

# GUARDIAN



THE VOICE OF THE HOSPITAL EMPLOYEES' UNION • SPRING 2008 • VOLUME 26 NUMBER 1



**WORKING SAFE  
WORKING WELL**



**TOO BUSY TO BE SAFE?**  
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# Public looking for solutions, not spin

**S**ince 2002, HEU members have been warning the Campbell Liberals about the inevitable consequences of whole-scale privatization and contracting out.

Yet, year after year, as all the predicted problems surfaced, government continued to deny what workers and patients were facing on a daily basis.

Problems with hospital food? No, there's no problem with hospital food. Better than it ever was.

Problems with cleanliness standards in hospitals? No, there's no problem with cleanliness. Our hospitals are cleaner than ever.

Problems in seniors' care? No, no problem there. We're delivering the best care ever.

But that disconnect between government spin and what the public is actually experiencing in our health care system is wearing thin.

In seniors' care, a litany of problems has been raised in both the media and the legislature. They include licensing complaints and issues stemming from under-staffing (primarily in for-profit private facilities), bed shortages and the fallout from ongoing contract-flipping by subcontractors.

Government's repeated denials of these problems have invited stinging criticisms from family members, and seniors them-

selves, who are not about to have their concerns dismissed.

The reality is government policy on seniors' care means less public accountability. The vast majority of long-awaited new care beds are being built and controlled by for-profit companies. Those companies will continue to cut corners to increase their profit margin.

And when it comes to fixing those problems, the solutions are expensive and difficult. Witness the privately-owned and operated Beacon Hill Villa, where the Vancouver Island Health Authority finally stepped in after years of complaints, last October. Admissions were frozen and a public administrator had to be put in place – at the public's expense.

And does anybody really think our hospitals are getting cleaner? HEU recently released documents obtained under *Freedom of Information* legislation showing that part of the price of privatizing hospital cleaning in Vancouver Coastal was to cut staffing by 150,000 hours a year.

In Nanaimo, HEU members recently went on record with their local paper to expose the fact that they were being directed to "spot-mop," a practice that does not contribute to ensuring hospital wards are sanitary or infection-free.

And the public continues to come forward with their own stories. Government's response? They cling to "cleaning audits" that lack credibility, and that fail to include such basic measures as staffing levels, training, and intensity of cleaning.

When it comes to protecting health care, health care workers have enormous credibility as advocates for patients and residents.

Against this backdrop, HEU members are dealing with serious challenges while trying to deliver the best care possible.

But by using the resources they have – incident reports, licensing complaints, health and safety laws – workers can help ensure problems are reported, documented and investigated.

Provincially, we have negotiated a rigorous consultation process, which allows the union to present its case against future privatization plans. It's not a guarantee services won't be privatized, but it is a guarantee that decisions won't be made behind closed doors without hearing from workers first.

And when it comes to protecting health care, poll after poll shows that health care workers have enormous credibility as advocates for patients and residents.



## COMMENT

# Bill 29 settlement means rights – and respect

In the next few weeks – if it hasn't happened by the time you receive this *Guardian* – the B.C. Liberal government will introduce legislation to undo parts of *Bill 29* that the Supreme Court says violate health care workers' right to collective bargaining.

This will close a difficult chapter in our union's history when our bargaining rights were severely restricted. And when health

employers could fire thousands of members – and privatize hundreds of millions of dollars of public services – without so much as a phone call to the union.

**We're collectively stronger. And we have more tools at our disposal as we continue to tackle bread and butter issues for HEU members.**

experienced health care workers. The re-training funds and expanded posting options we've negotiated provide new ways to keep experienced health care workers – affected by contracting out – in the system.

The *Bill 29* settlement restores and expands members' rights to be consulted on contracting out. And the legislation that will be passed this spring ensures that when our union heads to the bargaining table in 2010, it won't be with our hands tied behind our back.

And we all know that the real sustainability crisis facing health care is a lack of skilled,

The bottom line? We're collectively stronger. And we have more tools at our disposal as we continue to tackle bread and butter issues for HEU members on the ground.

Our work at policy tables with health authorities and government on long-term care staffing has put care aides and LPNs on the radar and resulted in recognition and support for expanded training and other opportunities for these workers.

The FBA Education Fund has had remarkable take-up from all occupations and regions of the province – and we're increasing per diem support so more members will take advantage of long-term training opportunities.

We're engaging members to discuss what's changed in their jobs, in order to update the benchmarks in our classifications.

Our social services members have launched a campaign to publicize the challenges they face caring for their clients. And we're preparing for some tough bargaining with Aramark, Sodexo and Compass later this year through a community-based campaign for living wages.

Clerical workers had a successful day marking their contribution to health care in February – and plans are in the works for Support Workers' Day and Nursing Week in the months ahead.

HEU members are continuing to fight every day to improve their working and caring conditions. But our *Bill 29* win means that members can do so with new confidence and respect.

# voice.mail

## More than meets the eye

HEU's first Clerical Workers Awareness Day on February 12 was a great success here at Royal Inland Hospital in Kamloops.

Our information display in the main lobby included pictures (by our HEU photographer Don Johnson) of current clerical employees, showing many aspects of the intense, and more often than not, stressful jobs we work in every day.

Information for the display was supplied by staff members in many different areas of our hospital, and everything was pulled together and designed by our local's secretary Holly Judd.

We sometimes refer to ourselves as "air traffic controllers" or "human octopuses." But in reality we are trained, professional unit clerk/clerical workers who take pride in our work on a daily basis.

We are very pleased to

have put together a successful first annual clerical awareness day to celebrate our successes and build awareness with all of our fellow co-workers, patients, visitors, administrative staff and others.

Many people left our information booth with a better understanding and more knowledge of how important our jobs are, and that we really are "more than meets the eye."

**CHERYL SNYDER**  
*Kamloops-Thompson Local*

## United we stand

I have been an HEU member for the past 29 years and I believe the single most pressing problem facing our members today is solidarity.

By constantly attacking our union, and our collective agreement, this government has systematically tried to erode our strength. They do this by singling out different unions, and different work, as being more important to health care than others, and by using such strategies as contracting out and market adjustments.

It's a slippery slope when some of our members feel certain entitlements are owed to them and not to others. Don't misunderstand me, I believe in paying for what a job is worth. But I also believe in the bargaining process and that is

where we should make our gains, not in the middle of contracts so the employer can take credit they don't deserve, while undermining the union in every way they can.

It's all part of a divide and conquer strategy that's designed to weaken our union and our bargaining power.

The members I work with crave and yearn for the early years of the Campbell government where we fought every step of the way and stood together with other unions. It was not about money, but rather respect, and we need it back.

I believe we have recently started back on that path and that we have achieved successes, both big and small. Examples include the *Bill 29* settlement and unionizing the contracted-out workers.

Let's stop apologizing for being a union that fights hard for our members. Let's make sure our members know that we are winning grievances and arbitrations, all the time. Let's start celebrating our successes.

It's time to build up our locals, remind our members of their rights and help them defend each one. It's time to bring our family back together, to unite as trade unionists with common goals – fair wages and rights for all – and to remember that united we stand.

**FRANK McCANN**  
*Support Services Facility*

## Tackling workload

The members in my local, like many other staff in long-term care, have experienced a lot of problems with workload that also affects the quality of care we give our residents.

Management was aware that we had a workload problem, but they didn't have adequate funding.

So what we decided to do was document everything we did on each shift over a 24-hour period. By documenting how long it took to do each task, we could show the employer exactly how much time we actually had to spend with each resident, on each shift. It was appalling. When we added everything up, we were more than five hours short of what we needed to get our tasks completed properly.

No wonder we felt rushed, frazzled and often overwhelmed. Nursing staff had to choose who wasn't getting up because we just didn't have adequate time to get every-

one up. We didn't have time to persuade someone to eat or drink more. You never had time to do any little extras. So then, you felt like you weren't doing the best for the residents. That, more than anything, really affects how you feel about your job because you want to be able to provide the very best care possible.

Our time study was very successful. It showed what the staff/patient ratios were, and how much time we had for each resident. It proved exactly how serious our workload problem was. No one could argue that workload wasn't a problem because there it was in black and white.

Now that we have more staff, we are able to make sure residents spend less time in bed; they get to experience more social interaction, better consumption of food, and fluids. All of which gives them better quality of care and better quality of life.

**TRACEY TUCKER**  
*Orca Shores Local*



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## Bill 29 agreement will dampen employers' future privatization plans

**A**n agreement between health unions and the B.C. government implementing last year's Supreme Court of Canada *Bill 29* ruling means improved job security for members, and new tools to challenge health privatization. Those provisions are being put to work immediately.

In March, the Fraser Health Authority gave HEU notice under the *Bill 29* agreement that it intends to re-tender security services first contracted out to Intercon Security in 2003 – and plans to re-tender its \$73 million commercial cleaning contract with Sodexo later this year.

Under the terms of the settlement, health authorities are required to consult with health unions before seeking private-sector bids on health care services provided by members, or when re-tendering work that's already been contracted out.

HEU will make the case for bringing those services back "in-house," with workers employed directly by the health authority.

Also looming are plans by the newly formed "Health Authority Shared Services Organization" – announced in December – to look at the consolidation and possible privatization of a number of services across health authorities.

But under the *Bill 29* agreement, the health authorities must begin three

months of detailed talks with the union if they are considering contracting out. During that time, a provincial level union/employer committee will examine the business case and call in experts – including front-line workers – to consider alternatives to contracting out.

While it's no guarantee that work will stay in-house, says HEU secretary-business manager Judy Darcy, future privatization schemes will be subject to intense scrutiny.

"Over the last six years, decisions to privatize everything from seniors' care to hospital food to the cleaning of patient rooms were cloaked in secrecy, and workers' voices were ignored because of *Bill 29*," says Darcy.

"Now, we have an opportunity to put privatization under a microscope and push for outcomes that benefit patients and seniors and protect decent, family-supporting jobs for health care workers."

The agreement also protects jobs through expanded posting and training options for workers affected by contracting out during the term of the current 2006-2010 facilities collective agreement.

A \$5 million re-training fund will assist any workers laid off under the 700 full-time equivalent cap negotiated in 2006. And posting options for laid-off workers – including those affected by public-private partnerships – include access to province-wide vacancies and a two-year recall period.



MIKE OLD PHOTO

**HEU's negotiating team worked late into the night and on weekends to achieve a settlement that provides new tools and improved job security for members.**

"We can now work with health employers to target skills shortages in the sector and ensure that experienced workers stay in health care and are trained to fill those jobs," says Darcy.

The consultation, re-training and expanded job posting provisions of the *Bill 29* agreement for facilities subsector workers were approved by HEU members by a vote of 94 per cent in February.

There's also \$68 million in compensation and \$2 million in re-training support for health care workers in the facilities subsector, impacted by *Bill*

29 over the past six years, who want to be re-employed in health care.

A joint union/employer committee, chaired by respected mediator and arbitrator Vince Ready, is now working out the details of how impacted members will be compensated – a process that will take several months.

A similar agreement for community health workers provides another \$1.5 million to compensate *Bill 29*-impacted members in this sector along with \$2.5 million in training support for workers affected by contracting out in the past or under the current community health collective agreement.

Settlements were also reached with unions representing registered nurses and health science professionals.

The agreements with health care unions mean the B.C. government will introduce legislation during the current session of the legislature that will amend *Bill 29* to bring it into compliance with the Supreme Court's June 2007 decision on *Bill 29*.

That means health care workers will go to the bargaining table in 2010 without legislative restrictions on their ability to negotiate contracting-out issues.

**Find out more about the *Bill 29* settlement at [www.heu.org](http://www.heu.org)**

## What is the Shared Services Organization?

In December, B.C.'s health authorities and the Ministry of Health announced plans to form the Health Authority Shared Services Organization to look at consolidating a number of health services on a province-wide scale.

The new organization is targeting a number of areas for "consolidation" starting with payroll and "transactional human resource" services. It's expected that the new board of the shared services organization will review a business case for consolidating these services in April.

But if those plans include contracting out, they'll be subject to a comprehensive three-month review under the provisions of the *Bill 29* agreement with unions before any bid documents are issued.

In addition to payroll and HR, the shared services organization is developing business cases for the province-wide delivery of information management and information technology (IM/IT) and supply chain services. Approximately 1,350 HEU members work in these areas.

MIKE OLD  
COMMUNICATIONS DIRECTOR



## COFFEE BREAK

### Tips for shift workers

According to the Canadian Centre for Occupational Health and Safety, 25 per cent of North American employees work shifts.

Research indicates a higher rate of human error among those working shifts, including examples of airplane crashes and nuclear power plant accidents.

In an industry that operates 24/7, many health care employees have to work shifts. Much has been written about the negative effects of shift work, but here are some useful tips:

- When working nights, eat several light meals throughout the shift – avoiding excessive caffeine, junk food and sleeping aids – and have a medium breakfast.
- On afternoons, have your main meal during the middle of the day rather than half-way through your shift.
- Make sure to drink lots of water and eat a balance of the major food groups.
- Before going to sleep, try to have some quiet time to unwind from your shift (i.e. taking a bath, reading, watching TV).



- Set a regular sleep schedule to establish a routine, and avoid strenuous exercise before bedtime, as this will elevate your metabolism and keep you awake.



- When sleeping during the day, make sure you have a quiet, dark place to sleep; wearing ear plugs and turning telephone ringers to “silent” may also contribute to an uninterrupted sleep.



- Try to schedule one daily meal with family or friends to stay socially connected.
- Make time for yourself and try to include exercise in your daily routine to reduce stress and improve sleep quality.

## Look who's joining the union

It was a banner year for the union's organizing department with more than 2,000 health care workers voting to make HEU their union of choice in 2007.

The vast majority are employed in private-sector facilities, where organizing drives have faced many challenges as a result of contract-flipping between private long-term care operators.

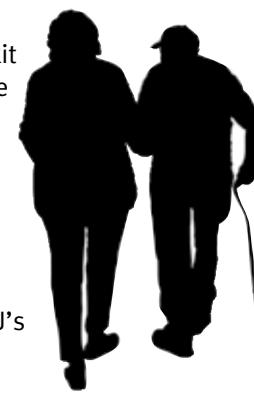
And more than 500 of the union's

newest members left CLAC agreements.

HEU welcomes members from the following facilities who joined the union in the final weeks of 2007: Sherwood Crescent Manor, Beacon Hill Villa, Mountain Lake Seniors, Joseph Creek Village, Dufferin Care Centre, Nanaimo Seniors Village, Guildford Seniors Village, and Guru Nanak Niwas.

### Tool kit for seniors' care

A seniors' advocacy tool kit is now available to assist people in filing licensing complaints in long-term care. To receive the kit, contact HEU's mailroom.



## Know your rights

## Accessing rehab services on LTD

**M**embers suffering from serious medical conditions should apply for Long-term Disability (LTD) benefits if they've been absent from work for three or more months.

Once a member is on LTD, they can access rehabilitation services – through the Healthcare Benefit Trust – to assist in their recovery, or get them into a graduated-return-to-work (GRTW) program.

Rehab services include:

- treatment programs: drug and alcohol rehab, back care or work-hardening programs;
- psychological support and counseling: qualified therapists to assist with emotional issues;
- vocational evaluation and assessment: to determine interests and abilities for other occupations;
- re-training: supporting educational courses that provide skills for a different occupation, and
- rehabilitation employment: when LTD claimants can work part-time and still be eligible for LTD benefits.

Under the Rehabilitation Benefits Incentive Plan provision of the facilities collective agreement, members

will continue receiving their full LTD entitlement plus compensation for hours worked, if involved in a reduced work schedule or part-time employment, up to 100% of their wages.

The rehabilitation plan is jointly determined – and signed off – by the employee and the Healthcare Benefit Trust. It's important to contact an HEU servicing representative before signing onto a rehab plan.

For more information, contact your HEU servicing representative and/or the Healthcare Benefit Trust's rehabilitation services in Vancouver at 604-736-2087, Kelowna at 250-862-3259,

or Victoria at 250-479-4089, or check out their website at <[www.hbt.bc.ca](http://www.hbt.bc.ca)>.

### A useful tip for Persons with Disabilities (PWD):

Did you know that PWD may qualify for the “Fuel Tax Refund Program for Persons with Disabilities”? The maximum allowable amount of refund is \$500 per year. For more information, contact the Consumer Taxation Branch CTBTaxQuestions@gov.bc.ca; or check out the *Motor Fuel Tax Act* and regulations at <[www.sbr.gov.bc.ca/ctb](http://www.sbr.gov.bc.ca/ctb)>.

## WorkSafeBC's toll-free hotlines

### Filing a claim for a work-related injury: 1-888-967-5377 (weekdays, 8:00 a.m. to 4:00 p.m.)

If you've been injured at work, inform your supervisor about the incident, seek medical treatment or first aid, and report the injury to WCB through their Teleclaim hotline.

### Reporting emergencies and accidents: 1-888-621-7233 (weekdays, 8:30 a.m. to 4:30 p.m.) or 1-866-922-4357 (after-hours)

Critical incident response: (9:00 a.m. to 11:00 p.m., seven days a week): Critical Response Liaison – 604-233-

4052; toll-free 1-888-621-7233, local 4052 or 1-888-922-3700 (after-hours emergency pager)

If there's a workplace fatality, injury or serious incident that causes immediate emotional trauma, workers can talk to a critical response liaison for assistance.

### Reporting hazardous conditions, refusing unsafe work (OH&S Regulation 3.12) 1-888-621-7233

A WorkSafeBC representative will investigate in a timely manner and, if necessary, issue orders of remedy to the employer.

## <<newsbites>>

### CSS base wage fails to meet federal standard

Just in case the provincial government doesn't get the seriousness of the retention and recruitment problem in the community social services (CSS) sector, they should talk to their federal counterparts in Service Canada, an arm of Human Resources Development Canada. That's one of the departments that deals with employer applications for temporary foreign workers.

Among other criteria, it considers whether or not the wages offered a temporary foreign worker will meet a standard that is consistent with prevailing wages paid to Canadians in the

requested occupation.

Imagine the surprise of one community social services employer whose application to the temporary foreign worker's program was rejected last summer because the base hourly wage of \$14.93 that he planned to pay for an emergency shelter support worker position was less than the prevailing rate.

But, wasn't that the entry level wage paid to CSS workers in B.C. prior to April 1, 2008? No wonder employers throughout the sector are facing a full-blown retention and recruitment crisis.

According to Service Canada's labour market research, the prevailing wage for this job is between \$18.49 and \$23.

### Private insurance scheme promotes queue jumping

B.C.'s opposition New Democrats are calling for an end to a private insurance scheme that actively solicits clients who have the ability to pay for the privilege of queue jumping.

Acure Health Corp is an Alberta company that sells “waitlist insurance.” For an annual fee of between \$800 and \$1,200, individuals can purchase insurance that allows them to access health services in the U.S. or other parts of Canada if they have been placed on a waitlist that is 45 days or longer.

For an additional fee, clients can get expedited access to specialists within

# Union campaign advocates for more resources in community social services

**E**very day, HEU's community social services members are busy providing support to some of society's most vulnerable citizens. They staff group homes for people with developmental disabilities; provide crisis services to women, youth and families, and support people with substance abuse problems.

But despite the vital nature of their work, they feel government has turned a blind eye to the needs of the sector as a whole.

The problem is, community social services have not recovered from the Liberal government's massive spending cuts – a whopping \$383 million – in their first term. Continued under-funding has resulted in program and facility closures, growing waitlists for services, lower wages for workers and deteriorating working and caring conditions.

Long-time residential care worker and HEU member Marilynn Rust points to the huge difficulties many employers now face when attempting to recruit and retain qualified staff.

"When you don't have enough people to fill shifts, and you're working short-staffed, it affects quality of care. You can't take people on outings, for example, because there's not enough staff to provide that support."

## CSS Member Survey

As part of the union's campaign to raise awareness about the critical services our members provide in the community social services sector, and the challenges they face on the job, HEU is encouraging members to fill out the online survey at [www.heu.org](http://www.heu.org).

Feedback will be used to help the union advocate for better funding and management of the community social services sector.

Rust says workers are increasingly frustrated and demoralized. And low wages are acting as a deterrent to potential workers who may be considering employment in the field.

"In 1998, the starting wage for a front-line group home worker was \$14.45. Today it's \$15.23. A 78-cent raise in 10 years? That's ridiculous."

In recent months, HEU has been working with other unions in the sector to launch a campaign advocating for more resources for community social services. The first phase was kicked off in March with a successful effort to have



municipal councils across B.C. designate the month as community social services awareness month.

Following presentations by workers and in some cases, community

Rust thinks the campaign is essential to improving public recognition of social services and encouraging more members to get involved in advocating for more resources and better working conditions.

agencies and allies, 22 councils issued proclamations.

Community activities throughout the month ranged from open houses to information booths and displays in public locations.

"The way workers have been treated is a total reflection of how little value government places on the people we support," says Rust. "We've got to turn that around and re-build this sector from the bottom up."

## Sodexo, Aramark and Compass members prepare for bargaining

Low wages. Extreme workloads. Inadequate sick time. Minimal benefits. These are just some of the top-of-mind issues for HEU members working for Sodexo, Aramark and Compass as they prepare for bargaining.

The stories behind those frustrations are all too familiar. Members in this sector are taking two or three jobs to make ends meet; coming into work when ill because they have so few sick days and skipping breaks as they try to cope with extreme workloads.

And at the end of March, 130 elected delegates will gather to turn their stories into prioritized bargaining demands at the 2008 "Big 3" bargaining conference. Although HEU has individual collective agreements with the three corporations, all contracts expire on September 30, 2008.

Delegates will be representing the approximate 3,500 HEU members who work in contracted-out support services in the Vancouver Island, Fraser, Vancouver Coastal and Provincial Health Services authorities. At the two-day conference, they will select their bargaining committees and sign up to participate in the Living Wage Campaign and other bargaining support activities.

In the lead up to bargaining, HEU launched the Living Wage Campaign to build relationships with diverse communities, politicians and labour movement allies. It's a key strategy for gaining support to improve members' wages and working conditions, explains HEU's financial secretary Donisa Bernardo.

"We need to send a message that

living wages and decent working conditions are essential not just for the health of workers and their families," says Bernardo, "but for the health of our communities and the ability to deliver quality patient services."

To date, more than 5,000 people have signed the campaign's living wage petition, which calls on health authorities to ensure decent wages and safe working conditions for workers in this sector. And living wage activists have been busy gathering support in groups that range from local teachers' associations to Temples and churches and regional labour councils.

All HEU members can support the campaign by visiting [www.heu.org](http://www.heu.org) or calling 1-800-663-5813 ext. 7012.

**OLIVE DEMPSEY**

### Unions to create a virtual destination in Second Life

Since it began in 2003, interest and participation in the virtual world of Second Life has exploded. The 3D digital world imagined and created by its residents is now inhabited by millions.

Now, a group of union organizations is working toward establishing a strong union presence in Second Life. The Union Island creators believe there is nothing virtual about the significance of Second Life. They imagine a facility where national and international meetings can be held at no cost, where you can take part in training sessions without leaving your desk, and, where you can build a

global headquarters for the cost of a single edition union journal.

Union Island is a partnership of New Unionism, the Trades Union Congress (U.K.) and UNI Global Union. To find out more, check out [www.slunions.org/about](http://www.slunions.org/about).

*New Unionism/CALM*

### PriceSmart: a clever front for contract busting says UFCW

Members of the United Food and Commercial Workers Union (UFCW) Local 1518 are in a historic battle with the Overwaitea Food Group (which owns Save-On and PriceSmart stores) over a contract-busting practice known as store "conversions."

UFCW says Overwaitea has eliminated benefits, tens of thousands of hours and over 300 full-time positions by converting seven Save-On stores to PriceSmarts, over the last three years.

According to the union, it all began in 2004 with one small PriceSmart in B.C. and a specifically negotiated contract intended for a small grocery store. But a year later, the company announced plans to convert traditional Overwaitea and Save-On stores into more PriceSmarts, stripping workers of their original collective agreement and replacing it with the PriceSmart contract.

The company shows no sign of reversing or halting the process. And

21 days or less.

Opposition Health Critic Adrian Dix calls the scheme illegal saying, "It violates both provincial and national health legislation and action must be taken now to end this practice."

"Apparently, the Campbell government thinks it is okay for people to pay thousands of dollars extra to get access to medically necessary care that should be available through the Medical Services Plan," says Dix.

"Along with the Harper Conservatives, they failed to deliver on wait times in B.C. and Canada, and have left our health care system vulnerable to profiteering."

# WorkSafeBC puts new tools in members' hands

**R**ecent changes to WorkSafeBC regulations – which came into effect on or before February 1, 2008 – have improved working conditions for all British Columbians. And that's good news for HEU members, regardless of the sector in which they work, says the union's occupational health and safety representative Della McGaw.

"We hope that our local OH&S representatives will take a good look at what's new and see how these changes may apply to their workplaces."

## When violence is a hazard

It is now mandatory for employers to disclose all workplace hazards, including possible violence. That means that if a patient, resident or client is potentially abusive or violent, the worker must be told.

"Violence in the workplace is an everyday possibility for many HEU members, especially those working in long-term care and community social services," says McGaw. "Now, workers will be better equipped to do what's best for the people they care for, and for themselves, because they must be informed if violence may be a factor."

## Working alone

Motivated by the killing of Maple Ridge gas attendant Grant Depatie in 2005, new regulations protect employees who work alone, or in isolation, that pertain to all workers in B.C.

New language defines "working alone or in isolation" as working in circumstances where assistance would not be readily available to the worker in case of emergency, injury or ill health.

For HEU members, who work alone, the combination of the new and current regulations means that the employer, after taking every step possible to minimize risks, must inform the

worker about any hazards that remain. And the employer must develop a written procedure in consultation with the worker and the joint occupational health and safety (JOHS) committee.

"While this will not eliminate working alone, we can use these changes to encourage employers to minimize the practice," says McGaw.

## Chemical & biological agents

Most of the changes regarding chemical and biological agents bring the regulations into line with the *Workers Compensation Act*. However, a new term – "adverse health effect" – has been added. This refers to "an acute or chronic injury, acute or chronic disease, or death", and its purpose is to acknowledge and allow for differences in circumstances.

"While our LPNs, care aides, lab and pharmacy workers are at primary risk, the new regulations will also help many other HEU members who come in contact with biological or chemical agents and waste," says McGaw.

## New workers, young workers

Now, "new" worker includes being new to a workplace or being relocated to a new workplace if the hazards are different from the hazards in the worker's previous site. A young worker is any worker under 25 years old.

Now, when a new or young worker is hired, and before they start work, the employer must ensure that the employee receives health and safety training specific to the job and the workplace.

McGaw says workers want safe working conditions and are willing to work with employers to achieve that. "But in the end, the regulations are clear. The employer is responsible for ensuring the health and safety of workers."

For more information, go to <[www.worksafebc.ca](http://www.worksafebc.ca)>.

**MARGI BLAMEY**



**FRED MUZIN**

## PRESIDENT'S DESK

# The actions we take can impact others

During March, I attended CUPE divisional conventions in Saskatoon and Calgary. Although the political history in each province is vastly different, the issues currently confronting union members are remarkably similar. It's

also clear that the actions we take (or don't take) here in B.C. can have a significant impact elsewhere.

After almost two decades of NDP governments in Saskatchewan, the right-wing Saskatchewan Party was elected last November. Borrowing a page from the BC Liberals' book, the Saskatchewan Party under new Premier Brad Wall, has been quick to introduce new anti-labour legislation.

Their *Bill 5* would establish essential services for public-sector workers in the event of job action. There is no historical justification for this – 96 per cent of public contracts have been settled without job action and the unions have always voluntarily maintained essential services.

The bill is different than what we have in B.C. – there is no requirement for excluded managers to perform essential duties for 60 hours a week, and designated workers are determined either by agreement or by the employer. Individual workers and their unions are also subject to huge fines. Individual workers can be fined up to \$2,000 plus \$400 a day, and the union can be fined \$50,000 plus \$10,000 a day.

In effect, this eliminates the right to engage in any meaningful strike.

Another piece of legislation – *Bill 6* – amends the *Trade Union Act* to make it harder to organize new union members by changing certification criteria and allowing employers the ability to hold 'captive' meetings to discourage workers from unionizing.

But our sisters and brothers in Saskatchewan have one big advantage going into this fight that HEU members did not have in 2001 and that is the ability to campaign against bad legislation and demand consultation, assisted by our recent Supreme Court of Canada victory on *Bill 29*.

In Alberta, the recently re-elected Conservatives, under Premier Ed Stelmach, have indicated it wants to revisit a 2002 plan to transform health care, which included the de-listing of more health services and the expansion of a parallel private health care system. Part of the mix would be increased competition for public services, along with individualized funding, similar to what the BC Liberals recently proposed.

Again, our Supreme Court victory and our recent *Bill 29* settlement could be of benefit to Alberta workers' ability to fight back against arbitrary moves that interfere with collective bargaining rights in order to privatize health services.

Our *Bill 29* win is already paying a substantial dividend to workers in other parts of Canada. And for that, we can be very proud.

**Our Supreme Court victory is already paying a substantial dividend to workers in other parts of Canada.**

# <<newsbites>>

with every conversion, the union says, workers lose wages, rights and benefits gained through more than 70 years of negotiations. Arbitration hearings between UFCW and Overwaitea are scheduled as part of the union's effort to prevent the company from using the conversion loophole to sidestep their contract.

The UFCW is currently at the bargaining table, where they are demanding that any stores converted to another banner be covered by the same collective agreement.

## Members expose the dirt on hospital cleaning

Hospital cleaners working for Compass Group at Nanaimo Regional General Hospital (NRGH) were shocked when their supervisor instructed them to "spot mop" their areas as a way to deal with concerns about unmanageable workloads.

As three HEU members (who spoke on the condition of anonymity) explained in an interview with the *Nanaimo Daily News*, the spot mopping incident is just one sign of larger, ongoing problems with contracted-out cleaning at their hospital.

"The cleaning's not being done properly, the workload is so big you're cutting corners all the time," said one worker.

"If you're constantly pulling people to cover other areas, you are short on staff," explained another. "There are areas being neglected to make other areas look good."

All three pointed to low wages, high turnover rates, chronic short-staffing and a lack of training as the root cause for cleaning problems at NRGH. And they added that these issues are a concern not just for workers, but also for infection control and patient safety.

"I always try to keep certain areas cleaner than clean because of the people treated there," said one member.

Hank Compeau, the Vancouver Island Health Authority's corporate director of general support, claimed that VIHA uses audits to ensure cleaning is up to standard. However, members pointed out that Compass had recently posted a notice to warn cleaners about an upcoming audit and instructed them to "make sure their areas would pass the audit."



# Too busy to be safe?

Despite an arsenal of **occupational health and safety tools** that employees can use to hold their employers to account for unsafe working conditions, today's health care workforce continues to be vulnerable to high rates of job-related illness and injury. Why?

**T**he struggle to create safe, healthy workplaces is as old as the labour movement itself. For HEU, it's been a driving force in the union's six-decade fight to improve working and caring conditions in health care.

But despite hard-won gains that have equipped workers with laws and resources to help keep them safe, health care continues to be one of the most dangerous places to work.

The hazards are well known, and far ranging (*see pages 8 and 9*). They are found in all health environments – acute care hospitals, long-term care homes and community facilities. They affect every job classification from clerical and technical, to patient and resident care, to trades and support services.

But thanks to years of union advocacy on health and safety issues – both on the ground and in bargaining – many of the most commonly identified hazards in health care are recognized for the dangers they pose: toxic chemicals, infectious diseases, heavy lifting, poorly designed workstations, outdated equipment, and so on.

Although those hazards continue to be a huge challenge when it comes to enforcement, workers can access an arsenal of tools ranging from provincial laws and regulations, to strong collective agreement language, to joint occupational health and safety committees.

But what about those hazards that are not acknowledged for the insidious role they play in undermining workers' health and safety?

In recent years, workers have begun to identify a range of organizational factors that are steadily weakening the very occupational health and safety improvements that have taken decades to achieve.

For HEU members, workload and contracting out top the list.

## MOUNTING PRESSURE

Go to any gathering of HEU members and ask them to describe the conditions they work in. No matter the job, or the sector, they'll tell you the same thing: they are working in a pressure cooker.

They're working back-to-back shifts, skipping breaks and taking on more overtime as a matter of necessity.

And because of short-staffing there's a lot of pressure, from supervisors and co-workers, to come in when they're sick.

Many report that vacations are cancelled or postponed because there's no one to backfill their shifts, and in the lowest-waged sectors, some people are working two or three jobs just to make ends meet.

When it comes to occupational health and safety, the consequences are profound. Add bigger workloads and longer hours to fewer workers and what you get is a recipe for more work-related injuries and illnesses.

Over time, stressful conditions increase workers' vulnerability to physical, emotional and mental illnesses while creating an accident-prone environment.

Heavy workloads also undermine staff's ability to

enforce safety issues. Members say they are so run off their feet they don't have time to fill out incident reports or Professional Responsibility Forms.

And union representatives report that several sites are without functional occupational health and safety committees that can ensure regular inspections

is the communications breakdown that results from segregating privatized workers from the rest of the hospital team.

Because nurses are prohibited from directly asking a housekeeper to clean a room, and instead must use a call centre that in turn dispatches the housekeeper,



**Over time, stressful working conditions increase members' vulnerability to physical, emotional and mental illnesses while creating accident-prone work environments.**

and accident investigations take place, and emerging issues are addressed.

## THE PERILS OF PRIVATIZATION

When Gordon Campbell's Liberal government handed hospital support services over to three multinational corporations in 2004, the impact on occupational health and safety was entirely predictable.

Cutting privatized support workers out of the hospital team would undermine worker safety and patient care. Under-staffing in cleaning services would lead to less sanitary facilities and more infection control problems. Substandard sick benefits would force front-line staff to come to work when they're ill. And the corporate need to maximize profit would mean cutting corners on training, including occupational health and safety education.

Unfortunately, all those predictions have come to pass. Our hospitals are less healthy and safe overall, and HEU members working for the "Big 3" privates are dealing with serious occupational health and safety issues.

HEU health and safety representatives, who have canvassed the newly privatized staff about their working conditions, say people aren't getting sufficient training to protect themselves or others. Many are

being sent to clean specialized areas they haven't been trained to work on. Most don't have time to finish their work at a safe pace. There are not enough supplies to do the job properly. Workloads are in the extreme.

HEU reps are also concerned about accidental exposures to biohazardous materials and infectious disease that could be prevented. A prime contributor

important information is lost in the process. Workers can end up cleaning a room, only to find out later that they were cleaning an area contaminated by MRSA, VRE, TB, Hepatitis C, or other infections.

## TURNING BACK THE TIDE

HEU's efforts to revitalize joint occupational health and safety committees, combined with a new focus on workload problems, is making headway.

During 2006 bargaining in the facilities subsector, for example, the union successfully negotiated a requirement to hold joint meetings at the health authority level to address workload issues. Affiliates meet at the local level.

Armed with new workload language, several locals have struck workload committees and some are seeing the first signs of success.

On Vancouver Island, members of the Chemainus local developed a workload time study that the nursing team used to track the amount of time it took to do tasks over a 24-hour period. A comparison with the allotted time funded by the health authority showed a total deficit of 5.19 direct care hours. That evidence has been used to increase care hours.

At Port Alberni's Fir Echo local, an active workload committee is receiving management support to conduct time studies, based on the Chemainus model.

And as a result of vigorous health and safety campaigns at Cowichan Lodge, Carinsmore and Chemainus, WorkSafeBC recently issued several orders at those health facilities. The orders cover prevention of musculoskeletal injuries (MSI); no manual lifting protocols; violence in the workplace; joint occupational health and safety committee practices; accident investigations and regular work site inspections.

**PATTY GIBSON**



# What you don't know CAN

**Health care workplaces are among the most dangerous in B.C. As injury rates and incidences of violence continue to increase, HEU members across the spectrum of care remain at risk from a broad range of occupational hazards.**

YOU  
have  
the  
RIGHT  
to:  
  
1 know  
  
2 participate  
  
3 refuse unsafe work  
  
4 no discrimination

Occupational hazards run the gamut from toxic substances to needles and sharps, to inferior equipment and the unrelenting stress that comes from expanding job expectations, shift work, short-staffing and impossible workloads.

That's why it is so critical for members to know and exercise the rights they have under the law and in their collective agreements. The first step is becoming aware of the hazards that infect the workplace. The next is working together to hold employers to their legal responsibility to provide a safe and healthy working environment.

## BIOLOGICAL AND CHEMICAL SUBSTANCES

Every day, health care workers are exposed to superbugs, blood-borne pathogens, body waste, mould, and a variety of chemical substances like cleaning agents, cytotoxic drugs, and asbestos.

Recent changes in WorkSafeBC regulations require employers to disclose all known bio and chemical substances in a workplace, inform all workers of the risks and have plans in place to deal with exposure. It's a good beginning, but more can be done.

When it comes to cleaning agents, some are much less toxic than others. HEU members can press employers at joint occupational health and safety (JOHS) committee meetings to purchase non-toxic cleaning agents that will help create a safer workplace. According to the Labour Environmental Alliance Society, reducing or eliminating the use of toxic cleaning products can reduce the incidences of such diseases as cancer and occupational asthma that are related to chemical exposure.

## THE NEEDLE IN THE HAYSTACK

A poke from a needle or other medical sharp that may be contaminated by a highly-contagious, blood-borne pathogen is a hazard in all care environments.

Most often associated with nurses, care aides and lab workers, needlesticks are a potential hazard to staff everywhere in health care including community health and community social services agencies. Workers can unwittingly stumble across a needle or sharp in many different "haystacks": on food trays, in bedside table drawers, in dirty laundry, in garbage, in the hallway and on the ground.

Members who are jabbed by accident should immediately go to the nearest ER. Do not wait until after a shift.

To address the alarming number of sharps injuries, HEU and other health care unions have successfully lobbied for amendments to WorkSafeBC regulations that now require employers to use safety-engineered medical devices. These regulation changes apply to both public- and private-sector employers.

If employers are not living up to their obligations, you can call WorkSafeBC and ask for an investigation.

## VIOLENCE IS INCREASING

Incidents of harassment, abuse and violence are increasing. They come from vulnerable people with addictions and mental illness who are seeking emergency help; people living in group homes who may lash out unpredictably; distraught family members who fall apart waiting for a loved one to receive treatment; or seniors in long-term care who are struggling with complex medical issues, including dementia.

Workers know the underlying causes, but that understanding does not mean employers can ignore their responsibility to provide a safe work environment.

In acute care facilities, the fracturing of the health care team through contracting out hospital security, has led some employers to tip-toe around the issue of violence, leaving workers and others without satisfactory response protocols.

Resident-to-worker violence in long-term care is increasing and continues to be one of the sector's biggest safety issues. Residents are coming into care with more complex needs that include both physical and psychological conditions.

## Working smart: know your rights

Forewarned is forearmed. Research has shown that workplaces have lower injury rates and safer environments if workers have tools and information readily available to them. And besides the *Workers Compensation Act* and the *Occupational Health and Safety Regulation*, the most powerful tool many members have achieved is the language in their collective agreements (*community health, article 22; facilities, article 37; community social services, article 22*).

The *Workers Compensation Act* has made it law for all health and safety committee members to receive eight hours of paid leave each year for education. And with the *Occupational Health and Safety Regulation* also established four major rights for workers: the right to know hazardous conditions, the right to participate in workplace health and safety initiatives, the right to refuse unsafe work, and the right to no discrimination.

*Here's a brief list of other resources:*

- HEU's "Health and Safety Manual" (2004) – available from HEU's mailroom
- "Cleaners and Toxins Guide", Labour Environmental Alliance Society (LEAS), 2007 – contact information and copies available online at [www.leas.ca](http://www.leas.ca)
- HEU's Intro to OH&S educational workshop – see the union's website on Health & Safety for more information [www.heu.org](http://www.heu.org)
- "The Workplace Anti-Stress Guide" (2000) – available from HEU's research department
- WorkSafeBC [www.worksafebc.com](http://www.worksafebc.com) to access the *Workers Compensation Act* and the *Occupational Health and Safety Regulation*
- Occupational Health and Safety Agency for Healthcare (OHSAN) [www.ohsan.bc.ca](http://www.ohsan.bc.ca) for information on programs for prevention, reducing injuries, education, and other resources



## Joint Occupational Health and Safety committees

### Making them work

Every work site that employs more than 20 staff must have a joint occupational health and safety (JOHS) committee. The committee must have a minimum of four members in total, and at least half of those members must be representatives chosen by the workers and their union, not the employer.

Once the JOHS is up and running, here are some tips to keep it healthy.

- Hold the employer to its responsibilities. It's the employer's duty to ensure that the committee has the resources it needs to meet regularly and function effectively.
- Fill all worker seats, making sure there is representation from all areas of the workplace.
- Know your duties. Be prepared to cover a range of duties, from consulting workers to advising management.
- Get training. Insist that the committee take the Occupational Health and Safety Agency in Healthcare's training and be sure to receive the eight hours of training you are entitled to each year.
- Act until the issue is resolved. Keep notes and bring up the issue until it's resolved. Mobilize the membership to support solutions. If necessary, call WorkSafeBC.

**IF YOU NEED HELP,** please contact HEU's OH&S representative Della McGaw at 604-438-5000 or 1-800-663-5813.

And check out the OH&S section of the union's website at [www.heu.org](http://www.heu.org).

# hurt you

A recent York University study on violence in long-term care estimates that 43 per cent of Canada's long-term care workers experience physical violence on a daily basis. It also confirms the connection between violence levels and short-staffing, heavy workloads and lack of training.

Study co-author Pat Armstrong points out that most violence "occurs during daily care activities, which involve intimate acts and sharing of personal space. If such care is rushed, or worse, if it is forced – for instance, when residents are required to get up, get dressed, or bathe before they are ready – this may leave residents feeling threatened, fearful or overwhelmed and prone to retaliate violently."

These situations are very similar to what occurs in community social services and community health agencies where staff are not only overloaded, but often work in isolation.

It is possible to mitigate workplace violence through training, conscientious planning, prompt and proper procedures, and informed workers. Given the high rate of violent incidents, it's essential that members record situations when they happen, and that the issue is dealt with by JOHS committees.

## WHEN WORK HURTS: THE ERGONOMICS OF THE JOB

Ergonomics means fitting the job to the worker, not the worker to the job. When an employer ignores ergonomics in a workplace, here's what can happen:

- a licensed practical nurse wrenches her back trying to turn a bed-ridden senior by herself;
- a medical transcriptionist ends up having wrist surgery to alleviate the pain of carpal tunnel syndrome;
- a food service worker succumbs to a repetitive strain injury from the constant action of loading and lifting patient trays;
- a tradesperson develops respiratory distress after working for several days in the damp and mould-ridden basement of a hospital.

All have fallen victim to inadequate or no equipment, poorly designed workstations, bad air quality or the continuous use of the same muscles.

Musculoskeletal injuries (MSIs), including repetitive strain injuries, make up the majority of workers' compensation claims in Canada, with health care workers leading the field.

Yet, we know how to turn skyrocketing injury rates around. Dozens of studies over the last 15 years prove that work-related musculoskeletal pain and injury are caused by stress and physical workload.

Workers can address MSIs by pushing employers to develop and implement a comprehensive ergonomics approach to work. Not only is this proven to reduce injury rates, it's cost-effective and patient-centred.

## WORKPLACE STRESS

Toxic stress in the workplace is not imagined. It's real and can be tracked through injury claims, absenteeism and staff turnover. Employers need to pay attention to these signs and change the culture of the organization so that working safe and working well is a top priority.

Most workers know why they are stressed: heavy workloads, expanded job expectations and duties, too few staff, shift work and overtime all create prolonged and unrelenting stress. And many workers, conscious of the needs of the people in their care, continue to do what needs to be done without realizing the toll this takes on their own health and safety.

One sterile supply worker at a northern Vancouver Island hospital explains her attempts to deal with short-staffing and a heavy workload. Overwhelmed and demoralized by constant demands for sterilized supplies, she would ask in frustration, "Do you want it now, or do you want it clean?"

Employers press workers all the time to compromise safety, and workers take on the burden of doing too much themselves by missing breaks and working longer than their shifts, because they care about the jobs they do.

But a managerial attitude that says "do more with less" only adds to worker stress, instead of reducing it. And it frequently places the blame for feeling stressed on the individual rather than the culture of the organization.

Good employers know that providing a safe and healthy work environment is key to workforce productivity, stability and satisfaction.

But that's not all. Sound OH&S practices are a big win for the public because when workers in health care settings are safe and healthy, patients, residents and clients are too.

**MARGI BLAMEY**

**Toxic stress is not imagined. It's real and can be tracked through injury claims, absenteeism and staff turnover.**



**The Provincial Executive's OH&S committee, pictured above, meets three times a year. From left to right: Karen McVeigh, Deb Toth, Kelly Knox, Becky Jacobson, Della McGaw (staff support), John Hazekamp and Connie Larabie. Missing: Gail Neufeld.**

## OH&S pilot project unites workers

HEU is taking part in a health care, multi-union pilot project to assist affiliate locals in developing more effective joint occupational health and safety committees.

The goal of this year-long initiative COSHARE – sponsored by the Occupational Health & Safety Agency for Healthcare in British Columbia (OHSAN) – is to create healthier, safer work environments by offering staff clinical resources and more efficient injury prevention techniques.

Modeled after the Prevention and Early Active Return-to-work Safely program, the project involves 11 work sites from the community and long-term care, each supported by a union OH&S representative.

## Privatized jobs in U.K. brought back in-house

Staff whose jobs at a Scottish hospital were transferred to a private company in 1998 are back working for Britain's National Health Service (NHS).

The jobs had been privatized as part of a Private Finance Initiative (PFI). When the company contract ended, the health board decided to negotiate for a return to in-house provision. Julie McPherson, one of the returning staff, says, "We feel that we will be better treated and able to deliver a better service as part of the team."

UNISON is pleased that, after many years of campaigning, the first PFI in Scotland has come back – at least partly – into public ownership.

## Rise in work-related deaths linked to occupational diseases

**O**n April 28, ceremonies around the province will honour the 139 B.C. workers who were victims of job-related deaths in 2007.

But behind this number is another story – one that goes back more than 20 years. According to WorkSafeBC, the provincial agency that monitors workplace accidents and fatalities, 2007 was a record year for fatalities connected with workers' long-term exposure to hazardous materials like asbestos.

Many of these workers would have been subject to initial exposure around the same time the Canadian Labour Congress (CLC) first named April 28 as the Day of Mourning for people who are injured or killed on the job.

From its beginnings in 1984, Canada's Day of Mourning has become an internationally recognized event. This year, labour organizations will join with community members, local and national governments in more than 100 countries around the world to salute workers and their families whose lives are impacted by on-the-job injuries and accidents.

The CLC executive chose April 28 because it was on this day in 1914 that the first comprehensive *Workmen's Compensation Act* in Canada received a third reading in the Ontario legislature.

Nearly 100 years later, statistics show that an average of three people die every day in Canada, as a result of work-related conditions or injuries. More than half of those fatalities are linked to occupational dis-

eases. A 2006 report from the Ottawa-based Center for the Study of Living Standards found that Canada's 10-year rise in work-related fatalities was almost entirely driven by increases in occupational diseases.

Between 1996 and 2005, the number jumped from 1.5 to 3.4 deaths per 100,000 workers, even though occupational diseases are among some of the hardest claims to prove to workers' compensation boards.

Health and safety advocates say the statistics reinforce the need to expand and enforce existing regulations that protect workers and communities from deadly hazards that may not be immediately apparent.

On April 28, the Canadian flag will fly at half-mast, as workers across Canada and around the world light candles, don ribbons or black armbands, and



observe moments of silence to honour those who have died, and issue the call to protect the living from workplace deaths, illnesses and injuries.

**OLIVE DEMPSEY**

## B.C. Fed calls for criminal charges

Despite a flurry of activity in the aftermath of an accident that killed three women farmworkers just over a year ago, B.C. Federation of Labour president Jim Sinclair says many farmworkers are still exposed to dangerous working conditions every day of their working lives.

On the first anniversary of the March 7, 2007 tragedy, where the farmworkers died in an overloaded, unsafe 15-passenger van, Sinclair said, "Farmworkers remain stripped of basic rights: a minimum wage, rest periods, vacation, statutory holiday and overtime pay."

The Federation is calling for crimi-

nal charges to be laid and a coroner's inquest. Sinclair says an inquest would "ensure government and agencies address, in a comprehensive way, the solutions that are needed to ensure farmworkers are fully protected while being transported to work and while they are working on the farms."

To date, no criminal charges have been laid, a coroner's inquest scheduled for April 28, 2008 has been postponed; no changes have been made to either Employment Standards legislation or the Vehicle Certification Process, and 15-passenger vans are still being used to transport workers to the fields.

## >>notebook>>



**Many hospital cleaners will tell you that upcoming audits are poorly kept secrets**

## Hospital cleaning audits compromised by politics

Are dirty hospitals linked to the spread of superbugs?

Not according to the independent expert hired in 2005 by B.C.'s health authorities to conduct annual audits of hospital cleaning.

Amazingly, in an interview with the *Burnaby Now*, the president of Westech Systems claimed there's no evidence to link cleanliness to the spread of infectious diseases.

He also says our hospitals are cleaner than they've ever been. That's surprising, as his company was hired *after* cleaning was privatized in several health authorities in 2003 and 2004.

That's not to say some problems didn't exist prior to privatization (cleaning budgets were always first to be cut). But now it's a full-blown crisis. HEU recently released details from the Vancouver Coastal Health business case for contracting out cleaning services in 2003 that reveals cleaning hours were slashed by 150,000 hours a year, or 15 per cent.

When confronted with this evidence – or news stories about dirty hospitals – government and its health authorities use their cleaning audits as proof that standards are being maintained. But are they?

Many hospital cleaners will tell you that upcoming audits – including monthly audits conducted by the health authorities themselves – are poorly kept secrets.

They're often preceded by the redeployment of cleaners to problem areas and joined by managers. In one case (that we know about), a manager actually posted a notice warning staff about an upcoming audit. So much for unannounced visits.

And the audits are of questionable value. They do not consider factors that will affect cleaning quality like staff training or the intensity of cleaning. And they don't include any microbiological testing – if you can't see it, it's clean.

Their main use is to provide political cover for privatization policies that are being linked by the public to dirty hospitals.

As for the link between cleaning and infection control, I'll go with the medical journal *The Lancet* which recently concluded that "the effects of exemplary hand hygiene are eroded if the environment is heavily contaminated" and that "cleaners should be included as an integral part of the infection control team."

**MIKE OLD • HEU COMMUNICATIONS DIRECTOR**

# Unprecedented labour fight back topples Australia's anti-union government

**F**ollowing its landslide victory at the polls last November, Australia's new Labor government is now moving to undo the worst of the previous government's anti-worker legislation.

Employment and Workplace Relations Minister Julia Gillard recently introduced the government's *Workplace Replacement Amendment*, which aims to re-establish collective bargaining as the norm in Australian labour relations by eliminating the individual contracts workers were forced to sign.

On November 24, Australian voters succeeded in turfing out the extreme anti-union government of John Howard, following a two-year wave of collective union action that galvanized massive public support across the country.

The key issue in the election campaign – workplace rights – propelled the Labor party to a resounding vic-

tory. And it left no doubt that the newly-elected government, under the leadership of Kevin Rudd, had been given a clear mandate to eliminate the former Liberal-National party Coalition government's hated Work Choices program.

Labor also won all state elections in the nation.

Despite that mandate, the opposition Coalition has used its slim majority in the Senate, Australia's upper house of legislation, to stall the bill by sending it to committee for debate until April.

## HOW IT ALL BEGAN

Introduced in November 2005, the Howard government's Work Choices program drew immediate condemnation at home and abroad. In tabling the legislation, the government sought to replace trade union collective agreements with individual contracts between workers and employers, called the Australian Workplace Agreement (AWA).

Work Choices undercut Australia's social safety net by reducing workers' minimum rights while granting employers unilateral power to terminate the collective agreement process and giving the government unprecedented control over whether workers could strike.

Workers immediately responded with massive nation-wide demonstrations, which drew an esti-

mated 600,000 protestors. One year later, in November 2006, more than 250,000 workers again took to the streets.

Even before Work Choices became law, the seeds of what would become an unprecedented fightback were sown in "stop work meetings" and state rallies. On June 20, 2005, five months before the anti-labour laws were introduced a 100,000-strong demonstration in Melbourne foreshadowed a growing public outcry that would eventually topple Howard's Liberal party.

The Australian Council of Trade Unions and its member unions poured resources into a highly effective community campaign called Your Rights At Work, which included a website (<http://www.rightsatwork.com.au/>) and a series of TV election ads attacking the former government's attempts to de-unionize Australia.

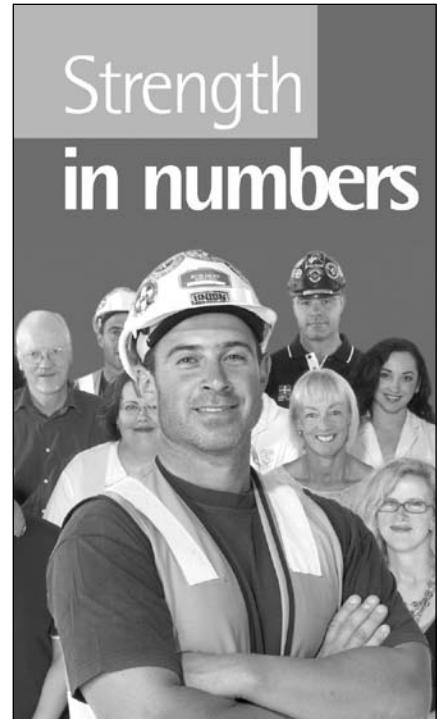
"Election 2007 showed that politicians mess with our rights at work at their peril," declares the website. "The union and community campaign against Work Choices made all the difference."

## OPPOSITION SENATE STALLS NEW LEGISLATION

Your Rights At Work has recently produced a new series of ads in response to a 36-35 vote in the Liberal-dominated Senate, to send the *Workplace Replacement Amendment* to committee. The move effectively stalls the legislation until at least July 1, when new Senators will take their seats.

Gillard has called the move "a deliberate decision by the Liberal party to treat the Australian people with contempt."

Labor's bill bans new Australian Workplace agreements from the day of the bill's commencement date, and



**Posters, like the one above, were part of a broad-based election effort to encourage workers across the country to register their vote.**

replaces the AWA with what the government considers a more just individual transitional employee agreement, which itself will expire by January 1, 2010. At that point, "Labor's new *National Employment Standards* and modern simple awards will be in operation and there will be no need for any individual statutory employment agreements," said Gillard.

Under the bill, collective agreements can only be terminated by agreement of employers and employees, or by the Australian Industrial Relations Committee.

Gillard also announced that no new AWAs would be signed in the Australian Public Service, effective the day of the bill's announcement.

**DAN KEETON • VANCOUVER WRITER**



**In November 2005, workers and their supporters poured into the streets to fight the Howard government's anti-union legislation, which gave employers the unilateral power to terminate a collective agreement when it expired and replace it with individual contracts.**

## >>voices>>



**Policies designed to protect the environment and public health are extremely vulnerable under TILMA**

## Bring TILMA forward for legislative debate

Some economists are calling the Trade, Investment and Labour Mobility Agreement (TILMA) between B.C. and Alberta, "the most important free trade agreement in Canada since NAFTA." But organizations fighting the deal say it's a heavy-handed "solution" to the so-called "problem" of inter-provincial trade barriers – a problem that doesn't appear to exist.

When questioned, not even TILMA's cheerleaders can come up with a single barrier to trading practices between the two provinces. That's because there isn't any evidence that a single Alberta company has ever been stopped at the B.C. border from doing business.

But let's not allow the facts to get in the way of a pact that will most surely benefit corporations, while tying the hands of local legislators.

Amazingly, politicians across the country continue to be swayed by a powerful big business lobby that wants governments to clear the way for unfettered trading practices. What they call "red tape" is better described as important public policies that protect consumers, labour standards, the environment, and more.

Under TILMA, not only can individuals and corporations sue

provincial governments and their official agencies over any rules, regulations or measures that may "restrict or impair" their profits, but TILMA's private dispute panels can award up to \$5 million to an Alberta investor if a decision made by a B.C. government body "restricts or impairs" their investment.

Clearly, policies designed to protect the environment and public health are extremely vulnerable to attack under a process that will result in faster standardization and harmonization, privileging investors' rights before local choice.

If anything, TILMA is a significant barrier to important public policy goals and the democratic process. It should be scrapped. You can send a letter to Premier Gordon Campbell and Minister of Economic Development Colin Hansen at (<http://www.canadians.org/action/2007/09-Nov-07.html>) telling them that you want TILMA brought forward for debate in the legislature. For more information, check out <<http://groups.google.com/group/stoptilma>>.

**CAELIE FRAMPTON • STOP TILMA CAMPAIGN**

## HEU young workers bring OH&S lessons to the classroom

HEU young workers James Brown and Jackie Woodley are showing that occupational health and safety activism can extend well beyond the work site.

Brown, a security guard at Nanaimo Regional General Hospital, and Woodley, a rehabilitation assistant at Victoria General Hospital, are both young worker facilitators with the B.C. Federation of Labour's occupational health and safety youth program.

Through the five-year-old initiative, they deliver interactive workshops to high school students that educate and empower them about their health and safety rights on the job.

According to Brown, it's a set of lessons that encourages students not only to be safe, but also to assert their rights in the workplace.

"These workshops give me the opportunity to give youth the info they need to be active," says Brown. "It allows students to make their

own choices and to stand up for themselves in a very basic way."

The program is delivered by the B.C. Federation of Labour's Health and Safety Centre, with support from WorkSafeBC. Since 2003, the team of facilitators has reached over 30,000 young

## HEU to hold first women's conference

HEU sisters from around B.C. will be gathering at the union's first women's conference on May 14 and 15.

The two-day event will provide participants with a wide range of sessions to build leadership, increase confidence and expand networks.

For a full description of conference events, contact your local executive for an application and agenda. You can also go to the HEU website at [www.heu.org](http://www.heu.org), or contact the union's education department at 604-738-5000 (toll-free 1-800-663-5813).

Applications must be received at the Provincial Office no later than Wednesday, April 9 at 5:00 p.m.

people in classrooms and youth employment programs around B.C.

WorkSafeBC statistics show that workers between the ages of 15 and 24 are more likely to be injured on the job than any other age group, with the majority of these accidents occurring in the first six months of employment.

Helping to keep young workers from adding to these numbers is just one of the reasons Brown enjoys his work. His role as a facilitator has also inspired him in his personal life and as a union activist.

"I would encourage any young worker to get involved [as a facilitator] and try it out," says Brown. "It was what got me more active

in the union and in my community."

For more information about this program, visit [www.bcfed.com/hscentre](http://www.bcfed.com/hscentre) or call 604-430-1421.

## North Island coalition scores recent victory

HEU members working in coalition with the Citizens for Quality Health Care in the Comox Valley and Campbell River are celebrating a significant victory in their efforts to defeat a potential public-private partnership (P3) regional hospital.

Following almost two years of sustained campaigning, the Comox Strathcona Regional Hospital and District Board voted 14-6 against endorsing the Vancouver Island Health

## BALANCING IT ALL

PATTY GIBSON

Recreation therapist **Sienna Boothman** has completed research into workplace culture that shows an essential link between how staff are treated and quality of care.

## SOLUTIONS TO BETTER CARE

**A**s a recreation therapist in the Fraser Health Authority, a recent graduate of a master's program in gerontology, and a single mom of two boys, Sienna Boothman knows what it's like to juggle several demanding responsibilities.

And in the midst of that balancing act, she's learned a lot over the past 18 years about what it takes to provide quality, individualized support in today's long-term care environment.

Boothman was first exposed to sub-standard caring conditions at an Alabama facility, where physical and emotional abuse was the norm. Fresh out of university, and in her first weeks on the job, she launched a successful complaint against the facility owners.

As difficult as that situation was, Boothman says, it gave her a picture of "what a really sick facility looks like" and it provided her with an awareness of "just how important management's goals and styles are, because this was abuse that was enabled from the top."

A Canadian by birth, she has worked in various positions in both the U.S. and B.C. including two years as a consultant (with Geriatric Healthcare Consultants) to 35 facilities south of the border.

Out of that experience, Boothman identified what she believed was an essential link between the quality of workplace relationships and the quality of care facilities are able to provide.

So in 2004, she embarked on a three-year master's program where she put her theory to the test. Her study spanned three B.C. health authorities and included the full range of private and public residential facilities.

Her conclusion? "Without a doubt, the best way to enable staff to care well for residents, is to care well



RUTH AMEND PHOTO

for staff. That's the foundation of person-centred care."

And caring well for staff, says Boothman, means creating a climate within the facility where staff are listened to, feel heard, where their ideas matter and their opinions count, and where they receive the same kind of respect they are expected to give residents in their care.

"You can't *not* listen to staff or honour their opinions and then tell them to listen to residents and honour their choices. Those two things don't go together," she says.

She also warns that "you can't build a respectful, caring culture only by looking at it from the top down, or the bottom up. You also have to look sideways."

She says that while people tend to focus solely on how staff are treated by their supervisors, or management, her research shows it's also important to look at how people are treated by the rest of the members of their team.

"If you are working in a team that cares for you, you are in a much better position to deal with the complex demands that exist in today's long-term care environment," she says, pointing to the huge stresses most front-line health care workers are dealing with in their working lives and their day-to-day lives.

"You can feel the culture of a facility almost instantaneously," observes Boothman. "It comes from the quality of human relationships that exist inside a facility, at all levels, between management, staff, residents and their families."

With this study completed, Boothman is now applying to do a PhD where she can use her research to develop, and pilot, management initiatives aimed at creating healthier working cultures where staff feel valued and supported.

"I want to see if I can create initiatives that are cost-effective, feasible, and can be reproduced in the province's residential care facilities," she says.

"We absolutely have to look at how to build a real sense of team in our long-term care facilities, how to build relationships where we care for each other... these things are so critical to our work, but they seem to be getting lost in our busy, stressful, crazy world."

Authority's plan to downgrade the area's two existing hospitals and replace them with a new regional facility for the whole North Island.

The decision was important not only because it saves local hospitals, but a new facility would have been built as a costly P3, in accordance with the provincial government's 2007 directive that all infrastructure projects over \$20 million be built as a P3.

Early on in the campaign, the Citizens' research had turned up a sound alternative. A report commissioned by and presented to VIHA, only a year before the health authority rolled out the regional hospital scheme, had recommended significant upgrades to both St. Joseph's and



**On February 12, HEU members marked Clerical Workers Awareness Day by holding celebrations at facilities throughout the province. Pictured above are members of the Kelowna local hosting their event.**

Campbell River General.

With that alternative in hand, the Coalition held public forums; lobbied civic, provincial and federal officials; spoke out at VIHA board meetings; and gathered 19,000 signa-

tures on a petition to stop the regional hospital plan.

The Citizens for Quality Health Care are continuing their advocacy for needed upgrades and expansions to St. Joseph's and Campbell River General hospitals. And organizers say they are committed to keeping North Island residents fully informed on any future proposals that may come forward from VIHA and the provincial government.

#### New P3 action kit

The BC Health Coalition recently produced a new campaign action kit, "The ABCs of Stopping P3s." The spiral bound resource book contains information on the pitfalls of using public-private partnerships (P3), steps for building

an action group, tips for carrying out a successful community campaign, and more.

"The ABCs of Stopping P3s" is available for downloading from the Coalition's website – [www.bchealthcoalition.ca](http://www.bchealthcoalition.ca) – or by calling the office at 604-681-4579.

#### Education Fund boosts daily allowance

If you're a regular member working full or part-time, and you're covered by the facilities subsector agreement, you may be eligible for training support through the Facilities Bargaining Association's Education Fund.

The \$5 million fund, negotiated in the 2006 round of bargaining, is open to all job

family categories in the facilities subsector, in all health authorities. It assists members to take courses through public post-secondary institutions that relate to their current jobs or other jobs within the bargaining unit.

Recently, the FBA Education Fund Committee raised the training allowance to \$100 per day for approved unpaid leave for training days. The policy is retroactive to September 1, 2006.

To date, more than 450 members have had their applications approved for individual or group training. The next deadline for long-term applications is June 19, 2008. Short-term applications are reviewed on a continuous basis.

continued on page 14

# factfile

**1884 – Germany is first country to create a workers' compensation program**

**1885 – B.C. passes Employer's Liability Act. Puts onus on injured workers to prove employer negligence**

**1902 – B.C. passes Workmen's Compensation Act. Injured workers must sue employers for compensation**

**1908 – Factories Act sets protocols for safer conditions; adds safeguards for women and children workers**

**1917 – Workmen's Compensation Board of B.C. formed. Workmen's Compensation Act brings about no-fault compensation, compensation based on earnings and money for prevention, but protects employers from lawsuits**

**1972 – Saskatchewan passes first Health and Safety Act introducing right to know, participate and refuse unsafe work**

**1998 – Occupational Health and Safety Regulation becomes law**

**1999 – Workers Compensation Act takes effect – adds "right to no discrimination" for reporting incidents; and an annual, paid, eight-hour education leave for OH&S committee members**

**2006 – WCB reports 160 adult workers and 12 young workers killed on the job; 61 deaths from occupational disease**

**2006 – WCB collects over \$1.5 million in penalties from employers for violations, and pays out an estimated \$1.3 billion in claims**

## ON THE JOB

BRENDA WHITEHALL

Since joining her local's occupational health and safety committee eight years ago, **Dorothy Grant** has become a tireless advocate for a healthier workplace.

## KEEPING WORKERS SAFE

If you want a job done, give it to a busy person. That's how Menno Hospital care aide Dorothy Grant approaches her work and life.

As a shop steward, local chair, and co-chair of the joint occupational health and safety committee, Grant is a tenacious advocate for members' rights and a tireless promoter of a healthier work environment.

The Abbotsford native – who's also a recreation worker and staffing clerk – got involved in her local's occupational health and safety (OH&S) committee about eight years ago when she held hospital in-services as a First Aid and CPR instructor.

Since then, Grant has been part of some significant changes at her work site. About four years ago, the OH&S committee began involving each floor and department in conducting quarterly safety audits.

"Everyone is responsible for their own areas now," explains Grant. "It works out better because they know their areas the best. They'll notice if wires are sticking out... And we have pretty good infection control procedures. We have in-house laundry and in-house cleaning. Our hospital is very clean and homey. We can have it that way because we've got our own people."

Grant was also part of a joint initiative to lower the WCB injury rate at Menno, which was at an all-time high six years ago. Healthcare Benefit Trust worked with the employer and Menno's OH&S committee to prevent and reduce injuries.

"Within a couple of years, half the hospital had overhead lifts, more educational in-services on proper use of equipment, moving and turning patients, brushing teeth, plus MRSA and other superbugs," says Grant.

"Once a month, the CRN (clinical resource nurse) does an in-service bringing in workers from the community, who have experience dealing with disease processes like ALS, dementia or Multiple Sclerosis. We have good education, and a good employer."

Most recently, Grant and her co-workers successfully advocated for an employer-funded Health and Wellness program that includes a future on-site fitness centre and enrolment in the Employee and Family Assistance Program (EFAP).

"It's the best resource to help people cope with mental health issues, whether it be work- or home-related," says Grant. "It's easy to say 'leave your family life at home,' but it doesn't happen. People are stressed out... and often have no place to turn, but to co-workers."

Despite many achievements, Grant says, "you always have to keep on top of things," citing ongoing hazards like security (theft); aggressive residents and visitors ("we're a no-restraint hospital, so we really promote working in pairs"); workplace injuries, and the physical environment.

"The basis for OH&S is prevention of injuries," says Grant. "Every injury gets reported, and everything gets investigated... Our goal is to make our staff at Menno Hospital as healthy and as safe as possible."



GRANT

continued from page 13

For more information, contact the FBA Education Fund by email: [fbaeducfund@heu.org](mailto:fbaeducfund@heu.org), or phone at 604-456-7146 in Vancouver, or toll-free 1-800-663-5813, extension 7146. You can also click on the FBA Education Fund icon on the union's website at [www.heu.org](http://www.heu.org) for information or to download an application form.

### Day against homophobia recognized

HEU's Lesbian and Gay Standing Committee (LGSC) will join other organizations around the world on May 17 in commemoration of the International Day Against Homophobia. This year's theme "health care: homosexuality is not an illness" will also be prominently

featured in a special issue of *Pride Pages*, available on the union's website at [www.heu.org](http://www.heu.org).

And on May 12 at Vancouver's Coast Plaza Hotel, the committee will co-sponsor the 4th Annual Awareness Breakfast with The Centre (formerly called Vancouver's Gay and Lesbian Centre). This is an opportunity for the lesbian, gay, bisexual, transgender (LGBT) communities to connect and raise awareness about homophobia and their health care needs.

Although Canada has been a pioneer in establishing legal protections and rights for gays and lesbians, many gays and lesbians still live in shame and fear of disclosing their sexual

orientation; some risk losing their jobs; some are ostracized from families, friends, colleagues, and communities; and in 77 countries around the world, homosexuality is still a punishable crime.

HEU's LGSC recently conducted a human rights survey with facility site managers to review their policies and practices around LGBT education, recognition of same-sex partners, and treatment of patients or staff who identify as gay, lesbian, bisexual or transgender. Results are scheduled to be released soon.

May 17 is designated the International Day Against Homophobia because on that date in 1990, the World Health Organization (WHO)



**Staff members at Port Alberni's Echo Village wore pink to mark February 27 as National Anti-bullying day. Pictured above (from left) Jill Corbel, Norah Houghton, Lori Ogden and Jennifer Sanky.**

removed homosexuality as a mental illness from its International Classification of Diseases manual.

### Living Wage Campaign materials

HEU has a special section on our website [www.heu.org](http://www.heu.org)

dedicated to the campaign.

You can read articles; download information sheets, the *Updates* newsletter and posters; watch videos, or sign our living wage petition.

Many of the materials have also been translated into Punjabi and Chinese.

APRIL  
MAY  
JUNE

**MARCH 27-28**  
Big 3 Bargaining Conference

**APRIL 3-5**  
B.C. Fed Human Rights Conference

**APRIL 9-10**  
PE meeting

**APRIL 16-19**  
CUPE BC Convention

**APRIL 28**  
International Day of Mourning

**MAY 1**  
International Workers' Day

**MAY 12-16**  
National Nursing Week

**MAY 12**  
HEU Support Workers' Day

**MAY 14-15**  
HEU Women's Conference

**MAY 17**  
International Day Against Homophobia

**MAY 19**  
Victoria Day

**MAY 28**  
International Day of Action for Women's Health

**JUNE 9-11**  
PE meeting

**JUNE 21**  
National Aboriginal Day

PUBLICATIONS MAIL  
AGREEMENT NUMBER 4007486

## Toxic beauty: is it worth the risks?

**D**id you know that the simple act of getting ready for work each day means exposing yourself to a variety of risky chemical cocktails? By the time you've brushed your teeth, washed your face, lathered up in the shower, cleaned your hair, and put on your deodorant, you've likely applied more than 100 hazardous chemicals directly to your body.

When it comes to toxins, most people tend to think about pesticides in food or pollutants in the air and water; but in fact, your largest daily dose of dangerous chemicals could be coming from your cosmetics. Estimates are that the average adult in North America uses nine cosmetic products each day that exposes them to 126 different chemical compounds. The more products you use, the greater your risks.

Although most people think of cosmetics as make-up, "cosmetics" is a broad category that includes any non-medical beauty enhancement product or grooming aid. Hair gel, shampoo, deodorant, non-fluorinated mouth rinses and soap are all considered cosmetics – many of which contain ingredients that are known to be carcinogenic, or are believed to be mutagenic; meaning they can cause birth defects, corrupt the reproductive systems of both genders, and even alter DNA.

How is this possible? How can these everyday products carry so many known health risks? According to Stacy Malkan, author and co-founder of the Campaign for Safe Cosmetics ([www.safecosmetics.org](http://www.safecosmetics.org)), the answer is as simple as corporate greed. In her book *Not Just A Pretty Face: The Ugly Side of the Beauty Industry*, Malkan takes on the cosmetics industry in the United States, criticizing corporations and government agencies alike for putting profits before people and failing to protect consumers. Her campaign notes that only 11 per cent of the more than 1,100 chemical ingredients commonly used in cosmetic products have been tested for use in humans. The other 89 per cent are wildcards.

A common defence of the cosmetics industry is that only

trace amounts of these questionable chemicals are used in their products, making any risks inconsequential. But what about the cumulative effects of repeated exposure? What is the long-term impact of using multiple products on a daily basis year after year? These are the paramount concerns of industry watchdogs like Stacy Malkan.

Although Malkan's target is the cosmetics industry in the United States, the situation in Canada is not much different.

With few exceptions, the formulas used in the cosmetics that are sold in Canada are the same. In both countries, the cosmetics industry is self-regulating and government intervention is limited to problems that arise after the products are already on the market and in the hands of consumers.

The cosmetics industry generates \$40 billion of economic activity in North America each and every year. With this kind of money on the line it's unlikely that either government will step in to strictly regulate the industry any time soon.

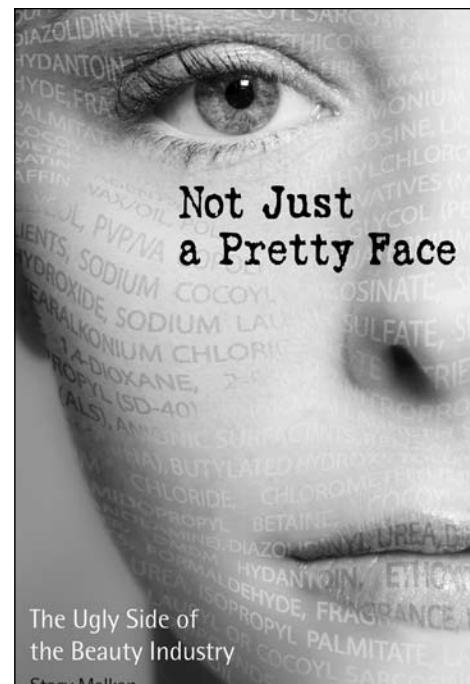
So, what can you do to protect yourself from unnecessary exposure to harmful chemicals? In Canada, you can start by reading the labels.

In November 2007, the Government of Canada made it easier for Canadians to protect themselves by requiring cosmetics companies to include a list of ingredients on the outside packaging of all products sold in our country. While the new legislation stops short of requiring warning labels if an ingredient is known

to be harmful, and does not compel companies to disclose the amounts of chemicals that are used, requiring companies to list ingredients does have some value.

To find out how safe your favourite products really are, visit the Skin Deep searchable database of cosmetic ingredients at [www.cosmeticsdatabase.com](http://www.cosmeticsdatabase.com). This database identifies the known risks of specific ingredients and notes any suspected effects of regular exposure. You can search the database by product, ingredient or company and find "safe lists" and "black lists" of cosmetics that are currently on the market in Canada and the U.S.

**TINA KELLS**



**New book takes on the multi-billion dollar cosmetics industry.**

## Retirements

Care aide **Donna Calver** has just retired from Pleasant Valley Manor. "I've had a very eventful 17 years," says Donna, who plans to travel, ride her horse, and spend more time in her garden.

And 40-year HEU veteran **Marg Fraser** has retired from Penticton Regional Hospital. She started in the laundry department in 1967 before transferring to house-

keeping where she worked until her retirement. Marg is an avid hockey fan and news buff.

HEU also sends well wishes to several other recently-retired members: unit clerk **Judy Anderson** (Peace Arch) with nearly 20 years of service; dietary aide **Marjorie Perry** (Cumberland Lodge) after 27 years; LPN **Elizabeth Yip** (Mount St. Joseph) after 32 years of service; maintenance worker **James Harper** (Victoria General) with 24 years of service, including a position as local trustee, and laundry worker **Anne Francis** (Tofino General) with more than 27 years of service, including a position as local secretary-treasurer.

## Staff changes at HEU

**Janice St. John** has transferred from the Provincial Office as an LTD representative to servicing in the Victoria regional office. Janice, a former local executive member

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**PRESS 1**

**Ethnic Diversity**



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

**PRESS 2**

**First Nations**



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

**PRESS 3**

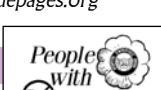
**Lesbians and Gays**



For support: afraid of being identified, feeling isolated, want to know your rights? Call for information on same-sex benefits, fighting homophobia and discrimination. [www.pridepages.org](http://www.pridepages.org)

**PRESS 4**

**People with disAbilities**



If you are on WCB, LTD, or if invisibly or visibly disabled in the workplace, let us know how the union can better meet your needs. [www.alberni.net/PeopleWithdisAbilities](http://www.alberni.net/PeopleWithdisAbilities)

**ALL CALLS ARE CONFIDENTIAL**

at Victoria General Hospital, joined the HEU staff in 2003.

Servicing rep **Sheryl Rankin** has moved from the Victoria to Nelson office. A former activity aide at the Juan de Fuca local, Sheryl has worked at HEU since 1994. And **Brenda Van Der Meer** (Jordison) has transferred to the Kelowna office from Victoria. Brenda comes from the Cowichan Valley local, and has worked in HEU servicing and organizing since 2003.

## Congratulations

Union member **Barb Burke** has been included in a new book *Celebrating Penticton Women: 1908 – 2008*. The book notes Burke's lengthy involvement in B.C.'s labour movement and her "single minded drive to improve the lot of the worker and enhance the health of the community."

## In memoriam

The HEU staff was saddened by the passing of our friend and colleague **José Scriven** in November after a valiant battle with cancer.

José was hired as the union's librarian in 1999, shortly after immigrating to Vancouver with her family.



SCRIVEN

In a brief period of time, José transformed the library into a valuable resource and became the go-to person for information on a wide range of topics.

Born in Kimberley, South Africa in 1945, José was exposed to a volatile political and social climate at a young age, and made it her life's work to better the world in which she lived. The experiences in her early life gave José a strong sense of morality and justice.

After university, José worked at Witwatersrand University Medical School library in Johannesburg, where she met a post-graduate student named David. "I took out the books and then the librarian," he fondly recalls. They later wed, and welcomed their son Michael a few years later.

David remembers his wife as a kind, generous, compassionate humanitarian with a sharp intelligence and highly tuned intuition.

"José had a burning desire to right wrongs be they at a personal or social level," reflects David. "It was she who introduced me to political struggle against apartheid, and I can never forget the surprise I had seeing my wife on TV, purple anorak flying, in the forefront of a march charging down 10th Avenue while protesting against the provincial government's Bill 29. I was very proud of her."

David recalls that from early 2001 when José was diagnosed with incurable cancer until the end of 2004 when the disease prevented her from working, "she told no one at work, and carried on working and living her life as if nothing was different. She was an extraordinarily brave person."

## You can

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### DESKTOP PRODUCTION

**Elaine Happer**

### DESIGN CONSULTATION

**Kris Klaasen,**

**Working Design**

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**Fred Muzin, Judy Darcy, Donisa Bernardo, Ken Robinson, Victor Elkins, Boni Barcia, Doreen Plouffe**

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### UNION OFFICES

#### Provincial Office

5000 North Fraser Way  
Burnaby V5J 5M3  
604-438-5000

E-MAIL [heu@heu.org](mailto:heu@heu.org)

INTERNET [www.heu.org](http://www.heu.org)

#### Regional Offices

##### VANCOUVER ISLAND

**Victoria Site**  
201-415 Gorge Road East  
Victoria V8T 2W1  
(250) 480-0533

**Comox Site**  
6 – 204 North Island Highway  
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**Kelowna Site**  
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