



# GUARDIAN



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On the job  
and at the  
bargaining table,  
**HEU members**  
are working to  
make our public  
health care  
system stronger.

# PROTECT THE CARE





MICHAEL GARDINER PHOTO

## Respect workers, protect public services

Spring is in the air. And with it, workers in Canada and around the world are renewing efforts to stop government attacks on their livelihoods, job security and pensions.

On May 1, International Workers' Day, millions of workers and their supporters in Europe, Asia, the Americas, Australia and Africa were in the streets. In most countries, the day was marked by protests against government austerity measures, cutbacks in social programs, and the privatization of public services.

Here in B.C., HEU members joined in May Day marches and rallies which called on both the provincial and federal governments to respect workers' rights.

Against this backdrop, contract talks are currently in progress for new collective agreements covering HEU members working in facilities, community health and community social services.

Along with our sister unions in other parts of B.C.'s public sector, HEU is demanding a fair and reasonable deal that respects workers and protects public services.

Earlier this spring, HEU launched a public campaign with a clear message for government and their employers – it's time to negotiate solutions that protect the care and protect the workers who deliver that care.

It's what the public expects and it's what HEU members deserve.

But as several stories in the pages of the *Guardian* demonstrate, government is continuing to push its discredited contracting out and privatization agenda at the expense of quality care.

In the Lower Mainland, a decision to contract out medical transcription in Providence Health Care and Vancouver Coastal, Fraser Health and Provincial Health Services authorities has sparked a campaign to alert the public about the risks involved in outsourcing sensitive patient information.

On Vancouver Island, HEU members at Stanford Place, Malaspina Gardens and Acacia Ty Mar Lodge have all engaged their communities in rallies and forums aimed at building public support for better working and caring conditions in long-term care.

At the same time, the long-awaited second and final report from B.C.'s Ombudsperson Kim Carter has validated the growing crisis in seniors' care that HEU members have been exposing for

almost a decade. Her report issued 176 specific recommendations to protect and improve care for B.C. seniors.

And while mounting evidence shows contracting out and low-staffing in hospital cleaning is contributing to serious superbug outbreaks, government and the Fraser Health Authority are being taken to task for the impact of inadequate cleaning protocols on people's lives and health.

"Protect the care is a lot more than a slogan," says HEU secretary-business manager Bonnie Pearson. "It's a challenge to this government to stop the senseless restructuring and contracting out that is destabilizing public health care."

Pearson says HEU members work in every area of care, doing the very best jobs they can for their patients, residents and clients.

"But they can't do it alone. Government needs to step up and do its part. Put the resources in place that will protect and improve care for all British Columbians."

**HEU members are doing the very best jobs they can. But they can't do it alone. Government needs to step up and do its part.**



BONNIE PEARSON

## Attitudes must change

As we go to press, we are fully engaged in bargaining for HEU members working in the public and private sectors. And we're entering our fourth month of bargaining for a new facilities agreement.

But like our experience at the community health and community social services tables – and for virtually every other union at every other table in the public sector – progress has been slow. But perhaps this is not surprising.

After all, a decade of B.C. Liberal rule has left a sorry legacy when it comes to the state of collective bargaining.

There were the obvious attacks on collective bargaining that began soon after their 2001 election, with the imposition of contracts on HSA and BCNU members.

And barely seven months into their first term, they brought in *Bill 29* – shredding legally negotiated contracts in health care and paving the way for the massive privatization of health services and the loss of family-supporting jobs.

That was followed by a decade where a number of contracts were imposed throughout the public sector – from health care staff to BC Ferries workers to ambulance paramedics to teachers.

Interference by the BC Liberals in collective bargaining has stifled a process that should be about creating an environment that allows employers and unions to find solutions to problems in the workplace.

Sadly, the government's approach to public sector bargaining this round remains disturbing.

In both 2010 (under the so-called “net zero” mandate) and under this year's “cooperative gains” mandate, negotiations on the employer side have been tightly controlled by the government.

**The BC Liberals have fostered a bargaining process that is unwieldy, inflexible and unresponsive.**

The employers' bargaining committee does include a number of front-line managers and health service administrators who work directly with HEU local executives and stewards on a daily basis.

But these employer representatives have few opportunities to use that knowledge and experience at the bargaining table, and little actual decision-making power.

In reality, all proposals from their side must be vetted, costed and approved by officials in the finance ministry.

And in that world, every improvement in one area must be offset by immediate savings in another.

It's short-sighted. For example, key investments in areas like staffing or health and safety – investments that would pay off in reduced injury costs and improved care over the long-term – just don't count.

And on top of that, government continues to reorganize health care services – shared services, Lower Mainland integration or Emergency Health Services, for example – and then expects us to clean up their mess at the bargaining table.

The BC Liberals have fostered a bargaining process that is unwieldy, inflexible and unresponsive to the needs of workers, employers and the health care system.

But despite the challenges, our union has been able to negotiate solid contracts for our members in this bargaining environment. And your HEU bargaining committees will continue to focus on the members' priorities.

And changing government's attitude about collective bargaining? That's a longer term project.

# voice.mail

### Stop Enbridge

I am a proud Gitksan woman and a proud HEU member. I want to explain what happened with the Northern Gateway Pipeline and why I am now part of the Gitksan Unity Movement.

On December 2, 2011, the Gitksan Chief treaty negotiator signed a deal with Enbridge to build the Northern Gateway Pipeline without consulting Gitksan Hereditary Chiefs or clan members.

Response from Gitksan Chiefs was quick and decisive. They told the Gitksan Treaty Society (GTS) that they were in place to negotiate our treaty and not make backroom deals with anyone. That is why, on December 5, they publicly fired the Gitksan treaty negotiator and the executive director, and secured the GTS office.

At this time, the Gitksan Unity Movement was formed to bring harmony between the Gitksan government and the

values, law and will of the Gitksan. The Gitksan Unity Movement is volunteer-driven, based on shared Gitksan values and law, and with Gitksan Hereditary Chiefs and members working in the best interest of our land, culture and people.

On January 7, members of the Gitksan First Nation held a traditional ceremony called “Gwe-eia” where Haida, Tsimpshian, Wetsuwet'et and Nisgaa members raised \$12,500 to support our Hereditary Chiefs to fight Enbridge. This was raised in an economically depressed region and is testimony to how strongly our people feel about the destruction a pipeline will bring.

A few days after the ceremony, GTS went to court in Vancouver, hoping to have their signing of the deal with Enbridge legitimized. They went to court in Vancouver thinking that our people would not be able to attend. However, seven of our Hereditary Chiefs and some Gitksan members attended. The judge ruled that the deal was signed without consultation and ruled it officially cancelled – but that judgement is still not in the Chiefs' hands.

The judge also sent any further court cases back to be heard in Smithers where our Hereditary Chiefs and members can attend.

In March, the court turned the issue of governance regarding the GTS back to the Gitksan people to resolve. In the meantime, GTS continues to operate and has spent treaty negotiating monies trying to convince our people to agree to the Enbridge deal.

But the Gitksan people will fight this and have formed the Gitksan Unity Movement. To date, 51 out of 65 Gitksan Hereditary Chiefs are on record as opposing the Northern Gateway Pipeline and any deal with Enbridge.

HEU sisters and brothers can support the work of the Gitksan Unity Movement by:

- Getting updates at <[www.gitksanagainstenbridge.com](http://www.gitksanagainstenbridge.com)>.
- Joining our Facebook page - Gitksan Against Enbridge.
- Buying an “Oolichan oil, Not Alberta oil” T-shirt featuring a salmon design by Canadian artist Roy Vickers – <[www.royhenryvickers.com](http://www.royhenryvickers.com)>.
- Watching the 2010 film, “On The Line” at <[www.onthelinemovie.com](http://www.onthelinemovie.com)>. It's about the wilderness journey of two men who followed Enbridge's proposed path for the Northern Gateway Pipeline. It shows everything that will be destroyed to make way for the pipeline.

Thank you for your support.

**TRUDY SPILLER**  
Royal Jubilee local

### Low-staffing is a no-win situation

I recently spoke at a public health care forum in Duncan. As I was putting together my notes, I realized how difficult it can be to explain to people who do not work in health care, the responsibility and pressure that all health care workers struggle with on a daily basis.

We do not work in a factory where failure, or success, is measured by product output. In health care, the responsibility, pressure and expectations of our employers – and how we wade through and prioritize these expectations – directly affects the health, well-being and life of another human being, our patient or resident.

As I talk with HEU members, the general consensus is that our job performance and the impact on patients and residents are directly tied to staff-to-patient/resident ratios.

Most health care workers go to work wanting to deliver the best care possible. But they walk through the doors of their workplaces and are hit with the reality of the job – too many people requiring too much from one person at the same time. Not only is it daunting to face the expectations of employers and patients or residents and their families, it is overwhelming to face the expectations that we

place on ourselves.

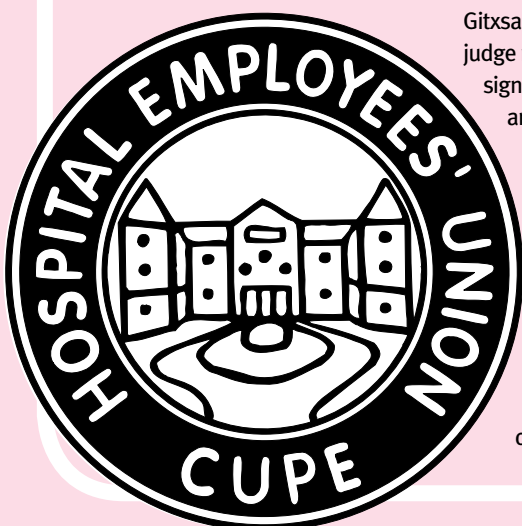
Over the years, I have seen co-workers take medical leave for depression or other stress-related issues because of their work environment. This further burdens our overtaxed health care system, and ultimately affects continuity of care, which is severely disrupted when there are fewer health care workers to do the job. Staff shortages across the province have led to huge overtime expenditures and even more staff burnout.

The growth of private, for-profit operators in long-term care and the ongoing contracting out and privatization of health services amplifies the problem, as making money takes priority over caring for people.

Patients and residents get the short end of the stick. Workers continue to burn out, get injured, or leave health care altogether. It's a no-win situation for everybody.

Proper staff-to-patient/resident ratios, with the right mix of workers, is the foundation of successful health care delivery. But as long as politicians and decision-makers ignore this reality, and allow private, for-profit operators to “care for profit”, staff-to-patient/resident ratios will never be the priority while there is money to be made in this industry.

**NICOLE LYNCH**  
Sunridge Place local





Superbug outbreaks put problems with hospital cleaning in the spotlight • 5

B.C. Ombudsperson spells out how to fix seniors' care • 8

Child labour laws in B.C. worst in country • 11

Prescription drug companies play fast and loose with statistics • 12

IWD art exhibit explores feminism in the 21st century • 14

## HEU sounds alarm over outsourcing

Plans to contract out medical transcription services in the Lower Mainland is a move that puts the accuracy and privacy of **patient records at risk**, along with 131 family-supporting jobs, mostly held by women.

Last August, the four Lower Mainland health authorities consolidated medical transcription services under the Providence Health Care (PHC) umbrella, and moved workers to three satellite hubs in Abbotsford, New Westminster and Vancouver.

But despite management indicating this was not a step toward contracting out, members were shocked when PHC notified them four months later that they would be outsourcing their jobs. PHC then issued a request for proposal, which closed on April 26, to private contractors.

"Health employers fail to recognize the vital link their medical transcriptionists (MTs) have in producing accurate patient reports," says HEU secretary-business manager Bonnie Pearson. "Because they work in-house, they have access to internal computer systems, and direct contact with hospital clinics, physicians and their clerks. These are valuable resources for fact-checking that you do not have with outsourcing."

These MTs transcribe voice-record-

ed dictations for 10,750 medical personnel (mainly physicians, anaesthetists and nurse practitioners) working at PHC and the Vancouver Coastal, Fraser Health and Provincial Health Services authorities. The volume of patient reports, addition of clinics, and failure of health authorities to fill vacancies with skilled, hospital-trained MTs have forced employers to outsource about 40 per cent of the work to Ontario-based, for-profit company Accentus.

But in-house MTs edit, research and correct the outsourced reports; sometimes having to re-transcribe an entire dictation. That takes additional time and money. An irony, considering the provincial government has mandated Lower Mainland health authorities to trim their budgets by \$100 million. PHC says contracting out medical transcription will save \$3 million a year.

"It's a drop in the bucket," says Pearson. "And at what cost? Is the government really willing to jeopardize the integrity of our medical records, which are key to delivering quality care?"

In-house MTs have taken exception

to public statements made by PHC management that there's no discernible difference in quality and accuracy between outsourced and in-house transcription.

"We are concerned about the statement that this move will not have repercussions," says HEU MT Brenda Pollock. "As in-house MTs, we have access to patients' past medical records stored on secured hospital servers. This allows us to confirm drugs, past procedures, past practitioners, etc. Currently, outsourced transcriptionists do not have access to this information, thereby taking away a very valuable reference source. If by outsourcing 100 per cent of transcription services, this confidential information will suddenly be



HEU says health employers fail to recognize the vital link their medical transcriptionists (MTs) have in producing accurate patient reports.

accessible, then the possibility of this information being compromised is a valid concern. [The information] only needs to be active on an internet stream to be hacked."

Even Accentus MTs, who get assigned to specific accounts, have raised red flags about staff turnover and inaccurate reports.

"The account had a very high turnover rate. Mistakes were abundant (despite QA [quality assurance], which boggled my mind). I for one cannot comprehend why any hospital would outsource to Accentus when quality is so poor. You get what you pay for, buyer beware," wrote one former Accentus MT on a website complaints board.

Another voiced concern about patient confidentiality. "Well it's been about two months since I resigned from them and they still have not contacted me to delete all the programs that they installed on my computer.

"Isn't that a security risk? I should not have programs on my computer that would enable me to access all the medical records at the hospital I was typing for."

Learn more at <www.heu.org>.

**BRENDA WHITEHALL**

## Contracting out costs ballooned over four years

Despite Providence Health Care's claim that contracting out Lower Mainland medical transcription services will save \$3 million a year in labour, rent and technology costs, their own financial records show that partial outsourcing of this service ballooned from \$2.4 million to more than \$6 million in just four years.

Currently, the service is performed by a combination of HEU medical transcriptionists (MTs), who work at three satellite hubs, and outsourced MTs subcontracted by Accentus.

An HEU probe into the financial records of PHC, Fraser Health, Vancouver Coastal Health and the Provincial Health Services authorities show that Ontario-based Accentus Inc. — a for-profit medical transcription firm — increased its billings to PHC and the

three other health authorities by 151 per cent between the fiscal years 2006/2007 and 2010/2011.

These are the amounts paid by the individual health authorities and PHC to Accentus between fiscal years ending March 31, 2007 through March 31, 2011.

	PHC	FHA	VCHA	PHSA	Total
FY 2007	\$129,786.50	\$360,555	\$678,837.25	\$425,667	\$2,403,469.50
FY 2008	\$252,040.49	\$755,414	\$935,538.18	\$707,354	\$2,650,346.67
FY 2009	\$369,823.08	\$1,011,235	\$1,111,738.81	\$1,307,023	\$3,799,819.89
FY 2010	\$588,422.95	\$988,846	\$1,226,228.46	\$1,542,796	\$4,346,293.41
FY 2011	\$917,214.75	\$1,419,324	\$1,389,192.86	\$2,314,707	\$6,040,438.61
Increase 2007 to 2011	607 %	294 %	105%	443 %	151 %

*\*Information obtained from Financial Information Act reports for the fiscal years ending March 31 of 2007 through 2011. This information is posted on the websites for the individual health authorities and Providence Health Care.*



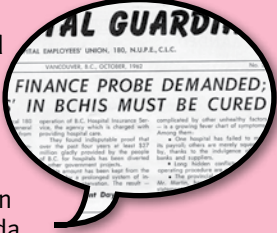
## COFFEE BREAK

### Remember when?

In the *Guardian* 50 years ago:

#### 1962 Hospital Finance Probe Demanded

“Officers and employees of the Union have penetrated a smoke screen of propaganda and untruths surrounding the operation of B.C. Hospital Insurance Service, the agency which is charged with providing hospital care...They found indisputable proof that over the past four years at least \$27 million gladly provided by the people of B.C. for hospitals has been diverted to other government projects.”



In the *Guardian* 40 years ago:

#### 1972 Editorial: The Prospects for 1972

“This past year must be characterized as a year of procrastination, delay and false platitudes in the area of labour relations. One of the reasons for this unhealthy condition is the tight-fisted policy of the Provincial Government and the low priority which the Government adopts to hospital operation and the improvement to health care delivery...It is obvious that the political powers that be”, do not view hospital financing and the development of an effective and efficient health care delivery system with the same priority as the construction of roads or the development and sale of Hydro power.”



In the *Guardian* 30 years ago:

#### 1982 HEU Announces “Don’t Get Sick” Campaign

“Just as it is unpopular to advertise an outbreak of staphylococcus, or scabies in a hospital, so too is it unpopular to advertise a dangerously overloaded health care system. However, responsibility demands that such risks be made known to the public...There are times when unions must take strong actions because of strong reasons. Now is such a time...If health care is to continue to be a right and not a privilege, then HEU must be prepared to lead the way.”



## Getting ready for independent bargaining

HEU’s bargaining agenda in 2012 not only includes contract talks in facilities, community health and community social services, but also negotiations at more than 40 independent bargaining tables before year’s end.

About 75 support services members – representing Acciona, Marquise, Compass, Aramark and Sodexo – will gather at the Sheraton Vancouver

Airport Hotel for the Health Authority Contracted Services Bargaining Conference from June 12 to June 14.

In preparation, members have been filling out bargaining surveys at more than 60 work sites around the Lower Mainland and on Vancouver Island.

Conference delegates will participate in large plenary and small group discussions based on the survey results

and prioritize bargaining demands.

“The main conference objective is to prepare and mobilize members for what will likely be a challenging set of negotiations,” says Susan Fisher, coordinator of organizing and independent bargaining. “They’ll prioritize issues that will form the basis of key bargaining demands expected to be presented to employers in the fall.”

HEU represents about 4,000 members working for independent contractors.

## Know your rights

# Your right to refuse unsafe work

**W**orkers’ rights extend beyond a negotiated collective agreement. They’re also firmly entrenched in the federal and provincial *Human Rights Code*, the *Labour Code* and the *Workers Compensation Act* (the Act), which encompasses the *Occupational Health and Safety Regulation*.

Many workers acquire on-the-job injuries because they’re unaware that they can refuse – by law – to perform unsafe work.

In this province, unlike some others, workers don’t have to prove that the work is unsafe; they just need to have “reasonable cause” or an “honest belief” that performing a certain duty would put them – or a patient/resident – at risk of getting hurt.

Although HEU facilities, community health and community social services collective agreements have language on occupational risks, there’s nothing specific on the process for refusing unsafe work.

That’s when workers need to rely on article 3.12 of the Act: “A person must not carry out or cause to be carried out any work process or operate or cause to be operated any tool, appliance or equipment if that person has reasonable cause to believe that to do

so would create an undue hazard to the health and safety of any person.”

So, if you identify that something about your job is unsafe, then the first step is to notify your supervisor; tell them your concern, and offer a suggestion on making the duty safer (if applicable). If there’s no supervisor available on site, then contact whoever is in charge.

Article 3.13 of the Act – “no discrimination” – protects workers from employer retaliation, disciplinary action or wage loss.

But it’s important to know that you are not refusing to work; you are refusing to do a portion of your job that you believe is unsafe.

The employer has the right to assign you other duties in addition to the ones you deem safe as part of your job. You cannot simply refuse to work, and then sit in the cafeteria or go home.

Once reported, the employer must investigate and make a determination. They’ll either agree that the task is unsafe and offer a remedy, or disagree and say there’s no risk of injury.

If you still feel unsafe, the next step is to contact your local OH&S rep or shop steward to advocate on your behalf. They’ll investigate with you and the employer, and render another decision.

And if you disagree, you still have the right to refuse unsafe work. You’ll need to contact a WorkSafeBC representative to do an inspection. Tell them: “I am exercising my 3.12 right to refuse unsafe work.” They have someone available 24 hours a day to investigate unsafe work.

If the WCB rep deems the duty to be safe, then you have to perform it as part of your job.

Examples of unsafe work may include: patient and resident handling (lifting when short-staffed), exposure to hazardous material without proper training or equipment, providing care for violent patients and residents, using broken or faulty equipment, and working in excessively loud or cramped quarters.

Find out more information at <[www.worksafebc.com](http://www.worksafebc.com)>.

BRENDA WHITEHALL

## <<newsbites>>

### Ontario doctors say ‘tax us’

A group of Ontario physicians want higher taxes on their own incomes and other high-income earners.

Doctors for Fair Taxation launched a petition earlier this spring with a demand for higher taxes on the highest 10 per cent of income earners.

“Almost all the economic gains of the past three decades have gone to Canada’s one per cent, but our taxes haven’t gone up accordingly,” they say. “It is immoral to ask the poor, the unemployed and low-income workers to balance the province’s books and not require anything significant of Ontario’s highest earning citizens.”

The doctors say they live a good

life, but many of their patients are suffering and that Ontario’s cost-cutting budget will axe programs and services that are crucial to health and social development.

You can find out more at <[www.doctorsforfairtaxation.ca](http://www.doctorsforfairtaxation.ca)>.

### Federal bill guts jobs and environmental protections

As the *Guardian* goes to press, Stephen Harper’s Conservatives are pushing a far-reaching bill through parliament that will result in 70,000 full-time job cuts (35,000 in the public sector and 37,000 in the private sector), weaken environmental protections and cut public services.

The 400-page bill contains sweeping changes to dozens of federal statutes including Employment Insurance, pensions, national parks, border security, foreign aid, fisheries and environmental protection.

The New Democrat Opposition is calling on the Conservatives to break up *Bill C-38* to allow for greater scrutiny and more informed debate.

Here in B.C., concerns are also being raised that the budget will gut the *Fisheries Act*, the most powerful federal environmental protection for coastal waters and weaken Canada’s environmental assessments for major industrial projects.

“We are dismantling public pro-

# Battling superbugs

It was a bad idea right from the start. In 2002, HEU warned government about the risks of contracting out hospital cleaning to private, multinational corporations.

**T**hat warning was backed by evidence from around the world, which showed rising infection rates in health facilities where cleaning had been privatized.

Fast forward to this spring. Out-of-control rates of *C. difficile* infection in the Fraser Health Authority (FHA) put the role of hospital cleaning in the spotlight again.

It started with NDP Leader of the Opposition Adrian Dix breaking the news on February 29 that Burnaby Hospital had *C. difficile* rates two to three times the provincial and national averages.

That information had come from eight of the hospital's senior medical staff in a letter to Fraser Health Authority head Nigel Murray.

"Senior medical leadership have taken the unprecedented step and put out an unprecedented warning about patients being at risk at Burnaby Hospital," Dix told the legislature. "In addition, the physicians in this case want a review of the facility house-keeping contract to break the chain of infection and to protect patients."

Media reaction was swift and persisted for days as the Fraser Health Authority lurched into damage control.

Its own executive medical director responsible for infection control told the *Vancouver Sun*, "It's been a bit of a wake-up call for all of us."

Seriously?

HEU secretary-business manager Bonnie Pearson says, "How could they not have seen this coming? The warning bells have been ringing for years."

Since 2004, there have been four major reports on "superbug" outbreaks (MRSA and *C. difficile*) and

infection control problems in B.C. hospitals. Those reports generated numerous recommendations on how to develop comprehensive infection control procedures.

And if that wasn't enough, other jurisdictions in Canada and abroad have also produced data on "superbug" outbreaks and how to address rising hospital infection rates.

All highlight the critical role of hospital cleaning in preventing contamination, including: enough staff, enough time, adequate training, proper equipment and supplies, and real communication and cooperation among hospital personnel at all levels.

A recent investigation into hospital cleaning by CBC TV's award-winning consumer watchdog program, *Marketplace*, confirmed just how serious the problem is for Canadian hospitals.

Canada now has the highest rate of hospital-acquired infections in the developed world. More than 250,000 Canadians contract them and more than 12,000 people a year die as a result. "Dirty Hospitals", which aired across Canada on March 23, used hidden cameras to expose the state of cleaning at 11 hospitals in B.C. and Ontario.

It found that many have cut their cleaning budgets, which has resulted in fewer hospital cleaners, reduced staff hours and not enough supplies.

Others have contracted out their cleaning personnel or their management.

The investigation concluded that "the health of hospitalized Canadians and their visitors is being seriously put at risk by hospitals that have cut corners in cleaning budgets to save money."

"Some hospitals are a real freaking disaster," was the way infectious disease

expert Dr. Michael Gardam described the situation to *Marketplace*, adding that some hospitals are told by outside auditors to cut house-keeping staff to help them balance their budgets.

But when it comes to infection control, Gardam says, "Hospital cleaning is huge.

It's one of the most important things we have to control infections in hospitals."

Pearson says there is no excuse for B.C. hospitals to continue cutting or contracting out hospital cleaning staff, and reducing their hours while increasing their workloads.

"All the evidence is there," she says. "It's time to get out of denial and



**Canada now has the highest rate of hospital-acquired infections in the developed world. More than 250,000 Canadians contract them and more than 12,000 people a year die as a result.**

admit that 10 years of contracting out has taken a serious toll on people's lives and health.

"Hire enough people to do the job. Equip them with the proper training and tools. Give them the time they need to do the job. And make them hospital employees again."

**MARGI BLAMEY**

## Is anybody listening?

Since 2004, government has received four extensive reports on infection prevention and control and hospital-acquired infections in B.C. But 71 recommendations later, B.C. has yet to put a comprehensive infection prevention and control process in place.

**December 2004:** The Cochrane report investigates methicillin-resistant staphylococcus aureus (MRSA) at Surrey Memorial Hospital, concluding that infection prevention and control had completely broken down in the FHA.

**March 2007:** The B.C. Auditor General's infection control (IC) review finds that health authorities haven't put comprehensive programs in place to ensure best practices in IC. And the Ministry of Health hasn't done anything either.

**August 2008:** The BC Centre for Disease Control investigation of a third *C. difficile* infection (CDI) outbreak at Nanaimo Regional General Hospital (NRGH) finds: "There were insufficient numbers of cleaning staff to meet the basic daily needs of the facility... They were not able to meet the increased demand for environmental cleaning that is required to control an outbreak of CDI."

**March 2009:** A second report by VIHA's chief medical health officer on the outbreak at NRGH concludes, "given the importance of housekeeping, staffing surveillance... if additional personnel at VIHA are needed to ensure the terms and conditions of the house-keeping contract are fully and consistently met then they should be hired."

grams and peeling back income supports such as Old Age Security without asking profitable corporations and the wealthy among us to do their part," says a senior economist with the Canadian Centre for Policy Alternatives.

"We saw a similar story unfold in the 1930s and it didn't end well. History is repeating itself," says Armine Yalnizyan.

"After six Harper budgets, the corporate share of federal revenue has fallen to 1930s levels, millionaires are paying taxes at rates last seen in the 1920s, and the top one per cent are capturing more of the gains from growth than at any time in history."

### CUPE demands Harper uphold human right to water

CUPE members have been fighting hard to keep Canada's water systems publicly owned and operated. And they've won some important battles.

Over the past 15 years, CUPE's targeted Water Watch campaign has helped stop private water corporations from making inroads into Canada's publicly owned and operated water and wastewater systems. In recent years, several flagship privatization schemes have gone down to defeat.

But the push to privatize is growing, warns CUPE. It's driven by the federal government's privatization arm PPP Canada Inc., which explicitly targets

water services, and forces local governments to embrace privatization in order to get infrastructure funding.

Now that the United Nations has formally recognized the right to water and sanitation as a human right, CUPE is working with the Council of Canadians and other allies to force the Harper government to uphold those fundamental rights.



At the same time, CUPE is calling for water and other vital services to be exempt from the *Comprehensive Economic Trade Agreement (CETA)* between Canada and the European Union. This new trade deal would encourage and lock in privatization of Canadian water and wastewater services.

Learn more and get tools to use in your community at [www.cupe.ca/ceta](http://www.cupe.ca/ceta).

# Stop tampering with our Old Age Security

Unless you are nearing retirement, you may not be thinking about what your financial security will look like after 65.

But like all Canadians, HEU members have every reason to be concerned about the Harper government's decision to raise the eligibility age for Old Age Security (OAS) and the Guaranteed Income Supplement (GIS) from 65 to 67.

Not only will an extra two years hurt low-income seniors who aren't able to keep working after 65, it's a move that is also taking us in the wrong direction at a time when many Canadians are already struggling to make ends meet in their retirement years.

Harper justifies the change by claiming that OAS faces a "sustainability crisis." But experts don't agree.

In 2010, the Organization for Economic Cooperation and Development (OECD) said Canada's retirement income system was financially stable for many years to come and did not require any increase in pension ages.

In February of this year, the federal government's Parliamentary Budget Officer also denied there was any threat to OAS sustainability.

So there's no evidence of an OAS sustainability crisis.

However, there is evidence that the combined OAS/GIS payments make up 36 per cent of seniors' income. For low-income seniors, it's between 66 and 75 per cent.

In addition, most seniors also depend on the Canada Pension Plan

(CPP), which is entirely financed by workers and employers. It's an excellent program, but benefits have fallen behind and desperately need to be improved.

And while workplace pension plans, like the Municipal Pension Plan, cover some workers, about six out of every 10 Canadian workers do not have a workplace pension plan.

So yes, there is a crisis. But it's not the one Harper's federal government is promoting.

It's the growing recognition that most Canadians do not have the level of post-retirement income they need to stay out of poverty.

In response, the Canadian Labour Congress (CLC) has developed a cost-effective plan that would double CPP benefits over the next few years.

That campaign has gained the support of numerous economists and academics, and according to a national poll, 76 per cent of the Canadian public.

But so far, Harper isn't listening. Instead, he's using a phony "sustainability crisis" to make workers work longer.

HEU members can help make a difference. Tell your Member of Parliament that it's time for government to stop tampering with OAS and GIS, and instead adopt the CLC plan to double CPP benefits. It's the best way to improve retirement income for the majority of Canadians.

You can learn more about the CLC campaign at [www.canadianlabour.ca](http://www.canadianlabour.ca).



**Donisa Bernardo**  
HEU Financial Secretary



**KEN ROBINSON**

## PRESIDENT'S DESK

### Uphold all members' rights

HEU members are used to working in highly demanding care environments. It's part of the job. The problem is the demands keep growing. For more than a decade, government and employers have been sticking to an extreme cost-cutting agenda while ignoring how cutbacks, contracting out and privatization are affecting care.

We've reached a point in British Columbia where looking for ways to save money – whatever the cost – is making it less and less possible to deliver safe, quality care. Instead of looking beyond the bottom line, they keep upping the pressure on workers to do more with less, adding unnecessary health care costs in the process.

That's the mentality we're dealing with, again, at the bargaining table. It's also what workers are dealing with on the ground, often at great personal cost to themselves.

In recent months, I have visited many members at their work sites. In every sector, I hear the same stories. Every day it gets tougher and tougher for people to do the jobs they were hired to do.

On top of everything else, members are also juggling various personal demands and stresses before they even arrive at work.

Face it, life itself can be a full-time job.

Protecting the care has always been a top priority for our union. And in order to protect the care for British Columbians, we have to start by protecting the workers who provide the care.

In too many workplaces, a complex combination of stress factors is creating toxic environments. That's the direct result of HEU members having to deal with very real job frustrations because government, which is responsible for protecting health care, isn't doing its job.

As union members we have the tools – grievance procedures, health and safety language, and other collective agreement rights – to hold government and employers accountable. We need to use those tools to push back and make change. In our locals, we need to support each other, and work together to resolve issues at our work sites.

We need to resist becoming divided among ourselves over issues that benefit the employer. We need to uphold the rights of all members to be safe and valued in the workplace.

Without those fundamental commitments, we can fall into a kind of survivor mentality where each individual goes it alone.

Collective action is required, and this same principle applies to the broader union movement. Whether it's on the shop floor, or across the trade union movement, we need to reach out and build our coalitions. Positive change can happen when our members, leaders and locals are united.

It's inspiring how strong, resilient and committed HEU members are. We will continue to devote the resources necessary to advocate for high-quality working conditions and better care. Help us to make sure that all health care workers are respected and valued each and every day.

**We need to use our collective agreement rights to hold government and employers to account.**

## <<newsbites>>

### Coalition to lobby MPs on future of medicare

With two years left on the current *Health Accord* – the 10-year funding deal with the provinces that expires in 2014 – the Canadian Health Coalition has endorsed a recent Senate report that calls for federal leadership on health care.

The call was issued by the Senate Committee on Social Affairs, Science and Technology in their report *Time for Transformative Change*.

The Coalition says the report represents the consen-

sus in Canada that the future of health care in this country can only be secured through strong federal leadership.

The Senate report calls on the federal government to work with the provinces and territories to develop a national Pharmacare program; implement a strategy for continuing care; improve access to health care in the North and access to programs to improve Aboriginal health, and ensure compliance with the *Canada Health Act*.

In the coming months, Coalition members will meet with members of parliament

to discuss what is required for transformative change in a renewed *Health Accord*.

### One per cent gets new 'Robin Hood' tax hike

Ontario's super-rich will feel the impact of a new Robin Hood tax soon.

On April 24, the Ontario NDP (ONDP) used its political muscle in the provincial legislature to convince the minority Liberal government to improve the province's bottom line while making taxes more equitable by levying a new tax on the super-rich.

Under the ONDP plan,

there will be a two per cent increase on those making more than \$500,000. The new tax is expected to raise up to \$470 million per year in each of the five years it is in effect.

Most of the revenues from the new tax this year will be put towards reducing the \$15.3 billion provincial deficit. However, Premier Dalton McGuinty's Liberal government also agreed to ONDP demands for additional financial support for hospitals in northern Ontario and some child care spaces that were previously in danger.

### CEP and CAW seek potential merger

Two of Canada's largest private sector unions are in talks to explore the potential of creating a new, merged labour organization.

The Canadian Auto Workers (CAW) and the Communications, Energy and Paperworkers (CEP), which have a total of more than 320,000 members, say they are responding to the hostile economic environment its members are dealing with.

Dave Coles, president of the CEP, says a larger union is necessary because workers

# It's **more** than a job

HEU members on the Island reach out across their communities to build greater public awareness about their working and caring conditions

**T**he battle to protect continuity of care for seniors on Vancouver Island has been bolstered by the B.C. Ombudsperson Kim Carter's long-awaited final report on seniors' care, and by growing alliances that are meeting with an increasingly responsive public.

HEU members facing cutbacks, concessions and contracting out are taking their case to the streets to put pressure on government and their health authorities to stop compromising seniors' care.

In recent months, HEU members have launched local campaigns that are engaging concerned citizens and their communities, and are capturing the media spotlight.

Faced with contracting out at Malaspina Gardens, HEU members immediately launched a petition, rallied in front of the facility, and hosted a public screening of the Canadian Centre for Policy Alternatives' (CCPA) documentary *The Remaining Light*.

And while the facility's private owner and operator – Chartwell Seniors' Housing REIT – has been immovable in its determination to take more profit out of seniors' care, they haven't been able to silence workers, residents and family members in the process.

Even more importantly, they were not able to fire their workforce and disrupt care hidden from the public eye.

In Shawnigan Lake, just south of Duncan, HEU members at Acacia Ty Mawr Lodge mounted a similar

campaign to combat contracting out that again made headlines in their community and beyond.

Many of the workers, HEU members since 1989, have been working at the facility for years. When, on January 23, they were blindsided by lay-off notices, they took to the streets with the news and a petition.

They handed out information about the impact of contracting out on residents, workers and the communities in which they live.

This time, members and their union were able to negotiate a new contract that managed to secure a "no contracting out" clause for the life of the agreement. With that, they also gained continuity of care for the Lodge's frail residents and peace of mind for their family members.

At Stanford Place, a powerful fightback campaign is making a difference in Parksville. It all began when the new 230-bed facility, which is owned and operated by the Ahmon Group, opened in 2008. Experienced workers had been lured to the facility by the promise of decent, family-supporting wages and benefits.

But two and a half years later, workers' compensation was rolled back, not once, but twice. First by five per cent, and then by 20 per cent following an arbitrator's ruling in the fall of 2011.

## Members vow to keep up the pressure until the government gets it right for seniors.



CCPA's Marcy Cohen addresses public forum



Getting the information out



Bringing residents and families together

MARGI BLAMEY PHOTOS



HEU Stanford Place member Tina Irvine spoke about the skill and compassion that workers bring to their jobs, and the changes she's seen in seniors' care under the B.C. Liberal government's privatization push.

That earned her a six-day suspension. A grievance is making its way through the process. Irvine continues to advocate on behalf of seniors.

At that point, the local decided enough was enough. Despite the loss, they created a powerful community campaign to raise awareness about the negative impact of privatization in seniors' residential care, and what could be done to turn things around.

Members joined forces with the Oceanside Coalition for Strong Communities and hosted a public forum featuring *The Remaining Light*.

More than 150 people turned out in January for the mid-week event.

With the release of the Ombudsperson's final report on seniors' care, they hosted another public event in April with Carter as the keynote speaker. Several more groups signed on as sponsors – the BC Health Coalition, CCPA, Knox United Church, and Parksville-Qualicum Beach KAIROS, a chapter of the national ecumenical movement for justice and peace.

Again, the house was packed and the momentum is growing.

are taking a "pounding" in Canada's current economic and political environment.

"We want to have more influence at the bargaining table, we want to have more political strength, more economic strength," he says.

### What's up in Saskatchewan?

Brad Wall's governing Saskatchewan Party has announced a massive overhaul of the province's labour laws, which unions say will put long-standing workers' rights at risk.

This comes in the wake of a

Court of Queen's Bench ruling in February that deemed the government's new essential services law to be unconstitutional.

Justice Dennis Ball said, "no other essential services legislation in Canada comes close to prohibiting the right to strike as broadly, and as significantly."

Three months later, the Wall government has issued a "consultation paper" that solicits answers to questions on 15 different pieces of legislation.

The Saskatchewan Federation of Labour says the

sweeping document raises questions about numerous social policy issues that have been settled for decades, including whether or not it is appropriate to pay people with disabilities at the same rate as other workers, if there should be any restrictions on the number of hours that employers can ask people to work, and if government should limit people's constitutional right to stage demonstrations of protest.

Long-standing rights such as annual vacation, the 40-hour workweek, public statutory holidays, job

protection for new parents and workers with disabilities are all up for grabs, says Saskatchewan Government and General Employees' Union president Bob Bymoan.

"Every employee in this province is affected by the planned overhaul of our labour legislation," he says.

Other areas up for review include who collects union dues and whether people should be allowed to opt out of paying them for reasons

such as financial hardship or if they're a student.

The government has set out a 90-day consultation period that unions say is not enough to deal with such a sweeping review of the province's labour laws.





# Ombudsperson report roadmap to improve seniors

When HEU members fought back against a plan to close Cowichan Lodge in 2008, they had no idea it would spark the biggest investigation ever into seniors' care in B.C. Four years later, B.C.'s Ombudsperson has laid the foundation for sweeping change.

The second and final report, *The Best of Care: Getting it Right for Seniors in British Columbia (Part 2)*, was issued in February 2012. Its two volumes number more than 400 pages and contain 143 findings and 176 recommendations.

In her introduction, Carter writes: "It has been one of the longest systemic investigations conducted by this Office and resulted in the most comprehensive report the Office has produced."

## Protecting the care

The Ombudsperson's recent report examines three specific areas of home and community care: home support, assisted living and residential care. HEU members work in all three areas, most in residential care. The recommendations, should the provincial government choose to implement them, would bring about substantial improvements for residents and their families and for workers.

With 71 findings and 83 recommendations, residential care is the largest section of the report covering 18 issues that are all interconnected. Four of the 18 address top-of-mind concerns for HEU members: quality of care, staffing levels, end-of-life care, and changes to facilities including closures, renovations and "large scale staff replacement", or as we understand it, contracting out.

## Making quality care a priority

The Ombudsperson recommends that the Ministry of Health establish specific and measurable provincial standards for key aspects of residential care (R133).

This is because there aren't any.

The standards would be specific and measurable and include: frequency of bathing, dental care, assistance with going to the bathroom, call-bell response times, meal preparation and nutrition, recreational programs and services, and culturally appropriate services.

The outlined process involves widespread consultation. The suggested completion date is April 1, 2013.

## It's all about staffing

Because the Ministry of Health has not established clear, measurable and enforceable staffing standards for residential care facilities, the Ombudsperson recommends that it does.

The staffing-level standards should include the right mix of care aides, licensed practical nurses

Situated on several acres in the heart of Duncan on Vancouver Island, Cowichan Lodge was a comfortable seniors' long-term care facility owned and operated by the Vancouver Island Health Authority (VIHA). Surrounded by gardens tended by residents' family members and volunteers, Cowichan Lodge was not only a valuable public asset, it was also a community treasure.

VIHA's unexpected announcement to close it, and quickly without respect for due process, was a shock to residents, to their families, to workers and to those who live in the Cowichan Valley.

A massive community outcry and mobilization erupted immediately and lasted for months.

LPN Norah Murphy was chairperson of the local at the time.

"What I remember most about the fightback is the support from the community," recalls Murphy. "This was not HEU fighting the employer over lost jobs, this was an entire community fighting to protect something special."

"It was the final home of so many seniors in our community and they died there surrounded by people who cared. That is the legacy of Cowichan Lodge."

In the course of that fightback, B.C. Ombudsperson Kim Carter received 46 complaints about how Cowichan Lodge was closed and the way that the seniors living there and the workers who cared for them were treated.

Not only did Carter respond to these complaints with an investigation of the Cowichan Lodge closure, she also went one big step further.

In the Cowichan Lodge report, Carter states "...the complaints we received about the closure of Cowichan Lodge were also a contributing factor in my decision in August 2008 to launch a broader systemic investigation into home and community care services for seniors in British Columbia."

Four years later, that decision has spawned two reports. The first, *The Best of Care: Getting it Right for Seniors in British Columbia (Part 1)*, was issued in December 2009, and contained 10 broad recommendations to government.

Residents, families and staff expressed concern that VIHA's delay in informing staff of the decision to close Cowichan Lodge failed to recognize the importance of continuity of care and the importance of the established relationships between residents and staff... VIHA knew that continuity of care is good for complex care residents and yet there is no indication that VIHA considered the importance of the relationship that may exist between residents and the caregivers they are familiar with when planning to close Cowichan Lodge.

B.C. Ombudsperson Kim Carter, *On Short Notice: An Investigation of VIHA's Process for Closing Cowichan Lodge*

## Government's response, disappointing

When B.C. Ombudsperson Kim Carter released her first report on seniors' care in December 2009, there were 10 recommendations that clearly outlined several key initiatives:

- ensure that a commitment to care and the rights of seniors living in all residential care facilities are set out clearly in law;
- develop a single provincial website for the public reporting of useful information about residential care facilities; and
- entrench an expanded role for resident and family councils in legislation or regulation that applies to all residential care facilities.

Public response was enthusiastic and many groups and seniors' care activists urged the government to implement all of the recommendations in full, immediately.

The result? A residents' *Bill of Rights* that you might see posted in the foyer of a facility, a bit more information posted on <seniorsbc.ca>, and the publication of "Guidelines for Resident or Family Councils" in January 2011.

The Ombudsperson's much-anticipated second report, tabled in the B.C. legislature on February 14, delves deeply into seniors' care services and provides a roadmap to vastly improve these services.

Written by Margi Blamey }

# creates Seniors' care

and registered nurses (direct care staff) necessary to meet the needs of seniors in residential care; the minimum number of direct care staff required at different times, and the minimum number of care hours that direct care staff provide to each resident each day to meet their care needs (R142).

And Carter goes one step further. There's to be a monitoring and enforcement process to make sure standards are being met, and the results of this are to be publicly reported on an annual basis (R143).

## Dying with dignity

Dying with dignity is part of the care in residential settings. Care aides and LPNs provide most of this specialized and compassionate care, tending to the resident and interacting with family members and friends as well.

There are no standards for the provision of end-of-life care. The BC Palliative Care Benefits Program does not apply to those living in residential facilities.

The Ombudsperson recommends that standards be established that are equal to the services and benefits available under that program (R146). And through health authorities, information about end-of-life care in residential facilities is to be publicly available (R147).

## Protecting residents from upheaval and uncertainty

The closing, downsizing and renovating of facilities is covered under the *Residential Care Regulations* as "substantial change in operations", but the Ombudsperson is recommending a better and broader definition that includes new wording – "Large-scale staff replacement". She also recommends regular monitoring of operators for compliance (R169).

Carter doesn't stop there. She further recommends that safeguards be put in place to ensure that seniors in residential care "are not adversely affected by large-scale staff replacement." (R170)

For HEU members, residents and their families, advocates and communities who have risen up to oppose the wholesale contracting out and loss of trusted and experienced staff, this may be the sweetest of the recommendations. It's certainly one of the most stabilizing in a sector that has been buffeted by privatization.



## Communities mobilize to support Ombudsperson's recommendations

The BC Health Coalition, of which HEU is a founding member, has been helping British Columbians to take action on seniors' care since the Ombudsperson released her first report in December 2009.

Now that the final report is out, the health coalition is working with concerned citizens and organizations around the province to press government to fully implement the reports' recommendations.

And the momentum is growing. A number of communities including Nanaimo, Parksville and Kamloops have already organized free public forums to discuss the Ombudsperson's findings and recommendations, and mobilize to ensure that politicians, health authorities and other decision-makers make the changes that will improve and enhance care and services to seniors.

[www.policyalternatives.ca/newsroom/updates/bc-ombudsperson-releases-roadmap-seniors-care](http://www.policyalternatives.ca/newsroom/updates/bc-ombudsperson-releases-roadmap-seniors-care)



Go to the BC Health Coalition's website to:

- Send a message to Health Minister Mike de Jong telling him to act on Carter's recommendations now
- Learn how to organize a public forum and invite the Ombudsperson to speak
- Download resources

Considering that the government had the report for weeks before it was made public, Health Minister Michael de Jong's response was short on substance, lacked detail and recounts things they've already done.

The most significant move de Jong announced is the creation of an Office of the Seniors' Advocate – but only after months of consultation. Considering that seniors' groups, residents, their families and health care workers have been calling for this for several years, and that legislation to establish such an office was tabled by the NDP in 2007, the government's announcement was long overdue.

The government's action plan also includes:

- additional information on its seniors' website;

- a promise to streamline standards and regulations that will apply to public and private care facilities;
- funding for elder-abuse prevention; and
- expansion of non-medical support services to seniors through the United Way.

Carter has been attending public meetings around the province to talk about her findings and recommendations, including a forum in Parksville in April, which HEU co-sponsored.

People are eager for government to act on the recommendations as soon as possible and are mobilizing to make that happen.

## Canada's shame: exporting asbestos

The Canadian Labour Congress is welcoming news that the Chrysotile Institute, a pro-asbestos lobby group, that has received funding from the federal and Quebec governments, will cease operation.

The Institute, which was created in 1984, insisted on behalf of the industry that the use of chrysotile asbestos poses little risk to workers if handled safely.

In fact, overwhelming expert evidence shows that asbestos is a well-known carcinogen and no safe use exists.

Asbestos is listed as a hazardous substance under Canadian law. Canada has instituted a practical ban on the use of asbestos within this country to protect the health of Canadians.

Yet, paradoxically, Canada is a major producer of asbestos and all of this country's exports go to developing countries.

The CLC supports a total prohibition on Canada's production and export of asbestos along with a just transition program for displaced workers in the industry.

Although a ban on asbestos production is supported by the leading medical and public health agencies of Canada, the federal government continues to ignore the expert advice of key national and global health authorities, including the World Health Organization (WHO). They all say that chrysotile asbestos causes mesothelioma, lung cancer and asbestosis.



## LRB orders LPN representation vote

**A**fter months of legal deliberations on the BC Nurses' Union's applications to raid licensed practical nurses, the Labour Relations Board (LRB) has ordered a representation vote.

More than 6,000 HEU LPNs will be asked to choose between their union and the BCNU in a secret-ballot, mail-in vote.

HEU secretary-business manager Bonnie Pearson says the union has been preparing for a possible vote for months and is ready for the coming campaign.

"Our LPN members now have the power to end BCNU's three-year-long raid on their independent profession," says Pearson.

"And we will continue to talk with our members about HEU's strong record of advocacy for LPNs."

LPNs are now taking on new roles in many specialized areas of acute hospital care, as well as leadership roles in long-term care. And HEU has secured millions of dollars for LPN training and education.

"Every day, LPNs are earning greater respect for the contributions they are making as valued members of the nursing team," says Pearson.

"They are proving that the 'right nurse' for many patients and residents is a licensed practical nurse. And our union has played a leadership role in promoting the expansion of LPNs'

roles within the health care system."

This is the second time BCNU has attempted to raid the union's LPN members.

The LRB dismissed all of BCNU's 2009 raid applications because they failed to sign up enough LPNs.

HEU LPN team leader Máire Kirwan says this time, when BCNU realized it could not get a majority of LPNs across the province to sign a card, they were forced to drop 30 per cent of LPN work sites from their applications.

As a result, BCNU's current raid applications only cover direct employees working for one of the province's five larger health authorities, and Providence Health Care.

The LRB dismissed BCNU's application for LPNs working in the Provincial Health Services Authority.

In total, more than 1,200 LPNs covered by the Facilities collective agreement will be excluded from the vote.

"One of the biggest concerns we hear from LPNs is they

don't want to be divided," says Pearson.

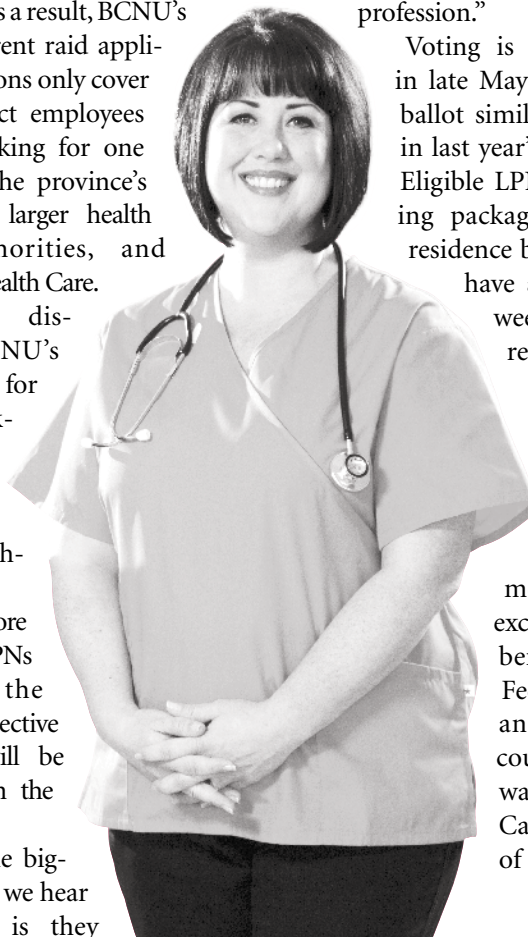
"And they don't want to end up in a union dominated by 30,000 RNs, which has always worked against the growth of their independent profession."

Pearson adds that BCNU has worked hard to divide LPNs from HEU, arguing that our union's strong and diverse membership is a weakness, rather than a strength.

"But the fact is, HEU members from all parts of the health care team have consistently supported our LPN members at the bargaining table, and as we advocate for their independent nursing profession."

Voting is expected to begin in late May through a mail-in ballot similar to the one used in last year's HST referendum. Eligible LPNs will have a voting package mailed to their residence by the LRB and will have a period of several weeks to complete and return their ballot.

As a result of their raid activities, BCNU has isolated itself within the labour movement. They've been excluded from membership in the B.C. Federation of Labour and local labour councils, and BCNU was forced to leave the Canadian Federation of Nurses' Unions.



## BCTF defends right to bargain

When Premier Christy Clark's government stepped up its attack on teachers' right to free collective bargaining in late-February, the BC Teachers' Federation (BCTF) and other unions knew what was coming.

Seven years ago, Clark was the education minister when teachers were last forced to take job action. Unsurprisingly, the government's response in 2012 is the same as it was in 2005 – don't negotiate, legislate.

On Feb. 28, Education Minister George Abbott introduced *Bill 22* in the legislature. The bill outlined how teachers were to receive a two-year wage freeze. Plus, significant concessions regarding students' learning conditions and teachers' professional development would be decided by a

government-appointed mediator.

However, the government didn't stop there. It also eliminated the teachers' right to further job action.

In response, the BC Teachers' Federation and other unions organized mass rallies in Vancouver and Victoria in early March. HEU members joined thousands of other union members and the general public to demand the B.C. Liberal government negotiate a new contract with teachers.

By mid-March, despite attempts by the NDP opposition to prevent *Bill 22's* passage, the Clark government used its majority to impose the unwanted contract on the province's 41,000 public school teachers.

But it's not ending there. Teachers and their allies are fighting back.

In late March, the BCTF announced that it would take steps to resist *Bill 22*. Following a vote of its members in mid-April, three out of four BCTF members endorsed an action plan to respond to the attack on their bargaining rights.

One of the key actions teachers are taking is withdrawing from volunteer work on extra-curricular activities. The plan also includes a public awareness campaign about *Bill 22's* negative impact on education, and work to elect a new provincial government in May 2013.

Since 2001, the B.C. Liberal government has resorted to back-to-work



HEU members rally in Victoria to support teachers' fight for fairness.

legislation to end contract bargaining on more than half a dozen occasions. For the BCTF, *Bill 22* is the second ground for their members.

For B.C.'s Liberal government, it may be two times too many.

# Oil and water don't mix

**F**irst Nations people in Canada's west are engaged in an epic struggle to save their own way of life. The threat they face could spell an environmental disaster that would impact all Canadians.

It has to do with Enbridge's Northern Gateway project – a controversial 1,777 kilometre pipeline that would carry 525,000 barrels of crude oil every day from Alberta's oilsands to tankers docked at Kitimat, B.C. These vessels would then make their way to the open ocean to be shipped to faraway oil-hungry markets.

The pipeline is designed to cross 800 environmentally precious waterways, including the headwaters of the Skeena and Fraser rivers, laden with salmon and other fish species. Many animals are dependent for their survival on those fish. And so are the people of the First Nations on whose traditional lands the pipeline would traverse.

Earlier this spring, HEU put its opposition to the project (which was directed by resolution at the union's 2010 biennial convention) on record.

In a strongly worded letter to the federal and provincial governments, HEU said, "We are joining a growing number of British Columbians, who are deeply concerned about the very serious risks the Enbridge project poses to the environment, and by extension the health of our communities... Over 70 First Nations and



Aboriginal organizations have signed onto a declaration opposing the pipeline. And we believe their voices must be heard and respected."

Although Stephen Harper's Conservative government wants to shorten the time allowed for consultation, a project of this magnitude cannot go forward without holding public hearings.

By law, First Nations must be accommodated.

Hazelton HEU member Amie Williams is on the union's First Nations Standing Committee and attended the hearings held by the Burns Lake First Nation and the Wet'suwet'en Nation of Smithers in January. The gatherings began with singing and drumming. Hereditary Chiefs dressed in their regalia, signaling the weight of their pronouncements, she told the *Guardian*.

"Speaker after speaker spoke very emotionally about their use of the land and the water for medicine plants, food and berry gathering," she said. The

message was clear: no to the pipeline.

When the review panel arrived in Bella Bella in early April to conduct talks with the Heiltsuk First Nation, they were met at the airport with singers and drummers. The panel members panicked and cancelled the meeting, notifying Councillor Marilyn Stett that they wanted to "conduct the hearings in a safe and secure environment." Constable Lesley Smith, RCMP spokeswoman for the North District of B.C., said, "From what I heard it was a peaceful demonstration."

First Nations and environmental organizations have been sounding the alarm for a long time. The Union of B.C. Municipalities voted against the proposed pipeline at their meeting last fall and since then, scores of individual citizens and organizations have registered their opposition through a variety of means, including rallies and formal presentations at regulatory hearings.

In late April, Freedom Train 2012 began a journey in Jasper, Alberta with planned stops in Edmonton,

Saskatoon and Winnipeg. Its destination was Enbridge's annual shareholders' meeting in Toronto. At least 40 persons from 10 First Nations travelled aboard, organizing support rallies along the way. The trip was put together by the Yinka Dene Alliance.

"We are blown away by the support we have from First Nations and other people right across Canada," said Dolly Abraham of B.C.'s Takla Lake First Nation. "We have put out a call across the country for solidarity as we make this huge effort, and we're grateful for the many backers we have, all the way through from west to east. People are standing up with us against this pipeline threat because they know

it's not just us who are going to be impacted – if these rivers and coastlines are destroyed for the benefit of the tar sands, everybody suffers."

At press time, Williams called to say, "I am packing my bags for Toronto so I can join my people at that encounter with the Enbridge shareholders."

**DALE FULLER**  
CONTRIBUTING WRITER



Protestor at Vancouver Earth Day demonstration, April 22.

## >>voices>>



**In B.C., we have the dubious distinction of having the worst child labour laws in the country.**

## Campaigns demand an end to child labour in B.C.

For most British Columbians, "child labour" conjures up images of a time long past or, perhaps, of children slaving away on the plantations and sweatshops of the global south. But the truth is, child labour exists today in our own province.

Canada is one of less than 30 countries who have failed to ratify International Labour Organization (ILO) convention *C138* on Child Labour. This convention sets the minimum working age at 15, or 13 for light work, and 18 for dangerous work.

In B.C., we have the dubious distinction of having the worst child labour laws in the country.

Under B.C. law, the employment of a child as young as 12 only requires a letter from a parent or guardian. Children as young as nine can work with permission from the Director of Employment Standards.

As a result of the changes to these regulations, made by the Liberals in 2003, the Workers Compensation Board (WCB) saw a ten-fold increase in workplace injuries among children aged 12-14 between 2004 and 2008. Children are less likely than

adults to be aware of, or ask questions about, their rights on the job. That makes them easy prey for unscrupulous employers looking to cut corners in order to make an extra buck.

But opposition to child labour is growing. For several years, the Canadian Labour Congress (CLC) has been running the Canadians Opposed to Child Labour campaign calling for the adoption of *C138*.

Here in B.C., young workers are involved in the No Child Labour in B.C. campaign initiated by First Call. The Employee Action and Rights Network (EARN) also includes a demand to increase the minimum working age to 15 as part of its Make Work Better campaign.

Look up the campaigns of the CLC, EARN and First Call, and see how you can help end child labour in B.C.

**STEPHEN VON SYCHOWSKI**  
CHAIR, B.C. FEDERATION OF LABOUR'S YOUNG WORKER COMMITTEE; COPE 378 EXECUTIVE BOARD MEMBER

## Union holds MPP pension seminars

If you are an HEU member who is enrolled in the Municipal Pension Plan (MPP), you may want to find out about how it works and the benefits it provides to you and/or your spouse.

Over the past few months, 160 HEU members attended a series of pension information seminars in Burnaby, Penticton and Prince George. The Pension Corporation also held a workshop for contract-out members at Malaspina Gardens on Vancouver Island which provided important information for workers experiencing layoff.

Jointly facilitated by HEU and the Pension Corporation, the seminars covered infor-

mation about the formula used to determine pensions, ways to increase pensions, beneficiaries, and family protection. HEU staff also reviewed proper enrollment by employers – including relatively new rules for casuals and part-time members – and outlined the steps to take when mistakes are found in members' annual statements from the Pension Corporation.

More information on proper enrollment and service can be found in newsletters published on the HEU website on February 2 and January 4, 2012.

A schedule of upcoming seminars offered by the Pension Corporation can be found at [mpp.pensionsbc.ca](http://mpp.pensionsbc.ca).

## Care aides, LPNs access 3,600 training placements

A \$2.5 million training fund secured by HEU in partnership with the province's health authorities is assisting care aides and LPNs to access education opportunities in both residential and acute care settings.

To date, HEU care aides and LPNs have accessed 3,600 placements in a range of courses, including refresher courses and skills training for new roles.

Currently, HEU is working with the health authority officials to standardize and establish training courses to meet the needs of care aides working in acute care settings.

It's a work in progress.



MICHAEL LANIER PHOTO

More than 300 people braved the rain on March 31 to show their support for programs and services that support victims of violence, people with developmental disabilities, youth at risk and many others.

Victoria's 4th annual Walk for Community Social Services wrapped up a month of activities during Community Social Services Awareness Month, which promoted a sector that is suffering from cutbacks and lack of resources.

In the meantime, a combination of in-house and college-based courses are being delivered through four health authorities for acute care aides.

This project has also provided more than 3,000 placements in refresher courses for

LPNs and care aides working in residential care. These courses provided training to support care aides delivering end-of-life care, LPNs in leadership roles in long-term care, and much more.

Training monies are provided through a B.C. Health

## BALANCING IT ALL

PATTY GIBSON

Drug policy researcher **ALAN CASSELS** is working on many fronts to educate the medical community and the public about the dangerous over-use of prescription drugs.

## TAKING ON BIG PHARMA

**A**lan Cassels is a man with a mission. And he's up against one of the most powerful corporate enterprises on the planet – the pharmaceutical industry.

Cassels isn't opposed to using prescription drugs to deal with illness. Rather, he's against the over-use, and unnecessary use, of those drugs.

Something that he says "turns healthy people into patients" and costs the health system millions upon millions of dollars.

A University of Victoria drug policy researcher, Cassels is the author and co-author of several books, including *The ABC's of Disease Mongering*, *Selling Sickness*, and the just-released *Seeking Sickness: Medical Screening and the Misguided Hunt for Disease*.

In addition to his ongoing research projects, he maintains an active, informative website – [alancassels.com](http://alancassels.com) – and writes articles for a wide variety of mainstream publications, as well as a regular column for the alternative magazine *Common Ground*.

Cassels' intense interest in exposing the pharmaceutical industry's "widescale bamboozlement of the medical community and patients" began in the mid-90s when he was looking into the promotion of a new drug that claimed a high success rate in dealing with osteoporosis.

But when he researched the company's clinical trials, he found that of the 100 people who took the placebo for four years, two people experienced a hip fracture. And of the 100 people who took the drug for four years, one person experienced a hip fracture.

"Yet, this drug was promoted as having a 50 per cent success rate, leading people to think they have a one in two chance if they take the drug. Not so."

After seeing how the statistics had been manipulated in this particular case, Cassels says he started to see it everywhere.

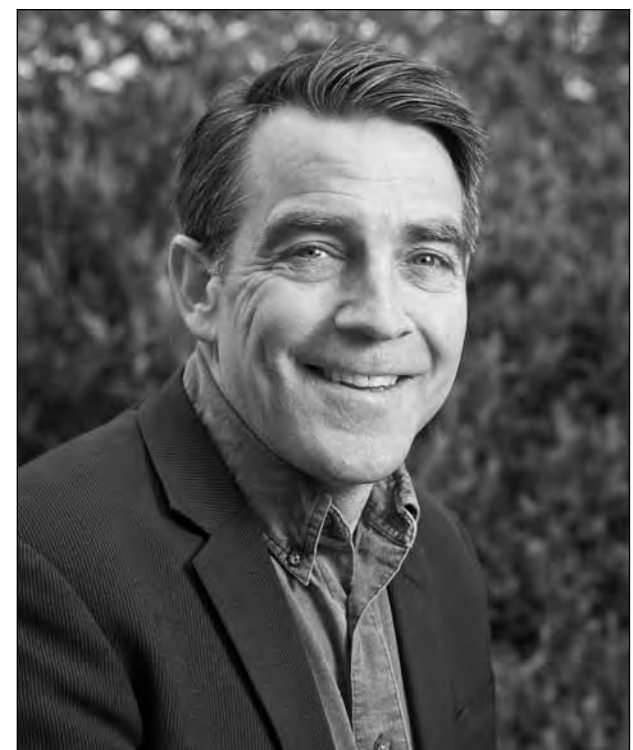
"What drives me nuts, and keeps me going, is the huge gap between science and marketing, hype and research," he says.

"And it's not just physicians who are bamboozled by pharmaceutical information. It's also the patients who see the ads and then think they need the latest drug. People forget they are ingesting something that's tinkering with body chemistry, and not in a good way."

In the face of mass marketing by the drug manufacturers, Cassels says people need a reality check. They need to be skeptical of the "instant fix" and realize drugs are not a perfect solution.

Every drug has a side effect, he says, which in turn can cause other problems that physicians may treat with more drugs. It's a vicious spiral that has its

**"What drives me nuts, and keeps me going, is the huge gap between science and marketing, hype and research. And it's not just physicians who are bamboozled by pharmaceutical information."**



Alan Cassels cautions against using prescription drugs as an "instant fix."

costs in terms of money and health.

"For most things, there are alternatives. Good medical care is not always getting a prescription. Listen to the lifestyle advice from your doctor."

He also cautions against opting for newer drugs when older treatments are available.

"The newer the treatment, the less we know about it. The older treatment is going to be more effective, cheaper, and doctors will know more about it."

As to what governments can do differently, Cassels says they should make sure that any treatment they pay for is supported by the best evidence.

"Pay for what works. Promote what works. By basing decisions on the evidence it is possible to make the entire health system more sustainable. We shouldn't be pissing away health dollars on useless tests, drugs that are harmful or screening that is useless."

So as a society, I ask, are we over-medicated?

"You have no idea; for every example where people might be under-medicated, I can match that with 100 examples of people being over-medicated."

Education Foundation grant which is administered by B.C.'s health authorities. Several HEU members are actively involved on provincial and regional advisory committees which determine how these education dollars are spent.

### HEU pilots women's history course

In March, the HEU Women's and First Nations standing committees piloted a one-day workshop on women's history in Canada, and women's leadership roles in the broader labour movement.

According to HEU equity officer Sharryn Modder, the course was so well-received that they hope to make it available to all HEU members in the future.

Core activities were built

around the lives of strong Canadian women from all walks of life; women who are role models, historical heroes and current women of power.

"The course clearly puts into context the critical roles women have played – over a number of generations – in advancing gender and racial equality, pay equity, and job opportunities," says Modder.

One woman studied was Viola Desmond. On November 8, 1946, Desmond walked into the Roseland Theatre in New Glasgow, Nova Scotia and purchased a movie ticket. She had requested a house seat. Settling in the theatre, an usher quickly approached Desmond telling her she had to sit in the balcony.

In those days, there was

racial segregation in Canada. The house seats, which were slightly more expensive than balcony seats, were for "whites only". Desmond was black. Angry, she returned to the ticket window and demanded a house seat. The teller refused to sell her one.

Desmond went back to her seat in the house. The police were called and Desmond was arrested. The retail sales tax on a house seat was one cent more than a balcony seat. She was fined \$20 and had to serve 30 days in prison for tax evasion.

Although she lost all court appeals, Desmond's case helped mobilize groups of social activists to end racial segregation in Canada. And this was nine years before Rosa Parks was arrested in

Alabama for refusing to give up her seat on a bus to a white passenger.

### Metro Vancouver living wage jumps to \$19.14 per hour

In April, the Canadian Centre for Policy Alternatives (CCPA) announced that the living wage calculation for Metro Vancouver has jumped to \$19.14 per hour, a 33 cent increase from last year.

According to the accompanying research report *Working for a Living Wage 2012*, the CCPA attributes the rising costs of housing, child care fees, utilities, MSP premiums and telephone rates as the biggest contributing factors for the increase. Although the provincial government offers

child care subsidies to low-income families, the rates have remained stagnant for seven years.

A living wage – higher than the legislated minimum wage and calculated regionally based on cost of living – is the amount of income a family of four requires to meet their basic needs – shelter, food, child care, clothing, transportation. The family is characterized by two adults working full-time with two school-aged children.

The living wage can be achieved through a combination of wages plus non-mandatory benefits, such as employer-paid MSP, health and dental coverage. Based on the cost of benefits, the hourly wage rate will be adjusted to

continued on page 14

## ON THE JOB

BRENDA WHITEHALL

Medical transcriptionist **DENISE VAN DEN BRUN** is the medical version of a court reporter who uses her vast reservoir of terminology to produce accurate patient reports.

## THE CHALLENGES AND REWARDS

**M**edical transcriptionists (MTs) need to know more than anatomy and thousands of pharmaceutical, diagnostic, surgical and medical terms. They also need to be savvy, meticulous detectives.

HEU medical transcriptionist Denise Van den Brun graduated from Vancouver Community College's 10-month medical transcription program in 2006, and was hired at Royal Columbian Hospital in June 2007.

"When I was in school, people were dropping like flies because they couldn't handle the medical terminology – you have a root word, prefix and suffix and they're all in Latin. It's like the medical version of a court reporter where they have to know all the legal terms; we have to know the medical ones for multiple disciplines."

This is complex work that involves transcribing doctors' dictated reports, which go into the patient charts.

And it's so highly specialized that there's now a shortage of skilled MTs in the Lower Mainland. Currently, there's a combination of in-house and outsourced MTs transcribing physicians' dictations.

In order to ensure accuracy, which is essential to quality care, Van den Brun says MTs must know all the terminology, procedures, units of measure, generic and trade names of medication, lab values, surgical instruments, types of sutures and equipment.

"People have no idea of the vast knowledge medical transcriptionists have," she says. Or the challenges.

"Doctors with thick accents, doctors who are tired and doing dictation after a six-hour surgery, doctors who don't enunciate, or speak rapidly. You start to listen in a different way. You're training your brain in a different way and you develop a sixth sense."

Van den Brun says it's particularly rewarding when she can take a technically challenging dictation – like a vascular surgery report – and use her knowledge and experience to produce an accurate report.

"I really like my job. I love the research, learning every single day, reading medical journals. Our work is behind-the-scenes, but it's vital. It's the patient's chart. Without that chart, you have nothing. It's also a legal document that could end up in court some day. We also handle high-profile police cases."

She says MTs are often misunderstood. "People think we're glorified typists. They don't understand the scope of our job. What I've learned in five years is astronomical. You can't just come in off the street and do this work."

Van den Brun is concerned about Providence Health Care's plan to contract out MT services in the Lower Mainland, laying off 131 workers.

"It's terrible. Outsourced workers get paid by dictation minute. They have to guess and leave blanks because they don't get paid to research or look things up. You get the quantity, yes, but not the quality. And that's not going to help a patient if their medical record is incorrect, full of blanks or inconsistent."



Denise Van den Brun is concerned about outsourcing medical transcription in the Lower Mainland

**Our work is behind-the-scenes, but it's vital. It's the patient's chart. Without that chart, you have nothing. It's also a legal document that could end up in court some day.**

Van den Brun spends a lot of time correcting outsourced reports, but doesn't blame the workers.

"They have to make a living. But medical transcription – with the scope of knowledge, on-the-job hospital experience and relationship-building with physicians – it's not the sort of thing you should be outsourcing... You're dealing with people's lives. And you're handling extremely sensitive, confidential information."

Van den Brun says that when she was in Ireland, she learned that their hospitals tried to outsource medical transcription to

the Philippines which became "an absolute disaster."

"You shouldn't be outsourcing to other countries, and you shouldn't be outsourcing period. Just because the U.S. is doing it, doesn't mean we have to follow their privatization agenda. Everyone knows how terrible their health care system is."

continued from page 13

reach the living wage rate.

Many working British Columbians are still living below the poverty line. That's about 300,000 to 400,000 people, or 25 per cent of the workforce.

For more information, visit <[www.livingwageforfamilies.ca](http://www.livingwageforfamilies.ca)>.

## Political Action Committee canvasses members

HEU's political action committee (PAC) took to the phones in February to talk member-to-member with their sisters and brothers in the provincial constituencies of Port Moody-Coquitlam and Chilliwack-Hope.

The six PAC members called more than 1,000 HEU households over two days

to conduct a brief survey to determine top-of-mind issues and to raise awareness about the two upcoming byelections.

They found that while access to health care services was the biggest issue for HEU members, good jobs in their communities was a solid second, and public education/supporting teachers came third.

Other issues were improving public transit and protecting the environment. Locals are encouraged to form political action committees in their work sites. They can contact their servicing representative for help getting started because when HEU members vote, they make a difference.

## New Nicaraguan law bans violence against women

Earlier this year, Nicaragua passed a law banning violence against women. It was a significant victory for MEC (Maria Elena Cuadra Movement of Employed and Unemployed Women) and the Nicaraguan women's movement.

Through HEU's Global Justice Committee, the union has partnered with CoDevelopment Canada since 1994 to support MEC, as well as the Central American Women's Maquila Network.

Although MEC began by educating women Maquila workers about their rights as workers and as women, they soon realized that women's rights needed stronger legal protections.

Over the years, they



Nicaraguan women demand a law to prevent violence against women.

achieved various legal reforms including revisions to the labour code and a law guaranteeing equal opportunities for women.

None of those changes came easily. But MEC persisted and gained public support for their campaigns.

At the start of this campaign to achieve the *Law Against Violence Against Women*, Nicaraguan women presented a proposed law to the National Assembly with the signatures of 12,000 women from across the country. They went on to organize forums, marches and meetings. Then,

in late January, they rallied for three days outside the National Assembly to keep up the pressure on legislators to pass the entire bill.

According to MEC's website, for the first time in Nicaragua's history, a law spells out and condemns all forms of violence against women, including the crime of femicide. MEC director Sandra Ramos said that the law is dedicated to the 800 women who have been murdered in the last 10 years in Nicaragua.

For more information about CoDev's work, please visit <[www.codev.org](http://www.codev.org)>.

MAY

JUNE

JULY

AUGUST

### MAY 28-31

Provincial Executive Meeting

### JUNE 3-8

HEU Grassroots Leadership Training

### JUNE 8-10

BC Fed Young Workers' Retreat

### JUNE 12-14

Health Authority Contracted Services Bargaining Conference

### JUNE 17-18

HEU Young Workers' Workshop

### JUNE 21

National Aboriginal Day

### JULY 1

Canada Day

### AUGUST 13

HEU bursary deadline

### AUGUST 7

B.C. Day

### AUGUST 7

HEU Convention deadline: credentials, hotel forms, constitutional amendments and resolutions

### AUGUST 22

HEU Support Workers' Day

### AUGUST 28-30

Provincial Executive Meeting

PUBLICATIONS MAIL AGREEMENT NUMBER 40007486

## Is feminism the new "F word"?

The 20th century saw huge strides in women's rights in Canada. In fact, it was not until 1929 that Canadian women were even considered persons under the law.

But 12 years into a new century, it's not at all clear where women's rights stand now.

Do we have a society where women have full control over their lives? Are women free to be their own persons? Has feminism become another "F-word"?

Those were some of the questions at the heart of an exciting, six-week visual art show mounted in Port Coquitlam earlier this spring to celebrate International Women's Day.

*The F Word: Exploring Feminism in the 21st Century* featured the work of 13 women artists and was the inspiration of co-curators Sherazad Jamal and Cat L'Hirondelle.

"The idea for this show came out of numerous chats we had around the kitchen table, like many creative ideas birthed by women," they explain in their curatorial essay.

"We would sit and talk about the current state of gender issues and wonder what was happening with it, fueled by our concern for the next generation of women presently coming into their own."

Specifically, they wondered about how the explosion of highly sexualized images – filling our airwaves, malls and public spaces – were affecting younger women's view of themselves.

**They wondered about how the explosion of highly sexualized images were affecting younger women's view of themselves.**

They wondered what had happened to the Feminist movement, which had so fundamentally changed their own ideas of what it meant to be a female in the Western World, especially in light of the severe toll taken by funding cuts to grassroots women's organizations that support the empowerment of women and girls.

"It seemed that in 20 years, the concerns of the Women's Movement had been relegated to the back-burner and Feminism had been turned into a Dirty Word," say Sherazad and L'Hirondelle, adding that the problem, as they saw



The show featured art made by 13 women of different ages and cultural backgrounds which spoke to their experiences and concerns.

it, was how to engage a conversation on these issues in 2012, in a political and social climate increasingly hostile to women's empowerment.

"We went to what we know and what we do best – Art. Feminism is a word that evokes emancipation, empowerment and equality in some, while in others it evokes fear, threat and loss," they explain.

And so *The F Word* exhibit was born as an offering in what they see as an important continuing conversation.

The show featured art made by women of different ages and cultural backgrounds which spoke to their experiences and concerns. The content ranged from constructions of female identity, to body image, to religious myth and fairy tale, to the juggle of everyday life, to violence against women.

"The issues raised by the artists in *The F Word* are multi-faceted and larger than one individual's capacity to effect change. But more than that, they are instigations and initiators of dialogue, of conversation," they say.

"In the end, there is no big solution; there is no happily ever after. There is, however, the simple, yet subversive act of sharing an idea over and over again, until it grabs hold of the collective imagination."

You can check out *The F Word's* participating artists and learn more about the exhibit online at <[www.thingystudio.com](http://www.thingystudio.com)>.

## In memoriam

HEU was saddened to learn of the passing of retired member **Carol Fitzpatrick**,



**FITZPATRICK**

who worked as an activity aide for 25 years at Kiwanis Lynn Manor. Known as a strong leader, activist and mentor, Carol helped organize her local into HEU.

She retired in Campbell River with her husband John, and enjoyed travelling until her illness compelled her home.

In early March, Victoria's Mt. St. Mary Hospital held a celebration of life memorial service to honour care aides **Donna Gagnon** and **Kathy Olson**. An HEU member for 31 years, Donna passed away on February 3. Kathy, a 25-year member, passed away on February 16. Peace roses were planted in the hospital's Blondin Green Garden to honour the memory of both women who are remembered for their devoted care to Mt. St. Mary residents.

On December 11, 2011, Prince Rupert laundry worker **Patti Hutcheon** suffered a heart attack and passed away at home.

Co-worker Kim Horbach recalls how much fun Patti was to work with, calling her "the local's cornerstone." Horbach says, "If you needed a voice or an advocate, Patti was always 100 per cent there for you."



**HUTCHEON**

Langley cleaner/housekeeping aide **Harold Wilkinson** – an HEU member since 2003 – passed away on February 24. Harold, an avid fisherman until his health failed, served as conductor on his local executive and will be deeply missed by his family, residents and co-workers.

Castlegar care aide **Eleanor Soukeroff**



**SOUKEROFF**

passed away suddenly on December 1, 2011. A 13-year HEU member, Eleanor worked at Mount St. Francis Hospital in Nelson and then at Castlegar and District Community Health Centre. A long-time chief shop steward, she was known as a champion for her union who always had members' welfare at heart.

## Retirements

LPN **Flo Delchan** (George Derby) has retired after 26 years as an HEU member.

Early in her career, she worked in Rossland's Mater Misericordiae Hospital and Como Lake Hospital in Coquitlam. Flo served in many positions on her local executive over the past few years. Now, she plans to relax and enjoy life.

**Gretchen Dulmage** (PHSA) retired after 16 years as an HEU member. A cook with Aurora Centre at B.C. Women's Hospital and then a supportive care worker at B.C. Women's Hospital and B.C. Children's Hospital, Gretchen served in many local executive positions, including chairperson and chief shop steward. She was a member of the Vancouver and District Labour Council executive, and served on several HEU committees. She says she will continue to pursue her activism, take courses and travel.

Co-workers and fellow activists wish care aide **Joan McCarrick** (Abbotsford) a happy retirement after her 21 years of service. Joan was a passionate advocate who worked tirelessly for HEU members as chief shop steward and chair of her local. Joan has also been a foster parent to 157 boys over the past 22 years. In retirement, she plans a cruise to Australia and will spend more time with her husband and grandchildren.

Nursing unit assistant **Lorna Tetrault** (Port Alberni) has retired after 39 years as an HEU member. Known as a "driving force" in her local since 1975, Lorna held many positions including chair, and still serves as local treasurer in her retirement. She is a leader with the Sparks and Brownies and a volunteer for International Women's Day. Her retirement plans include travel and ongoing participation in union activities. Colleagues and residents wish Lorna a happy, "active" retirement.

Colleagues will miss two WHR Lower Mainland HEU sisters – **Deborah McEnturff** and **Brita Shaw** – who retired in March. Community support worker Brita Shaw retired after 16 years' service in WHR's Day Program. "I admire and appreciate my HEU team who work so hard to preserve and improve wages and working conditions," says

Brita. Her best memories are from the time spent with the individuals she supported in her workplace.

Residence worker **Deborah McEnturff** retired after 17 years working in the R.I.S.E. UP Program (residential, vocational and job development). Long-time activist, Deborah says she enjoyed her years serving on the local executive. "I have been committed to members' rights, benefits and pensions, and to earning a fair and equitable rate of pay for the great work that members do on a day-to-day basis."

After 25 years' service, Burns Lake maintenance supervisor **David Mailloux** retired in March. He also served as local executive senior trustee. "Dave will be missed for his ability to make something from nothing, in an old, outdated building," says co-worker Blain Cunningham. "He will also be missed for his ability to make people laugh and feel good about themselves." In retirement, Dave joins his wife Simone (Burns Lake), who retired seven months ago after 26 years as a cleaner.

**Joyce Winter** (Trail) retired from Kootenay Boundary Regional Hospital after a 44-year career as an LPN. A long-time activist, she was deeply involved with HEU activities in the '80s and '90s and served in many positions on her local executive including chair, chief shop steward and OH&S steward. Joyce loved her nursing career and was proud to be an HEU nursing team member and LPN outreach worker. Residents and colleagues wish Joyce a happy retirement.

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## EQUITY MATTERS

1.800.663.5813 or  
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# GUARDIAN

"In humble dedication to all those who toil to live."

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

[pwd@heu.org](mailto:pwd@heu.org)

## 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.

[women@heu.org](mailto:women@heu.org)

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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?

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