

Noting next year's 50th anniversary, he said, "Let's make sure we leave

our young people a proud Federation, for the next 50 years to come, like so many trade unionists did before us."

During the three day gathering, delegates debated and passed resolutions on a wide range of issues including organizing young workers, public education, poverty, child care, child labour, health and safety, public ownership of water, and free trade.

### Canadian activists receive "Alternative Nobel Prize"

Maude Barlow, national chair of the Council of Canadians, and Tony Clarke, director of the Polaris Institute, received the Right Livelihood Award, also known as the "alternative Nobel Prize" at a

ceremony held in the Swedish parliament on December 9, 2005.

The two Canadians will share the prize of \$300,000 with two other recipients from Malaysia and Botswana. Founded in 1980, the Right Livelihood Award is presented annually "to honour and support those offering practical and exemplary answers to the most urgent challenges facing us today."

Longtime leaders in the global movement for social justice, Barlow and Clarke were chosen for their recent work promoting the fundamental right to water.

COUNCIL OF CANADIANS/CALM





## Wage cuts fuel retention and recruitment crisis

It could have been predicted that certain occupations in health care – particularly those that require specialized skills – were vulnerable to future retention and recruitment problems. An aging workforce, rapid changes in technology and other factors all pointed to impending problems for health employers if steps were not taken to prevent a full-blown crisis. But instead of taking that prediction seriously, government imposed an across-the-board 15 per cent wage cut for HEU members in the spring of 2004.

The result? Less than two years later, our health care system is experiencing a retention and recruitment crisis that impacts every area of HEU members' work, some more severely than others.

In direct patient care, for example, because of the nursing shortage, there are more and more regional postings for Licensed Practical

Nurses, and many of those vacancies are taking more than three months to fill.

In trades and maintenance, vacancies aren't being filled, employers are hiring outside contractors at more than twice the cost, and there is more and more overtime required to get the work done. HEU members say they are working from crisis to crisis with little or no time to do preventative maintenance. (see page 16)

It's a similar story in patient care technical where sub-standard wages and rising workloads have led to a situation where health facilities are not able to compete with private labs, clinics and other jurisdictions for new employees.

And buyers and information systems technologists – who work in areas where job vacancies in the private sector are increasing rapidly – report that management is resorting to hiring new employees into excluded positions so they can offer higher wages. In fact, everywhere you look, HEU members' work has been hard hit by retention and recruitment problems. And the casual workforce has all but been decimated. This includes clerical, support, and both community sectors.

Members say they are struggling to fill gaps, train and orient new workers without any additional compensation, deal with ever-expanding job responsibilities and cope with the problems that surface when work isn't done.

At the same time, they report seeing a lot of effort going into circumventing the collective agreement at their worksites. Varying kinds of informal agreements provide some workers with more dollars, but they don't get to the heart of the problem.

However reluctant government may be to admit it: wages in health care have fallen to levels that do not attract new workers and cannot retain a stable workforce. Current wages no longer compensate for the risks or the complexity that come with jobs in health care.

Retention and recruitment issues aren't going away. Employers must accept the need to increase wages, and where necessary, adjust base pay rates to secure a stable workforce in our hospitals, long-term care homes, and community health and social services agencies.

**Wages in health care have fallen to levels that do not attract new workers and cannot retain a stable workforce.**

## Recognition. Resources. Re

Whatever the job, whatever the sector, the message from members attending HEU's first-ever occupation and sector-based conferences this fall was the same: we're undervalued, underpaid, and overworked.

**A**nd while each of the five principle job families in the health facilities subsector – where wages were rolled back 15 per cent in 2004 – named wage improvements as a top priority for the next round of bargaining, it was far from their only issue.

Job security, workload, outdated benchmarks, a lack of training opportunities, and no concessions to the benefits package were among the common issues that emerged from the two-day conferences, held throughout the month of September.

Those conferences brought together members from five job families – support, trades and maintenance, clerical, patient care, and patient care technical – to discuss issues and identify bargaining priorities.

In the two community health and community social services conferences, it was a

**In every conference, members spoke out about how falling wages have impacted their lives and those of their families.**

similar story where declining wages – combined with the impact of deep budget cuts – have resulted in higher staff turnover, crushing workloads, and in many cases, a more dangerous work environment.

Delegates from every sector voiced their frustration with a government that has shown a shocking disregard for the importance of their work and its value to patient, resident and client care.

In every conference, members spoke out about how falling wages have impacted their lives and those of their families. In the health facilities subsector, some members have lost their homes, their cars, and the ability to help their children achieve a higher education. Others have experienced family breakdown.

Across all sectors, HEU members have suffered some form of financial hardship.

In her opening remarks to each of the seven conferences, the union's secretary-business manager Judy Darcy stressed the importance of building our bargaining strength at the grassroots level, and making sure our stories reach politicians, health employers, the media and the general public.

She pointed to a growing gap in compensation and benefits for most HEU workers as compared to their peers in the public and private sectors. And she congratulated members for the passion and humanity they take into their jobs, every day, despite plummeting staff morale and impossible working conditions.

Darcy spoke frankly and candidly about how many members' faith in the bargaining process, and trust in their union, has been eroded over the last two years, particularly in the wake of May 2, 2004. She said there were three important lessons learned from those events that are helping the union find ways to do things differently.

"The first lesson is that the union needs to learn how to better communicate with our members in all situations," she said. "The union also needs to open itself up so that decision-making is more transparent and accountable. And finally the union must make sure that our activists have the backing they need to take on issues with confidence."

By the end of each conference, delegates had identified clear bargaining priorities to take back to their peers at the local level. They had also shared ideas about how to advocate for the critical role they play in health care, and began developing province-wide networks to mobilize around bargaining and beyond.

PATTY GIBSON • HEU COMMUNICATIONS OFFICER



## What they said..?

In order to fill one spot we sometimes make 20-30 phone calls. If we're not able to fill a spot with one whole person, we end up piecing something together...there's never any extra people to fill in the holes. So everything's a crisis, every vacancy is a crisis.

EVA NORCROSS, Staffing Clerk  
Trillium Lodge



Everything you see in a hospital, from a pen to an MRI machine, is purchased by buyers. I just don't know why you would want to underpay the very people that have the ability to save the taxpayers' money.

JANA LUDWIG, Buyer  
Victoria General Hospital



We ensure infection control, through our cleaning and food delivery. If one of our residents has a cold we have to ensure that the handrails, everything they touch, is sanitized so we don't have a huge epidemic going through the facility.

DAWN THURSTON, Support Services  
South Similkameen Health Centre



I paid for my refresher training myself. I donated 16 twelve-hour shifts to the regional hospital that I did my preceptorship in, plus kept a full-time job. And then I get rolled back by 15 per cent?

WENDY CHARLETON, LPN  
Elk Valley Hospital



In the past four years there's been lots of cuts to resources for clients with brain injuries. It's diminished their ability to socialize and do work programs. And we're constantly working understaffed, which has huge consequences for the clients that we serve.

MARCI FISK, Rehab Support Worker  
Cheshire Home Society



Since last year, our hospital has opened extra operating rooms to cut down on the surgery wait lists. My job is very challenging right now, just trying to get enough staff scheduled to keep the OR running smoothly so we don't have to cancel surgeries.

TOMMY LIU, Pre-op Assistant  
Richmond Hospital



We're running on the good will of preventative maintenance over the last 25 years...What we are mostly looking for is the tools to do the job properly and appreciation for the job we do. Everybody wants to go to work and be treated with dignity and respect.

RICHARD TRIPPEL, Power Engineer  
Prince George Regional Hospital



We get sick more in our field because the people we work with have compromised immune systems, often as part of their disability. But if you're sick, that's 20 per cent of your pay gone. If you live paycheque to paycheque, where does that money come from?

ANNIKA LUND, Day Program Coordinator  
Saltspring Island Community Services



I perform autopsies with the pathologist and am responsible for everything from making the initial Y incision to eviscerating all of the organs, as well as removing the patient's brain. Politicians need to realize that what I do is an important part of health care.

CINDY CASTON, Pathology Attendant  
Surrey Memorial Hospital



## HEU benchmarks out-of-date

In recent years, British Columbians have witnessed rapid and ongoing change across the health care system – sometimes at lightning speed.

With the introduction of new technologies and work processes, however, many of the benchmarks defining the jobs HEU members perform in health care are sadly out-of-date.

Not surprisingly, delegates from almost every job area attending HEU's occupational conferences this fall took issue with how work responsibilities have expanded without any corresponding wage recognition.

Members working in patient care, trades and maintenance, clerical and patient care technical all named benchmarks as a priority issue for the next round of bargaining. And they made it clear they want their job descriptions, job titles and wage rates to match the reality of their day-to-day work.

**Members want job titles, job descriptions and wages that match the reality of their day-to-day work.**

In some areas, where members are called upon to educate new staff without any monetary recognition for those additional responsibilities, they want stronger classification language to ensure they are compensated appropriately when training others or when they are in a Lead Hand role.

And where expanded scopes of practices, new technologies, and other forms of specialization have led to higher educational requirements, or the need for ongoing skill upgrades, they want employer-supported training opportunities to help them keep pace with those changes.

When delegates to HEU's Wage Policy Conference on January 9-10, 2006 convene to debate and vote on bargaining demands put forward by the union's locals, they'll be looking for strategies to make sure the diverse and evolving roles members play in health care are better recognized within the classification system.

# respect.

PATTY GIBSON PHOTO



Working in small group and plenary sessions, conference participants shared their frustrations about wage cuts, the lack of time they have to do their jobs and the mounting levels of stress they are dealing with on a day-to-day basis.

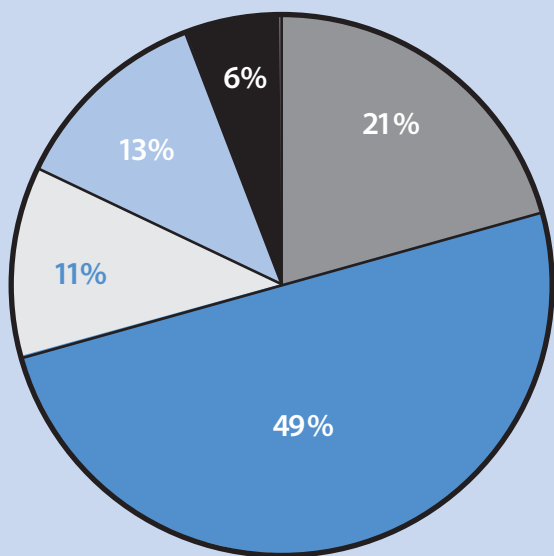


# The CRITICAL ROLES we play on

## OCCUPATIONAL CONFERENCES

About 35,000 HEU members work directly for publicly-funded hospitals and care facilities.

They work in more than 270 different job categories in five distinct occupational areas.



■ patient care

■ clerical

■ support

■ patient care technical

■ trades and maintenance

Thousands more HEU members work in community health and social services, First Nations health agencies and for a range of private-sector employers – from huge hospital contractors to small care homes.

## Support

### WHO THEY ARE

HEU support workers provide a variety of services that span everything from food preparation to handling a complex inventory of hospital equipment and supplies. Support workers in about 35 job classifications make up nearly 13 per cent of HEU's facilities subsector membership. In addition, HEU represents more than 3000 support workers employed by private contractors in BC's health care system.

### WHAT THEY DO

Support staff perform a range of important, but often unrecognized, duties – preparing and serving patient and resident meals while ensuring the accuracy of special diets and appropriate food texture for specific medical conditions; cleaning and sanitizing all areas of the health care environment, including operating rooms, special care nurseries and critical care units; and laundering all facility linens, including patient and resident clothing and staff uniforms.

Workers in this occupational family also receive and deliver all supplies and equipment; transport and dispose of bio-hazardous waste material; and ensure equipment and supplies are routed to the correct facility and department in a timely manner.

### CHALLENGES

- lack of understanding from decision-makers and the public about the critical role support workers play in keeping patients, residents and staff healthy and safe
- working under the constant threat of privatization
- short-sighted cost-cutting measures that have reduced staff and increased workload, making it more difficult to provide quality food and cleaning services

### BARGAINING PRIORITIES

Delegates to HEU's support conference identified wages, workload, job security/no contracting-out, no concessions to benefits, and a shorter work week (restoring EDOs) as their main bargaining priorities.

## Trades & Maintenance

### WHO THEY ARE

Trades and maintenance workers are responsible for the safe and continuous operation of the health facility's infrastructure, equipment, energy and physical plant systems, including steam, hot water, medical gases, plumbing, heating, air conditioning, oxygen, nitrous oxide and life support systems.

These workers – in about 70 job classifications – make up approximately six per cent of HEU's facilities subsector membership.

### WHAT THEY DO

HEU workers in trades and maintenance provide highly-skilled services – ensuring safe water supply and drainage for the entire facility, including toilets, hand-washing stations, showers, bathtubs and kitchens, and monitoring incoming city water for quality control.

They also maintain and operate boilers, pumps and all related equipment; keep all physical and emergency backup systems up and running; maintain isolated ventilation systems to contain air-borne diseases; ensure continuous supply of electricity; test and maintain equipment, communications systems, elevators, lighting, fire alarms, respiratory systems, and provide support for IT systems such as building and maintaining automation systems.

### CHALLENGES

- most facilities do not have the resources required to ensure ongoing preventative maintenance
- wages are seriously out-of-step with the industry norm which has sparked a recruitment and retention crisis
- reliance on more costly outside contractors, who do not have the working knowledge of the facility's infrastructure and operating systems, creates additional workload and safety issues for in-house trades and maintenance workers – and results in higher costs for taxpayers

### BARGAINING PRIORITIES

Trades and maintenance delegates identified wages, benchmarks, shift differential/premiums, job security/bumping rights, training, benefits, pensionable years of service, and staffing/workload among their top bargaining priorities.

# the health care team

HEALTH FACILITIES SUBSECTOR

## Clerical

### WHO THEY ARE

Clerical staff carry out a wide range of duties from scheduling operations and ordering patient medications to purchasing supplies, paying bills on time, and arranging patient transfers and discharges.

HEU's clerical workers – in more than 85 job classifications – make up about 20 per cent of the union's membership.

### WHAT THEY DO

Clerical workers accurately coordinate and maintain patient health records from admission to discharge; research and order supplies, pharmaceuticals and equipment for all departments, including surgical items such as knee implants or pacemakers. They process and transcribe physicians' orders for medical, surgical and diagnostic procedures and referrals; assign beds, book surgeries and other procedures, among many other responsibilities.

Clerical staff also schedule health care employees, sometimes between several facilities, to keep nursing units, ORs and other departments organized and functional; and they keep stats that are critical to all day-to-day operations, including budgeting, purchasing and emerging trends.

### CHALLENGES

- excessive workload and staff shortages
- training students and/or new staff while still maintaining regular responsibilities
- dealing with the anxiety and trauma of difficult – and sometimes violent – patients, family members or visitors

### BARGAINING PRIORITIES

Delegates to the clerical conference listed wages, no concessions to benefits, job security/no contracting-out, benchmark and classification reviews, compensation for training, bumping/seniority rights, and workload as primary bargaining priorities.

## Patient care

### WHO THEY ARE

HEU patient care workers provide numerous nursing and therapeutic services. In the face of escalating bed and staff shortages, these workers are increasingly the “eyes and ears” for other health care professionals.

Working in more than 20 job classifications, the patient care family makes up almost half of HEU's membership.

### WHAT THEY DO

Patient care staff provide bedside nursing for patients and residents within the LPNs' expanded scope of practice; carry out all aspects of personal care from feeding to bathing and toileting; transport patients for tests and other procedures, relaying pertinent medical information between other members of the health care team; assist patients to recover or strengthen physical capacities lost through accidents and illnesses; check medication orders and drug interactions, monitor pain management and update medical charts.

They also provide activity and recreational support, counselling, assessment and diagnostic work; advocate for patients and residents; and offer respite, palliative care and end-of-life support to people who are dying and their family members.

### CHALLENGES

- evolving responsibilities require employer-supported training and opportunities for upgrading
- staffing shortages and high patient/staff ratios diminish quality care and increase risks to patients and residents
- patient acuity has escalated, making workloads heavier and stress levels higher

### BARGAINING PRIORITIES

Patient care delegates cited wages, a shorter work week, job security, workload, benchmarks, and having Professional Responsibility Forms among their bargaining priorities.

## Patient care technical

### WHO THEY ARE

Patient care technical workers carry out a broad scope of complex and highly specialized jobs in about 60 job classifications – most of which require ongoing training and skills upgrading. This occupational group is about 11 per cent of HEU's membership.

### WHAT THEY DO

HEU's patient care technical workers collect blood and specimen samples; perform diagnostic testing and retinal photography, and assist with autopsies. They purchase everything from MRI machines to food inventory and negotiate vendor contracts to ensure cost-efficient purchasing. These workers ensure equipment and supplies are sterilized and functional – particularly for surgeries, labour and delivery, and critical care areas; run renal dialysis machines; provide dental care and respond to cardiac arrests and drug overdoses.

The patient care technical team also fills prescriptions; manages and distributes narcotics; performs clinical trial projects, mixes IV bags, chemo products, TPN (IV feed) and antibiotics; and supports all patient information, lab, pharmacy and telephone systems.

### CHALLENGES

- many workers are dealing with a dramatic expansion in the scope and responsibilities of their work as a direct result of an increasing shortage of technologists and other health care specialists
- wages are seriously below industry standards, making it difficult to retain skilled professionals – or compete with private labs, clinics and other industries for new employees
- despite rapid changes in technology, health care technicians receive limited opportunities for job advancement, or educational upgrading, and are relied upon to teach other members of the health care team

### BARGAINING PRIORITIES

Delegates to the patient care technical conference included wages, benchmark and classification reviews, employer-paid education, workload, a shorter work week/restoring EDOs, no concessions to benefits, and job security/no contracting-out in their list of bargaining priorities.



# Community health workers provide support to most vulnerable

Like many HEU members in the facilities subsector, community health workers say their work is undervalued, unrecognized and often misunderstood.

“Society tends to marginalize community health workers within the marginalized group of people we’re working with,” said one delegate at the community health conference held in October. “We’re the forgotten workers, who often feel invisible.”

The community health sector was established through legislation in the early-to-mid 1990s following the Dorsey Report, which restructured health care bargaining units. Today, HEU represents about 2,500 community health workers.

The women and men who work in this sector are represented by two different bargaining associations. HEU is one of eight unions in the Community Subsector Association of Bargaining Agents, with the BC Government and Services Employees’ Union (BCGEU) having the largest representation at the bargaining table. And HEU is one of five unions in the Paramedical Professional Bargaining Association where the Health Sciences Association (HSA) is the chief bargaining agent.

## WHO THEY ARE

Workers in the community health sector provide support to some of BC’s most vulnerable and marginalized citizens: people with mental illness, anxi-

ety disorders, and acquired brain injuries; individuals with drug and alcohol addictions; seniors with complicated dementia; patients transferred from hospitals, jails and mental institutions, and clients with other physical and mental diagnoses.

They work with children to seniors in group homes, residential community living homes, supported employment programs, clinics, private homes, adult day programs and mental health drop-in centres.

## WHAT THEY DO

Community health workers help clients become more independent, develop life skills, and have a better quality of life. They intervene to prevent hospitalization or institutionalization and try to keep clients in their own communities, and preferably their own homes.

These workers advocate for clients; liaise with families, social agencies and community organizations; provide counselling and socialization for clients; educate communities and families; and offer basic personal care in a safe environment.

They also provide vocational, leisure and volunteer opportunities; arrange low-income housing for clients with mental illness; offer respite care to allow caregivers “a break”, and give food and shelter to homeless people in Vancouver’s downtown eastside.

## CHALLENGES

- visiting clients in unsafe homes and living conditions; doing outreach on the streets and in unsafe buildings with threats of physical, verbal, sexual assaults
- performing duties outside their job descriptions as a result of cuts and short-staffing
- regularly working in crisis mode, or working alone
- lack of training and professional development opportunities
- working with clients who have higher acuity levels and multiple diagnoses
- workloads with high client-to-staff ratios

## BARGAINING PRIORITIES

Delegates attending the community health sector conference named wages and comparability, improved health and welfare benefits, vehicle allowances and increased mileage compensation, and a restored pension plan as top priorities for the next round of bargaining.

During the two-day community health conference, delegates elected their new community health bargaining committee – Graham O’Neill, Lou Black and Marci Fisk. Alternates are Carol Spicer and Mike Beaney.

# Community social services workers want collective bargaining rights restored

The Hospital Employees’ Union is one of 13 unions representing workers in community social services. They bargain as the Community Social Services Union Bargaining Association, with BC Government and Service Employees’ Union (BCGEU) representing the majority of workers in this sector.

Through the mid-to-late 1990s, HEU organized more than 1,000 community social services workers. Today, HEU represents about 1,600 community social services workers.

Over the past four years, the BC Liberal government has cut a staggering \$383 million from the community social services sector – primarily affecting women, children and people with physical and mental disabilities.

Delegates to the community social services conference say their top priority is restoring the collective bargaining rights stripped from them in 2004 – including the elimination of the Memorandum of Agreement on Equity Adjustment for Parity, and successorship rights.

A four-step increment was also applied to the wage grid, and wage rates for new hires were rolled back by nearly 18 per cent.

They also expressed concern that without proper resources, the goal of promoting independent and community-based living is increasingly challenged, and under-funding threatens to turn back the clock to institutional care.

## WHO THEY ARE

Workers in community social services – including residential care, child counselling, day programs, vocational training, program support, community support and home support – provide services to people with physical, mental and developmental disabilities; children who witness or experience abuse; young offenders; women experiencing domestic violence, and people with drug and alcohol addictions.

Many delegates raised concerns about increased safety issues and escalating violence in the workplace – a result of inappropriate client and resident placements as well as insufficient staff to support clients with behavioural challenges.

## WHAT THEY DO

These workers provide care and support to some of society’s most marginalized citizens. For those in residential care, they assist with physical, emotional, recreational and spiritual needs, supporting residents or clients with disabilities, behavioural issues and multiple diagnoses. This includes skill-building, all aspects of daily living, and employment support.

They also advocate with and for their clients, helping them to build and maintain relationships with friends and family, access services and supports, and live as full citizens in their communities.

## CHALLENGES

- heavy workloads as a result of short-staffing, more paperwork, and growing retention and recruitment problems
- safety issues stemming from increased violence and exposure to bodily fluids
- lack of appropriate orientation, training, and upgrading opportunities to deal with higher acuity levels, multiple diagnoses, and addictions
- reduced sick time and a lack of time off

## BARGAINING PRIORITIES

Participants attending the community social services conference identified wages, improved health and welfare benefits, restored sick time accrual and pay, increased employer contributions to their RRSPs, restored successorship and bumping rights, STAT pay and call-in by seniority for casuals, and language to deal with safety issues as top priorities for upcoming contract talks.

Delegates also elected a new community social services bargaining committee – Al Reford, Sheila Brenton and Don Sather, with Annika Lund and Margaret Cavin as alternates.

**Everyone has the right to a work environment that is free from bullying, harassment and violence. And it's the employer's responsibility to ensure that's the case.**

## Violence, harassment and bullying in the workplace

**T**he right to a safe workplace is recognized in law through B.C.'s Human Rights Code, and fortified in many collective agreements, including HEU's master agreement. Yet despite these protections, many HEU members report that their job sites have become pressure cookers, where workers are subjected to varying kinds of aggression from patients, clients, residents, managers and co-workers.

Violence in the workplace and the reality of harassment on the job are not new, but shrinking budgets, wage rollbacks, short-staffing and increased workloads are making health care work far more stressful and difficult.

Fortunately there are tools and resources available, which can be accessed by individual workers and local Occupational Health and Safety committees.

### Bullies affect everyone

Over the past decade, workplace harassment has received more and more attention across the globe. Many countries have passed laws aimed at protecting workers from bullying. In Canada, Ontario and Quebec have extended workplace protections through legislation to include harassment language.

In 2004, Quebec passed the *Protection from Harassment Act* giving employees legal recourse against harassment including "psychological harassment". And in Ontario, the *Occupational Health and Safety Act* names harassment as a workplace hazard.

As anyone who works in health care knows, the health care environment is governed by a strict hierarchy where power struggles can easily emerge. These struggles are expressed through several types of harassing behaviours – verbal abuse, intimidation, psychological harassment (inappropriately finding fault with or sabotaging work performance), excluding or isolating, hostility (gossip, continual criticism) and threats of dismissal.

When this type of bullying enters a workplace, it becomes a systemic problem that affects everyone. It not only damages working relationships, but can also create serious health and safety hazards.

Bullying may be subtle and difficult to detect, or it may be overt where somebody visibly undermines another's work. Targets of harassment usually feel isolated in the workplace and experience a tremendous amount of fear – fear of retribution, fear of being labelled a tattle-tale, fear that nobody will believe them, fear of losing their job – and sometimes they may come to believe that bullying is an accepted part of working life. Such fears result in under-reporting.

"Workplace bullies create a tremendous liability for the employer by causing stress-related health and safety problems, and driving good employees out of the organization," states a 2005 report by the Canada Safety Council.

Once harassment escalates, people who have been targeted become weakened and begin second-

guessing themselves. They lose confidence and self-esteem. They may feel angry, frustrated and helpless; experiencing appetite loss and sleep deprivation. Eventually they get worn down and may end up on sick leave or quitting altogether.

Nipping the problem in the bud is critical to reducing the impact on both the person who is victimized and the larger work environment. If an employee is being harassed by a supervisor or manager, the problem should be reported to a local HEU shop steward, who will file a grievance and/or mediate between the member and management.

If the incident is between two HEU members, then each member is entitled to union representation by a shop steward or servicing representative.

Workers harassed by patients, residents or their family members should report directly to their manager or supervisor. And because a safe workplace is the employer's responsibility, employees can also file a grievance and may, in appropriate circumstances, exercise their right to refuse dangerous work if the situation is not addressed and corrected in a timely manner.

Many workplaces have employee relations or labour relations officers within the human resources department who deal with conflict resolution apart from a formal union grievance procedure.

Some employers offer anger management courses and people skills workshops. At St. Paul's Hospital, a people skills workshop educates staff about how to deal with difficult people, including co-workers and even themselves. During the two-day workshop, participants do personality profiles and are videotaped in confrontational role-playing. The group critiques one another based on body language, tone of voice, and dialogue.

### Violence on the rise

While bullying or harassment tends to be ongoing and insidious, most workplace violence is episodic in nature, but violent incidents are increasing.

In recent years, with cutbacks and short-staffing, more health care workers are working alone and facing increased dangers.

According to the Occupational Health & Safety Agency for Healthcare in British Columbia (OHSAH), "violence and aggression result in the third highest number of claims in the health care and social services sub-sector in BC, and are factors which can lead to increased sick time, long term disability and staff turnover, as well as lower morale."

And BC's Auditor General – in his 2004/2005 "In Sickness and in Health" report – acknowledges that "the health care environment is one of the most difficult to work



ILLUSTRATION:  
WWW.SANGREA.NET/BULLY/

in."

In a survey on violence in a BC acute care hospital's emergency ward, 92 per cent of staff – from all parts of the multi-disciplinary team, including nurses, social workers, doctors, clerical workers – reported an incident of physical assault.

If a violent incident occurs or there is a threat of aggression, staff can call a "code white" which alerts security personnel to rush to the scene, or police involvement may be required, depending on the situation. However, staff are left vulnerable if their workplace does not have on-site security. Their only recourse is calling 911 and waiting for intervention.

At HEU's occupation- and sector-based conferences, workers from all groups in all sectors reported a range of issues impacting their work – and safety was a major concern for many.

Workers in home care, long-term and acute care facilities, community mental health clinics, psychiatric institutions or wards, and emergency departments are all at high risk of experiencing dangerous situations and violent episodes.

Particularly at risk are those working alone in community group or residential care homes where reports of client violence and aggression are higher.

It is the employer's responsibility to deal with these hazards and guarantee a safe workplace for employees.

Staff can contact Occupational Health and Safety committees, file Incident Reports, and notify a union shop steward for assistance. OHSAH's website also provides numerous prevention and information links with guidelines for dealing with anxious, manic and angry clients, and personal safety tips when working alone.

Whether experiencing violence from patients, residents or clients, or harassing and bullying behaviours from superiors or co-workers, the problem of aggression is a serious issue in health care.

We all have a role to play – whether it's holding the employer to account for providing a safe, harassment-free work environment, or treating each other in a respectful and professional way.

**BRENDA WHITEHALL**

### Check out these resources...

Some sites to check out: **WorkSafeBC** (formerly the Workers' Compensation Board of BC) [www.worksafebc.com](http://www.worksafebc.com); **OHSAH** [www.ohsah.bc.ca](http://www.ohsah.bc.ca) (navigate to OSHTips for safety tips on working alone in the community, ergonomics, violence prevention, stress and burnout); Vancouver-based [www.nobullyforme.org](http://www.nobullyforme.org) is doing a national online survey on workplace bullying with several links to information and resources; [www.thefieldfoundation.org](http://www.thefieldfoundation.org) and [www.bullyonline.org](http://www.bullyonline.org).

## When you're union, you're never alone

When bargaining between HEU and Paris-based corporation Sodexho began to break down earlier this year, the union launched an international petition campaign on LabourStart – [www.labourstart.org](http://www.labourstart.org) – the website that champions workers' rights.

HEU members deluged Sodexho CEO Michel Landel with the message to instruct his Canadian executives “to negotiate a fair contract with health care workers in Canada.” Their CUPE sisters and brothers were also quick to send waves of messages to the big boss' email address.

In fact, the Canadian and American labour movements were well-represented with messages coming from postal workers, longshoreworkers, teachers, and teamsters; nurses, and the list goes on.

Then the international response came through. Messages were emailed from all across the European Union, especially the United Kingdom and the Scandinavian countries, from India and Pakistan, from Korea, Japan and the Philippines, from South Africa and South and Central America, and from Australia and New Zealand where workers are well-acquainted with Sodexho's tactics.

So whether it's Amnesty International, students from the University of Japan or Notre Dame, Radio Helsinki, the Scottish Socialist Party, the Canadian Unitarian Council or the Industrial Workers of the World, HEU Sodexho members should know they're not alone.

# CoDev and HEU: working together to make poverty history

At the start of the 21st century 1.2 billion people live in abject poverty and more than 50,000 people die every day from poverty-related causes. That horrifying reality has prompted a global campaign to end poverty.

As part of their international solidarity work, and to mark their 20-year anniversary, CoDevelopment Canada recently held a two-day conference – “Making Poverty History” – to explore strategies and visions for policy change. Convened at the Unitarian Church of Vancouver and Langara College, the forum focused on four main goals anchoring Canada's campaign to make poverty history: more and better aid, trade justice, debt cancellation and ending child poverty in Canada.

Two guest speakers – Yolanda Becerra, Nobel Peace Prize nominee and director of the Popular Women's Organization, and Gerry Barr, President-CEO of the Canadian Council for International Cooperation – reinforced the need for solidarity work across nations.

Through panel discussions and action-oriented workshops, participants from trade unions; community, aboriginal, anti-poverty and student groups; and government laid the groundwork for future action. In the weeks and months to come, CoDev will be following up on the concrete strategy and policy recommendations coming out of the conference.



Joe Knockaert, director of the Canadian International Development Agency's Pacific regional office, addresses the conference.

The non-profit organization began 20 years ago when two teachers from Vancouver's Lower Mainland set off to Peru with a translator, enraged by the news of a decertified teachers union that had its offices demolished. The Peruvian teachers stood accused of promoting union rights for its members. The BC Teachers Federation had recently decided it wanted to support international solidarity work, with a focus on women's rights, and needed an organization to carry out the task.

Thus, in 1985 CoDev was founded. Over two decades, the organization has undertaken a variety of solidarity projects in Latin America aimed at maintaining publicly-funded education, empowering women through education and promoting human and

labour rights for workers.

More recently, CoDev has been involved in efforts to assist communities in El Salvador and Guatemala that were devastated by Hurricane Stan. CoDev's partners APSIES (Salvadoran Association for Integrated Health and Social Services) in El Salvador and the CCDA (Campesino Committee of the Highlands) in Guatemala are actively working to provide relief through food and shelter programs. CoDev's relief campaign will direct 100 per cent of its hurricane donations to these long-standing partners. To donate call 604-708-1495.

As an active member of CoDev, HEU encourages members to learn more about the important work of this unique organization. For more information visit [www.codev.org](http://www.codev.org)

KATE PATTISON



**A lot is going to happen over the next few weeks. Make sure you're plugged into bargaining developments.**

## Bargaining is not a spectator sport

You can't open a community newspaper these days without seeing a letter from an HEU member who wants readers to understand what their job is all about. Ditto with talk radio – members have the studio phone-in numbers on redial.

Whether it's responding to MLA's short-lived efforts to negotiate a 15 per cent wage increase for themselves – or making a point about the challenges of delivering care in a BC hospital – HEU members are speaking out about how their work matters.

They're inoculating themselves and their union against those who would label the HEU membership as “toilet cleaners” in a mean-spirited and ill-conceived attempt to devalue their work.

It won't happen in this round of bargaining.

That's because in addition to members' individual efforts, hundreds joined cross-occupational lobby teams to visit MLAs' offices in the space of just a few short weeks.

I'm sure that as we head into a new round of talks, those provincial politicians will have new respect for the complex, varied and demanding roles that HEU members play in health care.

Showcasing the range of members' work has figured promi-

nently in HEU's advertising efforts throughout the last year – particularly in the lead up to the provincial election.

And that theme will underscore a major advertising campaign designed to support our efforts at the bargaining table.

When the *Guardian* arrives on your door step, you'll be a hearing the first installment of that campaign in year-end radio spots carried throughout the province.

But the major push will take place after the January federal election is over – timed to complement our bargaining goals and timetable. It's critical that we get our message out to the public and politicians – and we're doing that.

But it's just as important that HEU members are plugged in to bargaining developments – especially given the potentially short time frame for negotiations. The union is exploring every avenue to communicate quickly and effectively with members – at their locals, through their occupational networks and individually. And that includes finding new ways for members to provide input along the way to new contracts.

MIKE OLD • HEU COMMUNICATIONS DIRECTOR

# Australia poised to wipe out long-standing labour rights

Australia's right-wing government has passed some of the western world's most draconian labour legislation amid a torrent of condemnation from trade unions, legal experts and world opinion.

The Coalition government's Work Choices Bill rewrites Australia's century-old labour relations system, and abolishes collective bargaining rights, compensation for working statutory holidays and limits on work hours.

The key thrust of the bill, to take effect early 2006, is to make it close to impossible for unions to negotiate collective agreements for their members and to take strike action. Its introduction in early November sparked a massive national protest November 15 by more than half a million workers and community activists, many walking off the job for the day.

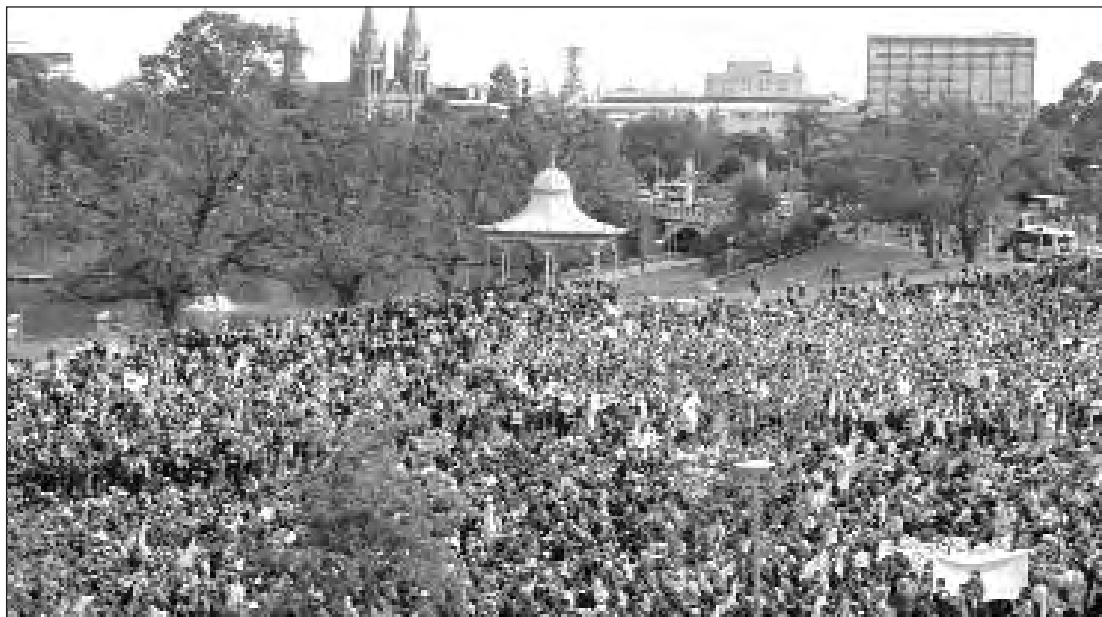
Included in their ranks were thousands of Health Services Union members, which showed, said HSU national secretary, Craig Thomson, the depth of anger against the legislation.

Since the demonstrations the government has watered down some of the bill's more odious provisions, though its anti-worker nature remains intact.

Prime Minister John Howard has made no secret of his opposition to collective bargaining rights. In introducing the bill, Workplace Relations Minister Kevin Andrew expressed hope the new laws would replace trade union collective agreements, called "awards," with a system of individual contracts between workers and employers, dubbed the Australian Workplace Agreement (AWA).

The bill allows employers the unilateral power to terminate a collective agreement once it expires and introduce AWAs, after 90 days notice. If a company is sold, the new owner can demand new terms and conditions after 12 months.

The legislation's original intent was to reduce the minimum rights for



**Hundreds of thousands of workers joined mass rallies across Australia in mid-November to condemn proposed labour laws aimed at gutting workers' rights. It was the biggest protest in Australia's history.**



workers to five key areas: a minimum wage, annual vacation, sick leave, unpaid parental leave and a 38-hour work week.

Amendments quietly introduced before the legislation's passage December 9 added seven other conditions, including public holidays, overtime, pay for working holidays and rest breaks.

But the bill's key attack is on the right to strike. "Under the bill, we will have a situation where the right to take industrial action will virtually have been reduced to nothing," commented business law professor Andrew Stewart to the Australian Broadcasting Corporation. To strike, the new law requires workers' approval through a secret, mailed ballot; a vote is allowed only if the union is granted permission from the Industrial Relations Commission. More than 50 per cent of the members must vote to make the decision valid. But a strike can still be prohibited at the government's discretion on grounds of harm to the economy. And

third parties claiming harm from the job action can have the strike cancelled. The Workplace Relations minister can also ban a strike if the union seeks an agreement containing "prohibited content" – defined solely by the minister.

The industrial relations package was sent for debate and possible amendment to Australia's upper house, the Senate, in late November. But the HSU denounced the process as "a joke," noting there were only five days given for the process. The Senate is dominated by Government-aligned Senators who said they supported the bill even if some proposed minor amendments fail.

The Opposition Labour Party senators called the one-week inquiry into the massive legislation, "a subversion of the democratic process and effective law making." The International Labour Organization also weighed in

with a statement on November 22 stating that the new law contradicted Australia's commitment to freedom of association.

The Howard government has claimed the legislation is needed to make Australia more productive, and hence competitive, in world markets. But commentator Michael Costello in *The Australian* notes that New Zealand has had labour laws and lags

23 per cent behind Australia in productivity. Regarding unemployment, "Norway, Iceland and Denmark – none of which has industrial relations systems anything like that proposed by the Government – have lower levels of unemployment and are ahead of us in the World Economic Forum's Global Competitiveness rankings."

**DAN KEETON**

**The bill's key thrust is to make it close to impossible for unions to negotiate collective agreements for their members and to take strike action.**



**The BC government will have to take into account that wages in the broader labour market are on the rise.**

## Fair and practical: a reasonable way to bargain

As the BC government enters into collective bargaining with over 80 per cent of the province's public sector workers, it will have to take into account that wages in the broader labour market are on the rise.

And it needs to look at the well-established norms of behavior that exist among major employers when it comes to wage negotiations.

Although private sector employers are reluctant to spend more on pay increases than is the norm in the broader labour market, they also know they cannot spend too little without risking higher employee turnover, which in turn leads to increased recruitment and training costs, operational disruption, lost productivity, and low morale.

For that reason, major employers tend to pay close attention to compensation surveys from human resources consulting firms, which recently predicted national pay increases of about 3.3 per cent in 2006.

This is similar to past years, when pay increases among major employers averaged about 3.3 per cent.

In fact, between 2002-2005, unionized employees in the BC private sector achieved increases of 7.2 per cent, and in the pub-

lic sector nationally they achieved increases of 9.8 per cent.

Compare those numbers to the experience of public sector workers in BC during the same period.

In recent years, the province has taken a confrontational approach to public sector bargaining and has repeatedly by-passed the process with imposed contracts – something that was condemned by the International Labour Organization for violating principles of freedom of association. Effectively, this is a reprimand for our failure to protect fundamental human democratic rights.

The government is early in its new mandate, and can choose a path based on fair and reasonable practices that are consistent with labour market trends, strengthen human rights, and ensure sound management practices.

Otherwise, we risk becoming a society that is short on human rights and beset by recruitment and retention problems and poor morale in the public service.

**STUART MURRAY** • RESEARCHER, CANADIAN CENTRE FOR POLICY ALTERNATIVES



## Women's committee creates action plan

HEU's women's committee is once again up and running. At a planning meeting in late November committee members discussed ways to involve more women at the local level and the need to promote the value of women's work throughout the workplace and in the community.

"In recent years, the work HEU members do in health care and social services has been seriously devalued," says financial secretary Mary LaPlante. "The women's committee knows it's going to take a lot of work, both at the bargaining table and frankly, beyond bargaining, to put our issues forward and make our voices heard."

The committee will be visible at the union's Wage Policy conference in January. Using the slogan "Women Work, Women Matter", promotional items will be on sale that complement a national springtime campaign about the importance of women's social and economic equality.

## CUPE takes on Medicare fight

Delegates to the October convention of the Canadian Union of Public Employees have adopted a comprehensive game plan designed to fight health privatization, tackle workloads in long-term care and campaign for mandatory reporting of superbug outbreaks.

More than 40 HEU delegates attending the Winnipeg meeting gave their support to the plan which includes a strategy to fight the implementation of private health insurance threatened by the so-called "Chaoulli" decision of the Supreme Court.

The plan also called on the federal NDP to make public delivery of Medicare a condition of support for the minority Liberal government. Less than two months later, the NDP withdrew its support for the Liberals over the issue of private health care, forcing an

election which will be held January 23.

"Canada's largest union has made defending



HEU President Fred Muzin speaking at CUPE convention.

Medicare its top priority," says HEU president Fred Muzin, who was re-elected to CUPE's national executive board at the convention. "Our members will see their national union front and centre

in the fight to protect publicly delivered health care services."

Other elements of CUPE's health care strategy include holding a national medicare

conference in cooperation with other allies and convening an expert panel on health privatization.

Another major issue dominating the convention was the lack of women representatives on CUPE's national executive board – now at the lowest levels in decades.

## Unions call for mandatory use of safety needles

With 6,800 health care workers in BC injured by unsafe needles and sharps each year, a coalition of BC health care unions is campaigning for the province-wide use of safety needles.

In October, the Hospital Employees' Union, BC Nurses' Union, Health

# Preventative maintenance programs suffer from short-staffing, contracting out

Trades and maintenance workers are becoming increasingly frustrated, and worried, that preventative maintenance programs are being neglected or completely abandoned in BC's health care facilities.

As a result of a growing retention and recruitment crisis, brought about by the 15 per cent wage rollback and maintenance budget constraints, workers attending HEU's occupational conference in September said preventative maintenance has all but been sacrificed.

A good preventative maintenance program extends the life of facilities and equipment, and minimizes downtime due to system or equipment failures. In health care facilities, that could mean the difference between life and death.

At HEU's occupational conference for trades and maintenance workers, member after member stood up to point out that there are just not enough qualified workers to maintain the preventative maintenance programs.

Without enough skilled, experienced workers on staff, they say, most are reduced to emergency breakdown maintenance, or as they say, "putting out the fires that come along." And they express the fear that at many hospitals, it is only a matter of time before major equipment breakdowns will occur.

Carpenters, plumbers, millwrights, machinists, electricians and other trades and maintenance workers across the province say patient safety is increasingly at risk and taxpayer dollars are being needlessly wasted. That's because administrators are compensating for the shortage of in-house trades and maintenance staff by contracting-out jobs at premium rates.

Contractors, they say, simply do not have the working knowledge and experience with the facility's systems required to ensure work is completed properly and safely.

"The scariest thing I find is not just the loss of so many of the best people but the fact that they have less experienced people working on systems and

infrastructure," Doug Turnbull, a kitchen mechanic at Lions Gate Hospital, told the *Guardian*.

His co-worker, electrician Jim Barrett agrees. "These are very complex, highly technical and integrated systems," he says. "The implications are very real. And the inefficiency of having an outside contractor doing work at \$100 plus an hour – that used to be done by very skilled and experienced trades people at less than half that rate – is costing the taxpayers of BC considerable sums of money."

But many of the most experienced trades staff in BC's health care facilities are leaving. "When senior people leave, they take so much knowledge with them," says Dave Pellerin, a multi-ticketed tradesperson at Surrey Memorial. "There is nobody there to bring people along."

The Canadian Standards Association, and various codes and regulatory measures prescribe very rigorous maintenance schedules, often computerized, which are now regularly being ignored.

"The computer keeps spitting out work orders, but they just aren't getting done in a timely fashion, which is affecting patients' comfort," says Alex Gutowski, an engineer, fabricator and boiler maker who works at Royal Jubilee Hospital in Victoria.

The deteriorating conditions in BC health facilities undermine the pride many experienced trades and maintenance workers feel about their jobs. "We are the doctors of the building and have specialists

within our ranks who should be recognized," says Robin Elliot, a power engineer at Creston Hospital.

There is general agreement among trades and maintenance workers that cost-effective allocation of resources, including full reinstatement of appropriate preventative

maintenance programs, cannot occur until recruitment and retention problems are addressed.

And the only way to do that, they say, is by providing appropriate wages and benefits, and ensuring adequate staffing levels.

In recent years, the hourly wages paid to trades and maintenance workers in health care have steadily fallen

behind their counterparts in other areas.

Carpenters working in the construction industry, for example, are currently earning between 17 per cent and 28 per cent more than carpenters working in BC hospitals. Carpenters who are members of the BC Carpenters Local 1995 earn \$25.48 per hour working on commercial and institutional projects and \$27.82 per hour when working on industrial projects.

Hospital Power Engineers (SE3) earn 40 per cent less than their counterparts working in BC pulp mills and smelters. For example, a Power Engineer 3 working at the Alcan Smelter is currently earning \$31.49 per hour compared to the HEU wage of \$22.44 per hour. And class three Power Engineers, who earn \$27.94 an hour working for BC Hydro, are paid 30 per cent more than their counterparts in HEU.

KATHY CORRIGAN



BCNU President, Debra McPherson and HEU member Elton Nordmarken speaking at November press conference.

Sciences Association, BC Government and Service Employees' Union and the Service Employees International Union presented the Workers' Compensation Board with a proposal on how to

reduce the risk of needlestick injuries. These injuries cost the health care system \$13.6 million for testing and preventative treatment every year. Thousands of health care workers are injured and sometimes infected by blood-borne diseases such as HIV/AIDS and Hepatitis C.

HEU member Elton Nordmarken has suffered 13

needle pokes since he began working as a cleaner at Eagle Ridge Hospital in 1991.

"Each time I get jabbed I would be given the choice of taking 30 days off on medication till the results come back. That plays games with your mind and family life as you are always worried about contracting something.

"It's hard, and it all could

be stopped if employers just spend a few dollars on safe needles." In response to the campaign, WCB has drafted a proposal for regulating protection from unsafe medical sharps, including section 6.36

(1.1) "when it is practical and safe to do so, the use of safety-engineered needles for vascular (e.g. vein or artery) access or substitute hollow-bore needles with needleless devices. This requirement will eliminate or minimize the risk of worker exposure to blood-borne pathogens..."

But the proposal fails to address many concerns.

There are no preference requirements for safer devices such as blunts and retractables, and it would only apply to medical workplaces. It also overlooks all subcutaneous devices and non-hollow-bore needles such as scalpels and suture needles, and there is no provision for logging medical sharps injuries.

WCB stakeholders are reviewing the draft proposal for Regulation Review and providing feedback until the end of January 2006. A public hearing will follow in May 2006.

### Unit coordinators score new benchmark

Following several months of negotiations with health employers, the Hospital

Employees' Union has settled a new benchmark and job title for nursing unit coordinators, or nursing unit clerks as they are currently recognized in the classifications system.

The new Nursing Unit Assistant benchmark acknowledges the role these health professionals play in coordinating and prioritizing patient care and all activities on nursing units, and the vital communication link they provide as part of the multi-disciplinary team.

What now remains is the negotiation of a new pay rate – currently at an R9 level – to match the responsibilities contained in the new benchmark.

Health employers would not budge on their stand of not including the term "coor-

*continued on page 18*

## FAIR AND EQUAL?

Pharmacy Technicians in Alberta earn \$26.78 per hour. That's 27 per cent more than HEU Pharmacy Technicians earn at \$21.16 per hour.

HEU Dietary Aides, who currently earn \$15.46 per hour have fallen 24.4 per cent below their BCGEU counterparts, who are paid \$19.23 per hour.

A Receiver working in an Ontario hospital earns \$19.05 an hour – 12 per cent more than the \$17.05 paid to HEU Receivers (Stores Attendant III).

In Alberta, a Registered Orthopaedic Technologist earns \$32.05 per hour – a wage gap of 56 per cent compared to an HEU Orthopaedic Technologist's wage of \$20.54.

On average, HEU clerical workers earn 18 per cent less than their BCGEU counterparts.

Social Service Assistants employed by the Province of BC earn \$31.94 an hour compared to the \$22.76 an hour wage paid to HEU Social Service Assistants. This 40 per cent wage gap amounts to \$9.18 per hour.

BCGEU LPNs are paid \$23.59 an hour, which is 10 per cent more than the \$21.50 an hour wage paid to HEU LPNs for the same work.

Hospital Power Engineers earn 40 per cent less than their counterparts working in BC pulp mills and smelters.

## AFTER THE SHIFT

PATTY GIBSON

Art therapy opens up doorways into conversations, gives people a new language and, most importantly, it helps them learn more about themselves.

## THE HEALING POWER OF ART

For the past ten years Judy Baker has been using the artistic process to help people with disabilities and seniors communicate with themselves and others. But while her passion for art as a therapeutic tool developed on the job, in her role as a community support worker, she's now taking it to a whole new level – after the shift – with formal training from the BC School of Art Therapy.

Although Baker is currently on leave from her full-time position at South Island Community Living Services in Victoria, she continues to work at the agency about one day a week, on-call, while she completes her schooling.

"Arts and crafts were always a big part of our day program," says Baker, when asked what sparked her interest in art as therapy. "And it's been the part of my job that I love the most, because I see the joy it brings to people's lives."

As a support worker in a group home, Baker's job centres on providing all aspects of personal care and the necessities of life.

"Personal care is extremely important," she says. "But on its own, it's not enough. People need to feel like they are learning, growing...the creative process is one way to help them do that."

The more Baker learns about art therapy, the more convinced she has become about its power to heal, to give people a new language, and to make permanent change in a person's life.

In her work with seniors who have dementia, for example, Baker has observed that while people are working on a piece of art they remember things that



HEU MEMBER JUDY BAKER

they are able to share with others.

"When they do the art, they start talking to the people around them," she says, recalling a session where six seniors discovered they had all come from small, neighbouring towns in Saskatchewan. Until then, they hadn't communicated with one another about their origins.

Baker explains that there are many kinds of art therapy. "I provide the opportunity to do visual art by giving people the materials, the space, the time and the freedom to create, and instruction if they want it. The therapy is in helping people look at what they create and talk about it with others."

The benefits, she says, are far-reaching. "Bottom line? Art therapy is a vehicle for communication in every way – verbally and non-verbally – with family members, other residents, caregivers, and oneself.

"It opens up doorways into conversations, it gives people a new language, and most importantly, it helps people learn more about themselves."

continued from page 17

dinator" in the benchmark title. Some facilities, like St. Paul's Hospital, have already been using the unit coordinator title for several years.

After canvassing members, the union committee determined that Nursing Unit Assistant was the best fit for the new benchmark and job title.

## Dovetailed seniority offers more options

HEU's facilities subsector members who work in the South Vancouver Island Services Delivery Area have ratified an agreement that protects seniority rights in an amalgamated bargaining unit.

The memorandum of agreement (MOA) with the Vancouver Island Health Authority covers HEU mem-

bers working at Gorge Road Hospital, Juan de Fuca hospitals, Lady Minto Hospital, Queen Alexandra Centre for Children's Health, Royal Jubilee Hospital, Saanich Peninsula Hospital and Victoria General Hospital.

Under the MOA, seniority lists at all these sites were merged into one list on October 21, 2005. Vacancies will now be posted at all sites at once, and members can use their amalgamated seniority to apply for positions at any of the sites.

Under the agreement, regular and casual employees can combine their accrued seniority from all sites up to the equivalent of full-time. Regular employees holding more than one position where their total combined

hours are more than one full-time equivalent position must resign from one or more positions by October 21, 2006 so their hours do not exceed one full-time position.

Similarly, facilities subsector members in the Vancouver Coastal Health Authority ratified their own MOA protecting their seniority rights in an amalgamated bargaining unit, which took effect after their ratification vote in late November.

"The reality for many years is that health employers have been making staffing decisions on a region-wide basis but members have been unable to exercise their seniority rights beyond a single site," says HEU secretary-busi-

ness manager Judy Darcy.

"This agreement protects hard-won seniority rights while expanding members' employment options."

## Bursaries support higher education

Once again, our bursary awards program has helped support union members and their families to access post-secondary education.

I'm pleased to report that this year the program, which is a joint undertaking between several HEU locals and the Provincial Office, supported 22 members and their families with awards ranging between \$300 and \$1000. And thanks to the exceptional generosity of one of our members, two awards of \$1,000 each were

included in our bursary package. That donation came from Marija Sakic, who worked as a dietary aide at Dogwood Lodge from 1987 until her 1999 WCB injury.

Unfortunately, that injury resulted in a disabling condition that has prevented her return to work.

Thank you Marija, and all the participating locals, which included Burnaby, Lions Gate, Maple Ridge, Prince George, Richmond, Royal Columbian, Royal Jubilee, Surrey, St. Paul's, UBC, Vancouver General, and Victoria General.



LaPlante

MARY LAPLANTE

JANUARY

FEBRUARY

MARCH

### JANUARY

Local executive elections held at the first regular meeting of the year

### JANUARY 2

Statutory holiday for New Year's Day, HEU offices closed

### JANUARY 4-6

Meeting, Wage Policy Bargaining Demands Committee

### JANUARY 9 & 10

HEU Wage Policy Conference, Richmond Inn Hotel

### JAN. 22-FEB. 17

CLC Pacific Region Winter School, Harrison Hot Springs

### JANUARY 29

Chinese New Year

### FEBRUARY

Black History Month

### FEBRUARY 8 & 9

Supreme Court of Canada will hear unions' challenge to Bill 29

### MARCH 8

International Women's Day

# Photo exhibit honors indigenous struggle across South America

For more than four weeks this fall, patrons of the Vancouver East Cultural Centre had the opportunity to view an exceptional photo exhibit by HEU member Luciano Sanchez.

A moving tribute to the indigenous peoples of South America, this exhibit celebrates the deep connection that exists between human beings and their natural environment – a connection increasingly damaged by corporate exploitation.

"We in South America live as second-class citizens," says Sanchez. "Our natural resources have always generated poverty by providing for the prosperity of others – the ruination of the nitrate mines of Chile, the rubber from the Amazon jungle, the sugar industry in Brazil, the forests of Argentina, the oilfields of Venezuela, to name just a few.

"All of these are painful reasons to believe in the mortality of the fortunes that nature grants us."

Born in Chile in 1955, Sanchez was a high school student and a budding photographer at the time of the 1973 military coup that overthrew the democratically-elected government of Salvadore Allende.

In the midst of growing protests against the ruling junta in the mid-80s, Sanchez – by that time an electrical worker and dedicated union activist – was picked up and jailed, his home ransacked and his photography equipment smashed to pieces.

His crime? Passing out leaflets calling for an end to the government's human rights abuses that over more than a decade had seen thousands upon thousands of Chileans imprisoned, tortured and in many cases "disappeared."

By 1989 Sanchez had immigrated to Canada. But throughout the latter part of the 90s he was inspired to visit indigenous communities throughout South America to learn more about their struggles and to photograph working people in relationship to their land.

The images Sanchez selected from those visits are the core of this rich and colourful exhibition, entitled "I Dream I was Free."

This is the exhibit's third showing in Vancouver, and it has been presented on several occasions in Chile.



This image is one of several photographs depicting people in their working lives.

Asked about what he wanted to convey through his work, he says, "I wanted to show the beauty of South America, what we have, and why it must be protected for the next generation, and for our future. We cannot build a future if we allow the environment to be destroyed."

And while this exhibit focuses on South America, Sanchez is adamant that unfettered corporate development, and its impact on the environment, is a global concern that must be checked.

"We are one continent," he says. "In North America also, the environment is under attack...the forests, the water, the ocean. We have to work together to protect mother nature before it's too late."

In 2001, Sanchez traveled to the Arctic, another geographical area rich in natural resources and ripe for corporate plunder. He hopes it will be the subject of his next photo exhibit.

In the meantime, Sanchez, who is married and the father of two young children, continues his involvement with various human rights movements. He is the head chef at Cavell Gardens, a supported housing facility for seniors in Vancouver, and is an active member of his local union.

"For me, the union is the best tool we have to protect our rights as working people," he says.

## PHOTO EXHIBIT

### I Dream I Was Free

A photo exhibition by Luciano Sanchez  
Vancouver East Cultural Centre

reviewed by Patty Gibson

## Union welcomes new coordinator of servicing & special projects

HEU welcomes **Bonnie Pearson** as coordinator of servicing and special projects. Bonnie previously worked at HEU as a servicing representative and for a brief time as acting coordinator of servicing.



PEARSON

After leaving HEU in 1996, Bonnie took a job at the Federation of Post Secondary Educators, and most recently worked as a representative at the Compensation Employees' Union.

She brings 25 years of experience in servicing, negotiating and organizing to her new role. By knowing HEU's culture, members, employers and collective agreements – along with

gaining external experience in other union environments – Bonnie is a wonderful addition to HEU. Welcome back, Bonnie.

## The results are in and our congratulations are in order

Congratulations to all of the HEU members and staff who ran in recent municipal elections across the province. Glengarry Hospital care aide **Gordie Logan** (Colwood) and Cowichan District Hospital cook **Jesse Winfrey** (Duncan) were



WINFREY

(School District 44, North Vancouver) and research analyst **Kathy Corrigan** (School District 41,

both elected to Council. Jesse is also a member of HEU's Provincial Executive. HEU servicing representative **Chris Dorais**

Burnaby) were also reelected to their school board positions. Kathy is a CUPE staff member assigned to the HEU office.

## Comings and goings on the Provincial Executive

In recent months the HEU Provincial Executive has seen a few changes. **John Evans** (Pioneer Swan Valley Local) replaces **Doris Gripich** as fourth vice-president. **Doreen Plouffe** (VGH Local) becomes HEU's fifth vice-president, replacing



FOOTE

**Dan Hingley** (Nanaimo Local) moves to first member-at-large, while

**Jacqueline Zilkie** (Kaslo Local) becomes second member-at-large.



ANDERSON

Regional vice-president for the Fraser Valley, **LaRee Russell**, and regional vice-president for the Kootenays, **Warren Eacrett**, were both unable to complete their terms of office. They are replaced by **Joanne Foote** (Fraser Crossing Local) and **Margie Anderson** (Columbia View Local) respectively. Thanks to Doris, LaRee and Warren for their contributions to the Provincial Executive, and welcome to Joanne and Margie.

## HEU's WOMEN'S COMMITTEE IS BACK

### Our focus in 2006:

- empowering women in the workplace
- involving women in bargaining issues
- promoting the value of our work
- strengthening women's participation at the local level

### We want to hear from you.

Contact Margie Anderson, Chair, HEU's Women's Committee

By fax: 604-739-1510

By email: manderson@heu.org



## EQUITY PHONE LINE

1.800.663.5813, ext. 7192  
Lower Mainland 604.456.7192

### PRESS 1

#### Ethnic Diversity

One union, many colours! Working across our differences! To participate, please call and leave us your name!



### PRESS 2

#### First Nations

First Nations members would like to hear from you! Please call if you would like to help educate our union sisters and brothers on issues that affect First Nations People.



### PRESS 3

#### Lesbians and Gays

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

[www.pridepages.org](http://www.pridepages.org)



### PRESS 4

#### People with disabilities

If you are on WCB, LTD, or if invisibly or visibly disabled in the workplace, let us know how the union can better meet your needs.

[www.alberni.net/PeopleWithDisAbilities](http://www.alberni.net/PeopleWithDisAbilities)



## Talk to us Toll-Free!

You can call any HEU office toll-free to deal with a problem or get information. It's fast, easy and free.

### PROVINCIAL OFFICE

- Burnaby Site  
1-800-663-5813

### REGIONAL OFFICES

#### Northern Office

- Prince George  
1-800-663-6539

#### Okanagan Office

- Kelowna  
1-800-219-9699

#### Vancouver Island Offices

- Victoria Site  
1-800-742-8001
- Comox Site  
1-800-624-9940

#### Kootenay Office

- Nelson  
1-800-437-9877

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- Hundreds of job classifications
- Multiple employment sectors
- one union



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