

Health care workers are joining British Columbians in speaking out for public health care solutions. BUT HAVE POLITICIANS IN VICTORIA ALREADY MADE UP THEIR MINDS?



MARGI BLANEV PHOTO

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## CONVERSATION ON HEALTH CONTINUES

HEU's first round of regional meetings marks a new approach to tackling front-line issues.

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ELAINE HAPPER AND MIKE O'LEARY PHOTOS



Over the past few weeks, union members have gathered in strategy sessions, conferences and regional meetings to create new action strategies.

# Building solidarity across the union and in our communities

**O**n March 27, following almost a year of negotiations, HEU members working for Compass Group on Vancouver Island achieved an arbitrated settlement.

It is the final contract to be signed with the “Big Three” corporations now operating in B.C.’s health care system – Aramark, Sodexo and Compass.

Wage lifts bring hourly pay up from the \$10 rates these corporations were paying staff before they joined HEU to \$13.05 when these first contracts expire next year.

It’s an important first step, but these members remain the lowest-paid workers in health care. And they’re not alone.

Community social services workers are also deeply impacted by massive budget cuts that have driven back wages and benefits, creating huge retention and recruitment problems throughout the sector.

And it doesn’t stop there. An alarming report from Vancouver Coastal Health Authority forecasting severe shortages of health care workers

in our hospitals and long-term care facilities is further proof that the 2004 wage rollbacks were not only mean-spirited but short-sighted.

These shortages are also undermining community health services.

Taking on these challenges has been a major focus for union members participating in a series of strategy sessions, conferences and regional meetings over the past few weeks.

Since January, community social services workers have started laying the foundation for a multi-union campaign aimed at raising awareness about the problems low wages are causing in that sector.

Within a week of the Compass settlement, the union brought front-line workers from the facilities and the “Big Three” private operators together to create a living wage campaign in advance of 2008 bargaining (*see page 9*).

“We are in a climate where public and private sector employers are bent on eroding wages,

regardless of the impact on workers, their families or their communities,” says HEU’s secretary business manager Judy Darcy.

“No single sector on its own can turn back that tide. To be successful in 2008 and 2010 bargaining, we must work with others – unionized and non-unionized workers in their communities – to build a groundswell of support for decent wages and working conditions in all sectors.”

To meet that goal, the union is working on three major fronts: a living wage campaign led by “Big Three” workers; renewed efforts to put the impact of health and social services worker shortages squarely in the public eye, and active support for the BC Federation of

**To be successful in 2008 and 2010 bargaining, we must work with others to build a groundswell of support for decent wages and working conditions in all sectors.**

Labour’s call for a \$10 minimum wage.

“They’re all connected,” says Darcy. “It’s about building solidarity across the trade union movement and in our communities for the benefit of all.”



JUDY DARCY

## Spring is in the air and the union is on the move

Traveling the province in April for our inaugural regional meetings reminded me that there is nothing more glorious than British Columbia in the spring.

And I sensed that renewal, the emergence of new and regenerated growth during the five regional meetings where members from all our locals came together for the first time in our newly-

constituted areas, redefined by convention resolution to reflect the regional health authorities.

The idea of regional jurisdictions – with more input and responsibility – was a seed planted by HEU's task force after hearing from members that they wanted more networking, more information and more say at the regional level. Delegates to the 2006 biennial convention agreed,

and it's clear from the meetings that this regional concept has taken root.

During the special, two-day sessions, local representatives came with challenges, successes and strategies that they were eager to share.

Occupational health and safety issues loom large in most workplaces with workload clearly the single big-

gest concern. Chronic short-staffing and on-the-job injuries are part of that, and members have called for more information and education to combat these trends and turn them around.

But the regional meetings are only one indicator that HEU members are regrouping and on

the move again. The avalanche of applications to courses and activities are another.

Our shop stewards' courses are flooded with applications and filled to capacity. In some cases, HEU servicing representatives are conducting condensed shop steward training at the request of locals in an attempt to meet demand.

Our equity conference had about 100 delegates attend from HEU locals all across B.C., making it the best-attended since the first gathering in 1997. And more than 420 members applied to join union sub-committees – a response so overwhelming that action networks are being put in place to keep people connected.

Our Provincial Executive, P.E. sub-committees, equity committees and staff advisors held a joint meeting – the first – in March. By the end of the day, they had a common sense of purpose that will strengthen our union.

Finally, our members are reaching out in their communities. Whether it's joining area health coalitions like the one in North Vancouver, helping form new ones in Kamloops, Prince George and the Okanagan, or campaigning against P3 hospital proposals for St. Paul's and in the Comox Valley, HEU members are mobilizing.

It all goes to show that HEU is indeed in a new season. After a long, hard winter, our members are demonstrating their resilience – and their energy and commitment. Yes, spring in B.C. is uplifting indeed.

### Our shop stewards' courses are flooded with applications and filled to capacity.

## voice.mail

### Increase access to home support

Home Support Services (HSS) are a critical part of home and community care that can decrease health care costs. They help keep people in their own homes and out of hospitals and long-term care facilities.

Currently, B.C. provides coverage for short-term, acute home care, community mental health home care, and some end-of-life care. But eligibility for home support is not universally available. It is based on income and "standardized assessment tools" that determine risk and health needs. This means many frail seniors and people with disabilities on limited incomes are not eligible for the supports they need to maintain their health and stay out of the hospital.

Home support workers are working harder, faster and under the stress of decreased

working hours, increased layoffs, and the stress of knowing they do not have the time, and are not allowed to give, all the types of care they were trained to provide. These include meaningful interactions with clients and the support services that fall under "preventative care", i.e. ensuring good nutrition, hygiene, social support and prevention of social isolation.

By helping clients shop for groceries, exercise and maintain physical and psychological stability, home support workers can help people remain in their homes. Just as important is the role that home support workers have historically played (as the "eyes and ears" of the health care system) by helping identify problems as they occur, early on.

Health authorities need to increase access to home support services, not cut them back. Consider the money that could be saved, globally, if we could reduce the number of

seniors taking up acute care, ER and long-term care beds. Instead, what we are seeing, here in the North, and this could be the case in other regions, is decreased home support and more home support workers being laid off.

PEGGY DAVENPORT  
Prince Rupert

### How can a P3 help the Okanagan?

If B.C.'s government spent less time, effort and money trying to dismantle public health care, we'd have fewer problems. It's a matter of will. Do we want to fatten the pocket-books of the private facilities or provide quality health care in our communities?

Government wants to turn Vernon Jubilee Hospital into a P3 (public-private partnership) by 2010. How can this help people in the Okanagan?

It's been proven that private systems cost more money. Nova Scotia's P3 in education was a disaster. They're still paying for it, as are their children. When the P3 system fails B.C., who will pay? The answer is clear: communities and British Columbians.

Public health care is cheaper and it's accountable to our citizens. Private health care, however, is only accountable to its shareholders. Profits from private facilities leave our communities. There are fewer jobs available at lower wages. How can this benefit Vernon?

Private facilities care about one thing – profit – not patients. They cut costs, compromising patient safety. But public facilities give money back to the system – it's a circle of giving and taking – and that's the real benefit to health care.

I've made my views known

to my MLA and the B.C. government's "Conversation on Health". I urge others to do the same.

SHAWNA RAND  
Vernon

### LTD members are the forgotten ones

Why is nothing being done to help people on LTD? The cost of living keeps going up and we are living month to month, with no light at the end of the tunnel. We have no quality of life, do not eat properly and owe everyone!

I hear about all these agendas, but never anything about LTD. We are pushed to the back-burner and live on promises that don't happen. When we were able to work, we worked hard and now that we can no longer work, we are the forgotten ones. How can this be justified? Help us.

L. BOONE  
Surrey

### Conference gave me a new perspective

I'm glad I attended HEU's Equity Conference in April because I had an awesome time and I gained a wealth of knowledge. Before going, I didn't know there were four HEU Constitutional Equity Committees: Ethnic Diversity, People with Disabilities, First Nations, and Lesbian and Gay Standing Committee. I didn't know that our union

works to recognize and support equality, respect and human rights for every HEU member. This work helps ensure that we all have equal opportunities in life and can live without discrimination.

I also had no idea about Duty-to-Accommodate. Every member needs this information.

Did you know that employers have a duty to ensure that the workplace is free from any sort of discrimination? Or that it is a legal requirement that employees have an equitable and fair workspace? Every employee is protected from discrimination on the basis of race, gender, disabilities, age, family status, marital status, religion, sexual orientation and unrelated criminal convictions.

In addition, how many members are aware that if you have disabilities, there are protections to help individuals with illness or injury return to work with dignity?

If I had not attended the Equity Conference, I would not have any of this information. So I encourage every member to try to attend events like this one, or the union's Summer School or any education sessions you can, because you never know what you will learn and what information will help you protect your rights.

SHAJILA SINGH  
UBC





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## Union activists gather to share information, coordinate strategies

**E**ngaging members at the local level. Addressing issues in the workplace, particularly workload. And coordinating common strategies to deal with regional employers.

These were major themes raised by HEU locals attending the first round of twice-yearly regional meetings established by convention delegates last October after a comprehensive review of union structures by HEU's Task Force for a New Union.

HEU president Fred Muzin says the meetings provided locals with an important opportunity to network between union conventions, which are held every two years.

"There has been a gap between conventions and our locals' meetings, and these regional forums are helping us bridge that gap," says Muzin.

"Our activists were energized by this opportunity to meet, compare notes and plan collective action for the future."

It was a sentiment echoed by Dawson Creek local's Pat Shaw at the

Northern regional meeting in Prince George.

"The networking is great," she says. "You get to talk to brothers and sisters and see that what's going on in your site is happening everywhere."

And it is in the area of labour relations where delegates saw the most potential for working together.

"We don't need to waste our resources fighting the same battle at three different sites," observed a delegate speaking at the Vancouver

**"The networking is great. You get to talk to brothers and sisters and see that what's going on in your site is happening everywhere."**

Coastal meeting, where participants agreed to form a regional newsletter committee and build an email network to keep one step ahead of the employer.

At each meeting, delegates also shared their frustration about how hard it is to get more members involved in the union – especially when so many are already dealing with crushing workloads and other pressures on their time.



Burnaby Hospital electrician Bob Norquay was one of 40 HEU members who attended the regional meeting in Fraser Health on April 17. Members spoke out about a broad range of issues affecting their jobs and looked for ways to coordinate their efforts region-wide.

But many participants also believed that by successfully coordinating local action on regional issues, more members would be encouraged to get involved and build on those successes.

While workload, coordination on labour relations and renewing mem-

ber involvement were hot button topics, other important issues were also raised (*see page 4*).

Ongoing retention and recruitment problems, violence and intimidation in the workplace, and the need to overcome employer efforts to divide workers were also voiced.

HEU's financial secretary Donisa Bernardo says the regional meetings are a worthwhile investment for the union.

"They're about strengthening accountability and communication within the union," says Bernardo.

"It just makes sense for the local leaders in our union to get together to work with their regional vice-presidents and servicing staff to develop a common front to deal with the employer in their health authority."

The regional meetings were held through April for each of HEU's five new constitutional regions: Vancouver Island, Vancouver Coastal, Fraser, Interior, and the North.

The next round of meetings will be held this fall.

**MIKE OLD**  
HEU COMMUNICATIONS DIRECTOR

### Day of Mourning notes rising deaths and injury rates

April 28 is Canada's National Day of Mourning, honouring women and men who died or were injured on-the-job over the past year due to workplace accidents and occupational illnesses.

WorkSafe BC reported that 160 British Columbians lost their lives to workplace injury and disease in 2006.

Solemn ceremonies were held throughout the province and across the country as workers took time to remember colleagues and friends.

The BC Federation of Labour, local labour councils and workers held this year's commemoration in Surrey's Bear Creek Park where the observance made special note of the three women farmworkers killed on their way to

work, when the overloaded van in which they were riding crashed.

According to the Canadian Labour Congress (CLC), Canada's poor record was exposed last year in a Centre for the Study of Living Standards' report which documented an 18 per cent increase in workplace fatalities in 2005 over the previous year.

CLC president Ken Georgetti said that Canada is moving in the wrong direction and that there is frustration "at the fact that so many deaths and injuries could be prevented through improved legislation and better enforcement of health and safety laws."



## COFFEE BREAK

### Desks are germ magnets

The “clean freak” in the work space next to you may be onto something.

Recent bacterial infection outbreaks – previously confined to hospitals and long-term care homes – have placed greater emphasis on safety precautions, including hand-washing and sanitizing work areas.

In the superbug era of SARS (severe acute respiratory syndrome), MRSA (methicillin-resistant staphylococcus aureus) and now CA-MRSA (community-associated methicillin-resistant staphylococcus aureus), there’s growing health and safety concerns for Canadian workers.

A recent study of more than 100 offices in various American cities reveals that:

- office desks harbour more germs than average workplace bathrooms, and the problem increases if the desk belongs to a woman

- cosmetics, hand lotions, purses, knick-knacks and food in drawers all carry bacteria

- seventy-five per cent of women keep food or snacks in their desks

- although women’s desks typically look cleaner, their work stations conceal three to four times the number of bacteria than men’s work areas

- the worst germ-carrier is a man’s wallet if kept in a toasty-warm back pocket

- the average desktop has 400 times more bacteria than the average office toilet seat

University of Arizona environmental professor Charles Gerba says the germ solution is simple: use hand sanitizer and disinfectant regularly, but there’s no need to be obsessive.

“You don’t have to go crazy with it,” says Gerba, “but the key areas – desktops, phones and keyboards – probably need to be disinfected once in a while.”

USC/CALM

## HEU is the union of choice for hundreds of new workers

In the first four months of 2007, HEU welcomed more than 500 workers in long-term care, assisted living and community social services.

Community social services workers at Eagle Rock and Burnside House on Vancouver Island joined HEU in January and March respectively.

About 250 long-term care and assisted living workers employed by Good Samaritan Society at Hillside Village and Pioneer Lodge in Salmon

Arm, and Penticton’s Village By The Station voted to become HEU members in recent months.

In Surrey, 140 workers employed by Newton Regency Care Home made HEU their union in February.

And in March, HEU was certified as the bargaining agent for workers at Crest View Village in Creston and Summerland Seniors Village in the Okanagan.

Sue Fisher, director of organizing

and private sector bargaining, says workers want to be part of a union with a strong history of fighting for members’ rights.

“We’re a democratic union with an inclusive bargaining process,” says Fisher.

“In today’s climate, workers realize how important it is to bargain collectively for fair wages and benefits, appropriate work schedules and fair access to full-time employment.”

## New care models threaten more instability in community living

Community social services workers attending the Vancouver Island regional meeting in Victoria at the end of April spoke passionately about deteriorating working conditions and the severe toll government funding cutbacks have taken on their sector.

Workers reported that retention and recruitment problems are continuing to escalate and have made short-staffing the status quo “to

the point where vacation is denied and workers routinely work alone.” They also said “the overall turmoil in the sector” has impacted the people they support to such an extent that violent incidents in group homes and other programs are on the rise.

Currently, Community Living BC (CLBC) – the government agency charged with delivering community living services in the province – is dealing with massive budget shortfalls. It also has more than 3,000 people waitlisted for community living services and has issued documents suggesting it plans to close up to 100 residential group homes in the province over the next three years.

Those homes would be replaced by controversial new service delivery models where adults with developmental disabilities would be placed in the care of individual families or with “roommates.”

NDP children and family critic Maurine Karagianis is on the record as saying CLBC’s resident options plan is nothing more than a cost-saving measure and that budget problems are driving the desire to close down group

homes.

Workers say the new options for residential services will allow deregulated sites and will place individuals, who are already vulnerable, in the homes of people who have no training or experience in providing care to people with developmental disabilities.

“No matter what name they give it – family-model care, cluster homes – it amounts to adult foster care,” one worker told the meeting. “It isn’t safe. It’s a disaster waiting to happen.”

Workers also say most sites will be non-union and will be looking to provide care at reduced wage rates that are already too low to attract or retain trained and experienced staff in the sector.

**“No matter what name they give it, it amounts to adult foster care. It isn’t safe. It’s a disaster waiting to happen.”**

## Taking action on heavy workloads

HEU members providing care to seniors residing at Park Village and Echo Village in Port Alberni are making headway on one of the most pressing issues affecting health care workers across the province – excessive workload.

Care aide and local chair Karen James says there was “too much work, not enough hands, and not enough time.” So last fall, members established a workload committee made up of five union members and five managers. Staff were given feedback forms to report on workload problems. Those forms were then reviewed by the committee.

“We’ve made a lot of progress,” says James. “One of the most positive outcomes so far was the reinstatement of four jobs that had previously been eliminated.”

James says members were a bit skeptical at first, but positive results have encouraged them to keep filling out the workload forms.

“It’s been great to see how much confidence members have gained from having a mechanism that helps them bring about positive changes in their workplace,” says James.

**IF YOU HAVE A SUCCESS STORY ABOUT ACTIONS YOU HAVE TAKEN ON ISSUES AT YOUR WORK SITE, WE WANT TO KNOW ABOUT IT.**

Email the *Guardian* at [editor@heu.org](mailto:editor@heu.org)

## <<newsbites>>

### North Island citizens step up fight to save local hospitals

The Vancouver Island Health Authority’s decision to replace two local hospitals on the north island with one regional hospital is generating widespread community opposition.

More than 500 concerned citizens filled two recent public forums in Campbell River and Courtenay.

Sponsored by the Citizens for Quality Health Care, a panel of speakers – including past president of the Society of Rural Physicians Dr. Trina Larsen Soles, and BC Health Coalition P3 expert Richard Neal – challenged the health authority’s “one hospital” plan. Soles said that “equity of access” is

absolutely crucial for rural communities.

“You need a facility and a system that suits your needs,” she told the Campbell River audience.

And Neal said that a new regional hospital would most certainly be a public-private partnership (P3) since it is B.C. government policy that all new infrastructure projects over \$20M be P3s.

“There is no verifiable evidence, anywhere, of a viable business case for P3s,” he said. “Public-private partnerships make money for the private consortium partners, but they are more expensive for taxpayers and patients.”

A new petition from the Citizens for Quality Health Care calls on the government to ensure that fully functioning

acute care hospitals remain in both Campbell River and the Comox Valley.

Contact Citizens for Quality Health Care at [surfdust@telus.net](mailto:surfdust@telus.net) for more information and for copies of the petition.

### Pivot Legal Society wins HEU-sponsored award

Pivot Legal Society, a non-profit legal advocacy organization in Vancouver’s Downtown Eastside, won the HEU-sponsored Social, Political and Community Action award at the AccolAIDS 2007 gala in April.

Pivot utilizes the law to address the root causes that undermine the quality of life of our society’s most disadvantaged. Many of Pivot Legal Society’s

# Equity conference: discovering our power and presence in the union



PATTY GIBSON PHOTOS

**“I don’t believe tolerance is enough. I want to see acceptance and inclusion. We have our human rights codes... but if people don’t understand who we are, then we don’t have true inclusion – and that’s what is most important.”**

Those words from first-time delegate Paula Miles, who works at Crossroads Treatment Centre in Kelowna, sum up the vital importance of HEU’s ongoing equity work.

And it’s why about 100 members gathered at HEU’s Equity Conference in early April. They want to tackle outstanding issues of discrimination and prejudice that continue to affect HEU members in their workplaces, in society at large, and sometimes, in their own union.

In her opening remarks to the two day-conference, HEU’s secretary-business manager Judy Darcy reminded people that “the struggle for equality, for basic human rights is a continuing struggle.

“It’s critical to celebrate our achievements,” she said, “but it’s just as critical to recognize how fragile those gains are.”

Throughout the conference, delegates networked and elected representatives to each of the union’s four equity standing committees: Ethnic Diversity, Lesbian and Gay, People with

disAbilities, and First Nations.

The conference also heard from several speakers who encouraged members to keep equality issues at the front and centre of union activism.

Manitoba CUPE representative Denise Harder talked about her own experiences as an aboriginal Dakota woman and why a “token” presence is not enough to create lasting change.

Mabel Elmore, a bus driver and Canadian Auto Workers member, talked about her experiences as an “out lesbian woman” in her own male-dominated workplace.

“It’s important to find allies and to be an ally for others,” she told delegates. “I wouldn’t be standing here today if I didn’t have allies, brothers, who stood up for me.”

Deborah Littman, from Britain’s public sector union, UNISON, inspired people with her story about how Londoners have worked with immigrant communities to create a successful living wage movement.

And CUPE equality representative Conni Kilfoil gave an in-depth presentation on duty-to-accommodate law and how it has evolved in Canada in relation to various equity-seeking workers.

In the area of physical and mental disability, she told delegates “it’s important that we educate our temporarily able-bodied brothers and sisters to understand that duty-to-accommodate is not about special rights or special treatment. It’s about recognizing that there are barriers that prevent individuals from exercising their legal right to equality, to freedom from discrimination –

**The conference heard from several speakers who encouraged members to keep equality issues at the front and centre of union activism.**

– their right to be given a chance.”

Local community educator Priti Shah talked about the systemic barriers faced by immigrants in the job market and the huge costs to the Canadian economy.

She encouraged delegates from all equity groups to work together on common issues. “We’re all being excluded in different ways by the system,” she said.

“I strongly feel that the days are gone when we can stay within our own equi-

ty groups and progress. I really feel that the only option, if we want to change the situation of low-paid workers, is to hold hands and work together. This is probably the only way that we can keep community activism and social activism alive.”

This year’s Equity Conference was the first in three years. Typically, the conference is held every two years.

Organizers say feedback from those attending the conference has been overwhelmingly positive.

Terressa Jamerson, a dietary worker at Prince Rupert Hospital, told the *Guardian* she gained “more of a sense of belonging” at the event and gained more insight into her rights and responsibilities as an ethnic diversity member.

“The speakers were phenomenal,” she said. “I understand how important it is to be united, as a whole. I’d like to see more members getting involved in all of the equity caucuses.”

Learn more about HEU’s equity work on the human rights section of the union’s website at <[www.heu.org](http://www.heu.org)>.

BY PATTY GIBSON

clients are people living with HIV/AIDS and experiencing extreme hardships due to poverty.

HEU president Fred Muzin says that the union is proud to be part of this annual event honouring heroes in the B.C. AIDS movement.

“Pivot Legal Society is committed to positive social change by ensuring that the voices of our most vulnerable and marginalized citizens are heard,” says Muzin. “Their ongoing work exemplifies the intent of this award, to influence a public policy or process to the benefit of individuals and communities affected by HIV/AIDS.

“As a social justice union, HEU is pleased to support AccolAIDS and the

remarkable individuals and groups recognized every year.”

This is HEU’s fourth year sponsoring an AccolAIDS award, benefiting the B.C. Persons with AIDS Society.

## Auditor General dishes dirt

On the heels of a patient complaint about the lack of cleanliness and hygiene at St. Paul’s Hospital, the Auditor General has issued a report on infection control in B.C.’s health care system.

The report concludes that the Ministry of Health failed to implement effective or integrated systems for the prevention, surveillance and control of infection. And health authorities haven’t put comprehensive programs

in place to ensure best practices.

The AG’s review of infection control signals an alarming lack of coordination despite a two-year-old promise by Victoria to act quickly on this critical patient safety issue, says HEU secretary-business manager Judy Darcy.

And contracting out of hospital cleaning in our largest urban centres has made matters worse by blurring the lines of accountability for this key element of infection control.

“The Auditor General is calling for a more coordinated approach to infection control. A good start would be hospital-wide health and safety committees that include corporate cleaning contractors and their employees

– instead of the fragmented approach currently in place,” says Darcy.

## Coalition launches *Friends of Medicare* campaign

The BC Health Coalition is preparing to launch *Friends of Medicare* – a provincial campaign to galvanize community-wide action against privatization.

Health coalition campaigners Leslie Dickout says the campaign will advocate in every way possible for proven, public solutions that will protect equal access to quality public health care for all.

“We talk to people all over the province,” says Dickout, “and they’re telling us that they will not stand back and watch as government dismantles

# BC Fed calls for minimum wage hike

With support from HEU, the BC Federation of Labour has launched a campaign to win an increase in the provincial minimum wage.

Labour federation president Jim Sinclair says the minimum wage has been frozen at \$8 since the B.C. Liberals came to power in 2001 and finance minister Carole Taylor has stubbornly refused to implement an increase and eliminate the \$6 training wage.

"Six years without a raise is too long," says Sinclair. "When it comes to addressing the needs of our lowest paid workers, the Campbell government and their business allies have a deplorable record."

No worker should live in poverty, says Sinclair. The labour movement is calling for an immediate increase to \$10 an hour, increasing to \$11 one year later, plus annual increases based on an indexing formula, and the elimination of the \$6 training wage.

Sinclair says the \$10 figure will allow single workers to climb just above the poverty line set by Statistics Canada. The \$11 rate will raise the income of a single-earner family of two above the low-income cutoff.

Nationally, more than 60 per cent of minimum wage earners are women.

About 115,000 British Columbians earn the minimum, while another

135,000 earn less than \$10 an hour. This means 250,000 workers would benefit from the increase.

Despite the booming economy, Sinclair says Victoria's own statistics show that low-paid jobs are actually on the rise. "It's a sign that Premier Campbell is on the wrong track when it comes to ensuring all of us are sharing in economic growth, not just a privileged few."

A growing number of municipal councils have backed the \$10 NOW campaign, as has BC NDP leader Carole James.

Although the Liberal government boasts that B.C. has one of the highest minimum wage rates anywhere in the

country, Sinclair says they conveniently overlook the fact that B.C. also has the highest cost of living. "When you take living costs into account, we actually have the second lowest minimum wage level," he says.

Unlike minimum wage earners who've gone without a raise since 2001, provincial politicians receive an annual pay increase through a cost of living provision that MLAs approved for themselves.

Learn more about the \$10 NOW campaign and sign the petition at <[www.bcfed.ca](http://www.bcfed.ca)>.



## Sweet deal - CEO salaries

The income gap between the very wealthy and everyone else continues to grow in Canada. A recent report from the Canadian Centre for Policy Alternatives – *Timing is Everything* – brings these disparities into sharper focus. Consider the following observations based on 2005 figures, the most recent data available.

The average yearly earnings of Canadian workers, calculated from Statistics Canada, was \$38,010.

The average for the 100 highest-paid chief executive officers was \$9,059,113.

The average CEO reaches the Canadian average earnings by 9:46 a.m. on January 2. By 6:00 p.m., that same CEO will have earned nearly \$70,000.

## <<newsbites>>

public health care by opening the floodgates to more private, for-profit medical enterprises."

In the lead-up to the *Friends of Medicare* campaign's official launch on May 16, the BC Health Coalition is sponsoring a series of events with Canadian Doctors for Medicare, the Council of Canadians, the Canadian Centre for Policy Alternatives, Oxfam, and local health coalition chapters.

U.K. radiologist Jacky Davis will be speaking at two special events in Kamloops and Vancouver about how market-based medicine is eroding public health care in Britain.

### Save St. Paul's Coalition demands answers

A crowd of more than 200 people gathered at a public forum, sponsored by the Save St. Paul's Coalition on April 2, to discuss the fate of the renowned Catholic hospital.

For several years, West End residents have been waiting for Providence Health Care to consult with citizens before announcing redevelopment plans for St. Paul's, but that hasn't happened. In fact, any information about the project has been closely guarded.

Aaron Jasper, chair of Save St.



FRED MUZIN

## PRESIDENT'S DESK

### Check-up time for the Liberal record

Now that the B.C. Liberal government has reached the halfway point of its four-year mandate, a mid-term check-up is due.

Much has been made about a "kinder, gentler" Gordon Campbell, but closer examination reveals a government dominated by media spin, arrogance, and the same old ideology of privatization and worker exploitation.

All projects worth more than \$20 million are required to be built as public-private partnerships (P3s), even though evidence confirms they are more expensive and less accountable than directly financed public infrastructure.

Working through back-room deals, the governments of Alberta and B.C. have signed the Trade Investment and Labour Mobility Agreement (TILMA) that will allow governments to be sued for \$5 million if appointed trial panels determine they have restricted trade in any way. This, in effect, undermines municipal governments' ability to improve standards or implement measures like fair wage policies.

The Liberals refuse to raise the minimum wage, leaving thousands in abject poverty.

Daily, we are inundated with media reports about court proceedings over the sale of B.C. Rail, questioning how it was accomplished, but never challenging whether this government had the right to sell off public assets at "fire sale" prices.

Check the record so far. The management of BC Ferries has been privatized. Public hydro is on the shopping block. BC Gas is no more.

Forget accessible and affordable child care. And forget workplace safety. In B.C., 160 workers were killed on the job last year, but we still don't have protections for farmworkers or night shift gas station attendants.

While they revel in the excesses surrounding the 2010 Olympics, the gap between the rich and the poor in B.C. is wider than ever. Despite the booming economy, homelessness and child poverty are at record levels.

This is not a vision for our communities that we can accept.

HEU has launched a living wage campaign, led by our 3,700 members employed by multinational corporations, whose contract expires in September 2008.

Our recently-completed, initial round of province-wide regional conferences gave us new forums to network, strategize and improve communications.

We are actively working with others to alleviate the deplorable working conditions of our community social services members, who care for the most marginalized citizens in our society.

We are organizing with migrant workers to ensure that they are not exploited by unscrupulous employers.

The B.C. government is not achieving a passing grade in improving life in this province. There is much work for us to do.

**While they revel in the excesses surrounding the 2010 Olympics, the gap between the rich and the poor in B.C. is wider than ever.**



MIKE OLD PHOTO

Paul's, said, "Part of the problem that residents and workers have is with the process itself... the whole lack of transparency."

HEU is one of many groups that supports the Coalition's efforts to bring community input into Providence Health Care's decision-making process.

"There can't be any genuine consultation until people know the direction in which Providence is heading," says HEU secretary-business man-

er Judy Darcy. "If the health authority is looking to redevelop the hospital through a public-private partnership, that has real consequences for taxpayers, patients and workers. People have a right to know if private corporations are going to be making money on public health care."

# Private health care scheme emerges

As the “Conversation on Health” passes the halfway mark, government’s privatization plans are on a collision course with British Columbians’ call for positive public solutions.

**W**hen Premier Gordon Campbell announced his plans for a year-long “Conversation on Health” last fall, he promised an “open and honest” discussion with one primary purpose – to protect public health services.

Since then, hundreds of British Columbians have participated in the government’s regional forums.

HEU members have been there too, advocating for positive, public solutions that would improve health care in their communities.

But many British Columbians are expressing fears, through their local media, that the premier may not be listening to what they have to say.

It’s a fair comment. As we pass the halfway mark in the \$10 million consultation exercise, the B.C. Liberal government’s real agenda is finally emerging.

There was the February Throne speech, where Victoria flagged its intention to introduce “fundamental” and “controversial” health changes, but left the public in the dark about the substance of those changes.

“This lack of transparency is disrespectful to all British Columbians who are participating in good faith in the government’s health ‘conversation,’” says HEU secretary-business manager Judy Darcy. “If they have a plan, and they’re holding a Conversation on Health, they should put it on the table.”

That hasn’t happened – at least not officially. But the suspicion that government is keeping a blueprint for health care reform under wraps isn’t going away.

Within days of tabling a provincial budget, finance minister Carole Taylor told one talk show host she was interested in new funding models that “put patients first” instead of block-funding for hospitals. Health minister George Abbott has also dropped hints about pilot projects for “patient-based” hospital funding.

“If you listen to the signals from key cabinet ministers, it’s clear government wants to impose on B.C. the same reforms that are undermining public health care in Britain,” says Darcy.

Those reforms go by several names: patient-focused funding, activity-based funding and payment-by-results.

But they amount to the same thing. Hospitals no longer receive global funding. Instead, they are forced to compete with each other and with private, for-profit surgery clinics for patients and dollars (see sidebar).

For some, it appeared the groundwork to put the U.K. funding model in place here was being laid in the 2007 provincial budget. In a departure from previous practice, B.C.’s finance minister did not provide health authorities with any budget certainty beyond this fiscal year.

“It’s worrisome,” says Darcy. “Britain’s public health care system has been thrown into huge disarray by activity-based funding. And by refusing to let B.C.’s health authorities plan more than one year at a time, the finance minister has all but guaranteed another year of instability and frustration for patients and health care workers.”

An added concern is that government will use



Citizens and health care workers in Kamloops speak out for public health care.

the \$100 million Innovation Fund set aside in the budget to finance an activity-based funding model instead of using these resources to introduce and expand evidence-based public solutions to deal with challenges in health care.

So while the premier’s “conversation” continues, it appears government has laid its own plans to radically alter the way our public health care system is funded – a plan that would open up more opportunities for private operators.

Public perception that government is determined to create an expanded role for the private sector is reinforced by major privatization schemes that are currently in the works.

In the Okanagan, the Interior Health Authority is set to award a 10-year contract for 17,000 surgical procedures to the private sector.

And B.C.’s health minister recently sidestepped any responsibility for the re-opening of Canada’s first for-profit emergency room – the False Creek Urgent Care Centre – even though it runs counter to the principles of the *Canada Health Act* by charging patients for publicly-insured services.

And the province continues to privatize hospital infrastructure through public-private partnerships (P3s) at an alarming pace. In recent months, new hospital projects have been slated for Surrey, the North Island, Victoria and the Okanagan.

“It’s clear that government is determined to create a market for private health care,” says Darcy.

“But the public has shown, inside and outside the ‘conversation,’ that they are just as determined to protect and strengthen public health care.”

Darcy cites the numerous rallies, citizen forums and workshops emphasizing public solutions as evidence that British Columbians aren’t interested in turning back the clock on universal health care.

And she encouraged HEU members to get involved in local health coalitions and to join the BC Health Coalition’s *Friends of Medicare* campaign.

**“It’s clear government wants to impose on B.C. the same reforms that are undermining public health care in Britain.”**

## Here’s why importing the U.K. model won’t work for B.C.

“Payment by results” is a new funding model introduced into Britain’s public health care system – the National Health Service (NHS). Under this model, hospitals only receive money for the actual number of patients they treat, rather than being given a global budget that guarantees funding in advance.

Ironically, these rules are not applied to the private sector’s treatment centres, which are guaranteed funding up front.

It’s a system designed to create opportunities for the private sector to take work away from the public health care system, while forcing NHS facilities to act like competitive businesses.

Under this funding model, every patient who receives care in a private hospital or treatment centre takes the funds with them – out of the NHS. This not only destabilizes public hospitals by destroying their ability to plan, it puts hospitals in competition with each other to attract patients.

For the first time in Britain, hospitals must now spend taxpayers’ health care dollars on advertising simply to compete for patients.

By paying a fixed amount for each procedure performed, the system creates a powerful incentive to treat patients with less complex conditions. And it creates an incentive to squeeze out more time-consuming patients.

Along with “payment by results” funding, Britain has also introduced an electronic “choose and book” system, which lets patients choose where to have an operation. On the surface, it’s all about patient choice. But the menu of choices provided to patients must include at least one private or non-NHS facility.

This requirement acts as a golden stairway for the private sector to expand its business operations within the public health service, something that has attracted huge, for-profit, foreign corporations into Britain’s public health care system.

At this point, “payment by results” covers more than 80 per cent of hospital work in the U.K.

Learn more at <[www.keepournhspublic.com](http://www.keepournhspublic.com)>.





# JOBS, JUSTICE & A LIVING WAGE



## Conference sparks a new approach

### WHO WOULD HAVE THOUGHT

a conference about poverty, low wages and economic injustice would have offered so much hope?

But that's what happened during the Canadian Centre for Policy Alternatives Jobs and Justice conference over the weekend of March 30.

Whether it was news about the powerful immigrant workers' movement that has emerged in the U.S. or the highly successful living wage campaign that has taken off in Britain or the many local municipalities who have endorsed a call to raise B.C.'s minimum wage, this conference presented new approaches to organizing that are helping to win the fight for fairness and equality in our communities.

It couldn't have come at a better time for HEU members, who are developing a campaign to challenge multinational corporations' refusal to pay their workers family-supporting wages.

More than 30 HEU members joined with academics, other trade unionists and community organizers to look at the state of work and employment in B.C., Canada and around the world.

One of the highlights was a candid and passionate keynote address by Rodney Bickerstaffe, former general secretary of UNISON, the U.K.'s largest public sector union.

"I'm Mr. Angry," said Bickerstaffe in his opening remarks. "And I still get

angry about exactly the same things I got angry about at 17, 18, 19 and 20."

He told the audience that all his working life has been dedicated to one simple goal – establishing a legal wage rate that ensures people don't have to live in poverty.

"There must be a level below which no man or woman, black or white, young or old, should be exploited," said Bickerstaffe. "Because if there's poverty pay anywhere in the system, it undermines everyone in the system."

He emphasized that the fight for a living wage must be taken up across all sectors and communities. "When there is no floor," he warned, "everyone eventually falls through."

Immigrant workers in California and across the U.S. know all too well what it means to work in a labour market where corporations are free to drive down wages in their relentless pursuit of higher profits.

Kent Wong, director of the Labour Research and Education Centre at the University of California, talked about how these workers have pushed back and engaged in what he calls "the most successful mobilization in the U.S. in the last generation."

One of the best examples was last year's May Day march, he said, which drew over one million people into the streets of Los Angeles.

It was the largest rally since the height of the Vietnam War protests and

## Story of London's living wage movement inspires

THE ORGANIZERS OF LONDON'S LIVING WAGE CAMPAIGN KNEW THEY WERE one step closer to victory when a Catholic nun stood up at a Health Trust (health authority) board meeting to chastise trustees for the poverty wages they allowed private contractors to pay their hospital housekeeping staff.



Littman

She was speaking on behalf of a 60-person community and labour delegation, all demanding that the Health Trust address the terrible working conditions endured by the cleaners in their facilities.

Since 2001, the London Citizens coalition has organized a broad spectrum of faith groups, schools, student organizations, union locals and residents groups into a successful living wage campaign that has changed the lives of thousands of Britons.



Howarth

Together with the U.K.'s largest public

sector union – UNISON – the coalition has created an innovative campaign that has tackled low wages and poverty pay.

Campaign organizers Catherine Howarth and Deborah Littman say the social costs of poverty pay are immense. Workers aren't able to support their families. Many must hold down two or three jobs just to make ends meet. And local businesses cannot thrive when people who live paycheque to paycheque can't purchase basic goods and services.

London Citizens started by researching the amount of money a London family needed to meet basic standards in three key areas – healthy living, child development and social inclusion. From this study, they decided on a "low cost but acceptable threshold" for a London living wage.

And then they set out to help workers get it.

One of the first areas they tackled was low-waged housekeeping staff working in health care. But instead of organizing only in the workplace they forged new links across the community. They understood that workers' lives stretched far beyond their jobs.

They made presentations. They talked to the media. They held rallies with thousands of supporters. They called on people's compassion and they shamed decision-makers. They drew the links between low wages, high rates of turnover and absenteeism, and their impact on quality health care.

At the point when some workers were forced to take strike action, they received overwhelming support from their communities.

In six years, they made huge gains: the creation of a Living Wage department in the City of London, parity wages between contracted and in-house cleaning staff in several health regions, the promise of a "living wage Olympics" in 2012, the establishment of the U.K.'s first "living wage campus" at London's Queen Mary University, a living wage campaign at the London School of Economics, ongoing organizing in the city's financial district, and much more.

Across the Atlantic – where London's campaign found its inspiration – over 130 U.S. cities have passed living wage laws. And here in Canada, living wage coalitions are growing in almost every province.



FROM THE APRIL 2nd LIVING WAGE STRATEGY SESSION

**Britain's Rodney Bickerstaffe and California's Kent Wong share their stories about campaigns that are succeeding.**



MIKE OLD PHOTOS



it was only one part of the nationwide “Day without Immigrants,” which Wong described as, “the closest thing to a general strike in the U.S. since the 1930s.”

Despite this success, he pointed out that “many and most labour leaders watched from the sidelines, not quite sure whether they should applaud or not.”

“The challenge,” he said, “is to build a strong and powerful alliance between the labour movement and the immigrant rights’ movement.”

Where that has happened, the impact has been profound. Immigrant workers have led some of the most successful organizing efforts in the last 20 years, said Wong.

Examples include the Justice for Janitors campaign in L.A. – which resulted in the number of workers organized in that sector rising from less than 20 per cent to more than 80 per cent. Other successful organizing campaigns involved drywallers, machinists, hotel workers, port truckers, homecare workers, and others.

A common thread runs through all these victories. They happened outside traditional trade union organizing models.

“A lot of people assume that because immigrant workers are not in unions, that they aren’t organized,” said Wong, “when in fact they have many different types of organizations.”

The idea that successful organizing must be grounded in people’s real experiences, and that coalitions are fundamental to challenging governments and corporate power, was a recurring theme in plenary and workshop sessions throughout the weekend.

Elaine Bernard, executive director of Harvard’s Labour and Worklife Program, wrapped up the conference calling the event unique in its focus on solutions. She acknowledged the tremendous challenges that working people face in the 21st century. But she encouraged people to seize the opportunities for growth and renewal.

“I know it’s very scary when structures are being challenged and the world is being turned upside down,” said Bernard, “but it’s also a terrific time for those people who can keep their heads – and who start to say ‘hey, you know, now’s the time to come up with different strategies.’”

“Yes, capital is tremendously powerful in this period, but it’s also in trouble as well. . . they’re working out a new plan, so we also need to have new plans,” she said.

To watch the webcast of all the conference’s keynote speakers, go to <[www.workingtv.com/jobs&justice.html](http://www.workingtv.com/jobs&justice.html)>.

**OLIVE DEMPSEY AND PATTY GIBSON**

## HEU members develop campaign

**“I WOULD SEE SELF-WORTH AND PRIDE RESTORED AMONG MY CO-WORKERS.”**

“I could get to the end of the month without using my credit card.” “I could afford to have a second child.” “I wouldn’t have to work such long hours and could see my kids.” “I wouldn’t have to worry all the time.”

These are just a few of the reasons that HEU members who are employed by the “Big Three” hospital contractors – Sodexo, Aramark and Compass – have taken up the fight for living wages.

They described the impacts of their pay and working conditions at a day-long workshop on April 2. Approximately 30 members working for the “Big 3”, along with about 10 members from the facilities subsector, gathered at HEU’s Provincial Office for a strategy session that put the union’s living wage campaign into action.

Participants listened to each other’s experiences and also heard inspiring stories and important lessons from two organizers of a successful living wage campaign in London, England (*see page 8*).

Deborah Littman and Catherine Howarth reinforced that poverty is not just about individual workers; it impacts whole communities – schools, churches, temples, neighbourhood organizations, local businesses, and more.

With this in mind, participants identified their own networks to gather support for a living wage campaign. They ended the day with lists of specific actions they can take to increase awareness of workers’ rights to earn decent wages.

The April 2 meeting followed a packed public forum at the Vancouver Public Library, where health care workers, community representatives and trade unionists gathered to look at new ways unions can work with a variety of community allies to improve the working conditions and wages of all workers.

As one member explained, “This campaign is not just for us” but for all those who are struggling under poverty pay.

HEU is currently developing action networks to help members mobilize in their communities and in their locals. For more information, call 604-456-7084 or email [kdempsey@heu.org](mailto:kdempsey@heu.org).

## CEP demands hearings on media ownership

Canada's largest union of telephone and media workers is fighting the sale of Bell Canada Enterprises to foreign investors.

Dave Coles, president of the Communications, Energy and Paperworkers Union of Canada (CEP), called the potential takeover by American interests "a direct threat to thousands of jobs, to Canadian economic sovereignty and to our cultural heritage."

Bell Canada owns the largest phone company in the country and it is also one of the major players in print and broadcast media. Canadian legislation limits the amount of foreign ownership in these sectors. CEP is demanding the Canadian Radio-television and Telecommunications Commission (CRTC) hold public hearings on the concentration of media ownership.

"I think Prime Minister Harper should send an unequivocal message to the investment community that he will not allow foreign interests to take control of these key economic and cultural development industries," says Coles.

## WORLD WATER DAY 2007

drew hundreds of residents from the



Victoria area to an exciting forum on water privatization. CUPE members are working in coalition with others to protect public water and waste water systems in Greater Victoria and make sure new sewage treatment is public and environmentally sustainable.

# New trade deal threatens citizen rights

**A** growing number of organizations and analysts are objecting to a new trade deal between Alberta and B.C. that threatens to undermine the rights of British Columbians in their communities, schools and workplaces.

In spite of mounting opposition, the Trade Investment and Labour Mobility Agreement (TILMA) came into force on April 1. It was negotiated without public consultation and implemented without debate in the legislature.

Government claims the agreement will increase jobs and economic growth. But lawyers, policy organizations, environmentalists and local governments aren't buying it. They argue that TILMA gives corporations new and unprecedented powers to veto government decisions in several areas.

A central concern is that TILMA seeks to "harmonize" any measures dealing with labour mobility or investment – meaning governments, including local governments and school boards, are required to do nothing that "restricts" or "impairs" investment.

And that's why TILMA is being viewed as something far more dangerous than a neutral mechanism to increase trade.

Although TILMA provides a list of "legitimate" objectives that are exempt from the deal, Canadian Centre for Policy Alternatives researcher Ellen Gould says that, "it does not include most of the objectives municipalities pursue to enhance the lives of their residents – e.g. land use planning to keep noisy or high traffic uses out of residential neighbourhoods, green space requirements to provide recreational areas for

residents, building height restrictions and sign bylaws to preserve scenic views."

A report from Burnaby's city manager concluded: "Regardless of intent, the breadth of these sections (of TILMA) provides the potential for virtually unlimited challenges to city bylaws, zoning and practices."

School boards could also have their actions challenged. The Ministry of Education has acknowledged that a ban on junk food, for example, may be considered a restriction on investment.

Alarm bells have also gone off for Keith Ferguson of the Sierra Legal Defence Fund who predicts environmental measures aimed at reducing greenhouse gas emissions or dealing with endangered species, protected areas and air pollution could be blocked under the trade deal.

A report for the B.C. and Yukon Territory Building and Construction Trades Council suggests TILMA may undermine collective agreements. "Some of the provisions of collective agreements may conflict with the obligations of TILMA... There is no clear statement in TILMA that negotiated provisions in collective agreements are exempt from its various obligations."

Last fall's BC Federation of Labour convention passed a resolution opposing the deal. Since then, the pace of opposition has steadily picked up.

Municipalities like Port Alberni and Burnaby have opposed the agree-



**TILMA gives corporations new and unprecedented powers to veto government decisions.**

ment. A meeting of Vancouver Island and coastal municipalities called for public consultations and exemptions for local governments.

Vancouver Island's Saanich School Board also passed a resolution calling for school boards to be exempt from the controversial trade deal.

In other provinces that are considering joining TILMA, opposition voices are also on the rise. Saskatchewan's Urban Municipalities Association has called on the province to stay out of the deal altogether.

Carleen Pickard of the Council of Canadians calls TILMA "fundamentally undemocratic," saying the B.C. government has to consult with Alberta on any new measures that affect investment, but it doesn't have to consult with its own citizens.

**KEITH REYNOLDS • CUPE RESEARCHER**

## >>notebook>>



**The private consortium that's financing Abbotsford's P3 hospital has already been sold. Twice.**

# B.C. hospitals flipped on global market – who knew?

The new Abbotsford Regional Hospital – Canada's first hospital to be built as a public-private partnership (P3) – won't open its doors until the summer of 2008.

But Access Health Abbotsford – the private consortium that's financing, building and maintaining the P3 hospital – has already been sold. Twice.

In December 2005, the Australian Macquarie Bank purchased a controlling interest in Access Health Abbotsford from the Dutch bank ABN Amro, the consortium's financier.

Ironically, Macquarie had backed a competing bid to build and maintain the hospital, but along with two other consortia, dropped out of the running leaving Access Health Abbotsford to clinch the deal as the sole bidder.

Why go through a costly and bothersome public bidding process when you can just buy out your competition later?

In February 2007, Macquarie flipped its controlling interest in the project to John Laing – a British firm specializing in P3 projects, mostly in the U.K.

Laing is a partner in Octagon Healthcare Ltd., the consortium behind the controversial Norfolk and Norwich University Hospital. It's controversial because in 2003, Octagon refinanced that project, pocketing a windfall profit of C\$250 million and boosting their returns from 16 to 60 per cent.

The chair of the public accounts committee of the British parliament declared that this was "the unacceptable face of capitalism."

That was nearly a year before Laing bought Access Health Abbotsford.

You would have thought that provincial politicians charged with looking out for the public interest might have had a question or two to ask about Laing's track record. You'd be wrong. Here in B.C., the buyout was not subject to oversight or approval.

When the Abbotsford hospital is complete, taxpayers will shell out at least \$44 million annually for more than 30 years to the consortium – nearly \$1.5 billion in total.

But will taxpayers have a say in who manages this hospital? Not a chance.

**MIKE OLD • HEU COMMUNICATIONS DIRECTOR**

# Farmworker tragedy shines the light on government inaction and neglect

In the wake of a highway crash that took the lives of three women farmworkers one day before International Women's Day, demands continue to mount for the reinstatement of health and working standards for B.C.'s largely immigrant farm labour force.

Those demands took on a new urgency after random spot checks on vans taking farmworkers to and from the fields between March 15 and 23 found that almost 40 per cent violated safety regulations.

Of the 180 vans checked, 68 were ordered off the road. For many, it was confirmation that B.C.'s farm labour force faces a double standard when it comes to the province's safety and labour protections.

"I'm sure the number is higher than that – much higher," Burnaby-Edmonds MLA Raj Chouhan, co-founder of the Canadian Farmworkers' Union, told the *Guardian*.

On March 7, a van carrying 17 farm labourers flipped on Highway 1 near Abbotsford, killing Amarjit Kaur Bal, Sarabjit Kaur Sidhu and Sukhwinder Kaur Punia. The other 14 workers were injured, eight of them critically. Some were not wearing seatbelts, apparently because the van, designed to carry 10 passengers, had installed wooden benches for extra seating.

Back in 2003, an overturned farm van killed Mohinder Sunar, who was smothered under the weight of the other passengers.

"The Coroner's inquest and the review by the Workers' Compensation Board (WCB) of that incident made a series of recommendations. Those recommendations were ignored. Now, three more workers are dead," charged the BC Federation of Labour in a recent brief to the provincial government.

In fact, when B.C.'s Liberal government came to power, it reversed progressive measures undertaken by the previous NDP government. By 2003, it had removed farmworkers from employment standards regulations that governed pay and statutory holidays. The Liberals also allowed the Agricultural Compliance Team (ACT) – a group composed of several provincial and federal agencies that carried out inspections and enforced employment standards on growers – to lapse.

UBC professor Mark Thompson, who authored a 2004 study on farm working conditions, says the Liberal government "also eliminated the producer's financial responsibility to ensure that farmworkers were paid, a provision that required producers to take more responsibility for the conduct of their contractors."

On March 15, the BC Fed presented 29 recommendations to the province's labour and agriculture ministers.

A leading demand is that an "Inter-Agency Farmworker Committee" – comprised of farmworker, labour, community and employer representatives – be created.

The job of that committee would be to ensure that "all applicable laws and regulations are enforced with regard to the rights and safety of farmwork-



Random spot checks of vans taking farmworkers to and from the fields between March 15 and 23 found that almost 40 per cent violated safety regulations.

ers during transportation and on the job."

Other demands include mandatory seatbelts for transportation vehicles, coordinated roadside inspections by the RCMP and the Workers' Compensation Board, and stiff fines for overloading vans.

"By watering down the rights of farmworkers, removing their entitlement to even the most basic rights under employment standards, an already difficult situation was made worse," states the brief. "Enforcement of both safety and employment standards remains an enormous challenge in the face of continuous denials that all is well."

Chouhan accuses the government of helping the growers and labour

contractors to continue taking advantage of farmworkers.

"We have been asking why farmworkers are treated like second-class citizens. Just because they are new to this country, just because they don't speak the language, just because they may not be able to vote immediately – so they're left out," he says.

At a rally in Surrey three days after the accident, BC Fed president Jim Sinclair related that he had visited the farm where the workers were bound on the morning of their deaths. While there, he talked with eight workers before they were ordered to get into the van. He observed only seven seats.

"I watched the last woman get into the van and sit down where two people were already sitting, in a two-person seat... three days after workers were killed because they didn't have seatbelts."

DAN KEETON

FREELANCE LABOUR REPORTER

## >>voices>>



**We are told that market efficiencies will save money, improve quality and introduce innovation. But those claims are ideological.**

## U.K. health care endangered by hospital competition

To those in British Columbia who look to the United Kingdom as a model of how the private sector is improving public health care, I say take a closer look.

Because under the mantra of competition and patient choice, the U.K. government is breaking up the National Health Service (NHS) and handing it over to the private sector.

We are told that market efficiencies will save money, improve quality and introduce innovation. But those claims are ideological.

The evidence, on the other hand, shows that expanded private sector involvement in health care is wasting billions of pounds and putting services to patients at risk.

Private Finance Initiatives – our version of P3s – are saddling hospitals with huge bills and uncertain futures.

And the free market, where hospitals compete with each other (and with for-profit clinics) for patients, has doubled administrative costs as we spend more for billing, accounting, auditing, legal services, advertising – and shareholders' profits.

Under this model, patients are often diverted to private clin-

ics even though there is capacity in public hospitals. And a patient's choice to see a hospital specialist is often restricted.

Primary Care Trusts, the new bureaucracy created to fund patients' surgical procedures in this model, are running short of money before the end of their fiscal years forcing the public hospitals that depend on these funds to cut services, close wards and lay off staff.

And patient choice? What is the point of some patients having a choice of five hospitals for their elective surgery if others have lost their family planning services, their pain clinic or stand to lose their local hospital?

The NHS – like your medicare – for all its imperfections, is an important achievement, more popular than any political party, and politicians would do well to remember that. It must be strengthened and developed not torn apart by market forces.

Dr. Jacky Davis is a radiologist in North London, a member of the council of the British Medical Association and a founding member of *Keep our NHS Public*.

## Members benefit from FBA Education Fund

More than 180 Facilities Bargaining Association members have received funding from the \$5 million FBA Education Fund negotiated in the 2006-2010 collective agreement.

The Fund, which was launched last October, was created to assist regular employees to take courses related to their current job or to advance their careers in health care through more extensive training programs.

Fund coordinator Mary Waddington says the \$575,000 paid out to date has assisted members in all six of HEU's job families – clerical, technical, patient care technical, support, trades, and patient care.

Courses have included sterile supply technician, medical transcription, access to practical nursing (care aide upgrading to LPN), nutrition and food service management, computer sciences, business administration, home support resident care attendant, unit clerk, accounting and purchasing, medical lab assistant, and several trade ticket upgrades.

"We're getting very positive feedback through thank you cards and emails to our office staff and Fund committee," says Waddington. "It's very rewarding to see so many members benefit from this initiative." (see page 13)

Short-term courses like interpersonal communications skills, the immunization

certificate for LPNs, and process operations, or program pre-requisites such as medical terminology, anatomy and physiology are particularly popular, she says.

While many HEU members are training within their specific occupational grouping – like a buyer who's taking contract law and competitive bidding courses to advance to purchasing management – others are branching out into new territory. This includes a stores attendant taking the biology pre-requisite for the renal dialysis technician program, a cook studying to become a unit clerk, and a clerical worker currently in the medical lab assistant course.

"Members are looking

ahead and positioning themselves for future changes in health care in British Columbia," says Waddington.

The next application deadline for long-term training is June 15. Short-term training application intake is ongoing. Check the HEU website for information and downloadable application forms.

## Malaspina local is taking the time to care

HEU Malaspina local care aides and LPNs in Nanaimo have started a workplace campaign to address their heavy workloads and improve the quality of care they are able to give residents.

The campaign objective – to provide quality care, not quantity care – reflects their

belief that every resident deserves appropriate time and attention paid to all their needs along with dignified, compassionate treatment.

As well, workers want to go home knowing they have used their training, skills and experience to provide residents with the best care possible.

The campaign includes taking the necessary time to provide quality care, wearing stickers to raise awareness about care and workload issues in the facility, and developing a workers' statement of purpose, or oath, on the delivery of quality care.

Malaspina Gardens is part of Chartwell Seniors Housing Real Estate Investment Trust (REIT), currently the larg-

## BALANCING IT ALL

OLIVE DEMPSEY

Medicare campaigner **Leslie Dickout** is balancing a long list of urgent priorities in her new role with B.C.'s health coalition – but it's a familiar pace for the young activist.

## DEFENDING PUBLIC HEALTH CARE

**B**y most standards it wasn't the best day for a rally. The crowd – who gathered in minus 10 degree weather on a wintry Saturday to speak out for public health care – were without a doubt a dedicated bunch.

And Leslie Dickout was one of them.

The BC Health Coalition's new medicare campaigner hadn't slept much in her first few weeks on the job. Her face and hands were red with cold as she hurried to answer media calls, respond to interviews and distribute leaflets. But as she reflects on that chilly day in February, she says there was nowhere else she wanted to be.

"I get a real sense of energy from people," explains Dickout. "I'm totally a people person. I love feeling like I'm a part of something and moving it forward."

**"I get a real sense of energy from people... I love feeling like I'm a part of something and moving it forward."**

And moving it forward she does. The BC Health Coalition's province-wide *Friends of Medicare* campaign is set to launch in early May. Along with the Coalition's other two staffers, she's been working hard to bring together a growing number of individuals, organizations and regional health coalitions to champion public health care's proven solutions.

It's meant organizing health care rallies and forums – sometimes as often as once a week – attending

meetings, building networks, responding to media, developing educational materials, and more.

The timing couldn't be better. Dickout says she has seen "a hunger for information and opportunities" in all the communities she's visited.

From her first day on the job, Dickout has balanced a long list of demands and urgent priorities. But it's a familiar pace for the young woman who has lived with a

Greenpeace office operating in her house, monitored the impact of the Chinese occupation on Tibetan bio-diversity, held a non-violent protest methods workshop inside the lobby of the Parliament buildings in Ottawa, campaigned on trade and environmental issues for the Sierra Club, organized labour activists, environmentalists and community groups for the FTAA protests in Quebec City, and completed a Masters degree in Community and Regional Planning at UBC.

Before joining the BC Health Coalition team, she spent 18 months working for CUPE BC's Water Watch campaign, traveling around Vancouver Island

and throughout the rest of the province fighting the privatization of municipal water and sewage treatment systems.

It's hard to believe that Dickout wasn't, as she explains it, "born an activist." Raised in a small Southern Alberta town, it took a move to the West Coast, and some powerful teachers and mentors before she found her place in the movement for social justice.

"I realized that I had to do more," she explains. "I realized that everything is inextricably linked... you can't remove yourself from what's happening in the world."

It's an awareness she describes as "both a burden and an opportunity because, as an activist, you never take off that hat."

Dickout acknowledges that her approach to work can leave little room for the basics – like getting enough food and sleep – or activities like hiking, visiting with friends and (her favourite) spending time in the Vancouver Art Gallery.

"There is a whole different interpretation of the world that comes from art that helps me reflect, that gives me energy to think about the box we can get stuck in, in terms of how we affect change."

Ultimately, Dickout's work all comes back to events like the public health care rallies – the kind of experiences that keep her inspired as an activist.

Although she can detail the day-to-day tasks of campaigning for public health care, Dickout sees her real job as "harnessing the energy" that comes from working with people on issues that matter to them.

"The average citizen has a lot on their plate," she says. "If they're going to choose to spend the small moments they have in their day to come out to meetings or rallies or events, that's what motivates me."



MIKE OLD PHOTO

Dickout talks to the media at a February 3rd rally in Kamloops, hours before the first "Conversation on Health" forum gets underway.

est owner and operator of seniors housing facilities in Canada, and the fifth largest in North America.

For the year ending December 31, 2006, Chartwell reported that total revenues rose 56.1 per cent to \$356 million.

### Clerical workers reach out, find voice

Following HEU's 2006 biennial convention, secretary-business manager Judy Darcy sent an Expression of Interest to all locals, seeking members to sit on 13 Provincial Executive sub-committees. A high percentage of the 420 applications received were from clerical workers.

Clerical committee co-chair and P.E. member Carol Kenzie



HEU marked International Women's Day with workshops in Nanaimo and Kamloops celebrating women's achievements.

credits the 2005 occupational conferences and member presentations during bargaining for rousing the activism spirit in clerical members – who make up 21 per cent of HEU's population and work in 85 benchmarks (the most diverse of all job families).

"We need to keep the momentum going from the occupational conferences,"

says Kenzie, a purchasing assistant at Kelowna General. "We've got everybody's attention, and now we need to build on it. It's exciting. We have the numbers in HEU. We just need to find our voice, and I'm optimistic we can do that. Part of our outreach is to encourage more clerical workers to become shop stewards."

Clerical issues such as skills testing, education/training, backfilling positions, and workload are all among the committee's agenda items. They're also planning a Clerical Day on February 19, 2008.

And the committee – which includes five rank-and-file and two P.E. members representing "all regions and varying occupations" – just produced its first of five planned clerical newsletters called *PaperWork*, which will be distributed through secretary-treasurer mailings, email and at regional meetings.

"Our aim is to educate all HEU members, not just clerical workers, about what it is that we're doing – what our skills are, what our jobs are

like," says Kenzie.

Last December, the clerical benchmark review committee conducted an extensive clerical survey. Although the clerical and clerical benchmark review committees are separate, Kenzie – who sits on both – says they've been sharing information to more efficiently reach their common goals.

Survey results are being compiled and will be published soon.

### New book promotes cooperative action

*Co-operating for Health* is a new book that explores concrete ways that social systems can collaborate to counteract the impact of government cuts and closures in

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# >> factfile

The College of Licensed Practical Nurses of British Columbia reported that by December 2006, there were 5,940 practicing LPNs registered with the College – an increase of 26 per cent since 2002.

B.C.'s Ministry of Health says the province may have to train 1000 new care aide/community health workers to meet their minimum targeted commitment of 5000.

Between 2002 and 2005, B.C.'s LPN workforce growth outpaced the national average by 82 per cent. But the ratio of LPNs per 10,000 population was still the lowest in the country – 11.5 as compared to the national average of 20.1.

The ratio of LPNs to RNs has increased significantly since 2002. In 2002, there was one LPN for every 6.3 RNs. In 2006, there was one LPN for every 5.3 RNs. But there is still a long way to go. B.C. has the lowest ratio of LPNs per RNs.

A number of very large research studies on long-term care suggests that more than four hours of direct nursing and care aide staffing per resident are needed to ensure good quality care.

In B.C. the number of hours provided is around 2.8.

## AFTER THE SHIFT

BRENDA WHITEHALL

With FBA education funding, care aide **Bev Cummings** has upgraded her skills, bolstered her confidence and increased her future employment options.

## MEMBER SEIZES OPPORTUNITY

**D**espite working at the same facility for 27 years, care aide Bev Cummings goes to work these days with extra skills, more confidence and a renewed zest for her job – something she credits to a recent educational opportunity.

When Queen's Park Care Centre in New Westminster opened an acute care floor about five years ago – which also included sub-acute, hospice and convalescent care – Cummings was concerned that her extended care background limited her employment options.

The shift in patient acuity levels and services prompted Cummings to enroll in Vancouver Community College's Acute Skills program, where a fellow HEU member told her about the FBA Education Fund.

"I took the course for job security," says Cummings, "and to be able to work upstairs in acute care. I don't have a computer so I didn't know about the funding. Once I got all my papers together, I just barely made the deadline, and was approved."

The four-month, two nights a week course included a two-week practicum at St. Paul's Hospital – an experience that stretched the Coquitlam native's comfort zone.

"I was a little nervous to tell you the truth," says Cummings, "but I get along with staff really well, so that was fine. It was challenging because my daily work assignment would change, and there would be a different routine from what I was used to at

Queen's Park. But it made me more adaptable to change during my shift.

"You can get stuck in the routine of doing the same thing at work everyday," she continues. "Taking the course definitely gave me more confidence."

Cummings – who enjoys reading, outdoor activities and spending time with her family – says that juggling work and school was easier than expected, although she found it harder to get up in the morning.

"When your brain is stimulated, it's hard to go [straight] to bed when you get home, and then get right back up to go to work again," she says.



MIKE OLD PHOTO

BEV CUMMINGS

During her career, Cummings has seen several technological advances – including the advent of lifting equipment – and has treated more complex care patients like those with multiple sclerosis and Alzheimer's.

To address growing patient care needs, Cummings has attended in-house workshops on aggressive behaviour, Alzheimer's, HIV/AIDS, MRSA and other superbug precautions.

While B.C.'s health care system transforms, Cummings is no longer worried about not having a job, as her recent training now makes her employable in both extended and acute care environments.

"When an opportunity comes your way, take it," she says about the FBA Education Fund. "Knowledge is always power. The more skills you have, the more options available."

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their communities.

Although there has historically been some tension between unions and co-operatives, the book – produced as part of HEU's Building Union Support for Community Health Care Co-operatives project – points out that unions, like co-ops, combine “the spirit of self-help with the power of collective action: people working together to accomplish what they cannot do alone.”

The book cites success stories from almost every Canadian province.

In Mission, a group of HEU long-term care workers – who had their jobs privatized in 2004 – formed Care Connection Co-operative to provide home support services to seniors and people with

disabilities. Their mandate is to ensure decent wages, flexible schedules and good working conditions.

But they're not the first to take the initiative. Saskatchewan and Quebec have been pioneers in creating co-ops to fill voids in social and economic services – most notably Saskatchewan's co-op health care clinics and Medicare stemming back to the 1960s.

For copies, contact HEU's research director Marcy Cohen at <mcohen@heu.org>.

## Union education program in high gear

With an ambitious roster of workshops, courses and activities this year, HEU's education department is

investing nearly \$2 million in resources to expand courses for new and seasoned HEU activists.

“There's a renewed confidence in the union,” says HEU's education director Juli Rees. “There's also more desire to talk about women's issues and women's rights.”

Rees says she first noticed a change in the population of activists after the “Our Work Matters” bargaining campaign, when many LPNs and clerical workers became more interested in HEU training opportunities.

2007 kicked into high gear with province-wide Union Activism and Introduction to Shop Steward workshops –

including courses designed for HEU members working for the the “Big Three” private contractors.

Several courses developed in 2006 such as Demystifying Classifications, Women Breaking Barriers, Know and Enforce Your Rights, and LPN Professional Responsibility Form advocacy training will be offered again this year.

In addition to its usual curriculum, the education department also marked International Women's Day with two HEU-sponsored events in Kamloops and Nanaimo.

This June, HEU's week-long Summer School – held at UBC – will be divided into two courses: Grassroots

Leadership and Saving Medicare.

HEU also organized 12 general union information sessions as part of a Vancouver Coastal Health Authority English as a Second Language (ESL) Pilot Project, in which about 50 members attended.

“I've noticed that members are a lot more politically astute because of what they've been through with this provincial government,” says Rees. “They are more prepared to tenaciously take on the employer, which is always harder when you have a hostile government that's unfriendly to workers.”

For information on education activities, check your local bulletin board and HEU's website at <www.heu.org>.

MAY

JUNE

JULY

**MAY 1**  
International Workers' Day  
(May Day)

**MAY 7-9**  
Provincial Executive meeting

**MAY 7-11**  
Nursing Team Week

**MAY 13**  
LPN Day

**MAY 17**  
International Day Against Homophobia

**MAY 21**  
Victoria Day stat (HEU offices closed)

**JUNE 12-14**  
Provincial Executive meeting

**JUNE 21**  
National Aboriginal Day

**JUNE 24-29**  
HEU Summer School

**JULY 2**  
Canada Day stat  
(HEU offices closed)

## Ginger – a play for our times

**P**rivilege, greed, inequality and injustice – all are unearthed in *Ginger*, a new play about the life and times of legendary labour hero Ginger Goodwin by B.C. playwright William Lynch.

Goodwin, a coal miner and labour activist for most of his life, was hunted down and murdered by a police constable on Vancouver Island – an event that inspired the first general strike in Canada on August 2, 1918 in Vancouver.

Interested in Goodwin's story, but even more fascinated by the era, Lynch has crafted a play about the yawning gap between rich and poor in B.C. in the early 1900s. It was a time when wealthy elites ran the province while working people lived in relentless poverty.

The play's setting takes place on July 25, 1918, the day Goodwin was shot to death on Alone Mountain near Cumberland.

Using that day in Goodwin's life as the play's backdrop, Lynch explores the concept of equality. He wants the audience to think about what's happening in today's society by linking Goodwin's world to our own.

“The idea of equality is extremely difficult to explore. Through *Ginger*, I want to revive our historical memory,” says Lynch. “Art leaves you with an image. It's easier to remember.”

Lynch completed *Ginger* in 2006. He shared his work with a few friends, and began looking for ways to bring the production to life. Enter Jennifer Duggan and Harvey Lalonde, both activists in the Oceanside Coalition for Strong Communities.

Duggan and Lalonde had read *Ginger* and were inspired by its messages.

“I've always believed that people should be treated equally,” says Lalonde, who is vice-president of CUPE local 3570. “A lot of what I believe in is in the play.”

Duggan, a care aide at Trillium Lodge and chairperson of HEU's Trillium Lodge local, agrees. “I'm a firm believer that greed is corrupting. *Ginger* has a lot to do with greed.”

Duggan is involved in Mayworks, a month-long celebration of working people and the arts that's become an annual festival in Parksville. She thought that this would be the perfect place for *Ginger*.

Things moved quickly as Lynch, with his expertise in community theatre, made Duggan the play's producer and Lalonde the play's one and only actor.

“I have never acted before,” says Lalonde, “But I read the play and it was something I wanted to do.”

Under the direction of Lynch, and with suggestions from novice producer Duggan, Lalonde brings the play's lone character to life. Presented as a clown, he gives voice to a number of “pretend” characters who offer glimpses into life in 1918 Cumberland.

Lynch, Lalonde and Duggan recently spent a day at the Cumberland Museum, rehearsing the play in the very mine where Goodwin and his fellow miners toiled 10 hours a day, seven days a week.

They say it was easy to use the location because the set, the props and the costuming are minimalist.

“We're practising ‘poor man's’ theatre,” says Duggan. ‘Poor man's’ theatre, she explains, is a form of street theatre that surfaced in times of great socio-political turmoil in Poland. The public performances provide social commentary. It is sparse and mobile, enabling actors to scatter quickly when authorities arrived.

Duggan dreams that *Ginger* will nurture a commitment to social justice – and a deeper compassion – in those who see it. She believes that “the more compassionate,

the happier you are.

“I hope to light a fire,” she says.

*Ginger* was staged at the Oceanside Arts Council in Parksville on May 4 and 5. You can find out more about Parksville's 3rd annual Mayworks festival by phoning 250-248-6592.

**MARGI BLAMEY • HEU COMMUNICATIONS OFFICER**



Lalonde, Duggan and Lynch

**“The idea of equality is extremely difficult to explore. Through *Ginger*, I want to revive our historical memory,” says Lynch. “Art leaves you with an image. It's easier to remember.”**

## HEU's new human resources coordinator

Former HEU member **Chris Finding** has joined the HEU Provincial Office staff as Coordinator of Human Resources. The Victoria native worked at Victoria General Hospital as a cleaner from 1977 to 1981.



After receiving an economics degree from the University of Victoria and a Masters in Industrial Relations from Queen's University in Kingston, Finding worked as an Industry Relations Officer at B.C.'s Ministry of Labour Employment Standards Branch for 10 years.

He spent four years at B.C.'s Human Rights Commission as Manager of Investigations and Mediation, followed by one year as Executive Director.

Finding then started his

own company and specialized for five years in workplace conflict resolution. "The focus was on building respect in the workplace, doing mediation, and dealing with harassment issues in poisonous work environments," says Finding, who came to HEU in February.

At home, Finding – a former soccer and track and field coach – keeps busy with his family which includes two daughters and one son.

## Retirement notes

HEU sends best wishes to many members in their retirement: care aides **Sylvia Griffith** (100 Mile House local), **Rosemary Houting** (Malaspina Gardens) and **Donna Anderson** (Swan Valley Lodge), laundry worker **Banchit (Ben) Prasad** (Burnaby local), and former P.E. member **Mike Borason** (an electrician at Children's & Women's).

Housekeeper **Patsy Rogers**, a 34-year veteran,

retires from Yucalta Lodge (after working 30 years at Tahsis Hospital), and **Bob Mason** (Vancouver General Hospital) leaves dietary and maintenance after 33 years.

Cumberland local bids adieu to care aides **Ellie Garnier** and **Dorothy McLeod**, nurses aides **Beryl McCulloch** and **Vicki Bathurst**, and dietary aide **Lorna Brick**.

Simpson Hospital's dietary aide/cook **Gurmail Chhina**, care aides **Laurice Welch** and **Francis Metcalf**, and housekeeper **June Hammond** have all retired.

Central Care Home sends a fond farewell to long-time care aides **Rachelle Perrier** and **Angela Davis**.

Cook **Liz Michon** and care aide **Neci Deveth** retire from Morgan Place after more than 25 years of service.

## HEU retiree to stay active in union

Retired Yaletown local chair and food services supervisor **Richard Dennis** is the first person to take advantage of a constitutional amendment, adopted at the last biennial convention, enabling retired members to remain active in HEU. To qualify, members must notify the P.E. in writing, verify that they have attended the required number of local meetings and pay yearly dues of \$15.

Dennis is a former member of HEU's P.E. and Provincial Bargaining Committee.

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If a shop steward is unavailable, politely ask that the meeting be re-scheduled at a time convenient to everyone – as soon as possible.

Do not represent yourself, that's why we have shop stewards.

If your employer takes disciplinary action, you have the right to know:

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### PRESS 2

## First Nations

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### 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.

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