

GUARDIAN



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77%

HEU MEMBERS SECURE NEW CONTRACT

page seven

- Wages and benefits protected
- Job security and expanded options
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Greening health care one good idea at a time p.5

Forging new alliances to protect seniors' care p.9

COMMUNITY SOCIAL SERVICES WALK raises public support page 12



More than 150 people attended a March 20 forum to share ideas about how to create a more compassionate and just province.

BC FORUM PHOTO

A renewed focus on campaigns

With new collective agreements in place, HEU members are taking action in their workplaces and communities.

No sooner had the world started heading back home from Vancouver's Winter Olympic Games than the B.C. government was bringing down a budget that will once again put many of the services and programs British Columbians rely on at risk.

Health services, education, seniors' care, arts and culture, child care, mental health programs, supports for people with disabilities, and many more are struggling under the weight of chronic underfunding and renewed cutbacks.

With new collective agreements secured for the majority of HEU members – that protect wages and benefits, while providing greater job security and expanded options – the union is joining with other community groups and organization to help create a broad, diverse movement for change.

As the pages of this issue of the *Guardian* demonstrate, HEU members are seizing the initiative on a number of fronts to make a difference in their workplaces and their communities.

Whether it's revitalizing efforts to improve seniors' care, supporting a growing living wage movement, putting environmentally

sound initiatives in place at work sites, or promoting public support for community social services, the union is witnessing a growing momentum of advocacy and activism within the membership.

Most recently, several HEU members joined in the "Dialogue to Build a Better B.C." sponsored by a new coalition of community groups – ranging from arts and culture to women's groups to the environment – and unions who want government to make our community and public services a top priority.

On March 20, the first day of spring, about 150 people gathered together at the Vancouver Public Library to begin the work of building an effective, united, grassroots response to government cutbacks and underfunding.

Specifically, the coalition wants government to fulfill its legislative responsibility to provide programs and services with adequate, fair and consistent funding.

Veteran political advisor and analyst Will McMartin, who's been affiliated with Social Credit, Reform and Conservative parties,

told Dialogue participants that today's public sector in Canada is about 80 per cent of what it was two decades ago, and the cuts are continuing.

"A conclusion you might reach today," he said, "is that government cutting has gone on too long."

McMartin unraveled the myth of "out-of-control" public spending by pointing out that although the number of dollars spent on public services has gone up over time, the amount spent per person has gone down and continues to go down.

He also noted that Canada's public sector is already one of the smallest in the world, by international standards, and that corporate tax cuts introduced by this provincial government are costing British Columbians between \$1.5 billion and \$2 billion a year.

It's a staggering number – one that represents a huge loss of resources. For HEU members, it is evidence that government can make a different choice for our communities and our province. It's only a question of political will.

**THE UNION IS JOINING
with others to create a broad,
diverse movement for change**



JUDY DARCY

New contracts make health care stronger

Following a long, bitter debate over health reform in the United States, it's heartening to see our neighbours to the south take a tentative, but very important, step toward creating a more accessible public system for the American people.

That debate underscores just how valuable our public health care is for the millions of Canadians who rely on it, and why it's something we cannot take for granted. Make no mistake, the very forces that poured millions of dollars into fighting modest changes to the U.S. system are the same forces that are working to unravel public health care in Canada. Their tactics here? Undermine public care, push private options, and gradually erode confidence in the ability of our public system to deliver quality care.

That's why it's so critical for our union to continue to do everything we can to improve public health care here in British Columbia.

Recent two-year agreements achieved in facilities and community health will help make our public system stronger. By increasing job security and stability for our members, we are able to improve care and bring greater sustainability to the health care system overall.

In facilities, we have negotiated a package of improvements (*see page 7*) that provides more education and re-training, expanded seniority rights, and the ability to work with government and employers at the senior policy level to expand the utilization of our members.

We now also have the ability to proactively deal with any future restructuring and privatization plans. And other improvements – such as responsive shift scheduling and a program to address safe patient/resident handling – will make a difference in both our working and caring conditions.

By using these and other tools available to us in the workplace, and by speaking out about the lack of funding that compromises safety and quality of care, HEU members will continue to make a difference for all British Columbians.

A recent example comes from Royal Inland's sterile supply technicians in Kamloops, who had been warning manage-

ment about malfunctioning equipment and insufficient supplies long before they resulted in surgery cancellations. That incident forced the health authority to publicly admit that they should have been listening to workers all along.

Equally important is forging stronger connections with seniors, family members and community advocates as we revitalize our campaign to stop the deterioration of long-term care in B.C.

And it's why we're joining with others in the community – through the Coalition to Build a Better B.C. – to protect health care and the growing number of public services under threat from cutbacks and privatization.

The very forces that poured millions of dollars into fighting modest changes to the U.S. system are the same forces that are working to unravel public health care in Canada.

voice.mail

Contracting out doesn't deliver

I currently work at Lodge on 4th, but three years ago, I was one of 160 health care workers at Nanaimo Seniors Village, who was laid off after the B.C. government enacted *Bill 29* – elements of which have since been overturned by the Supreme Court of Canada – to allow the contracting out of my job.

As a result, the care and support services to the seniors living at NSV have been upset and destabilized three times, as service contracts have failed for a variety of reasons.

The lesson to learn from this is that contracting out isn't working. But at Lodge on 4th, this lesson is being ignored. The Lodge's owner wants to contract out.

Lodge on 4th is a beautiful facility. Its greatest asset is

its dedicated staff and families that step up all the time to help the residents. On a daily basis, I see my colleagues go above and beyond their duties. They take time to sit with a senior, who is depressed or anxious, or go with residents for much-needed medical tests – on their day off. But as well as providing care and support to residents, my co-workers and I are advocates. We speak of concerns when residents can't. We address small

problems before they become large. We ensure that they are treated with dignity and respect.

That's why I'm writing this letter, to advocate on their behalf.

My employer, the owner of Lodge on 4th, recently rejected a proposal from the workers and our union – the Hospital Employees' Union – that could save up to one million dollars a year, and maintain the present staff. The quality and continuity of

care and support to residents would remain intact and the owner's "bottom line" would improve.

But the real winners in our proposal would be the residents because they would continue to be cared for and supported by health care workers whom they know and trust, and who know and respect them. There would be no upheaval, no unnecessary change and no lapse in services.

Considering that these

residents built this province, fought for our freedoms, paid their taxes, and contributed to our society all their lives, they deserve the best we can give, including high-quality care and support provided with respect, compassion and dignity. Contracting out just doesn't deliver that.

SHEILA MAY NIEHAUS
Lodge on 4th

Important April 28 Care Aide Registry Deadline!

Care Aides (CAs), Community Health Workers (CHWs) and any other workers whose positions require a care aide certificate have until April 28 to register with the new BC Care Aide & Community Health Worker Registry.

The registry will create a database of CAs and CHWs who are eligible to work in publicly funded facilities.

After April 28, CAs and CHWs who are not in the registry, but want to apply for work in a publicly funded facility, will have to show proof they've completed a provincially recognized CA or CHW training course.

The registry also outlines an investigation and appeal process for complaints of resident abuse, and establishes provincially mandated training standards to ensure future CAs and CHWs graduate with appropriate skills and have their practice fully recognized by supervisors and team leaders.

Who should register?

- Any Care Aides or Community Health Workers – with or without a certificate – who want to be "grandfathered" into the database;
- Workers on WCB, LTD or any other leave who have a care aide or community health worker certificate;

- Workers, such as Patient Porters, whose position requires a care aide certificate. (This includes those who have been trained on the job and do not have a certificate or the equivalent educational requirements.)
- Any LPNs who may want to work as a CA in the future;
- Any CAs or CHWs working in private facilities who may want to work for a publicly funded employer.

What happens after the April 28 registration deadline?

Care Aides and Community Health Workers who do not register and do not have a certificate, will be able to work

for their current employer, but will not be eligible to work for other publicly funded employers until they complete a recognized CA and/or CHW training program.

How to register!

Registration is simple and free. The application and consent form can be filled out at www.cachwr.bc.ca or by calling 1-877-867-3061.

For more information about the registry, members can contact their local executive or servicing representative or visit www.heu.org for more detailed information.





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New contract tools tackle workplace restructuring

In the face of service consolidation and the threat of privatization, members have increased job security and more employment opportunities

Health authorities in the Lower Mainland are embarking on a massive reorganization of non-clinical health services – a cost-cutting measure that will result in a change of employer for thousands of HEU members.

But members have some significant new rights – contained in the recently ratified facilities agreement – that will help ease the impact of these potentially disruptive changes.

Under the Lower Mainland Consolidation (LMC) project, services like labs, IT and facilities management (*see list below*) will be managed by a single health authority on behalf of the others.

The government wants to cut costs quickly, and has hired the private firm Accenture to help fast-track the project.

HEU secretary-business manager Judy Darcy says the new agreement includes significant new rights and expanded employment options for members affected by service consolidation.

But most importantly, the union has ensured that members transferred as part of any service consolidation will continue to be covered by the facilities agreement.

“Health employers were clear that they intended to move any consolidated service – along with the new B.C. Health Authority Shared Service Organization – into the community health subsector,” says Darcy.

“That’s no longer the case as a result of our successful negotiations.”

Transfer of services

The new agreement sets out a process through which the union and employer can deal with issues that arise from the transfer of services – issues like seniority, transportation, and scheduling and rotations.

But HEU’s assistant secretary-business manager Bonnie Pearson, who led the team negotiating the new transfer provisions, says that members transferred to a new employer will also be guaranteed important new rights.

“First of all, members will see no



MARGI BLAMEY PHOTO

REPRESENTATIVES OF THE BC CEDAW GROUP were joined by the Union of B.C. Indian Chiefs to take the B.C. and federal governments to task at a news conference on February 2 at the Vancouver Aboriginal Friendship Centre. The BC CEDAW Group – a provincial coalition of women’s and human rights’ organizations to which HEU belongs – and the UBCIC criticized the governments for failing to respond to a directive from the United Nations Committee for the Elimination of Discrimination against Women (UN CEDAW) to review how Canada’s cases of missing and murdered women had been handled over the past 30 years. Pictured above (left to right) are Margot Young, Grand Chief Stewart Phillip, Shelagh Day, Laura Holland.

interruption in pay or benefits – and they will port their seniority, service and related benefits to the new employer,” says Pearson. “And affected casu- als can access the casual list with the new employer.

“But the union also wanted to make sure that members could use their seniority to post into positions with their previous employer. This is especially important for members whose work is physically moved to another location as a result of service consolidation.”

Accordingly, the agreement allows transferred members to maintain their seniority with their previous employer for up to five years as well as to accumulate additional seniority

through their casual list.

Pearson notes that the transfer provisions will also apply to members who may be affected by similar service consolidation and transfers in the future.

Protections against privatization

While the consolidation of services will impact a large number of HEU members in the short term, continued privatization of services also remains a potential threat to decent jobs and quality services.

The new agreement strengthens protections and expands employment opportunities for members affected by contracting out and public-private partnerships.

The collective agreement now includes the enhanced severance, bumping, posting and other options first negotiated as part of the *Bill 29* settlement. There are new rights for casu- als affected by privatization related to the porting of seniority and registering for casual work in other departments.

The union negotiated an additional \$2.5 million in re-training funds, and workers who access the fund will have more flexible re-training options.

“Cost cutting, restructuring and privatization will continue to cause instability throughout health care,” says Darcy.

“But this agreement provides the union with important tools to protect members’ rights and expand their employment opportunities.”

Lower Mainland Consolidation at a glance

The Lower Mainland Consolidation (LMC) project involves centralizing various health services across three Lower Mainland health authorities (Fraser Health, Vancouver Coastal Health – including Providence – and Provincial Health Services) under the lead of a single health authority.

It’s a massive undertaking involving nearly 7,400 full-time equivalent (FTE) positions – union and excluded – and operating budgets of more than a billion dollars. Here’s a list of what services will be managed by each health authority or organization.

Fraser Health Authority

- Facilities management (650 FTEs)
- Protection services (20 FTEs)
- Pharmacy (800 FTEs)

Vancouver Coastal Health Authority

- Communications services (75 FTEs)
- Diagnostic imaging (1,400 FTEs)
- Human resources (400 FTEs) – does not include FHA
- Housekeeping, food, laundry, patient transport and business initiative revenue (795 FTEs)

Provincial Health Services Authority

- Interpretation services (30 FTEs)
- Pathology and laboratory medicine (1,800 FTEs)
- IT/IMIS including IT switchboard (560 FTEs) – does not include FHA

Providence Health Care

- Biomedical engineering (160 FTEs)
- Health information management (695 FTEs)

*source: *Lower Mainland Consolidation Project RFP, February 2010*



COFFEE BREAK

6 reasons to LOVE your TAP WATER

1 Bottled or not, you're probably drinking it anyway!

Instead of a clear mountain stream, many water bottle labels could just as easily display your kitchen sink. Although some bottled water is from natural springs, many brands use "treated" municipal water. Yes, that's the same water you get from your faucet. (see # 5)

2 Light plastic, heavy greenhouse gas emissions.

A lightweight, polyethylene terephthalate (known as PET to its friends) plastic water bottle creates more than four times its weight in greenhouse gas emissions, and uses 11 per cent of its volume in crude oil during the manufacturing process.

3 Recycling can't keep up with us, and we can't keep up with it.

Even in B.C., with our higher-than-average recycling rate, we send almost 250 times more beverage bottles to landfills now than we did in 2002. One-third of these are water bottles. And those that avoid the trash are in fact downcycled to become carpeting and other non-recyclable materials.

4 When we talk about recycling, this isn't what we mean...

Many plastic bottles eventually end up in our oceans, where they break down into smaller and smaller pieces of, well, plastic. These morsels are eventually eaten by fish and other ocean-going organisms, which are eaten by larger fish, which are... you guessed it... eaten by humans.

5 Cut water bottles, not social programs.

Across Canada, the average cost for 1,000 litres of filtered, tested tap water is \$1.14. At your local convenience store, you'd pay the same for one lonely litre. Between 2003 and 2008, the Canadian government spent \$15.6 million on bottled water.

6 Everybody's doing it.

In Canada, there are 76 municipalities, four municipal associations (including the Federation of Canadian Municipalities), eight school boards, five university campuses, and many other organizations that have restricted or ended bottled water sales to encourage sustainable, affordable, public tap water.

Sunridge Place workers find their "true" employer

The B.C. Labour Relations Board has ruled that Sunridge Place Ltd. Partnership is the true employer for more than 200 HEU health care workers working at the private, for-profit residential care facility. The decision is a result of a complaint filed by the union at the LRB in mid-December 2009 after the members were given

lay-off notices on December 1, 2009. Duncan Care Campus Ltd. – the company that Sunridge claimed was the workers' employer – issued the lay-off notices which led to the union's complaint. Just days before, on November 27, the Sunridge workers had voted 72 per cent in favour of joining HEU.

"The LRB decision is a real victory for our members at Sunridge," says assistant secretary-business manager Bonnie Pearson. "Now we can focus on negotiating a first collective agreement and will be looking to schedule dates with Sunridge as soon as possible."

Know your rights

New seniority provisions open doors

The recently ratified 2010-2012 facilities subsector collective agreement includes major improvements on how you can use your seniority to maintain employment when impacted by restructuring or contracting out – or to explore new opportunities by personal choice.

Health authority-wide seniority: how does it work?

Under the new contract, members will have access to one merged, dovetailed seniority list – to be completed by December 31, 2010 – for each of the health authorities and for the Shared Services Organization (SSO). It's based on the model already established by the Vancouver Coastal Health Authority.

Here's what you need to know:

- effective the first pay period of January 2011, vacancies will be posted at all work locations across a health authority or health care organization;
- all workers are entitled to apply at the same time for vacancies;
- displaced workers can bump first at their work location, and if there are no "comparable" bumping options, then choose to bump into

positions under the new merged seniority list for their health authority or health care organization;

- paid hours at multiple work locations will not be combined for overtime calculation purposes until March 31, 2012; and
- each employee will end up with one status: regular full-time, regular part-time or casual, by January 31, 2012.

Portability provisions: what's in it for me?

In addition to health authority-wide seniority, members can also port their seniority to new employers, or have it reinstated **within a six-month window**. And unlike health authority-wide seniority, this also applies to affiliates.

Under this provision, if you voluntarily resign from a position and are re-employed within six months by either the same employer or by another employer covered by the facilities agreement, you are then entitled to port all seniority and related benefits to your new job. This provision also applies to casuals. Previously, you would have lost all of your seniority upon resigning.

It's important to note that you

cannot use your seniority to bid on a position at another health authority. You would be applying at ground zero on the seniority list. However, if you successfully post into a position, then you can port your seniority with you.

Benefits and multiple work sites: how am I affected?

In a dovetailed seniority list, you will keep all related benefits – such as special leave, vacation and sick banks, health and welfare benefit plan, and pensions. However, your entitlement cannot exceed what would accrue for a full-time equivalent (FTE) position per year – meaning you will receive coverage under only one benefit plan if you work at multiple sites.

By January 31, 2012, HEU members with jobs at multiple work locations – whose total hours exceed one FTE – must give up positions until their hours are equal or less than one FTE. For example: You will not be able to work full-time at one work site, and pick up casual shifts at another. But you would be able to work part-time at one site and casual at others, as long as you do not exceed the one FTE cap.

- For more information, review the comprehensive report until it is replaced by the collective agreement.

<<newsbites>>

U.S. health reform bolstered by workers' support

On March 21, the U.S. House of Representatives passed historic health care legislation that introduces hope for the millions of Americans struggling under a costly private system.

The U.S. labour movement has long advocated for health care reforms, and played an important role in one of their country's most hotly contested debates.

According to the AFL-CIO, union members made more than four million phone calls, and knocked on more than 200,000 doors in the ongoing campaign for accessible, afford-

able health care.

The new laws are widely recognized as a compromise, and do not include any of the universal public health insurance that many countries, including Canada, enjoy. However, health insurance companies will now be prohibited from denying coverage for children with pre-existing conditions, from dropping claimants once they reach a so-called "lifetime limit," and from cancelling coverage for people who become sick.

Dependent children up to the age of 26 will be covered by their parents' policies, and small businesses will receive large tax breaks for providing employee health benefits.

One of the more controversial changes is the requirement that all Americans purchase health insurance. Although low and middle income earners will receive government subsidies and have access to state-run insurance exchanges, many are still calling the regulations a giveaway to the very corporations who created the world's most expensive health care system.

The real impact remains to be seen, as many changes – including access to preventative care, a total ban on pre-existing condition denials, and medical premium payment reform – will be phased in over the next four years.

Members train for the future

Rapid technological advances, increased expectations and responsibilities, restructuring, and skills shortages have become the norm in health care, not the exception.

Education and training are increasingly at the top of members' priority lists as a way to improve job security and options in the workplace. The success of the \$5 million FBA Education Fund, negotiated in 2006, is just one example of this growing need.

And it's a need that's not going away. The recent 2010 negotiations saw employers agree to a \$1.25 million extension, and new eligibility criteria that now includes casuals.

The case for continued and expanded funding was partly based on a recent survey of members who received funded training over the last few years. An overwhelming majority described the Fund as an important addition to their skills and capacity to work in health care. They gained knowledge in areas

that range from interpersonal communication, to payroll compliance legislation, to power engineering, medical lab work, immunization theory, leadership, and more.

But members also reported benefits that went beyond the workplace, revealing the power of education to inspire, motivate and change personal lives.

Mark Beler, of Nanaimo Travellers Lodge, started working as a cook in 1986. As he got to know his co-workers, he also learned about their work, particularly the care aides who talked about the sense of personal satisfaction and reward that comes from interacting with residents and families.

"I always wanted to do something like that," says Beler. "I've been in the kitchen a long time and wanted to expand my horizons."

It wasn't long after he learned about the FBA Education Fund that he found himself sitting in a classroom for the first time in 35 years.

"Going back to school made me feel younger," he says. "There were a lot of essays, but I enjoyed the challenge."

Beler is now receiving an orientation to join his residential care aide colleagues on the floor, but says the experience of becoming an RCA gave him more than expanded job opportunities.

"Once I got my diploma, I felt really good about that. It makes me feel so much better about myself. It showed me I can do just about anything if I set my mind to it, and it gave me a lot of confidence to move forward."

Beler's experience is not unique. As



one survey respondent wrote, the FBA Education Fund was, "a chance to further myself in my career, finances and self-esteem."

"Going back to school has helped me grow in my personal life," explained another. "Plus I have a desire to keep learning."

HEU's research director Marcy Cohen says one of the FBA Education Fund's successes has been to give members the financial resources that allow them to stay in the health sector, while

still growing in their personal lives.

"The Fund gives members options," says Cohen. "Members are able to think of this not just as a job, but as a career."

Many survey respondents echoed this sentiment. "I will now be entering a career field that I enjoy and will make a difference in other people's lives," wrote one member.

"With the help of this money," said another, "I could open a new chapter in my life, better myself, and do what I love."

OLIVE DEMPSEY

Contract gains

The health authorities, HEABC and FBA will jointly apply for a \$2.5 million grant from the Health Education Foundation to fund province-wide training in new roles and leadership opportunities for Care Aides and LPNs.

Another \$2.5 million will be provided for the re-training of employees laid off as a result of privatization. This is on top of the re-training funds still available through the *Bill 29* Settlement Agreement.

Greening health care one good idea at a time

So, how does one person, one department, or one facility begin to tackle the overwhelming environmental challenges facing our planet? According to a growing number of HEU members, it can begin with one reused cup, unused bottle of water, or one powered-down computer at a time.

As the union's environment committee enters its second year, co-chair Carolyn Unsworth hopes to inspire local leaders to initiate exactly these kinds of actions, which can be a driving force for system-wide change.

"Our members have a lot of power," says Unsworth. "We're in stores. We're buyers. We're in maintenance. We're everywhere. If we can take action collectively and agree on achievable priorities, we can make a real difference."

Unsworth believes there's at least one person in every local who has the passion to tackle environmental sustainability at their work site.

For environment committee member Freya Keddie, her commitment stems from a long history as a public water activist. On March 11, she helped kick off Canada's first Bottled Water Free Day, with a screening of the documentary *Tapped*. The film investigates the big business of bottled water, and its negative impact on both human and environmental health.

A medical transcriptionist at Victoria General Hospital, Keddie has been lobbying management to install bottle filling stations and drinking

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Celebrate historic On-to-Ottawa Trek

Seventy-five years later, the spirit of the 1935 On-to-Ottawa Trek lives on. That was when thousands of young, unemployed workers hopped aboard CPR box cars – beginning in Vancouver – and headed to the nation's capital to demand "work and wages."

Today, many of the conditions that impacted Canada's jobless during the "Dirty Thirties" and inspired the trek are echoing around us. To commemorate and celebrate the trek's success, the On-to-Ottawa historical society will be dedicating a historical plaque to mark the trek site

at Crab Park in Vancouver on June 6. Along with other activities, a proclamation by the City of Vancouver will honour the trek and a future public art monument is planned.

In 1935, iron discipline and labour exploitation, enforced by military officers in relief camps, had pushed the unemployed to strike and pour into Vancouver in protest. When those protests were brutally put down, workers decided to take their issues directly to Ottawa.

About 1,000 "trekkers" set out on

the journey – climbing aboard the same trains they had ridden for years in a fruitless search for work. By the time they reached Regina, their numbers had grown to more than 3,000. It was here that federal police stopped the trek on orders from Tory Prime Minister R.B. "Iron Heel" Bennett.

Only the leaders were allowed to continue on. On Dominion Day, the trek was violently crushed by the now infamous police riot in Regina.

Although the trek was broken, opposition to Bennett and his unemployment policies intensified, which swept him from office in the next general election. The new

government responded to trekkers' concerns by abolishing the relief camps and moving to create unemployment insurance and many other "social safety net" measures.

Since then, the ideals and sacrifice of the trekkers have inspired generations of Canadian labour and social activists. In addition to the 75th anniversary activities, the *Impact on Communities Coalition* is organizing its own trek to Ottawa to draw attention to homelessness in Vancouver. The group has organized a "rolling hunger strike" that will end when the trek gets to Ottawa.

The new trekkers will receive a resounding send-off from those

Community health workers secure two-year agreement

In February, HEU members in the Community Health Bargaining Association (CBA) voted 77 per cent in favour of a two-year collective agreement that protects wages and benefits in the sector.

Like all public-sector agreements, the community health settlement was negotiated in the context of a government-mandated freeze on compensation increases.

Some of the improvements to health and welfare benefits include a new direct-pay drug card and increases in vision care coverage from \$225 to \$350 every 24 months. Community health members, who work during weekend nights, will receive a shift premium of \$0.25 an hour. Also, LPNs, LPN supervisors and Certified Dental Assistants

will receive wage adjustments to recognize an increased scope of practice.

Contracting-out protections from the previous contract's *Memorandum of Understanding* will be extended, and a new joint committee will be created to address long-standing scheduling issues. A new Short-Term Injury and Illness Plan (STIIP) working group was also set up to review the gap in coverage between sick leave banks and

long-term disability plans.

There are approximately 1,400 HEU members in the CBA. The B.C. Government and Service Employees' Union represents the majority of the CBA's 14,000 members, followed by the United Food and Commercial Workers Local 1518, HEU, HSA, CUPE, and others.



Like all public-sector agreements, the community health settlement was negotiated in the context of a government-mandated freeze on compensation increases.

Community health workers provide care and outreach in a variety of community-based settings – from home support, to emergency shelters, to drug and alcohol treatment centres and mental health group homes.

Members in this sector support some of the province's most vulnerable citizens.

They see how government cuts impact peoples' health and general well-being.

Members attending HEU's community health bargaining conference last fall described how these cuts impact their work and their clients.

Many clients, for example, face the financial hardship of paying for health supplies, medications or treatments that were previously publicly funded. This can leave them unable to access necessary medical interventions and struggling to afford their basic needs, worsening their physical health and quality of life.

The mental and emotional health that comes from day-to-day activities, such as shopping, haircuts and social nights, has also been seriously compromised, as program workers are not replaced or are pulled to cover other jobs.

The agreement is effective from April 1, 2010 to March 31, 2012.



KEN ROBINSON

PRESIDENT'S DESK

Spring ahead!

After six weeks at the bargaining table, followed by many member information meetings, it's clear just how important our new collective agreement is to helping our members deal with the changes in health care.

I believe we're at a turning point, where members are better able to imagine a long-term future in health care as a result of the expanded options for seniority and education in this agreement.

I am reminded of members I recently met in the Fraser Valley who had been forced to give up their seniority when they changed work sites. It was an emotional moment, hearing workers describe the devastation of losing so much, after years of contributions to the health care system. At the same time, it was gratifying to know that the new health authority-wide seniority means our members will no longer be put in that kind of situation.

I think many members will also benefit from the continued FBA Education Fund, which gives them more choices about their career options.

These achievements aren't just good for members and their families, they also help keep stable jobs in our communities. This is good for all British Columbians.

I look forward to meeting with more members at the upcoming regional meetings.

These meetings are a chance to focus on the issues that are unique to each region's membership. Last year for example, when VIHA introduced a new centralized scheduling system, members at the regional meeting were able to talk about the challenges and issues it created, and how to develop a stronger collective response.

These kinds of stories don't often get told, and yet they make all the difference when it comes to a well-functioning health care system.

HEU members, like all unionized workers, are also community members. We are parents whose children are affected by cuts to education. We are caregivers whose elderly family members are affected by reductions in seniors' services. We are citizens who benefit from sports and arts programs, and believe our province should provide dignity and support for all vulnerable groups.

Inside and outside the workplace, there's a lot to be done.

Through new collaborations like the Coalition to Build a Better B.C., or our own Stand Up for Seniors' Care campaign and the multi-union campaign to raise awareness about Community Social Services, our union and others play an essential role in responding to government's short-sighted budget cuts.

Now that bargaining is complete, we're turning our attention to HEU's fall convention. As members meet to select delegates, it's also an opportunity to remember how working together within our union is a way to improve our workplace, build our communities, and create a province that invests in decent jobs, quality public services and a stronger future.

Inside and outside the workplace, there's a lot to be done.

CSS negotiations

At press time, new bargaining preparations were underway in the Community Social Services sector, following the expiry of the CSS collective agreement on March 31, 2010.

<<newsbites>>

attending anniversary celebrations in Crab Park. Watch for June 6 event updates at www.ontootawa.ca and <http://ioccc.ca>.

Door stays open for public sewage treatment

VICTORIA—An important decision on March 24 by a Capital Regional District (CRD) committee overseeing a new sewage treatment project has opened the door to ensuring it will be fully public.

After three years of planning, the committee approved a proposal that will see publicly operated sewage treatment in most of the region, and which allows for the exploration of



either a public-private partnership (P3) or public operation for the West Shore communities of Colwood and Langford.

The business case showed that

public operation is cheaper than private – by over \$100 million, according to forensic accountant Ron Parks. And in March, trade lawyer Stephen Shrybman warned the CRD against

a P3 in light of the Canada-U.S. procurement agreement. But the project has been caught in the crosshairs of the BC Liberals' privatization agenda, which puts significant pressure on regional politicians.

Throughout February and March, citizens and local businesses came out strongly in support of public sewage treatment.

CUPE BC's Barry O'Neill said that given the clear opposition to privatization during all public consultations, local councillors have many reasons to go fully public at the final CRD meeting on March 31.

More information is available at keepwaterpublic.ca.



MIKE OLD PHOTOS

HEU members ratify a contract that provides more than meets the eye

Most HEU members have never had the opportunity to sit at a bargaining table – face to face with the employer – and engage directly in the difficult back and forth discussions that are typical of most rounds of bargaining.

But even those who have had the experience would not have encountered the extraordinary conditions that characterized this set of contract talks in the facilities subsector – a two-year wage freeze imposed on the entire public sector, ongoing cutbacks and privatization throughout health care, consolidation of services (see page 3), and government’s intention to move members in the new Health Authority Shared Services Organization (SSO) out of the facilities subsector and into the community subsector.

Intent on reaching a deal with the Health Employers Association of BC (HEABC) that would protect members’ wages and benefits and strengthen job security, the Facilities Bargaining Association (FBA) worked through six intensive weeks to achieve a negotiated settlement, ratified by members in mid-March with a 77 per cent margin.

What it took to reach that agreement were marathon bargaining sessions, which regularly went from morning to midnight and through weekends, and the tenacity to keep digging for solutions on those items where government or health employers refused to budge.

HEU secretary-business manager and chief negotiator for the FBA Judy Darcy calls it the toughest contract she has ever negotiated.

HEU members gathered in Victoria on February 18 to review the contents of the FBA’s tentative settlement in preparation for local information meetings and ratification votes.



MARGI BLAMEY PHOTO

“When you look below the surface, you will find a number of provisions that give members new tools, options and opportunities for the future.”

“Government saddled the process with an extremely restrictive bargaining mandate that not only impacted monetary issues, but non-monetary items as well,” says Darcy. “Everything was micro-managed and second-guessed, right down to even the smallest of details.”

Darcy has a lot of praise for HEU’s bargaining committee and the entire FBA bargaining team who worked hard to overcome those obstacles.

“This was an incredible team,” she says. “They rolled up their sleeves and put in the long hours that were needed to make sure members’ key priorities were secured in the final agreement.”

HEU financial secretary Donisa Bernardo says that although most members she talks with would have liked to see an across-the-board wage increase under different circumstances, “protecting our benefits was even more important. That message came through loud and clear at our occupational and wage policy conferences last fall, and it was one of the most important achievements in this agreement.

“Everyone relies on their extended health benefits, for themselves and for their families. In places like my hometown Kamloops, which has lost a lot of family-supporting jobs, and health care is the largest employer, the ability for at least one spouse to hold on to a solid benefits plan is critical.”

By now, most HEU members are familiar with the major features of the new contract – wages and benefits protected, special adjustments for jobs with expanded responsibilities, new job security opportunities, and the guarantee that members in the new SSO or transferred to consolidated services will remain in the FBA.

But when you look below the surface, Darcy says, you will also find a number of provisions that give members new tools, options and opportunities for the future.

Those include a \$2.5 million re-training fund, health authority-wide seniority, enhanced severance for voluntary departures, continued financing for the FBA Education Fund (see page 5), responsive shift scheduling with an agreement to work toward reducing the use of six-shift rotations, additional rights for casuals, and more.

And while bargaining may be over, the union will be continuing to work with top-level officials from HEABC and government to improve members’ working lives throughout this two-year contract and beyond. Here’s how.

☛ Sustaining benefits

Protecting members’ benefits in this round of bargaining was the first step. But to ensure benefits remain intact and sustainable beyond this round of bargaining, the FBA negotiated a joint union-employer working group that will focus on improving the quality of benefits, while reducing growth in such areas as drug costs.

☛ Senior-level advocacy

Building on the successes of the last four years, which emerged from joint policy work on LPN/care aide issues, a major focus of a new Joint Engagement Committee will be expanding the utilization of LPNs, care aides and nursing unit assistants (unit clerks).

It will also tackle system-wide issues to reduce injury rates, expand education, improve the utilization of diverse occupations and role definitions. And it will look at how to involve non-clinical areas such as trades and maintenance.

Priority areas for working groups will also include increasing leadership opportunities for care aides and LPNs, and the development of provincial competencies for acute care aides.

☛ Acting on disability issues

It’s long past time for a better approach to assisting members who are sick or injured. This joint working group will develop a comprehensive approach to providing sick leave, long-term disability coverage, and other services to affected members.

They’ll focus on intervention and prevention, rehabilitation and training options, and will look at how shop stewards can most effectively support programs to ensure the best outcome for members on LTD.

☛ Reducing injury rates

Within three months of ratification, HEABC and the FBA will establish a committee to develop strategies and make recommendations on programs that promote safer patient and resident handling.

☛ Addressing future changes

The FBA will meet yearly with health authority CEOs and senior ministry officials to discuss potential plans that may affect members in the future. This means HEU will now have a longer time period to proactively deal with any major changes on the horizon.

And on a twice-yearly basis, the leadership of each health authority will meet with the FBA to address issues that may affect members in the future.

“At the outset of negotiations, we told health employers that despite tough economic times, we were committed to making real progress on key issues for our members and to improve health care,” says Darcy. “And we followed through on that commitment.”

She says the new collective agreement gives HEU members “important protections and new tools to help them navigate changes in health care.”

More information on the facilities 2010-2012 contract is available at <www.heu.org>.

PATTY GIBSON



DIGNITY FOR SENIORS: a growing movement that can't

Whether you're an HEU member who works in long-term care or someone who is struggling to help a parent, relative or friend age with dignity and adequate support, you know first-hand the problems in seniors' care.

Immediate improvement is not only required in B.C., it's urgently needed right across the country. That's the conclusion of a recent report from the national office of the Canadian Union of Public Employees' (CUPE) – *Residential Long-Term Care in Canada: Our Vision for Better Seniors' Care*, which was the focus of the union's coast-to-coast tour on seniors' issues this past winter.

In British Columbia, HEU and the BC Health Coalition worked together to bring the tour to Burnaby, Kamloops and Victoria. At each stop, health care workers, seniors, family members, advocates and community representatives heard about the deteriorating state of seniors' care in B.C.

Not surprisingly, low-staffing levels – which are a direct result of the rise in private, for-profit versus public, not-for-profit residential long-term care – emerged as a principle concern among most participants.

"We heard the same refrain throughout the country," says CUPE National president Paul Moist. "Privatization of residential long-term care is happening at an increasing pace, and B.C. is in the forefront of this.

"Research consistently shows that staffing levels are the most important factor in quality of care," says Moist. "Higher staffing levels mean better health outcomes for residents.

"That's something health care workers have been telling us for years, and it's where our advocacy can really make a difference."

Toby Edelman, a senior policy attorney with the Washington, D.C.-based Center for Medicare Advocacy and the tour's guest speaker in B.C., underscored the high cost for poor care.

"When facilities do not employ enough staff, residents suffer avoidable negative outcomes such as more pressure ulcers, physical restraints and incontinence," said Edelman. "For workers, fewer staff means more injuries resulting in more sick leaves, and a vicious cycle of understaffing."

Current and past research also shows that public and not-for-profit residential care facilities deliver better care and support to seniors, resulting in better health outcomes.

That's because private operators look for ways to cut costs, whether it's in the services offered, the staffing levels provided or the wages paid to workers.

The high cost of privatization

Public-private partnerships (P3s) are one form of privatization. Contracting out is another, which also undermines quality of care by creating inferior working and caring conditions.



Support B.C. Ombudsperson's recommendations to improve seniors' care

In the wake of a historic investigation into the state of seniors' care in B.C. by the province's Ombudsperson Kim Carter, a growing number of seniors and their organizations are pushing government to implement her recommendations.

To date, the only recommendation adopted by government is a bill of rights for seniors to be posted in all residential care facilities. But for seniors and their advocates, the bill of rights – on its own – is not enough.

That's why they are mobilizing to support two other key recommendations that could make substantial improvements in the delivery of care. The second part of Carter's report will be released in June.

A provincial website

B.C.'s Ombudsperson wants government to develop a user-friendly provincial website that would publicly report current, detailed information about residential care facilities.

Specifically, Carter wants information posted on each facility's ownership, funding, staffing levels, direct care hours, and more.

In her report, released last December, Carter expressed her disappointment that government has not made a commitment to providing such a website, which

she says is necessary to assist residents and their families in making informed decisions and choices about what could be a senior's last home.

Resident and family councils

The B.C. Ombudsperson also wants government to entrench an expanded role for resident and family councils in legislation or regulation. And she specified that there be a designated person at each facility and in each health authority to assist and respond by required deadlines to resident and family councils.

Again, government has not committed to fully implementing her recommendation. Carter says councils provide residents and families with a stronger voice and an important forum to air their complaints and issues, and seek appropriate solutions.

You can take action

HEU members can help bring about changes like these by telling families and residents about the Ombudsperson's report, which is available at <www.ombudsman.bc.ca>. Members are also encouraged to contact local MLAs to tell them you support the recommendations, and want government to implement them in full.

be ignored

In B.C., for-profit beds have increased by 22 per cent over the last eight years, while non-profit beds decreased by 12 per cent. Most of the new private facilities are P3s.

In recent years, HEU members have had to deal with more than their fair share of the uncertainty and instability caused by privatization and contracting out.

Contracting out of care and support services by facility owners/operators to private companies is increasing in residential care, and that's introduced a new complication – contract-flipping. When a commercial contract fails – which can happen for any number of reasons – a new contractor is brought in. Workers are pink-slipped, they lose their union contract, and they may or may not be rehired.

This is a scenario that's happened at Nanaimo Seniors Village, Beacon Hill Villa, Windermere, and Inglewood and Dufferin care centres. It's a recipe for upheaval and instability that has incurred strong opposition from residents, their families and increasingly, the public at-large.

Early in 2009, the much-loved Cowichan Lodge in Duncan was closed despite intense community opposition. It's been replaced by a private, for-profit facility through a P3 deal. With the Vancouver Island Health Authority's (VIHA) intention to sell off real estate assets, Cowichan Valley citizens are now trying to ensure the Lodge site is not sold out from under them.

Most recently, Lodge on 4th in Ladysmith, another replacement P3 facility, has put HEU health care workers on notice that it intends to contract out a wide range of jobs. HEU members have presented a plan that saves money and increases care and support; but to date, the owner/employer has rejected this.

In the Victoria area, people are pushing back against VIHA's intention to sell Oak Bay Lodge and Saanich's Mount Tolmie Hospital and replace the two facilities with one. The replacement facility will be a P3 in a "to be determined" location, with the Mount Tolmie and Oak Bay Lodge lands developed, presumably as market housing.

If this follows the established pattern, Mount Tolmie and Oak Bay Lodge residents will be relocated to the new private, for-profit facility, with more costs attached.

Community opposition has been swift and effective. Both Saanich and Oak Bay councils have unanimously passed motions objecting to the sale of publicly owned hospital land, particularly Mount Tolmie Hospital and Oak Bay Lodge. And they want VIHA to answer questions about its plans for the future of seniors' care in the region.

In Kamloops, Ponderosa Lodge, another public facility, has been closed and reopened a number of times in recent years. Currently, it's being utilized because these public beds are constantly needed. Whether these are labelled "transition" beds or long-term care beds, seniors have never really left the building.

In recent months, the B.C. government has permitted more than 15 residential care facility owner/



operators to withdraw from membership in the Health Employers Association of BC (HEABC) in a controversial move known as deaccreditation. Health care workers' unions in deaccredited facilities will now have to negotiate for each site or company. Early indications from at least one owner is that they are seeking wage and benefit rollbacks or they will contract out work performed by the current staff.

Phase out funding to for-profit operators

CUPE's report is clear. "For-profit facilities are associated with lower staffing, poorer quality of care, worse health outcomes, more hospitalizations... more complaints and more out-of-pocket expenses for residents."

That's why the report recommends phasing out public funding to for-profit operators, and putting an end to contracting out.

Here are three examples that illustrate how important that shift would be:

- A major Canadian study found that non-profit facilities provided 0.34 more hours per resident per day (hprd) of direct care (nursing and care aides) and 0.23 more hprd of support services than their for-profit equivalents.
- In a groundbreaking study that analyzed data on 14,423 facilities across the U.S., researchers concluded that non-profits provide significantly higher quality care than for-profits.
- In a systemic review published recently in the *British Medical Journal*, researchers estimated that across-the-board non-profit ownership would give Canadian long-term care residents 42,000 more nursing care hours every day.

Access CUPE's report and read more about residential long-term care in Canada at <www.cupe.ca>.

MARGI BLAMEY

Online advocacy course in the works

As part of HEU's Stand UP for Seniors' Care campaign, the union is working with PovNet – an internet community organization – to develop an online advocacy training course based on the *Keep Seniors' Safe* guide produced last year.

Long-Term Care Advocacy sponsored by HEU and offered through PovNetU, will provide community advocates and front-line workers with a working understanding of how the residential facilities complaint and licensing process works.

The course will include case studies and group exercises. It will equip the learner with the knowledge, skills and resources to become an effective advocate in addressing both workload and care deficiency issues through the complaints process.

The course seeks to strengthen skills among staff, family members and community advocates to ensure standards of care are maintained and improved.

PovNet will be piloting this course in early June for four to five weeks. Anyone interested in participating in the *Long-Term Care Advocacy* online course, should email povnetu@povnet.org with their full name and contact information.

Environmentalists and unions team up to improve forest practices

Forest industry unions and leading environmental groups have united behind a plan that calls on the B.C. government to conserve more forest, halt rampant wood waste and promote wiser use of forest products — all as part of a concerted effort to reduce greenhouse gas emissions.

Managing B.C.'s Forests for a Cooler Planet: Carbon Storage, Sustainable Jobs and Conservation was released in late-January.

The plan calls for more trees to be planted; better use of solid wood products that store carbon; and an end to unbridled wood waste at logging operations — a practice that costs an estimated 2,400 forest industry jobs each year, while increasing B.C.'s annual greenhouse gas emissions.

The full report is available at www.policyalternatives.ca/cool-forests.



LPNs to stay united in HEU

A year-long effort by the BC Nurses' Union to carry out a province-wide raid of licensed practical nurses from the Hospital Employees' Union and other unions has failed.

The BCNU admitted in January that it had not been able to sign up enough LPNs last fall to support raid applications that it had submitted to the B.C. Labour Relations Board last November.

At the same time, BCNU attempted to withdraw its raid applications in order to avoid a legal bar against another raid attempt later this year. But the LRB rejected BCNU's request to withdraw their raid applications.

The likely next step is for the LRB to dismiss the BCNU's applications and apply a 22-month time bar on a future raid as set out in the labour code.

The LRB won't make this decision until later this spring after it receives a supplementary report from the Employment Standards Branch of the Ministry of Labour and Citizenship Services related to BCNU's raid application.

But it is important to note that on March 3, after receiving the Employment Standards Branch's initial report on the raid applications, the LRB wrote that "even in the best case scenario, the BCNU does not have the requisite majority membership support for a representation vote."

Since last summer, the BCNU has been excluded from participating in local labour council, B.C. Federation of Labour and Canadian Labour Congress activities because its raid

violates the CLC's constitution.

BCNU's recent statement that it would continue to raid members from other unions may result in an expansion of these sanctions to include its national organization — the Canadian Federation of Nurses Unions.

In the meantime, LPNs are moving forward with a recently ratified two-year collective agreement that boosts wages for most LPNs by three to seven per cent over the life of the contract.

And in response to one of the top bargaining priorities advanced by

LPNs during the union's occupational and wage policy conferences last fall, they will now be paid on a wage grid that contains three increments in the first year and six increments in the second.

The LRB wrote that "even in the best case scenario, the BCNU does not have the requisite majority membership support for a representation vote."

The union also negotiated a new joint engagement committee — with senior-level representatives from government, the health authorities and health unions — that will focus on expanded utilization of LPNs, care aides and nursing unit assistants (unit clerks) along with other system-wide initiatives.

Trade deal short changes Canada's provinces and municipalities

A new trade agreement forged by Canada and the U.S. — as a way to side-step U.S. Buy America provisions — opens up Canada's municipal and provincial procurement markets to the U.S., and will give U.S. companies access to more than \$100 billion in Canada's annual sub-federal procurement market.

With the bulk of U.S. stimulus money already spent, the deal does little to resolve the issue that started the dispute — specifically, that Canada could not profit from U.S. stimulus dollars. However, the new agreement will leave the Buy America provisions basically intact, and only applies to the 37 states

that have signed on to the *World Trade Organization Government Procurement Agreement*.

Meanwhile, under WTO rules, provinces and municipalities will lose an important policy tool in the form of local purchasing power.

The agreement may lead to increased privatization of public services such as water and hydro. Although provincial and municipal procurement was previously excluded from NAFTA, now U.S. investors will be able to launch Chapter 11 investor rights challenges if they feel provinces or municipalities are taking policy actions that harm their interests. (CALM)

Greening health care *continued from page 5*

fountains to encourage the public and patients to use clean, public municipal water. In the long run, she hopes the Vancouver Island Health Authority will change its policies on the sale of bottled water in all VIHA facilities.

Keddie is part of a growing international movement to promote the use of clean, environmentally friendly and cost-effective municipal water sources. From city bylaws to university campus coalitions and public interest research projects, there are growing efforts to combat the waste, increased greenhouse gas emissions and carcinogens created by petroleum-based, plastic water bottles.

Maureen Mackay, an environment committee member from Burnaby

Hospital, is also bringing the growing momentum around this issue to her work site. Several years ago, management began serving bottled water to patients after a rain storm caused turbidity in the water supply. Even though the water returned to normal a few weeks later, the bottles remained.

Mackay's local is continuing to push for an end to this practice, and in the meantime members are turning their attention to the environmental impact of their own activities. They recently switched from disposable to reusable cups at all local meetings, and are working to get members to bring reusable foodware containers, as well. According to Mackay, this builds on

other improvements in the hospital, such as a well-functioning recycling program and kitchen composting.

For further inspiration, members can also look north to 100 Mile House, where the hospital cafeteria switched from 20-litre bottles of purchased water to a filtered tap water dispenser system about a year ago. It was an HEU member working in dietary who initiated the change, explains committee member Barb Matfin, who hopes to work with managers to expand the new water system to acute care areas, as well.

The 100 Mile local has also worked through union-management meetings on projects to encourage staff to save energy by shutting down computers at the end of the day, and to

initiate the recycling of plastic and cardboard that were previously sent to the local landfill.

Matfin is encouraged by the response she's seen from management when members bring forward ideas to improve sustainability.

"It's quite exciting really," she says. "We all have children who live in this community. They know it's the right thing to do."

Most importantly, she says, members can't wait for directions to come from above. Her advice for those who want to help green their workplaces is simple.

"You can't just wait for someone else to do it, you have to take the initiative and do it yourself."

OLIVE DEMPSEY



Living wage campaigns redraw the balance sheet

When HEU launched a local Living Wage Campaign in 2007, members were joining the ranks of a movement that had been growing steadily in North America since 1994.

What started as a call from front-line workers in Baltimore's soup kitchens more than 15 years ago, has now been heard in the boardrooms, church basements, municipal council chambers and in the streets of cities across the Atlantic and back again.

But the campaign has done more than just raise the pay of low-waged workers from Sante Fe, New Mexico to London, England.

The workers, faith groups, unions, community activists, researchers and others, who make the case for living wages, are also breaking down traditional barriers between the "left and the right" and increasing awareness about the role good wages play in creating and maintaining healthy, vibrant communities.

The 2008 election of Conservative London Mayor Boris Johnson, for

example, could have been a deathblow to the city's successful living wage movement. Instead, Johnson surprised many by taking up the cause, acknowledging that it made sense on both moral and economic grounds.

"It is vital that we invest to pay Londoners a fair and decent wage," he said during the 2009 announcement of the updated rate. "A London Living Wage is not just morally right but it makes commercial sense as all businesses need... willing and motivated workers to support them through the recession and onto greater prosperity when the upturn comes."

Johnson's comments reflect the research, which shows that paying a living wage is not only the ethical thing to do, it also means employers are able to create stronger organizations with staff who remain in the job longer, are more engaged, and committed to their work.

"These are things that employers

immediately get if they're smart," explains Seth Klein of the Canadian Centre for Policy Alternatives (CCPA). "If they go to the cost impact only, they're missing a big part of the story, they're only capturing one side of the balance sheet."

It's proving to be a winning argument, as more and more municipalities and employers recognize the benefits of stepping outside the low-wage "race to the bottom."

Summer 2012 will see London host the world's first living wage Olympics, while Washington politicians are reportedly considering a new policy that would encourage companies who bid on government contracts to offer a living wage and decent benefits.

In Canada's capital, Ottawa's municipal council recently endorsed a Poverty Reduction Strategy that includes a living wage proposal of \$13.25 an hour, almost four dollars more than Ontario's minimum wage.

In B.C., the city of New Westminster has gone a step further and directed staff to investigate a municipal living wage bylaw, and send recommendations to council in the spring. Although there are more than 100 examples in the U.S., New Westminster would be the first municipality in Canada to pass a living wage bylaw. Meanwhile, CCPA researchers and the Living Wage for Families campaign will release a living wage calculation for 2010, updated from their initial findings in 2008.

Klein says the rate is likely to increase, mostly due to changes in government supports, such as rental assistance, and higher costs in areas like child care.

The clear connection between a strong social safety net and the living wage rate is an opportunity, explains Klein, for employers to see their role as advocates for public programs.

This is one of the benefits in living wage campaigns, he says. "[These campaigns] invite employers to become advocates for those public programs that take pressure off the living wage. The task of eliminating poverty is a joint effort of the labour market and government, and both have to do their fair share of the heavy lifting."

The London campaign is probably one of the best examples of this shared approach, with banks, universities, the Greater London Authority and others committing to become living wage employers.

But none of these victories would be possible without the efforts of groups and individuals who persistently advance the moral and practical arguments for a fair, living wage.

• Find out how you can get involved in your community at www.living-wageforfamilies.org and www.acorncanada.org.

OLIVE DEMPSEY

>>notebook>>



The issue isn't that health care's share of the pie is expanding. It's the size of the pie. It's shrinking.

B.C. budget reveals serious shortfall – of good ideas

Fear-mongering about out-of-control health care spending is old hat for the BC Liberals. The March provincial budget was no exception, with the finance minister predicting that health spending would take up 42 per cent of government expenditures by 2013.

It's a misleading claim intended to stampede the public into accepting deeper cuts, increased user-fees, and expanded privatization. But the issue isn't that health care's share of the pie is expanding. It's the size of the pie. It's shrinking.

Victoria has made deep cuts in just about every area of government – from the arts to court services to environmental protection. In this context, health care's relative share has increased.

And a decade of tax cuts and giveaways to corporations and high-income earners has created a revenue crunch that actually worsened the impact of the 2008 global economic meltdown on government finances. Against this backdrop of cuts to other public services and shrinking revenues, government has made it look like health care should be on a diet.

But the truth is B.C.'s health sector is among the leanest in the

country. In 2001, B.C. ranked second among Canadian provinces in its per capita support for health care. Today, we're not even on the podium. We've plummeted to eighth place.

That's why health authorities were forced to absorb \$160 million in cuts to front-line services last year – and why this year's increase to health spending isn't enough to repair the damage that's already been done.

Instead, government announced a meaningless accounting exercise designed to perpetuate the myth of runaway health costs.

They've allocated five revenue streams to health care: HST revenues, tobacco and health-related lottery revenues, MSP premiums, and federal health transfer payments. And they will report each year on the difference between these revenue streams and health spending.

It's a public relations gimmick to be sure – and one that won't produce a single additional cent for health care. What we really need is a real dialogue about fair taxes to support public services, and a commitment to implement proven public solutions.

MIKE OLD • HEU COMMUNICATIONS DIRECTOR

IHA admits it needs to heed warnings from front-line staff

Following three incidents of contaminated surgical equipment over a two-week period in February, the Interior Health Authority (IHA) was forced to cancel a week's worth of elective surgeries at Royal Inland Hospital in Kamloops.

Audits of the facility's sterile supply processes were ordered and when the first findings were released, they echoed warnings that sterile supply technicians had been sending to management and supervisors for almost two years.

Along with surgeons and other hospital staff, these HEU members had sounded the alarm about aging and malfunctioning equipment,

workload issues, and insufficient supplies.

The health authority admitted they should have been listening to front-line workers all along.

In a report from the *Kamloops Daily News*, Thompson-Cariboo-Shuswap medical director Jon Slater said the hospital would no longer be "rushing things through" and would wait until they had enough surgical sets to schedule increased surgeries.

Slater acknowledged that staff, "are working as hard as they can in that environment. And we've recognized we need to allow them to say when they need more time."

HEU secretary-business manager Judy Darcy says

she's hopeful this will not only be a lesson for employers, but will also encourage HEU members to continue raising their concerns.

"Workers' perspectives are a huge asset for flagging issues and generating solutions before they become a crisis," says Darcy.

"Employers must spend more time acting on this valuable first-hand knowledge of our health care system's operations."

HEU ad wins top international award

An HEU radio spot on the challenges faced by B.C. families looking for long-term care has won a top international advertising award.

"Every Call" was awarded

first place in the International Public Affairs category by the American Association of Political Consultants at the "Pollies" award ceremony in Phoenix on March 27.

The "Pollies" are the Academy Awards of political advertising. In 2004, HEU took second place in the International Television category for the TV ad "Disturbing Results." In 2006, HEU received an Honourable Mention in the same category for "Closed" – our pre-election ad featuring a rolling list of hospital closures.

But this is the first time HEU's claimed gold in a Pollie Award category.

"Every Call" was part of HEU's pre-election Stand Up for Seniors' Care campaign

and ran in late January 2009. You can listen to it in the Media Room on the HEU website. You can find out more about the Pollies at <www.theaapc.org>.

CSS workers raise public awareness

For the third year in a row, HEU members working in community social services took their public awareness campaign into the malls and into the streets to raise the profile of the critical work they do to support some of B.C.'s most vulnerable citizens.

The campaign was launched in 2008 to shine a spotlight on this often invisible sector, which has suffered from years of chronic underfunding and cutbacks.

BALANCING IT ALL

PATTY GIBSON

Over the past decade, **KIM SLATER** has become a tenacious advocate for seniors in residential care and the front-line staff who support them.

FIGHTING FOR BETTER CARE

When Kim Slater's mother was diagnosed with Alzheimer's disease in 2001, he knew the road ahead wouldn't be easy.

And like many family members who place a loved one in care, he was prepared to tackle a steep learning curve to find out more about how the system works, what supports his mom would require, and how her disease would progress over time.

Nine years later, however, Slater has been through an incredible advocacy journey that has spanned the creation of an informal family support network at Nanaimo Seniors Village in 2004 – which became a family council – to the recent formation of a family council association on Vancouver Island.

Advocacy, he admits, takes a lot of time. "You have to advocate at all levels. There's the facility level, what's happening on the floor. If it's a for-profit facility, you also have to advocate on the doorstep of the company involved. Then you have to advocate with the health authority and with the province. You can't just advocate at one level because they are all interconnected."

A recently retired teacher, an active sports coach and the proud father of "four amazing sons," Slater has put thousands of hours into advocating for his own mother's needs, and those of other seniors. He's also stood up for the care staff at Nanaimo Seniors Village, who have been pink-slipped on sev-

eral different occasions due to contracting out and contract-flipping.

"Bottom line," he says. "if staff are treated with respect and given stability, then care for seniors improves. If you don't value staff, and if care is constantly disrupted, you don't have the level or continuity of care families want for their loved ones."

"Frankly, this shouldn't even be an issue. But in

my opinion, the current government doesn't see health care workers as critical to the care seniors receive. It sees them as liabilities on a ledger sheet."

Slater is also critical of the Vancouver Island Health Authority.

"VIHA has not been partners with family

members in trying to improve levels of care," he says, pointing out that families are often afraid to get involved in an advocacy role.

"There is real potential to engage families in a proactive role, rather than seeing them as troublemakers who interrupt other agendas."

His hope is that government will act on the recommendations of B.C.'s Ombudsperson Kim Carter, whose office conducted a major investigation into the state of seniors' care in B.C.

Of Carter's three major recommendations – a bill of rights for seniors, an expanded role for family councils entrenched in legislation, and a provincial

"In my opinion, the current government doesn't see health care workers as critical to the care seniors receive. It sees them as liabilities on a ledger sheet."



NANAIMO DAILY NEWS PHOTO

website with detailed information on each facility – only the first has been adopted by government.

Slater says that's just not good enough. Without a recognized advocacy role for family councils and transparent, accessible information on all residential care facilities, the seniors' bill of rights "is little more than a poster on a wall."

"The only way to make the bill of rights meaningful is to act on the other two recommendations," he says.

As to what needs to happen to improve seniors' care in B.C., Slater identifies four key areas.

First, a commitment to continuity of care, which can't happen when contracts are flipped. Second, a willingness on the part of the health authority to work in partnership with families to improve seniors' care. Third, the ability to access timely information from the health authority and the province. And finally, rescinding provincial legislation that facilitates ongoing privatization and contracting out.

Beyond his advocacy focus, Slater also tries to help in other ways at the Village. He's fundraised for Alzheimer's, purchased and donated an old piano for the secured ward, helped to enhance gardens, and built supportive relationships with other family members.

Based on his own experience, he encourages family members not only to advocate for their loved ones, but also to get involved in facility activities and help out however they can.

"Partnerships and volunteering," he muses, "that's what makes the world go round."



MICHAEL LANIER PHOTO

This year, about 40 local governments passed resolutions declaring March as Community Social Services Awareness Month.

In Victoria, more than 300 people gathered under sunny skies for the second annual Walk for Community Social Services on March 27.

Participants included individuals receiving services, workers providing programs and support, employers, family members and community advocates. And as the 3km Walk wound its way down Government Street, up to and around the provincial legislature, and back to Victoria's Centennial Square, participants were cheered on by drivers and passersby who honked and waved their support.

HEU member Marilynn

Rust, a residential support worker and the grandmother of a young man with a developmental disability, told the crowd, "It's time for community social services to come out from under the cloak of invisibility, and it's time for government to start funding this sector properly."

She thanked her union sisters and brothers in HEU, the B.C. Government and Service Employees' Union, the Canadian Union of Public Employees (BC) and the

Health Sciences Association for helping make the event successful.

Keynote speaker Jennifer Charlesworth, executive director of the Federation of Community Social Services, congratulated participants for taking the time to help raise awareness about this largely forgotten sector.

"Studies show that 60 per cent of British Columbians are touched by community social services every year," said Charlesworth. "We need

to keep speaking up, telling the public our stories as people receiving these services and as workers."

She said groups like the federation, community organizations and unions are all coming together "in an unprecedented way so we can be stronger together and so we can continue to make a real difference for people in our communities."

Second annual National Day of Mourning contest

National Day of Mourning – on April 28 – is the day when HEU, along with other labour unions across the country, remember workers who have been killed or injured on the job.

The union's People

with disAbilities Standing Committee (PWD) developed the "blue poppy" to represent those workers. Each year, the committee – through its Blue Poppy Campaign – promotes awareness of this day by sending blue poppy buttons to all HEU locals to wear in remembrance.

In 2009, the PWD committee initiated a province-wide contest at HEU locals to raise awareness of people living with disabilities. The success of that contest encouraged the committee to sponsor it again this year.

The committee encourages all HEU locals to come up with original and creative events or activities to highlight April 28 at your workplace. Afterwards, send in photos and a written

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ON THE JOB

BRENDA WHITEHALL

Ongoing educational opportunities and teamwork have equipped nursing clerk **JENNIFER SHELFORD** to take on a unique set of responsibilities.

UP TO THE CHALLENGES

For Jennifer Shelford, a nursing clerk at Skidegate Health Centre, health care was a natural career path since it's always been a big part of her family's life. Her father was a first aide attendant for 41 years, and she holds a current first aide certificate and paramedics licence.

"When I had to do a work placement in grade eight, I worked at the local hospital and on the ambulance crew," says Shelford, who lives in Haida Gwaii (formerly Queen Charlotte Islands). "And I worked in home support many years ago."

But closer to her heart, Shelford has a sister with muscular dystrophy. "I took care of my sister since I was nine years old," she recalls, "until her health deteriorated and she had to move to Vancouver for easier access to medical care."

Although Shelford had planned on becoming a nurse after graduating from high school, there was a two-year waiting list for the nursing program. Instead, she moved to Prince Rupert and got her diploma in small business, later working with her mother who ran her own company.

But in 2006, Shelford accepted a casual position at Skidegate Health Centre as a dental clinic receptionist. Getting her foot in the door, she also worked as a janitor, patient travel clerk and front desk receptionist.

"Most of my training here has been on the job," says Shelford, who posted into her full-time nursing

clerk position in 2007. "I enjoy the people I work with. Everyone is here for a good reason. We all have good hearts."

Shelford's duties are unique. Besides performing administrative functions like booking appointments; ordering medical, educational and office supplies, and researching funding opportunities to submit proposals, she's actively involved in conducting life skills workshops (Keepers of the Culture) alongside her centre's community health nurse.

"We have many dedicated employees, who truly believe in the traditional ways of raising our children and caring for our community."

"We teach students in grades seven and eight about sexual health, relationships, drugs and alcohol – things like that. My job is very hands-on. I also help with eye testing at our three-year round-up and TB testing in the schools. And I even hold babies while they're being immunized if their mothers or fathers don't want to be there."

Shelford finds tremendous job satisfaction in the ongoing educational opportunities available to her, she says, and has completed a series of in-services, workshops and online courses. They include: paramedic first responder (level three), TB training, sexually transmitted infections, fluoride varnish training, and protecting personal information (confidentiality). She was also a delegate to two National Aboriginal Women in Leadership conferences as well as HEU's 2008 equity conference.

"All the opportunities that I get for training ben-



LISA KENDALL PHOTO

efit my job. It's challenging at times, but I enjoy the challenges. I've also made a lot of new friends – fellow activists – through my union involvement."

Being of Kwakiutl and Haida lineage – her grandfather was the Chief of the Cumsheewa clan for 71 years, while her grandmother was a chief of the Kwakiutl (Alert Bay) nation and president of the United Native Nations – Shelford says the First Nations culture, traditions and teachings at her workplace makes her role there a perfect fit.

"We have many dedicated employees, who truly believe in the traditional ways of raising our children and caring for our community. Here in the centre, many of our programs encourage this lifestyle."

Shelford's union activism evolved as naturally as her health care profession – it just happened. She's currently her local's treasurer, conductor, and an OH&S committee alternate, and is serving her first term as the northern representative for HEU's First Nations Standing Committee.

"It's a great committee," says Shelford. "I enjoy all the issues the committee is working on – like the different statuses, traditional territories, water rights, the Sharon McIvor case – and they stand behind their beliefs."

At the end of the day, Shelford says she leaves work feeling gratified.

"I do love my job. If somebody needs something, I do whatever I can to help them, whatever it takes. And I enjoy it. We work really well as a team. With cutbacks and a four-day work-week, we're spread thin, but we're all happy. We're here because we want to be here."

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description of your local's events/activities to be judged by the PWD committee. The winning local will receive a prize worth \$500. There will also be five entries selected for "Honourable Mention" worth \$100 each (*in the form of HEU boutique certificates*).

Contest deadline is May 28, 2010.

Submit photos and a one-page description to: The Blue Poppy Campaign 2010, c/o Sharryn Modder, HEU, 5000 North Fraser Way, Burnaby, B.C. V5J 5M3.

Clerical benchmark series review finalized

The "page 208" clerical benchmark series review, negotiated in the 2006-2010 facilities contract,

recently concluded after three years of extensive consultations with HEU clerical workers, meetings between the Facilities Bargaining Association and the Health Employers Association of BC, and mediation with respected labour arbitrator Vince Ready.

Through the \$3 million review process, many of the 85 clerical benchmarks were revised. Some were to bring the benchmark language up-to-date to accurately reflect the work currently being performed, while others had significant changes that resulted in wage rate increases.

For example, some of the Finance and Payroll benchmarks were upgraded with either an accounting or payroll

course, and were given a one grid lift to their wage rate.

There were also some changes to staffing benchmarks, where the Housekeeping Clerk had the staffing responsibilities removed, and Nursing Staffing Clerk benchmarks were generalized to include non-nursing.

A new benchmark was created for Clerk IV(a) Admitting (Outpatient Booking), but a final wage grid level is still to be determined. The interim pay rate is Grid 17.

The review also secured a reduced typing speed in most benchmarks by five (5) wpm. Additionally, the union successfully convinced the employer to change the term "typing" to

"keyboarding" requirement, after three years of back and forth discussions.

Any changes resulting from the clerical benchmark review will be implemented no later than April 1, 2010, and retroactive pay will be issued no later than May 13, 2010.

A detailed report is available on the union's website at <www.heu.org>.

A head's up on convention deadlines

HEU's 27th biennial convention will be held October 24 to 29 at Vancouver's Westin Bayshore. The president's call to convention will be received by locals prior to April 28 with convention details and an information package.

Convention takes place every two years, at which time HEU delegates – who are elected by their locals to collectively decide on the union's priorities and policy-making – debate and vote on resolutions and constitutional amendments brought forward by locals.

Delegates also elect HEU's Provincial Executive, and ratify the hiring or reappointment of the union's secretary-business manager.

The deadline for delegate credentials, resolutions and constitutional amendments must be received at the Provincial Office by July 27. Check with your local executive or visit the union's website for updates.

APRIL

MAY

JUNE

APRIL 21-22

HEU regional meeting (Interior)

APRIL 21-24

CUPE BC convention

APRIL 26-27

HEU regional meeting (Vancouver Coastal)

APRIL 27-28

HEU regional meeting (Vancouver Island)

MAY 1

International Labour Day

MAY 10-12

P.E. meeting

MAY 13

LPN Day

MAY 18-19

HEU regional meeting (North)

MAY 26-27

HEU regional meeting (Fraser Valley)

JUNE 11-13

B.C. Fed Young Worker Retreat

JUNE 15-17

P.E. meeting

JUNE 21

National Aboriginal Day

JUNE 27

Canadian Multicultural Day

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Kate McGarrigle remembered

The recent death of Montréal singer-songwriter Kate McGarrigle from cancer brought to an end a unique sound in Canada's musical landscape. While the duo of Kate and Anna McGarrigle never became a mainstream household name, the sisters attracted a legion of fans worldwide.

Anna's song "Heart Like a Wheel" was made famous by Linda Ronstadt. And Kate's two children – Rufus and Martha Wainwright – are now renowned recording stars.

Although tagged with the "folk music" label, the McGarrigles were not known as "issue" songsters. Nonetheless, there has always been an uplifting air of progressiveness about their songs, rooted as they are in a sense of place, time and history.

That awareness is likely the reason for comments praising Canada's public health care system from both Kate and Rufus Wainwright.

In a eulogy posted on his website, Wainwright thanked "the Canadian health care system as a whole, and thus the whole country for allowing Martha and I to walk away from this massive process financially intact. I live in the United States. Need I say more?"

"With the ever darkening situation brewing south of the border over basic rights of human dignity when faced with illness, actually in truth, when faced with life in general, we feel profoundly privileged, as I know my mother felt, for all the incredible work that was done up here at little or no cost. The U.S. has a lot to learn, and Martha and I will do our best to champion the magnificent Canadian way of taking care of its people... God bless socialized medicine."

Kate herself plugged Canada's public health system while a guest, with Rufus, on Martha Stewart's cooking show in 2008. McGarrigle acknowledged the care she received at McGill University Health Centre as the motivator for setting up the Kate McGarrigle Fund for cancer care and research.

"We're very lucky in Canada to have national health," she said, and Stewart agreed.

Born in Montréal in 1946, Kate, with sisters Anna and Jane, absorbed the musical culture of their Irish-Canadian father and francophone Québécois mother through family sing-a-longs.

Kate and older sister Anna joined the Montréal folk scene in the 1960s, winding up in The Mountain City Four. The group recorded a version of Canadian folk singer (and family friend) Wade Hemsworth's "The Log Drivers' Waltz," which was subsequently used as a soundtrack for a National Film Board cartoon based on the song.

The duo was "discovered" while singing harmony for Maria Muldaur's first album (featuring Kate's "The Work Song"), and released their first album *Kate and Anna McGarrigle* in 1975. Nine others followed over three decades including the acclaimed *The McGarrigle Hour*, a kind of family-and-friends project, and *Entre la jeunesse*, popularly known as the "French Album." In 1994, they became the first siblings to receive the Order of Canada.

Kate's "Work Song" gives some clue as to her social sensitivity. Its heartrending account of southern plantation slavery graces Muldaur's first album. From the CD *Matapedia* comes the song "Jacques et Gilles" concerning the trials of two Québécois with "too many sons and

daughters" who migrate to the mills of Massachusetts for that "American money."

Such work placed Kate among fellow Canadian songwriters like Hemsworth and the late Stan Rogers, who also wrote convincingly and poetically of Canadian working life, instilling a sense of pride and belonging in the country.

In noting the musical antecedents for the McGarrigles, Kate observed in an interview with Richard Silverstein, "My Dad played funny ditties and drinking songs from the 1930s. We didn't really have an Irish folk tradition... because they were subsumed under the prevailing English-Canadian culture. The French, on the other hand, were quite the opposite. As an oppressed people, it was quite important for them to remember their language, history and music. No conqueror would take that away from them."



Catherine Frances McGarrigle, 1946-2010

DAN KEETON • VANCOUVER WRITER

Retirements

HEU wishes long-time union activist **Vicki Poburn**, a licensed practical nurse at East Kootenay Regional Hospital, all the best in her retirement this spring.

An HEU member since 1975, Vicki worked as an OT aide, physio aide and activity coordinator, but



spent most of her health care career as an LPN. She also worked in temporary staff positions at the union's Nelson regional office in servicing and organizing before going off on long-term disability.

During her tenure at East Kootenay Regional Hospital, Vicki held several local executive positions, such as trustee, secretary-treasurer, and vice-chair, and served for 15 years as her local chair.

"I have been at just about every educational function that HEU has put on," she recalls, including several equity conferences. "I was on the Task Force and on the Bargaining Demands Committee at one convention. And I have been on HEU's People with disabilities Committee since about 1998."

She's also been actively involved in the union's Stand Up for Seniors' Care campaign, and served as a Labour Council Delegate from 2005 to 2009.



KWASNITZA

Vicki says she has no plans to slow down after she retires and looks forward to sharing more time with her family.

Colleagues of long-term care aide **Anne Kwasnitza**, of Cumberland Health Centre, wish her well in her recent retirement. Anne's been an HEU member since 1982 and held different offices at her local, including trustee. She plans to spend time with family and friends, and do volunteer work in her community. One thing about retirement Anne says she's really looking forward to "is not having a schedule."

Congratulations

HEU congratulates **Wenling Shan**, a nursing aide at St. Vincent's Hospital – Brock Fahrni, who is one of 14 recipients of a Columbia Institute-sponsored scholarship to upgrade her skills. The \$1,000 award is to encourage life-long learning and re-training for adult students.

Wenling, like many immigrants, found her engineering degree from China was

not recognized in Canada, and she needed to seek additional education for her career path.

Since 2002, the Columbia Institute Awards Program has been in place to address the growing costs of education and the challenges working people and mature students face in accessing re-training opportunities.

Each year, 14 scholarships are awarded (\$1,000 each) to British Columbians over the age of 24 who are enrolled in programs at public, post-secondary institutions. Recipients can reapply for annual \$1,000 funding for up to four years. The next deadline for applications is June 30. Visit www.columbiainstitute.ca/scholarships for more information.

In memoriam

The union sends condolences to family, friends and colleagues of HEU members **Cheryl Aspin**, who worked in laundry/housekeeping for Compass at Nanaimo Regional General Hospital; and retired, long-time chair of Royal Inland Hospital **Henry Theobald** who both passed away in recent months.



FIND OUT MORE AT www.heu.org

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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.

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.

PRESS 5

Women's

The HEU Women's Standing Committee works with women's groups, coalitions and other union committees to advance women's social and economic rights. Want to get involved?

Talk to us Toll-Free!

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

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