A man in a dark suit, white shirt, and red tie is shown from the chest up. He is holding several white plastic cups, some in his hands and some on a tray in front of him. The background is plain white.

Following several months of contract talks, **HEU** tells health employers to **come clean** and get down to the business of **FAIR** collective bargaining.

STOP **THE SHELL GAME**

pg **3**

Summer 2012



Getting ready

Members working for large acute care contractors are preparing for collective bargaining this fall. They are joining tens of thousands of other HEU members who are already in contract talks.

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What's my union done for me lately?

For most HEU members, being part of B.C.'s largest and oldest health care union is something they don't think much about.

Although many of HEU's recently-organized members have had to fight hard to join a union, the benefits of union membership for most are based on the struggles waged by past generations of health care workers.

The further away members become from hard-fought campaigns to vote a union into their workplace, the easier it is to see union membership as an automatic benefit that comes with the job – along with a collective agreement covering wages and benefits, seniority rights, health and safety protections and the right to grieve unfair treatment.

But no matter how you became a member of HEU, Labour Day gives every one of us an opportunity to reflect on why unions matter. And why many employers and right-wing governments are working overtime to try and weaken union power, here in Canada and throughout the world.

The fact is, a union is the only thing that stands between an employer's desire to get the most it can out of its workforce, for the least amount of compensation, and a worker's desire to secure a fair wage and decent benefits to support themselves and

their families.

It's also the only thing that can hold an employer to account for unfair treatment and poor working conditions.

Without a union, employers can pretty much do what they want. And get away with it.

Employment standards here in B.C. have steadily eroded over the past decade to the point where workers have to resort to a self-help kit to challenge an employer's

Labour Day gives every one of us an opportunity to reflect on why unions matter.

unfair treatment. And while it may be possible to eventually secure severance from an unfair dismissal, B.C.'s Employment Standards Branch does not have the power to reinstate someone's job.

Without a union, individual workers are on their own. And most find it next to impossible to protect their rights when facing an unscrupulous boss.

Unfortunately, the majority of working people here in B.C. and across Canada don't have the backing of a union to protect their job rights or advocate for important social issues that impact their lives in society at large.

And with a constant barrage of anti-

union propaganda, it's easy for the public to buy into the notion that somehow unions aren't really needed anymore.

Yet nothing could be further from the truth. Historically, organized labour secured virtually every benefit that workers enjoy – from the eight-hour day, to the weekend, health and maternity benefits, health and safety protections, bargaining rights, vacations, pensions, and more.

Without unions, it's hard to imagine how workers could ever have achieved the wages and other benefits that help people live decent lives, support their families, and keep their communities economically strong.

Today, unions continue to be the only collective vehicle workers have to protect past gains, advance others, and stand up to employers who are determined to drive down wages and undermine workers' economic security.

At this time in our history, workers need a collective voice that is capable of challenging those who would benefit from a workforce that doesn't have the tools to defend itself.

That's why we can't take union membership for granted.

And it's why we have a responsibility to bring the benefits of union membership to others.



BONNIE PEARSON

We're bargaining in the public's interest

You can't be at a bargaining table in 2012 without recognizing how little government has learned from its failed attempts to save money at the expense of health and social services.

For more than a decade, the BC Liberals have pushed a cost-cutting and privatization agenda that has changed the face of

the way we deliver care in all sectors. And not for the better.

Whether it's in our hospitals, seniors' homes, or the community, HEU members have been at the core of constant change under this government – juggling heavier and heavier workloads, fighting contracting out and contract-flipping, and dealing with the consequences of bad policy as it affects their patients, residents and clients.

Every HEU member cares deeply about making the system work for people.

What never ceases to amaze me, however, is the incredible resilience members continue to bring to their jobs and their union. In this respect, our current membership is very much like the generations of HEU members who have gone before,

and who weathered countless battles to advance or protect their ability to provide good care.

As a union, we may look different than we did ten years ago – HEU now represents workers in both the public and private sector. And we may bargain differently – instead of a handful of contracts we now negotiate and service 120 collective agreements.

But because we work in every area of care, and not just a part of it, we get the bigger picture. That diversity is the source of our strength and our collective knowledge of how to improve care.

When I talk with members – regardless of the sector they work in or the job they do – there is one thing everyone has in common. They care deeply about making the system work for people.

But it's not working the way it should, for anyone. The cracks in this government's short-sighted strategy are showing. Workers live it. Patients suffer it. And the public's tolerance for it is fast running out.

What's required now is the political will to make strategic investments that will stabilize the workforce and rein in the profits private operators are able to take out of the system. That means contracting-in, where it is most feasible, and negotiating fair collective agreements.

This fall, we will continue bargaining at the facilities, community health and community social services tables. At the same time, we will be serving notice to bargain with all the large contracted service employers in the health authorities.

At every table, we will be putting forward your proposals for improved working and caring conditions.

It's time for employers to respect their greatest asset – a knowledgeable, dedicated workforce that truly cares.

Without that recognition, the system cannot function for anyone.

British Columbians understand the value and commitment of B.C.'s health and social services workers – and that everyone is doing a lot more with a lot less.

That's why HEU members have the support of the public in their efforts to achieve fair and reasonable settlements in 2012.

HEU members making a difference



700 km trek

For the second year in a row, communities along the notorious "Highway of Tears" have welcomed the arrival of Peter Thompson's "Bear Spirit Healing Journey" – a project to raise awareness about violence against aboriginal people and to honour missing and murdered aboriginal women and men.

Thompson is an elder and family support worker employed at Xaaynangaa Naay (House of Life Health Centre) on Haida Gwaii, (the Queen Charlotte Islands) and a member of HEU's Skidegate Local.

The 700 kilometre trek, which included eight stops along route, set out from

Prince George on July 23 and concluded on August 3 in Prince Rupert. Along the way elders and those who accompanied them walked through towns and brought traditional healing ceremonies

to all who attended.

Thompson says the idea for the journey originally came from a vision he had, and from there he asked people to join with him as he knew he couldn't undertake the project on his own.

"People come [to the ceremonies] with heavy hearts. Some are sick or grieving. Some have lost people on the highway of tears," he says, adding that when people leave they feel better.

And that's the point.

"It's about healing. We want people to feel better than when they came. Everybody gets something out of it. Everywhere we went we are invited back."

Next year's journey is already in the planning stages. Thompson hopes it will begin earlier in the summer, on July 1, and will focus on "ending violence against aboriginal people, between each other and from the outside. It's time

to focus on promoting ourselves in a better way."

For more information find them on Facebook (search "Bear Spirit Healing Journey").

It began with apples

Congratulations to clerical worker Muriel Buhr of Creston Valley Hospital, who received a Queen's Jubilee Medal for spearheading massive food and gift drives for poverty-stricken communities in Northern Manitoba.

Buhr was surprised and honoured to be among those who received medals on Canada Day, but she is quick to insist her efforts are only one part of a much larger story that includes colleagues, friends and the community at large.

It all began in 2010 when she heard about children in the northern community of Shamattawa – 1,300 kms north of Winnipeg – who had never eaten an apple. It's a "fly-in-only" town and the shipping costs are so astronomical that it's next to impossible for families to get any fresh produce or most of the basic items we in the south take for granted.

Buhr arranged for a tonne of apples to be sent from Creston to Shamattawa, and from there support for the people of the small northern community mushroomed beyond anything

she could have imagined.

Co-workers started bringing in items to send, and over the last two Christmases the entire community has gotten on board.

Presents for every child, food, quilts, and so much more have made their way to Northern Manitoba thanks to donations from individuals, groups, schools, businesses and transport companies.

According to Buhr, everyone just wants to help. So much so that Creston has also been able to gather enough items to ship to another impoverished community in Manitoba, Lynn Lake.

Cycling for Alzheimers

As a mental health support worker at McCully Lodge, and someone who had previously worked with aging seniors, Dan North has developed a great deal of compassion for those living with Alzheimer's disease.

This summer he embarked on a 2,700 km cycling journey from his home in Victoria to Whitehorse, Yukon, to raise awareness and funds for the Alzheimer's Society of B.C.

So far, he's raised about \$1,000 and he says donations are still coming in.

"I love cycling and I wanted this trip to have a purpose," says North. "I chose Alzheimer's because of my work, and because it's a disease that has affected people

in my personal life."

North describes his four-week trek as amazing. "It was more incredible than I ever could have imagined. There were so many great moments. I met so many people, so many good Samaritans. Some gave me cash donations right on the spot.

"When you do something like this you realize how many lives have been touched by this disease."



North set out on his solo journey June 18 and arrived in Whitehorse on July 11.

Having worked in health care for 12 years, he says he has seen first hand how family members have had to cope with the loss of a loved one long before they should have.

"I believe that we can make a difference by our generosity, and reclaiming a valuable resource – our elderly," he says. "I'd do it again in a heartbeat."

To make a donation to the Alzheimer's Society go to www.north2yukon.tumblr.com.





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What's up with public sector negotiations?

After seven months of talks, it's time for health employers to disclose their bargaining package.

On September 5, HEU and the Facilities Bargaining Association (FBA) are scheduled to resume talks for a new Facilities collective agreement covering 46,000 health care workers.

The negotiations between the HEU-led FBA and the Health Employers Association of B.C. (HEABC) began last February, but progress has been hampered by a number of factors including the provincial government's restrictive bargaining mandate.

HEU secretary-business manager Bonnie Pearson says the FBA has now tabled its entire package of proposals including demands for wage increases, health and safety improvements, and stronger scheduling language.

"But unfortunately, health employers have refused to table their position on wages and other monetary issues despite our repeated calls for them to do so," says Pearson.

"We're certainly determined to move the bargaining process forward. But in order to do that, health employers must table their full package of demands. HEABC also needs to provide a comprehensive response to our bargaining package.

"When we meet in September, it is our expectation that HEABC will commit to some serious bargaining."

Government negotiating mandate

Pearson says that the provincial government's so-called "cooperative gains" mandate has been a huge obstacle to reaching agreements, not just in health, but throughout the public sector.

Under the mandate, public sector employers, including HEABC, have been told that there is no new money to settle contracts.

But under cooperative gains, these employers must fund modest wage increases or other contract improvements through savings in existing budgets and have been given flexibility in where to find these savings.

In the health sector, employers say 50 per cent of those savings must be found through changes to collective agreements.

Only then, will those savings be matched through broader "system" savings – though HEABC won't disclose the source of those savings, or guarantee that members won't be negatively impacted as a result.

"At the end of the day, cooperative



HEU's Pearson says the provincial bargaining committee is pressing for the priorities set at last year's Wage Policy Conference.

gains looks a lot like net zero because health employers have made a disappointing and unnecessary choice to target collective agreements," says Pearson.

One area of the collective agreement targeted by health employers is cost control in the area of benefits, though they have not spelled out exactly what that means.

"Our members have been pretty clear that they want their bargaining committee to protect the integrity of their benefit plans," says Pearson.

"So until health employers can articulate exactly what they have in mind, there's very little for us to discuss."

The BC Ambulance Service contract

Another roadblock to making progress at the Facilities table has been health employers' demand to merge the collective agreement provisions covering BC Ambulance Service (BCAS) workers into the Facilities agreement.

Government moved the operations of B.C.'s emergency services under the Provincial Health Services Authority. As a result, 3,500 ambulance paramedics and related administrative staff were transferred into the Facilities subsector last year.

These workers – members of CUPE Local 873 and the BCGEU – have been covered by separate collective agreements that reflect the distinct nature of the ambulance service.

Those collective agreements were appended to the Facilities agreement by the Labour Relations Board in 2011.

Now HEABC wants to meld these agreements into the Facilities contract, arguing that it's necessary in order to integrate the ambulance service into the delivery of health care.

Pearson is not so sure.

"In fact, BCAS officials have confirmed that melding the collective agreements is not required to meet government's broader objective of integrating services," says Pearson.

"I suspect it has more to do with trying to selectively strip rights from ambulance service employees.

"It's a completely unnecessary exercise to try and divide the FBA, and it simply is not working for them."

Keeping our focus on members' goals

Throughout the last seven months, HEU's provincial bargaining committee has remained focused on the priorities identified at last year's wage policy conference.

"It's been very frustrating for our bargaining committee to deal with an employer that just won't get down to some real bargaining," says Pearson.

"But throughout this round, our committee has stayed focused on member priorities such as a fair and reasonable wage increase, protection of benefits and safer workplaces.

"And after our bargaining sessions in September, we'll be preparing to report to members on the progress of talks."

The current Facilities collective agreement expired on March 31, 2012, though its provisions continue to be in force. There are about 39,000 HEU members in the Facilities subsector, working in more than 270 job classifications at B.C. hospitals, care facilities, shared services operations and health authority corporate offices.

Another 7,000 covered by the talks are represented by 11 other unions including CUPE 873 and BCGEU.

MIKE OLD
COMMUNICATIONS DIRECTOR

Community Health and Community Social Services

Though most HEU members are included in the Facilities negotiations, about 3,000 members are covered by Community Health and Community Social Services talks.

In **Community Health**, negotiations are set to resume in mid-August. HEU represents about 1,500 community health workers at that table.

The primary non-monetary issues remaining are scheduling, posting language, grievance and arbitration procedures, health and safety, rights for casual employees, anti-bullying protections and reimbursable allowances.

The two sides have exchanged proposals on compensation as well.






There are also about 1,500 HEU members in **Community Social Services**, where members wrapped up strike votes in July and gave their bargaining committee a strong strike mandate to back bargaining demands.

Negotiations broke down in early June. Outstanding issues include wages, benefits, sick leave and reimbursable expenses. The employer had also demanded concessions and wanted to remove improvements negotiated in the last round of bargaining.



COFFEE BREAK

10 REASONS to spend locally?

- 1** Going local first keeps almost 70% of your money in the local economy. 
- 2** Big chain department stores could just as easily be anywhere. Spend local and celebrate your community's unique identity.
- 3** A local business is usually more concerned about your customer experience, and keeping you happy. 
- 4** Local business tries harder to meet your particular needs – they don't rely on a national sales plan.
- 5** Studies show that local small business is the greatest source of job creation. 
- 6** Help out the environment – less transportation, lower energy and fuel costs, less excessive packaging... you get the idea.
- 7** Non-profits receive an average of 350% more support from local businesses than they do from non-locally owned businesses.
- 8** Local businesses help downtown areas stay vital by using existing space. 
- 9** Local businesses help create a stronger tax base that pay for better public services.
- 10** Support your friends and neighbours – they live, work and are invested in your community, just like you! 

Find out more about shifting local spending at www.cupe.bc.ca

HEU union of choice for former BCNU members at North Peace Care Centre in Fort St. John representation vote

Members of the British Columbia Nurses Union (BCNU) at North Peace Care Centre have joined with HEU members from Fort St. John Hospital in making HEU their union of choice at the new, amalgamated P3 hospital in the North.

The representation vote, conducted

by the B.C. Labour Relations Board on June 7 and 8, was a decisive victory for HEU and its record of strong representation for the entire health care team.

Of the 196 ballots cast, 155 voted for HEU, 39 voted for BCNU, and two ballots were spoiled.

BCNU had represented the approximate 150 health care employees at North Peace Care Centre for the past 15 years.

The Fort St. John representation vote comes at a time when BCNU's raid on Licensed Practical Nurses is continuing.

Know your rights

Forcing workers to come in sick

If you work for one of the health authorities, you've probably heard about attendance promotion programs (APP). But what you may not know is that HEU has an industry-wide policy grievance scheduled for October against parts of an APP introduced by Vancouver Coastal Health Authority.

How Attendance Promotion Programs work

Basically, the employer sets a threshold entry point that is roughly based on the average number of sick days used by employees in the bargaining unit.

A worker with more than the average number of sick days is brought into the program through a process that typically begins by being asked to attend a meeting with a manager. During this initial meeting the worker will be asked to answer questions, including whether particular health events or a disability might explain their sick leave rate.

Depending on the individual situation, the monitoring process will continue over the next 18 to 24 months, with a progression of steps that could lead to a termination of employment.

Many employers have introduced some type of attendance program, and many more are considering it.

Why? Because by monitoring employees' sick leave use employers believe they can save money and reduce the

administrative "inconvenience" of paid absences.

Not surprisingly, HEU has a different view. Workers in health care do use their sick leave. This is because our work can be both dangerous and unhealthy. Every shift, we are exposed to viruses and bacteria. We do heavy work, repetitive work, carry huge workloads, and we provide physical assistance and emotional comfort for patients, residents and clients.

All of these things take a toll on our bodies and on our physical and mental health. Our ability to use the sick leave we have bargained hard for is how we maintain a balance between our own health and our ability to make a career of delivering quality care to the public.

Arbitrators have been clear that employers are generally entitled to introduce programs to monitor sick leave use as part of their "management rights", and it is considered okay to set a reasonable threshold for entry into the program even though the potential loss of your job could be an outcome. However, whether a program stands or falls will always depend on the details of the policy or how it is applied.

For example, most programs focus on legitimate absences that are unrelated to a chronic condition or disability. If an employer counts sick days caused by a disabling condition or an acute health event like a heart attack, it will likely violate the *BC Human Rights Code* and the employer's duty to accommodate to the point of undue hardship.

If the program has elements in it that are disciplinary, automatically applied without taking into account individual circumstances, don't give employees

sufficient time to demonstrate an ability to reduce sick leave use, or have insufficient protections for employees' right to privacy of medical information, arbitrators have had no hesitation in ordering employers to change their poli-

cies to comply with workers' rights and entitlements. And these are precisely the types of issues that will be going to hearing in October.

If you are asked to meet with your employer under one of these programs, the first step is to get in touch with your shop steward. It is much easier to navigate a program like this with the knowledge and support of your union.

If you get a call or a letter to meet with your employer under one of these programs, the first step you should take is to get in touch with your shop steward.

<<newsbites>>

Investigate Community Living BC say advocates

HEU and its coalition partners are demanding a full public inquiry into Community Living BC (CLBC) – the crown agency responsible for providing services to adults with developmental disabilities.

Following an outpouring of media and public condemnation last fall, which exposed CLBC's failure to meet the needs of individuals and families in the sector, government took some initial steps to investigate problems internally.

But internal reviews are not enough, says the B.C. Community Living Action Group (BC-CLAG). Core issues remain unresolved, including the extreme

lack of resources available to support the sector overall.

In June, CLBC was back in the news when the agency's executives received performance bonuses that the public understood had been cancelled.

In a strongly-worded editorial comment to the *Vancouver Sun* on June 26, Developmental Disabilities Association executive director Alanna Hendren criticized the bonuses, which had been rolled into executives' base pay "at the same time the government's 'monetary mandate' for public sector bargaining has been firmly set at 'net zero.'"

She pointed out that by putting the bonuses into base salaries the increas-

es would carry forward year after year, into pensionable earnings, while front-line employees remain the lowest-paid public sector workers in B.C.

"What rankles those of us responsible for providing direct supports to people with developmental disabilities," wrote Hendren, who is also a member of BC-CLAG, "is CLBC's persistent lack of a realistic plan, the inequity inherent in the distribution of funds and its failure to realize the expectations of government, the community and many families for almost a decade."

For more information on BC-CLAG and its call for a public inquiry visit www.communitylivingaction.org.

Privatized support workers **unite** for fairness

Ten years after government contracted out hospital and residential care support services, almost 4,000 HEU members are getting ready to hold their corporate employers' feet to the fire in upcoming contract talks.



When HEU's secretary-business manager Bonnie Pearson took the podium at the opening plenary of the union's conference for contracted health authority workers in mid-June, her message was clear.

"Our health care system – which is the national pride of this country – cannot function without the people in this room," she told the 75 delegates employed by Compass, Aramark, Sodexo, Acciona and Marquise.

"You really are that important. It's high time we made your employers acknowledge that fact."

And she reminded members that negotiating fair contracts is part of an ongoing global movement for economic equality, social justice and human rights.

"Every time we negotiate an improvement in our contracts, we're helping set the stage for other workers to do the same. Bargaining is not an island. We're not doing this on our own."

Under the conference theme – United for Fairness – delegates worked through large plenary and round table discussions to identify their top bargaining goals, plan workplace campaigns, brainstorm how to mobilize their co-workers, and find creative ways to get their message to the public

and their employers.

By the end of the two and a half day conference, they had achieved all that and more.

No matter which one of the five corporations they worked for, it didn't take long for workers to discover how much they had in common. Their challenges – crushing workloads, disrespect, a shocking shortage of badly-needed supplies and inadequate compensation – were the same.

And by the end of the conference, so were their top bargaining goals: respect and dignity, safe workloads and fair compensation.

Throughout the conference, delegates spoke out passionately about their working conditions and the impact those conditions have on patients and residents.

One delegate said she's afraid for her family members to be admitted to the hospital due to the cleaning standards and lack of supplies.

"Sometimes when I'm cleaning, I'm crying because I know a pregnant woman is waiting in the hallway for me to clean her bed so she can deliver her baby. And I'm by myself, working as fast as I can, knowing I have many more rooms to clean with patients waiting and not enough staff," she said.

Another spoke about inferior dietary services saying, "We're dealing with ill seniors and the nutrition of the food is appalling...it's packaged food with small portions...This isn't a third world country. This is Canada. People should be going into the hospital to get better, and not come out malnourished."

Those concerns were echoed in many discussions and validated by a screening of "Dirty Hospitals," aired by CBC's Marketplace earlier this spring. The investigative news program exposed the growing dangers of hospital-acquired infection rates and the link to contracting out and low-staffing levels in housekeeping.

The same concerns were voiced by B.C.'s NDP Opposition Leader Adrian Dix, who kicked off the first evening's plenary with high praise for members' work and their ongoing advocacy for better working and caring conditions in the health sector.

He didn't pull any punches about the contractor's low cleaning standards, the lack of nutritious food, hospital overcrowding, and why the Liberal government needed to be held to account for those and other problems affecting health care in B.C.

Dix was also clear about the impor-

tance of defending workers' right to bargain collectively. NDP MLA Shane Simpson was also on hand on the opening night to give members his support as they prepare for a tough round of bargaining.

Early in the conference, delegates also heard from union president Ken Robinson and financial secretary Donisa Bernardo, who let them know they had the full backing of their union. And throughout the conference, the entire Provincial Executive was in attendance, hearing people's stories and encouraging their activism.

The crowd was especially energized by HEU's Living Wage Campaign radical cheerleaders and a competitive information quiz following their performance.

The conference will be followed up with a meeting of newly-formed Contract Action Teams (CATs) and bargaining committee members September 11. CATs will be made up of members at every worksite who commit to working with the bargaining team to keep their co-workers informed and involved during negotiations.

HEU represents about 4,000 members working in housekeeping, laundry, food and other support services at 80 sites in four B.C. health authorities. They are covered by 13 different collective agreements which expire on September 30, 2012.

BRENDA WHITEHALL

"Every time we negotiate an improvement in our contracts, we're helping set the stage for other workers to do the same."

Obamacare... what is it good for?

When the U.S. Supreme Court upheld President Barack Obama's *Patient Protection and Affordable Care Act*, aka Obamacare, this past June, many Canadians were left wondering whether or not Americans really benefited from the Democratic president's signature health care policy reform.

Following Obamacare's introduction in March 2010, some public medicare advocates branded it as a giveaway to the private sector.

For example, over 1,300 private insurance companies continue to gain financially under Obamacare because these corporations form a key part of the

payment system. In Canada, we have a single-payer system – the government.

The result? Administration costs in the U.S. stand at 31.0 per cent of health care expenditures – almost double that of Canada's. Obamacare puts money that could be spent on health care into the pockets of insurance companies.

But despite these significant shortcomings, Obamacare has made a big difference in the lives of millions of Americans.

New tax credits are helping small business owners with the cost of providing health insurance for employees.

Young adults can now stay on their parents' insurance until age 26.

Parents whose child is born with birth defects and childhood diseases are no longer denied coverage or subject to lifetime limits on care.

Seniors are getting help with the cost of their medications.

An additional 2.5 million young adults have gained coverage since September, 2010.

Nearly 54 million Americans with private health insurance, including approximately 20.4 million women have received preventive health services such as cancer screenings and immunizations at no additional cost.

More than 5.1 million people on Medicare have already saved an average of \$635 each on prescription drug costs.

If Obamacare is successfully implemented by 2014, all Americans will have access to affordable health insurance no matter their circumstances – whether they change jobs, lose their job, decide to start a business, or retire early.

Changing how we pay our doctors

When Ontario Premier Dalton McGuinty announced plans last May to unilaterally rollback doctors' fees, some health care observers said it was a game changer.

Across Canada, from 1998 to 2008, doctors' pay increased at an annual rate of 6.8 per cent each year. The Ontario government's move to lower doctors'

Why the double standard for unions?

As we move into the fall, *Bill C-377* will be winding its way through the final stages of review by the House of Commons Finance Committee and from there will be debated in the Senate.

This federal legislation proposes an amendment to the *Income Tax Act* that will require unions to file detailed spending statements with the Canada Revenue Agency, which would be made available to the public in searchable form. It is said that because unions are tax exempt under the *Income Tax Act*, the “public” ought to know how unions spend their money, particularly when it comes to political and lobbying activities. It will also include benefits and spending by our Pension and Long Term Disability plans.

There is no mystery about how unions govern themselves. HEU, like most labour unions, is already transparent about its internal governance and we distribute our audited financial statements to union locals every single year. In pushing this Bill, I can almost hear the anti-union and conservative taxpayer organizations, as well conservative think tanks, happily resorting to the old saying, “nothing to hide, nothing to fear.”

But that isn't what this is about. Why are unions across Canada up in arms about *Bill C-377*?

It's simple. There's a double standard at work here. This legislation will require unions to spend precious resources complying with very time-consuming and detailed filing requirements that do not apply to

other groups. And it's especially hard to take when governments themselves aren't rushing to hold themselves, or other public and private corporations, accountable to the same standard.

The Bill could also require reporting of local spending that drills down to a level of detail that will be onerous to track and report on, but would also expose our locals to a degree of public scrutiny that no other organization is subject to.

We believe strongly in the integrity of our Locals and believe *Bill C-377* is an unwarranted attack on the union's grassroots.

The objective of this Bill is to monitor what unions are fully authorized to do according to the Supreme Court and under the Canada's constitution: to engage in political activity and lobbying to defend and enhance the rights of all workers.

So this isn't really about money or accountability. It is about trying to weaken organizations that stand up and fight for the rights of working people. And it's a response to our collective and individual success in doing just that.

Some point out that *Bill C-377* is a private members' bill – meaning it was introduced by a B.C. member of the Conservative caucus, MP Russ Hiebert from South Surrey-White Rock-Cloverdale. This means it is not a formal government Bill, so it may not go anywhere.

However, we all know how tightly controlled the Conservative caucus is, so we will be keeping a close eye on *Bill C-377*, and will be working with the B.C. Federation of Labour and the Canadian Labour Congress to continue to defend against this sideswipe attack on our constitutional rights.



Donisa Bernardo
HEU Financial Secretary



KEN ROBINSON

PRESIDENT'S DESK

Gearing up for convention

By the time you're reading this *Guardian*, summer will be coming to an end and HEU's 28th biennial convention will be just around the corner.

This is where your delegates – the people you've elected from your local to represent you – will be debating and deciding our course of action for the next two years.

It's where we will take a hard look at all the issues that affect you. Our track record, our collective goals, and the work we need to do together to keep moving our union forward.

Most important, it's the place where we make democracy work in HEU and where members hold their union accountable.

I'm out visiting members in all our sectors – so I know that no matter what job you are doing, you are carrying a big load to help make services work for the people of our province.

It's tough. And it's getting tougher. Governments and employers aren't stepping up to the plate with solutions to the problems you are dealing with every day on behalf of your patients, residents and clients.

HEU is a union of people who care. What we do for ourselves, we do for everyone.

Health care and a strong network of social services need to be our top priorities. But they aren't. That's why a big part of our work is advocating for change – both at the bargaining table and at all levels of government.

At our 2010 convention, we set very clear strategic directions to strengthen our union from the ground up. And it's working. In many places, HEU locals are attracting more members to their meetings and encouraging activism. Young workers are getting involved. Our education department is providing new activists with training and the tools they need to take on stewarding responsibilities.

And when you look at the hundreds of new members who have joined HEU over the last two years (most in long-term care) it's heartening to know we continue to be the union of choice for unorganized health care workers. That's why the 2012 Convention will be our largest ever.

We also carry our issues and our leadership role forward within the labour movement and the community. Through our membership in the Canadian Union of Public Employees, the B.C. Federation of Labour and the Canadian Labour Congress, we are linked to unions right across the country and internationally.

By partnering with community organizations – like the B.C. Health Coalition, the Canadian Centre for Policy Alternatives, the BC Community Living Action Group, and others – we build alliances that can further our convention priorities externally.

HEU is a union of people who care. What we do for ourselves, we do for everyone. And every two years, we come together to make the democratic decisions that will define how we will further our goals inside the union and with others.

I urge you to connect with your local executives and talk about the issues and resolutions that will be up for debate at this convention.

Because at HEU, *you* are the union.

<<newsbites>>

compensation was a significant departure from this trend.

In all, Premier McGuinty's government cut \$338 million – or three per cent – of the province's health care budget for physicians' salaries. To do this, Ontario's Ministry of Health singled out what they described as windfall profits by some specialists who were easily performing many more procedures daily due to recent technological advances.

Manitoba and Nova Scotia are also pressing ahead with changes to how much doctors are paid.

Manitoba has frozen doc-

tors' fees for in the past two years, while Nova Scotia's doctors agreed to put off three per cent wage increases in 2011 and 2012 for two years. In May, the B.C. health ministry confirmed that it had discussed reducing fees with doctors in the future.

Health policy experts describe what is happening in Ontario and other provinces as the beginnings of what will be dramatic changes in the organization of health care. And when it comes to doctors' compensation, it appears that everything is on the table – from more fee cuts to moving

to a mixed salary/fee-for-service compensation model.

Refugees barred from health care

A man is fundraising to pay for his life-saving abdominal surgery. A rape victim was unable to get pre-natal care for the fetus she was carrying. An epileptic child was hospitalized for two days following a severe seizure because his family could not afford his medication.

What these three people all have in common is that they are all refugees and

they no longer are covered by the Interim Federal Health Program.

Cuts brought into effect by Prime Minister Stephen Harper's government at the end of June means tens of thousands of refugees will lose access to health care coverage.

Even more troubling, the federal health minister has the power to designate certain countries off limits. Refugees from those nations cannot even access emergency health care – they can only be treated if their condition is deemed a threat to public health.

To date, the Canadian Medical Association, the Canadian Dental Association and fifteen other national health care organizations have come out against the health care cuts. Throughout the spring and summer, health care workers have been raising concerns about the impact on refugees through the media and on the streets.

A national day of action on June 18 brought out over 2,000 health care workers. Plus, several federal Conservative cabinet ministers, including

Better seniors' care **key to solving** surgery waits, overcrowded hospitals

A new report shows how a decade of underfunding and restructuring in home and residential care is failing seniors and upping the pressure on hospitals. But it doesn't have to be this way.

A recent landmark investigation by B.C.'s Ombudsperson highlighted the serious problems seniors experience in accessing affordable high-quality home and community-based services such as residential care, home nursing and home support. Now, a research report published earlier this summer by the Canadian Centre for Policy Alternatives shows that access to home support for seniors 75 and older dropped by 30 per cent over the last ten years.

And access to residential care fell by 21 per cent.

In both residential care and home support, eligibility criteria have become increasingly restrictive, to the point that seniors often have to wait until they are in crisis and admitted to hospital before they can access the community services they require.

And even then, it can be very difficult.

The impact of these changes can be seen in the increasing number of patients who can't be discharged from hospital because the appropriate residential or home health services are not available.

According to the report, the number of these patients (called "Alternate Level of Care") has increased by 35 per cent over the five years since 2005/06.

For elderly patients, being stuck in hospital can lead to a decline in their mobility and their ability to live independently.

It also contributes to overcrowded hospitals and long waitlists for emergency care and surgeries.

Hospital occupancy rates in B.C. are about 97%, and many hospitals are struggling to function at well over 100% capacity.

All these challenges can seem overwhelming, prompting dire warnings about the "financial sustainability" of Medicare and fears that aging baby boomers are about to overwhelm the health care system, leaving few resources for younger British Columbians.

But a more comprehensive and better-coordinated system of seniors' care can help us move beyond this impasse. It can help

seniors stay healthy and independent in their own homes and communities. It can reduce strain on family caregivers, many of who are already balancing full-time work and parenting. And it can reduce pressure on hospitals, the most expensive part of our health care system.

Unfortunately, a decade of underfunding and restructuring has led to a home and community care system that is fragmented, confusing to navigate, and unable to meet seniors' needs.

Research shows that hospital occupancy rates of 85 per cent or lower are optimal. When hospitals operate above that capacity, it is harder to isolate patients

The most cost-effective way to address these problems is to create a more accessible and integrated home and community care system.

with antibiotic resistant viruses, respond to emergency admissions without having to delay elective surgeries, or control wait times in emergency departments.

Overall hospital occupancy rates in B.C. are about 97 per cent, and many hospitals are struggling to function at well over 100 per cent capacity. The most cost-effective way to address these problems is to create a more accessible and integrated home and community care system, one that focuses on early intervention and supporting seniors to live well and die with dignity.

This shift requires, at least initially, increased funding to improve access to key services. It also requires changes in how health care is organized. For example, seniors with complex needs frequently have multiple health providers (a family doctor, one or more specialists, a home nurse, etc.) who often don't even communicate with one another, let alone work as a team. Many of the basic home support services they need, such as assistance with transportation and meal preparation, are not publicly provided.

These challenges can be resolved when services are reconfigured around a senior's needs, delivered by an interdisciplinary team of health professionals and front-line workers, and available 24/7.

A more accessible and integrated system also will



save money down the road by reducing the need for expensive emergency room visits and hospital stays. The cost of treating a senior in hospital ranges from \$825 to \$1,968 per day, whereas the cost of residential care is approximately \$200 per day.

The provincial government's stated goal is to support seniors as they age to live well in their own homes and communities. What is missing is strong leadership to make this goal a reality.

The province has not committed the resources and infrastructure needed to rebuild B.C.'s home and community care system or implement the Ombudsperson's recent comprehensive recommendations. These commitments are needed if we are to resolve the challenges in seniors' care and the problems of hospital overcrowding and wait lists.

MARCY COHEN

*Cohen is the author of **Caring for BC's Aging Population: Improving Health Care for All**, published by the Canadian Centre for Policy Alternatives and BC Health Coalition, and available at <www.policyalternatives.ca>.*



on June 30, Minister Kenney exempted a large class of refugees from the legislation. Since the law came into effect, the federal government is showing signs it may back

down even more on its plans to reduce services, says the Canadian Doctors for Refugee Care.

"When the cuts were announced in April, care for most refugees was to be confined to urgent and essential services," says spokesperson Dr. Philip Berger. "Under

these circumstances, health care would not be provided for issues such as birth control or hip replacements."

"Now, the government's website affirms that most refugee claimants and privately-sponsored refugees will have health coverage similar to provincial health programs where such services are covered," he explains. "This is an important step toward protecting refugee health, but the unannounced reversals in policy are sowing confusion amongst health care providers and refugees,"

says Berger. "The result is many refugees continue to be denied access to health care."

Fighting fish farms

A B.C. First Nation is taking its fight against open-net fish farms to Canada's highest court.

Two years ago the B.C. Supreme Court certified a class-action lawsuit brought against the province and Ottawa for failing to protect wild salmon stocks in the Broughton Archipelago, by the Kwicksutaineuk/Ah-Kwa-Mish First Nation.

The band contends that

fish farms allowed to operate net pens in the open ocean off the northeastern tip of Vancouver Island caused an outbreak of sea lice in their traditional fishing grounds, and sought financial compensation for depleted wild salmon stocks.

But the government appealed, and a B.C. Appeal Court overturned the lower court decision in May, saying that the judge erred in certifying the class-action.

The band is now seeking leave to appeal to the Supreme Court of Canada.

at life's end



“...Canada is founded upon the dignity and worth of the human person. That dignity and worth compels the provision of excellent end-of-life care at a time when each person is at his or her most vulnerable.

...

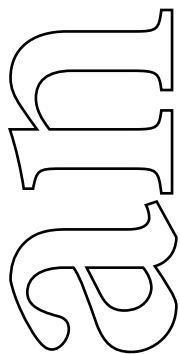
“Quality end-of-life care must become an entrenched core value of Canada's health care system.

...

“... such quality end-of-life care will not happen unless the federal government takes a leadership role in developing a national end-of-life strategy.”

...

*Canadian Senate
June 2000*”



ELDERLY MAN LIES IN HIS BED at Evergreen House, the extended care facility adjacent to Lions Gate Hospital in North Vancouver.

His team of health care workers has noted changes in his appetite, his sleep pattern, his breathing, his interest in the world around him.

At this point, his family is called. And with their arrival begins a celebration of life.

As this cherished elder passes through his final stage of life, thirty-five family members are with him, surrounding him with love and sacred ritual.

HEU member Janice Dove, a residential care aide who provides palliative care at Evergreen, knows this scenario well.

“We would say to each other, something's wrong with ‘Mr. Smith’. We knew when he was failing. “If we know someone is about to go, I always think that if the family is there, it's easier for everyone.”

Helping patients and families through the last stage of life can be among the most rewarding experiences in health care.

This is not an unusual story. More and more, end-of-life care not only focuses on appropriate treatment and support for the patient but also on the value and worth of the person, an appreciation of tradition and cultural diversity, and the involvement of family members.

“Sometimes, we bond with family members. We become family while they are here,” says Alma Domingo, a care aide who has worked at Cottage House, a hospice run by the St. James Community Society in Vancouver for 13 years.

“Sometimes, I think families need more support than the patient.”

The licensed practical nurses and care aides who work in palliative end-of-life and hospice care look after patients and their families every day. They come to know better than most the value and worth of each individual under their watch.

Although the whole concept of death with dignity is often brought to the public eye by such controversial issues as the right to die, for HEU members who are at the bedside providing care and support to the dying, it's really about life.

As more and more patients – the majority of whom are frail seniors – enter residential care facilities with higher acuity and more complex needs than ever before, the awareness of and call for quality palliative end-of-life care has grown.

And while health authorities are attempting to address the need, for health care workers, the training, the staffing and other resources can't come soon enough.

MORE TIME AND STAFF

LPNs are now shouldering more and more responsibility for patients' palliative care while also acting as advocates, completing mountains of paperwork and ensuring that doctors' orders are carried out.

Care aides provide the personal and intimate routines of daily living including feeding, toileting and bathing.

Both interact with families, giving information, answering questions and offering emotional support.

When asked what is needed right now, it comes down to three things: time, staff and training.

After years of cuts, and with budgets still under restraint, it's difficult to get that message through to decision-makers who are far removed from front-line care.

“They don't understand how pressed for time we are,” explains Dove. “When you are having to take ten or fifteen more minutes for one person, you're taking it away from your other patients.”

It's the same with staffing levels. “The more hands you have to help, the better,” she says. “It's common sense.”

at life's end

{ written by Margi Blamey }

TRAINING IS “HUGE”

LPN Mary Ann Orydzuk works in palliative and hospice care in the Vancouver Coastal Health Authority. She says there is a “huge, huge, huge” need for training in end-of-life care.

“It’s THE topic of the day,” confirms Anita Dickson, an LPN and a clinical practice consultant with the Fraser Health Authority. Dickson says that current education and training for LPNs and care aides only touches on palliative care or palliation, but educators see the importance.

Health authorities do, too, particularly in residential long-term care.

Using some of the \$2.5 million – secured from the BC Health Education Foundation by HEU in partnership with the province’s health authorities – 274 licensed practical nurses and 765 residential care aides (health care assistants) have successfully completed a one-day course, “Palliative Approach to Dementia Care”, in the last year. They work in long-term care facilities in the Fraser, Interior and Vancouver Island health authorities.

The program promotes teamwork and supporting each other. It teaches participants to better understand dementia for their own benefit as well as that of patients and family members. It covers the stages of dementia and the stages of dying and puts significant focus on communicating with families, especially in end-of-life discussions.

It helps care aides and LPNs identify their own barriers, the most common being not having enough time and using the words death and dying.

Participants have given the program an 89 per cent approval rating with more than 930 completing feedback forms. Their comments show that talking about their work and sharing experiences was important and increased knowledge gave them more confidence to interact with patients, family members and their coworkers.

Another valuable feature of the program is learning how to identify and better manage pain, particularly for patients with dementia or who cannot speak.

WHOLE PERSON CARE

End-of-life care is a big term. It encompasses the many needs of an individual in the last stages of their life. It may apply to days, weeks, months or even several years.

It may be provided at home, in hospital, in residential long-term care and in hospice.

It includes physical, emotional, psychological, spiritual, and medical therapies and support.

According to the Quality End-of-Life Care Coalition of Canada, it is whole person care. And it’s a right.

Founded in 2000, the QELCCC is comprised of 30 national organizations, among them the Alzheimer Society of Canada, Canadian AIDS Society, Canadian Association of Retired Persons, and the College of Family Physicians of Canada.

In January 2010, the coalition released its Blueprint for Action 2010-2020 with four priorities:

1. Ensure all Canadians have access to high quality hospice palliative end-of-life care
2. Provide more support for family caregivers
3. Improve the quality and consistency of hospice palliative end-of-life care in Canada
4. Encourage Canadians to discuss and plan for end-of-life care

Every day HEU LPNs and care aides meet the challenges of providing front-line care head on. Whether they are in the community, in long-term care or in hospitals, the work they do reflects the real needs of patients, and right now the need for quality end-of-life care is top-of-mind.

For many, providing end-of-life care adds a dimension to their work that taps into the best of their skills and knowledge.

LPN Orydzuk says that helping patients and families through the last stage of life can be among the most rewarding experiences in health care.

“It makes a difference if you love what you do,” she says. “I will work here until I’m not working anymore.”

End-of-life care

is a **BIG**
TERM

It encompasses the many needs of an individual in the last stages of their life. It may apply to days, weeks, months or even several years.

World Health Organization DEFINITION

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

PALLIATIVE CARE:

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten or postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patients illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness;
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

palliative care

CLC chastises Harper on health care and pensions

The president of the Canadian Labour Congress says that Canada's premiers are being forced to take the lead on issues that matter most to Canadians because Ottawa is not doing so.

Ken Georgetti made his comments after monitoring a Council of the Federation meeting attended by Canada's premiers and territorial leaders in late July.

"Canadians are really concerned about health care and retirement security, and they want their governments to work together to resolve these issues," Georgetti says.

"Unfortunately, the federal government has a unilateral approach toward both health care and pensions. Last year the federal Finance Minister gave the premiers a take or leave it package on the federal contribution to health care through the year 2024. That's not good enough. We want Ottawa to remain a full partner in our health care system and to negotiate with the premiers on funding."

Georgetti says the government's attitude toward health care is similar to its approach on Old Age Security and toward retirement security in general. "A good number of Canada's premiers accept the CLC's argument that improving the Canada Pension Plan is the best way to guarantee that people can retire in dignity. But Ottawa has chosen instead to introduce a vastly inferior private sector option called Pooled Retirement Pension Plans."

Georgetti says the premiers want to act on pensions and on health care. "We are calling on Ottawa to put its shoulder to the wheel as well."

U.S. style labour reforms may jump border

In the past year, Premier Christy Clark and three party leaders from other provinces have speculated about importing some unfriendly labour laws from the U.S.

In those American states where the most anti-union legislation exists, the outcome for all workers is lower salaries, reduced pensions and fewer health care benefits.

As *Guardian* readers may remember, in early 2011 Wisconsin restricted collective bargaining for some public employees. Later last year, Ohio passed similar legislation to limit all public sector collective bargaining (overturned by a referendum last November).

In mid-June, Clark speculated about problems with the gap between public- and private-sector employees' compensation, and promised to discuss the issue at the BC Liberals fall convention.

But rather than suggest ways to raise wages and/or benefits in the private sector, the BC Liberals are thinking about ways to slow down and even reverse the growth of public-sector compensation.

According to *Province* columnist Michael Smyth, they are considering a compensation-equity law that would index future public-sector wage hikes to private-sector wage rates. So just like Wisconsin or Ohio, this made-in-B.C. legislation could significantly undermine collective bargaining by legislating wage controls for public employees.

According to a 2011 Canadian Union of Public Employees cross-country study, public sector wages have a five per cent

edge over the private sector.

If restricting collective bargaining was not bad enough, there is another tool making a comeback in the U.S. that threatens the collective power of unions.

Last February, Indiana adopted legislation

allowing unionized workers to opt out of paying union dues. More popularly described by anti-union advocates as "right-to-work" laws, these reforms, as American civil rights leader Martin Luther King Jr. once noted, "rob us of our civil rights and job rights."

Right-to-work laws legally entrench the problem of what legal scholars call "free riders"—those workers who receive the benefit of collective bargaining through better wages and working conditions, but do not have to pay for them.

For unions in the 23 American states that have right-to-work laws on the books, labour's strength has been considerably weakened.

Moreover, wages and benefits for all workers are lower in right-to-work states. A 2011 Economic Policy Institute study found that wages in these states are 3.2 per cent lower—about \$1,500 less income annually for a full-time worker. Plus, the rate of employer-



Some Canadian parties are developing a taste for American anti-union laws like the one passed in Wisconsin.

sponsored pensions is 4.8 per cent lower and employer-sponsored health insurance is 2.6 per cent down.

Indiana became the 23rd state to adopt right-to-work legislation. Since 2010, conservative movements in New Hampshire, Michigan, Ohio and Wisconsin have pushed for enacting right-to-work laws. In New Hampshire, right-to-work legislation fell 13 votes shy from becoming law last December.

At the same time the right-to-work momentum is growing here, where Ontario's Progressive Conservatives (PC), Alberta's Wild Rose Party and the Saskatchewan Party have proposed similar policies.

The right-of-centre PC and Wild Rose parties are the official opposition in their respective provinces, so have no power to move right-to-work legislation forward. However, Premier Brad Wall's Saskatchewan Party has a majority government. They could make their province Canada's first right-to-work jurisdiction as soon as this fall.

NEIL MONCKTON

>>notebook>>



Despite the blatant violation of the provincial medicare law, there will be few if any consequences for the private clinics.

Audit unveils evidence of massive extra-billing

This past July, B.C.'s Medical Services Commission announced that it had uncovered evidence that two private clinics had illegally extra-billed patients for publicly insured medical procedures.

The audit of 468 procedures, carried out at the Cambie Surgery Centre and the Specialist Referral Clinic, found that 205 of them—or more than 40 per cent—involved direct charges to patients in violation of the Medicare Protection Act.

But despite the blatant violation of the provincial medicare law, there will be few if any consequences for the private clinics or their medical director, outspoken private health care booster Dr. Brian Day.

Day has made it clear that his clinics will continue to extra-bill patients even though the Commission says it will pursue a court injunction to stop this practice.

The provincial government, for its part, won't take any additional action of its own to enforce the law.

On the other hand, Day is pursuing a constitutional challenge against the Medicare Protection Act arguing that patients should be allowed to pay privately for surgeries.

Private health care advocates like Day argue that by allowing those with the means to pay privately for their surgery, waitlists in the public system will be shorter for the rest of us.

But surgeons and OR nurses are in short supply—and they can't be in two places at the same time. So the result of private pay will be longer waits in the public system—and expedited access for those who are wealthy or desperate enough to pay for it.

While the public system is not perfect, it generally provides access to health services based on need rather than on personal wealth, paid for collectively through our taxes.

If private health care proponents like Day succeed, those with the means to pay for their own health care will be less willing to pay taxes to support our single-payer public system.

HEU first called for an audit into Day's billing practices 12 years ago. More than a decade later, isn't it time for politicians to decisive action on an issue that is so fundamental to the future of medicare?

MIKE OLD • HEU COMMUNICATIONS DIRECTOR

Exploring the roots of Quebec's 'Maple Spring'

For many British Columbians, the mass protests in Quebec are hard to understand.

Why have hundreds of thousands of post-secondary students and their supporters repeatedly taken to the streets since last February to protest tuition hikes?

After all, despite a projected \$1,778 increase over the next seven years, tuition in Quebec will still fall below the current national average.

But that's only one small part of this story.

Like the 2010 uprisings in the Middle East, Canada's own "Maple Spring" is a battle about a more just society. A fight rooted in another Quebec revolution that began 50 years ago.

In the 60s, Quebec underwent significant social and economic changes known as the "Quiet Revolution." Public services expanded, Quebec's electrical companies were nationalized, significant investments were made in the province's infrastructure and a new secular education system was created.

In the past, limited access to formal education and high costs meant that only a small percentage of Quebec's French-speaking majority had access to a post-secondary education.

By the late 60s, with several new French-language universities and colleges in place that charged little or no tuition fees, participation in post-secondary education grew rapidly and a vibrant student movement emerged.

Over the past 45 years, maintaining an affordable and accessible higher education system has been a cornerstone of Quebec's student movement. Between 1967 and 2012, tuition

increases in that province averaged \$37 per year, keeping post-secondary fees the lowest in Canada.

But that was about to change.

In the winter of 2010, Quebec's finance minister Raymond Bachand proclaimed that access to low-cost government services was a threat to the province's economy. What Quebec needed, said Bachand, was a "cultural revolution."

That spring, Premier Jean Charest's Liberals adopted a 2010-2011 provincial budget that dramatically cut the cost of government over a four-year period. It also brought in a collection of user fees and consumption taxes, including a new annual healthcare premium and double digit increases to the provincial sales tax utility rates.

The budget also adopted a plan to raise post-secondary tuition by 75 per cent beginning in 2012.

With a legislative majority, the government easily passed their economic reforms. However, by putting off the tuition hike until the fall of 2012, Premier Charest forgot about the history of the province's student movement.

Student union leaders adopted an open-ended, general strike as their best tool to stop a government bent on undermining post-secondary education.

After all, the past two mass strikes



"We are hundreds of thousands who dream of a better Quebec... who want to give back the country to its people," declared Gabriel Nadeau-Dubois, former student strike spokesperson.

took barely a month each to force governments – the 1996 separatist, centre-left Parti Quebecois and the 2005 federalist centre-right Liberal Party – to abandon plans to raise fees or cut education funding.

On Feb. 13, the first strike was launched, involving a few thousand students and faculty members from two universities. By March 22, the strike was 310,000-strong after expanding to more than two dozen other post-secondary institutions around Quebec.

Following a series of political blunders by the Charest government, including the resignation of the education minister and the passage in mid-May of *Bill 78* – a law that severely limits all forms of public protest – the students' cause had developed into a citizens' cause.

On May 22, the largest act of civil disobedience in Canada's history took place. Nearly 500,000 students and their supporters marched in defiance of

Bill 78, and in support of not only the students fight against tuition increases, but a broader set of economic, social and environmental concerns.

Today, six months into the general strike, the Quebec government shows no signs of backing down.

As the *Guardian* goes to press, students at the striking colleges are casting ballots on whether or not to continue with their tuition fee protest. A majority appear to be supporting an end to the strike.

Meanwhile, Quebecers will vote in a provincial election on Sept. 4.

But even if this election changes who is running the province, the circumstances that stirred a half-million citizens to action will remain unchanged.

The Charest government has created its "cultural revolution". But perhaps not the one they had in mind.

NEIL MONCKTON

The Charest government has created its "cultural revolution." But perhaps not the one they had in mind.

>>voices>>



Polling shows that the labour movement is valued most when we stand up for B.C.'s most vulnerable workers.

What we desire for ourselves we wish for all

"I work over there and have not had a pay increase for years," said the woman, gesturing towards a restaurant in the Vancouver Airport. "I got one now because you guys are the only people who care about us. Thank you."

She had approached me as I was on my way to catch a flight to Prince George, shortly after B.C.'s labour movement successfully forced the B.C. Liberal government to raise the minimum wage from \$8 to \$10.25 an hour.

With the leadership of the B.C. Federation of Labour, hundreds of volunteers across the province had collected tens of thousands of signatures and secured the support of dozens of municipal councils over five years. In the end, our collective work gave more than 200,000 workers a raise.

On Labour Day, it's important to celebrate the successes of our unions and the labour movement as a strong voice for organized working people as well as a voice for the rights of all working people to a decent wage, and a safe and respectful workplace.

Earlier this year, we worked with the families of the victims

of a terrible tragedy at a Langley mushroom farm to secure a Coroner's Inquest. The Inquest made a series of strong recommendations that will improve the safety of all workers in B.C.

And, this spring, when Clark's Liberal government caved to the convenience store lobby and watered down Grant's Law, the Federation's Employee Action Rights Network (EARN) occupied a Mac's convenience store overnight in protest, galvanizing public support in favour of stronger workplace protection.

Polling consistently shows that the labour movement is valued most when we stand up for the health, safety and rights of B.C.'s most vulnerable workers.

When the Federation was founded, the leaders of the day adopted a quote from J.S. Woodsworth, a leader of the Winnipeg General Strike and later the founding leader of the CCF: "What we desire for ourselves, we wish for all."

This Labour Day, as always, trade unionists in British Columbia can be proud of the work we all do to live up to that commitment.

JIM SINCLAIR • PRESIDENT B.C. FEDERATION OF LABOUR

New benchmark, pay rates for pharmacy techs

Pharmacy technicians covered by the Facilities collective agreement are about to receive a 7.3 per cent wage hike retroactive to January 1, 2011.

The new wage rate and a new benchmark were secured through an arbitrated award that recognizes the expanded responsibilities and increased training required by pharmacy techs, who are regulated under the *Health Professions Act* and the *Pharmacists Regulation*.

Arbitrator John Kinzie, noted that “the effect of the changes that have occurred for pharmacy technicians as a result of their becoming

health professionals under the *Health Professions Act* is quite significant.”

Over the last year, HEU has signed a number of “conditional conversion” agreements across the province that have provided hundreds of pharmacy techs with financial support to upgrade their qualifications in order to qualify for the reserved title of pharmacy technician under the changes to the *Pharmacists Regulation* which came into effect on January 1, 2011.

HEU will now move to revisit pay rates for pharmacy supervisors. Rates of pay have been the outstanding issue to be determined after benchmarks for pharmacy supervisors were agreed to in June 2009.

LPN to LPN mentorship project

A new project aimed at supporting LPN to LPN mentorship in publicly-funded private and not-for-profit residential care facilities is in the planning stages and expected to be up and running by October.

The “80/20 LPN Mentorship Pilot Project” will backfill mentoring LPNs for one day per week (20 per cent of their time), at five sites, to provide one-on-one support to newly-graduated LPNs and LPNs new to residential care.

The intent of this project is to lighten the physical workload of participating senior LPNs at the same time as supporting the new grads to

transition to their new roles.

HEU representatives are currently working with the BC Care Providers Association and other stakeholders at the provincial level to guide the project and ensure successful outcomes for LPN mentors and their “mentees” – those benefitting from the mentorship program.

HEU research director Chris Kinkaid says the project creates an important opportunity for late career LPNs to share their knowledge and experience with LPNs beginning their careers in residential care.

In addition to one-to-one support, mentoring LPNs will also provide some staff in-service and/or workplace development and will be able to access professional devel-

opment training to support them in their mentor roles.

The five participating sites will be selected before the end of August. For more information, contact Chris Kinkaid or Joanne Dickie at HEU’s Provincial Office.

HEU young workers are on the move

You don’t have to look very far to find young people organizing, speaking out, and demanding change these days.

From uprisings in the Middle East and Europe, to recent student-led protests in Quebec, youth are taking the lead.

Recognizing just how important it is to foster leadership among youth in HEU, the union hosted its first-ever

BALANCING IT ALL

PATTY GIBSON

Outspoken community living activist **Dawn Steele** has devoted tremendous time and energy fighting for the rights of her own son, and others, to reach their potential.

A LIFE CHANGING JOURNEY

Vancouver mother Dawn Steele has spent more than a decade fighting for children and adults with developmental disabilities.

It’s a journey that has put her in the media spotlight on numerous occasions and brought her face-to-face with a long list of politicians on both sides of the legislature.

This year, her son Sean turned 19. Like so many other young people with special needs, he’s lost the supports he has received throughout his childhood and teen years.

It makes for an uncertain future, but Steele will advocate for him as she has done since he was first diagnosed with high functioning autism in pre-school.

At the time Sean started kindergarten in 1999, the Vancouver School Board was cutting back speech therapists. That was when Steele first became active, urging government to commit more funding “for resources to support kids like my son.”

When the Campbell Liberals took power in 2001, and cut the Ministry for Children and Families – 23 per cent across the board – Steele was quickly becoming a seasoned activist.

“It all starts with the issues that hit you personally, that hit your child. And then you discover it’s not just my child, and it’s not just autism, its other special needs as well,” says Steele.

“From there you become aware that hundreds,

thousands, of children are failing to reach their potential because we, as a society, have other priorities... And then you learn about the plight of vulnerable adults and aging families, and realize that a whole bunch of people are being turned into victims.”

For Steele, that knowledge was life changing. “It opened up a new awareness of social justice issues.”

She knew fighting the Campbell government cuts needed formal advocacy, so she connected with other parents to form a provincial advocacy group – Moms on the Move.

“There we were, literally, a bunch of middle-class moms who had never been activists and who were nervous about taking to the streets,” recalls Steele.

MoMs quickly seized on the potential offered by email and the internet, and later social media, to reach out to the media, politicians and the public. Most important, was the ability to connect families who were isolated, and MoMs quickly became the province’s largest network for families of adults and

children with special needs.

Looking back, Steele says she and others met with every Minister for Children and Families over the past decade.

“And the most depressing thing was that even when someone expressed a commitment, they’d be moved. They just kept passing the football on to someone else...It’s been a revolving door, a wasted decade, keeping busy with restructuring that’s gone nowhere.”

Through it all, Steele and others carried their advocacy forward, even though they were at odds with some in the community living movement who believed a new crown agency – Community Living BC – would deliver better services.

“We felt it was smoke and mirrors and remained skeptical,” she says.

Today, her advocacy has taken her into an arena she would not have predicted.

“When we suggested early on that we should connect with agencies, unions, self-advocates, and other stakeholders, some people were horrified that [families] would sit at the same table as unions. So it wasn’t until 2010, with new cuts, that we decided to bring partner groups together.”

That meeting led to the creation of the B.C. Community Living Action Group, a provincial network of service, support, and advocacy organizations, family groups, and other community living stakeholders, including HEU and other union representatives.

“Now, we have a strong foundation that we haven’t had. The current government would like to dismiss us, but they are going

to have to respond.”

Steele says what’s needed now is a clear mandate for community living services, with objectives that can hold CLBC accountable. “My son has a mom who is willing to make noise. Others don’t have that...it’s time we had a system that serves everyone.”



Dawn Steele with son Sean.



Creative exercises were one of the ways HEU Northern and Interior members participated in a week-long Grassroots Leadership training school in Naramata, B.C. during the first week of June.

retreat for 30 young union members earlier this summer.

Candice Burkmar, co-chair of HEU's Young Workers Committee, says the two-day retreat brought people together and helped break down the isolation many young workers feel.

"Young workers are the next generation. They have a voice. And they need to know how important it is to become involved and carry on the work of the union," she says. "I hope to see them become the future leaders of the union some day."

At the same time, she says the older generation of HEU members needs to be willing to pass on their knowledge and experience to the next generation.

Alternate committee co-chair Shane Kallusky agrees. And judging from the feedback he's received from participants, the retreat was a huge success.

"It was awesome," he says. "We walked away proud of what we accomplished and excited to see what else we can do. Everybody had a really good time. They came out of it wanting to learn more."

Providing a place for young people to network and get to know each other was one of the retreat's top priorities.

In addition, participants dug into the nuts and bolts

of how HEU and the labour movement works, issues they face on the job, their rights as employees, health and safety issues, the history of equity in the union and more.

Check Your Head, a youth-driven not-for-profit organization facilitated a successful workshop on health care privatization. And on the opening night, slam poet champion Scruff Mouth the Scribe's performance generated huge applause.

The retreat was organized by the Young Workers Committee which is co-chaired by Burkmar and Provincial Executive member Rhonda Bruce. PE member Jacqueline Zilke also supports this committee.

HEU poster wins top national award

The Canadian Association of Labour Media (CALM) has chosen an HEU design as Best Poster for 2011.

The poster marks the December 6 Day of Remembrance and Action on Violence against Women.

At the CALM annual meeting this weekend in Hamilton, Ontario, HEU's flagship publication *The Guardian* also won Honourable Mention in the Best Overall Publication category.

HEU's website also attracted the attention of judges with an Honourable Mention as Best Cyber Union for its use of website architecture to serve the needs of members.

CALM represents staff and

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AFTER THE SHIFT

PATTY GIBSON

When HEU member **Annette Beech** began hearing stories about the mistreatment of live-in care givers she decided to do something about it.

SUPPORTING DOMESTIC WORKERS

As someone who had immigrated from the Philippines in the late-80s, HEU member Annette Beech knew a lot about the challenges involved with beginning a new life in another country.

After living in New York City and Vancouver, she moved to Victoria where she trained as a residential care aide, raised a young family in a new country, and for the past 12 years has worked as a nursing assistant at Glengarry Hospital.

As an active member of her Filipino community, however, Beech began hearing stories about the many ways live-in caregivers were being mistreated – verbal and physical abuse, wage theft, intimidation and other forms of exploitation that sometimes amounted to "treating people like slaves."

The more she heard, the more she wanted to do something about it.

"I was really upset about these things. I had never experienced this as a landed immigrant. I couldn't understand that this was happening to people who were new to Canada, who were trying to fulfill their dreams, and they needed help," says Beech.

So when she was asked to join the executive of the Victoria Filipino-Canadian Caregivers Association five years ago, Beech didn't hesitate.

Beech took on the treasurer's job at the time (she is the current president) and encouraged the organization to include education and training in its services.

"More than anything, people needed to become

educated about their rights," says Beech. "So the board went to Vancouver and took a workshop to find out how we could help people learn about their rights."

"This work is very important to me. These people are scared to fight back."

From there they began setting up workshops on everything from rights, to career planning, first aid, food safety and hospital housekeeping.

"All this helps people become more confident. They can stand up to their employer. They know who to reach out to if they need help," says Beech.

Over the past few years Beech has seen a lot of changes. But she is still called upon by "newcomers" when an employer takes advantage of them.

"When they phone me I meet with them, give them advice, or whatever other help they need. Sometimes they need a place to stay and I support them in my home while helping to find them a job," says Beech.

A few months ago, she was called upon to assist a woman who was having problems with her employer. "Everything she was promised was not being done," explains Beech. She counselled the woman to keep a record, talk to her employer, and if things didn't change to give two weeks' notice.

When the nanny gave her notice, Beech came to support her and witnessed the verbal abuse directly. She told the employer she was fully prepared to call the police.

In the end, the nanny came and lived with her



while looking for another job.

"This work is very important to me," says Beech. "These people are scared to fight back."

Although there have been changes, she says there's still a lot to be done.

In particular, she is concerned about people in outlying areas who can't easily get the help they need, when they need it.

People with work permits also need access to a dental plan, shelter support if they need to leave an unsafe situation, and English as a Second Language training.

"ESL is very important," explains Beech. "It builds confidence. People have to be able to communicate to their employers. They are often really shy, but that is because they don't know if they are saying the right thing. ESL makes a difference."

Advocating for all these improvements keeps Beech busy. But it doesn't stop there. She is also involved with regular fundraising activities to keep the organization going.

And in March she arranged for a workshop for 26 live-in caregivers who are registered nurses from the Philippines to learn about how to upgrade their credentials.

Beech has seen a lot of changes. But she is still called upon by "newcomers" when an employer takes advantage of them.

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volunteer labour communicators from private and public sector unions across the country.

Minister questioned over care aide registry comments

HEU has called on B.C. Health Minister Mike de Jong to explain his comments to the *Globe and Mail* supporting a detailed review of the *BC Care Aide and Community Health Worker Registry* this fall, even though no concerns with the program's investigative process have been raised within the Registry's advisory committee.

"If you believe that there are gaps in the Registry process, I urge you to make them known to the advisory

committee so that we can identify any potential problems and solutions together," said HEU secretary-business manager Bonnie Pearson in a strongly worded letter to the Minister.

"By all official accounts, the Registry appears to be functioning as it was intended to function. That was confirmed in the same *Globe and Mail* story by the executive director of Health Match BC which, as you know, administers the program for government."

Pearson said the small number of care aides and community health workers who have been removed from the registry following an investigation underscore the high quality care registrants provide, rather than suggest any failure in the system.

LPN raid update

Votes resulting from BCNU's raid on LPNs wrapped up June 25, and at press time, B.C.'s Employment Standards Branch was still preparing for a vote count.

Once the Branch produces a list of voters, it will be examined by HEU, BCNU and health employers to ensure that only those LPNs that are eligible to vote are included in the count.

During this process, the ballots will remain sealed until the count takes place.

According to the Branch, more than 4,500 ballots were cast by LPNs during the balloting period.

"I can't say enough about how proud I am of the campaign we've run in defense of our LPN members and

their independent nursing profession," says HEU secretary-business manager Bonnie Pearson.

"And I want to thank all who participated – our local executive members, our CUPE sisters and brothers, HEU executive and staff, and especially our LPN advisory committee and volunteers. The energy and commitment shown by everyone involved has been truly inspiring."

Pearson says as LPNs continue to grow in numbers and influence throughout the health care system they are helping to improve



HEU MEMBERS CELEBRATE GAY PRIDE
Members of HEU joined almost half a million people who turned out for this year's Vancouver Pride Parade on August 6.

The union's Pink Triangle committee and Living Wage campaign members marched in the parade to show their solidarity with gay, lesbian, bi-sexual and transgendered people and demonstrate our commitment to equality and dignity for all.

the quality of care for all British Columbians.

This is the second time in the past three years that BCNU has attempted to raid LPNs represented by HEU and other unions.

SEPTEMBER

OCTOBER

NOVEMBER

AUGUST 22

Support Workers' Day

AUGUST 28-30

PE Meeting

SEPTEMBER 3

Labour Day (HEU offices closed)

SEPTEMBER 11

B.C. Fed Health & Safety ESL Classes begin

SEPTEMBER 19-20

HEU Supervisors' Conference

OCTOBER 2-4

PE Meeting

OCTOBER 3

Trades & Maintenance Workers' Day

OCTOBER 10-11

Municipal Pension Plan Employer & Union Forum/AGM (Oct. 11) Victoria

OCTOBER 18

Health Care Assistant Day

NOVEMBER 4-9

HEU's 28th Biennial Convention, Vancouver

NOVEMBER 19-20

PE Meeting

NOVEMBER 26-30

B.C. Federation of Labour Convention, Vancouver

This is what solidarity sounds like

Every summer scores of union members make their way to one or more of the province's outdoor music festivals – all of which dish up a magical potpourri of traditional and contemporary folk, blues and world music.

And while each has its own unique setting and identity, they all create a welcoming, cultural space that celebrates the human spirit.

When legendary folk musician Holly Near introduced a union-sponsored workshop at this year's Vancouver Folk Music Festival, she reminded her audience that in many countries artists are "disappeared" by military regimes simply because they are artists.

It was a sobering moment that made the link between progressive culture, politics and social change – a cornerstone of the Vancouver festival and many others held each year in cities and towns across the country.

Folk festivals play an important role in connecting union activists to the roots of historical and ongoing struggles for workers' rights, social justice, and peace.

Under the title *This is What Solidarity Sounds Like* the concert featured a dynamic group of artists from Canada, the United States and Wales.

Hundreds showed up to hear Martin Joseph, Ani DiFranco, Ramblin' Jack Elliot, Holly Near and the Atomic Duo sing the songs that inspire our collective struggle for equality and social justice.

All are artists who have spent their careers singing about, and standing up for, human rights.

Tributes were also paid to renowned folk legend Woody Guthrie, on the occasion of what would have been his 100th birthday.

A singer-songwriter who travelled with the migrant workers-



Hundreds of festival goers attended the union sponsored workshop at this summer's Vancouver Folk Music Festival.

of the 1930s and 40s across depression-era America, Guthrie is being honoured at festivals all across North America this year for his astounding musical legacy.

Best known for "This Land is Your Land", Guthrie wrote hundreds of traditional ballads and political songs that honour workers' lives and their struggle for decent wages and working conditions.

Considered a great, great grandfather to the progressive folk music we hear on festival stages today, Guthrie was a mentor to subsequent generations of political folk musicians ranging from Ramblin' Jack Elliot and Pete Seeger to Phil Ochs and Bob Dylan, Bruce Springsteen and Billy Bragg.

At a time when workers' rights are under attack, and protest movements demanding economic equality are springing up across the globe, folk festivals play an important role in connecting union activists to the roots of historical and ongoing struggles for workers' rights, social justice and peace.

And they open up space to celebrate the heroes and heroines that fought for many of the rights and freedoms we take for granted today.

If you didn't get a chance to check out a folk festival near you this summer, make it a "must do" next year.

B.C. boasts some of the best music festivals in Canada. They're child-friendly, environmentally conscious, volunteer-driven, and best of all – they're food for the spirit.

PATTY GIBSON

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