

# GUARDIAN



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## REACHING OUT

**Equality makes us stronger 1**

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**Economic inequality linked to poor health 12**





HEU's 8th Equity Conference challenged delegates to put equality into action.

The two-day conference offered up a full agenda of panels, interactive workshops and committee meetings to tackle equity issues.

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## Equality makes us **STRONGER**

**L** Did you know that First Nations peoples were not allowed to vote in B.C. until 1949? Or that homosexuality was classified as a mental illness until 1976?

Or that women in Canada were not even considered persons under the law until 1929?

The historical roots of inequality in Canadian society run deep. And the discriminatory attitudes that spring from those roots run even deeper.

But this is not news to most HEU members who either experience or witness discrimination in action on a regular basis.

It happens in small ways and big ways – among co-workers, managers, patients, residents, and the general public.

And when it does – in whatever form it takes – it makes most of us feel very uncomfortable.

Whether it's a sexist joke, a racist slur, or an insensitive remark based on someone's sexual orientation – it weakens our connections with those around us.

As union members, we have a lot of influence over our own work culture. We are supported with strong collective agreements and the ability to grieve unfair treatment. We have the tools, the policies and the backing of our union.

So when it comes to tackling discrimination and prejudice on the ground, we have a lot of power to make a difference. Whether it's raising awareness about an issue, or holding someone to account, we can choose to act.

And every time we do act, it makes us stronger. It strengthens our ability to work as a care team and it builds solidarity across our union. Human rights' laws and workplace rules take us only so far. They need to be enforced.

HEU has a long and proud history of standing up for the equal rights of women, people with disabilities, ethnic minorities, LGBT and First Nations peoples.

Over the years, generations of HEU activists have confronted many of the issues and barriers that affect members of our equity-seeking groups.

But while great strides have been made – both on the job and in our communities – our work to bring about true equality and fair treatment for all our members is far from over.

Our continuing challenge is to build a union where all members feel they belong, where no one feels like (or is treated like) an outsider – and where all our members' voices are heard and respected.

Over the next year and a half, HEU will be seeking members' input to identify

**When it comes to tackling discrimination and prejudice on the ground, we have a lot of power to make a difference. Whether it's raising awareness or holding someone to account, we can choose to act.**

the changes we need to make sure our membership – all of our membership – is involved and well-represented in the political and leadership structures of our union.

By setting our sights on building a more inclusive union, one that is able to respond to the changing needs of our diverse membership, we are building a stronger union.

This is not easy work. It takes commitment, understanding and the recognition that every one of us has a role to play in building bridges across our differences.

Are you up to the task?



BONNIE PEARSON

## Nobody voted for health care cuts

In June, the provincial government introduced a post-election budget that signalled a new round of program cuts and other austerity measures that will have a significant impact on front-line health services, and on the HEU members who deliver them.

While there is an overall increase in health spending this year, it's well below the level of funding that is necessary just to maintain services to the public.

In fact, there's nearly a quarter billion dollars less available for health care this year than government had planned on spending. Next year, cuts to planned spending will be more than \$340 million.

**Politicians need to understand that positive public solutions can strengthen health care and over the long run result in more cost effective service delivery.**

According to the June budget, targeted funding over the last couple of years to reduce ER congestion and other projects has been cut. Health authorities will have to cover the costs out of their base budgets.

One health authority CEO told a public meeting that it will need to find "efficiencies" in acute, rehab, community and residential care to address growing patient volume and an aging population.

This is what government calls "bending down the cost curve" – and they think they can do it without impacting health care delivery.

They're wrong. Workers are already treading water. Unfilled job postings and a lack of back-fill for vacation or sick time are the "new normal". And every indication is that the situation is going to become worse.

# voice.mail

Another health authority has announced significant cuts to its community lab services and is ending home visits for the collection of lab specimens from housebound patients.

A third is temporarily shutting down a valued child psychiatry program in advance of a redesign that will shut down this service to children at risk in the evenings and on the weekends.

And by now everyone knows of the unfair "wheelchair tax" of \$25 a month to the elderly in health authority-operated care facilities.

I think we all know that these program cuts and user fees are just the tip of the iceberg. As health authorities grapple with a \$60 million shortfall both this year and next, we can expect constant pressure to do more with less.

Against this backdrop, government has also announced that it will empower the legislature's Select Standing Committee on Health to look at alternative strategies to reduce costs and gauge whether the public has any appetite for adopting them.

It's going to be critical for our union and other public health care advocates to make sure our voices are heard through this process.

Politicians need to understand that positive public solutions can strengthen health care and over the long run result in more cost effective service delivery.

On the other hand, scrambling in the short-term to deal with budget pressures makes it more difficult to plan for a stronger public system in the long run.

But as guardians of public health care, it's a challenge we must take up.

### Thank you for AIDS documentary review

I am an HEU member and a long-time survivor with HIV/AIDS. I'm writing to commend the *Guardian* for Patty Gibson's review – *AIDS documentary a 'must see'* – published in the spring edition of the paper, and for recommending the film.

I have followed the progress of this epidemic from the very beginning. I tested positive when we first had tests for the antibodies to HIV. I did not, however, take sick until years later, by which time we had effective treatment options available.

They do not work forever, though, especially for someone of my age – 60 plus.

Since HIV first appeared, I have buried 57 good friends. There is an element of the epidemic, however, that is still largely overlooked, and I feel obligated to mention it, so it doesn't disappear from the history of HIV/AIDS.

You state, correctly, that HIV/AIDS has been reduced from a death sentence to a manageable, chronic illness. For some of us, though, it is still a terminal illness.

The point I wish to make, is to remind people that the religious, political and social right-wing, fought fiercely against making any public funds available for HIV research.

The subsequent delay in the development of effective treatment medications, which was totally unnecessary, ultimately denied thousands of people who had contracted the disease a fighting chance at survival.

Unfortunately, the motivation behind such inhumane perspectives still persists today.

What many people also may not realize is that as a direct result of the research endeavors into HIV/AIDS that finally took place, we now know so much more about two areas of health that were not well understood – virology and immunology.

The intense scrutiny of HIV has opened doors we never knew existed. Solutions to a whole host of illnesses will ultimately benefit from the research done. On a personal note, my youngest sister has MS. She will be among those who benefit from the findings.

Thank you again for promoting this important documentary film.

**HUGH VINCELETTE**  
UBC local

## It's bargaining time again...almost!

It's hard to believe that HEU members working in the public sector will be heading back to the bargaining table in just a few short months.

Collective agreements covering members in the facilities subsector, community social services and community health are all set to expire on March 31, 2014.

Here's what's coming up in preparation for 2014 negotiations:

**September 24-26** HEU's Occupational Conference for members working in the facilities subsector will bring together workers from the union's five job families: clerical, patient care, patient care technical, support, and trades and maintenance.

**October 29-30** HEU's bargaining conference for members working in community social services.

**November 13-15** HEU's bargaining conference for members working the facilities subsector.

**November 28-29** HEU's bargaining conference for members working in community health.

All bargaining conferences will discuss and prioritize bargaining demands submitted by union locals.

HEU's Provincial Executive will also submit bargaining priorities from the Occupational Conference directly to the Facilities Bargaining Conference.

### HEU's newly-elected standing committee members

#### First Nations

Co-Chairs: Martin MacKenzie (Haro Park) and Joanne Foote (Fraser Crossing)  
Sheldon Agecouth (VGH); Valerie Sailer (Fernie); Daniel Henry (Terrace); Brenda Lee Douglas (1221); Sandra McDowell (Chilliwack Amalgamated).

#### Ethnic Diversity

Chair: Tommy Liu (Richmond)  
Vice Chair: Avelina Vasques (Aramark Central Vancouver)  
Communications: Ami Dosanj (Columbia View)  
Kuljit Aujila (Surrey); Marva Vidal (Shaughnessy); Maria

Jetko (Mount St. Mary's); Eugenia Au (VGH).

#### Pink Triangle

Co-Chairs: Karen McVeigh (Dogwood) and Brian Dixon (Mount St. Mary's)  
Communications: Kate Murray (St. Paul's)  
Mark Holton (VGH); Cheryl Wright (Village by the Station (Penticton); Shayne Brandt (Trail); Alex Krnasty (Kelowna).

#### Women

Chair: Rhonda Bruce (South Okanagan)  
Vice-Chair: Diane Willey (South Okanagan)

Nardia Hamilton-Brown (Just Care); Carol MacDonald (Menno); Wendy Kerr (Port Alberni) Natalie Fletcher (Prince George); Kalie McIntosh (PVP).

#### People with Disabilities

Chair: Lynne Taylor (PHSA (Amalgamated))  
Vice Chair: Mike Popovic (Pine Grove-Riverbend)  
Communications: Debbie Fraess (Nanaimo)  
Harold Burns (South Okanagan); Felinor Adriano (Compass PHSA); Carol Spicer (Kamloops/Thompson); John Evans (Creston)





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## Closing the gap on a living wage

It's crunch time. Bargaining for a new collective agreement for HEU's 4,400-plus contracted support services members on the Island, the Sunshine Coast and in the Lower Mainland has been underway since last fall.

At presstime, two employers were in mediation, one was actively bargaining, and the fourth will be determined by averaging the agreements reached with the other three corporations.

Meanwhile, HEU has begun the process of confirming essential services levels, while preparing for strike votes if negotiations reach an impasse.

"I have met many strong and passionate members from this sector who are taking a leading role during these contract negotiations," says HEU secretary business manager Bonnie Pearson.

"The solidarity members build is essential. As the past demonstrates, when we come together we stand a much better chance of achieving a fair deal."

During 2003/2004, B.C.'s Liberal government fired 8,000 dietary staff and housekeepers. Thousands of these members and new employees were then hired as contracted workers to do the same work at half the pay.

BC Children's Hospital's Parshu Raman was one of those members who lost his job in 2002, and rehired in 2003.

"The starting wage was about nine dollars an hour when I was hired back," says Raman, who is a Compass-Marquise bargaining team member. "Since then, we've been able to get the wages up to \$15 an hour as of the last contract."

However, these increases were not won easily. HEU members had to overcome many challenges.

Before 2004, all HEU members who worked as dietary staff or housekeepers were part of the Facilities Bargaining Association, which represents a majority of health care workers in acute and long-term care.

After the mass layoffs, many of these workers were no longer directly part of the health system, even though they worked in the same sites doing the same job.

Members had separate collective agreements, separate managers and supervisors, and separate identities. They were now **contracted** support services workers, no longer directly employed by the health authorities.

"When I was hired in 2004, it was very hard because many other workers did not like the corporations coming into health-care," says Sodexo bargaining team member and Surrey Memorial Hospital member Veena Govender. "After ten years we are now all okay – but it took time to build relationships."

The divide and conquer approach to these workers didn't stop there. They continue to be separated from one another as employees of four multinational corporations based in Spain, Great Britain, France and the U.S. They are forced to bargain at multiple negotiating tables in several regions of B.C.

In some cases, they are hired by one company, then laid off, only to be rehired at the same site by another company, as contracts are flipped

**"As the past demonstrates, when we come together we stand a much better chance of achieving a fair deal."**



PATTY GIBSON AND NEIL MONCKTON PHOTOS

In May, HEU members working in contracted support services rallied for a fair deal in Vancouver (bottom) and Victoria (top).

between the four corporations.

But in the end, this has not stopped these members from making gains. Over eight years, a big organizing drive and two rounds of tough negotiations – plus a strike involving Sodexo – they moved the starting wage up by 60-plus per cent.

Today, when both wages and benefits are factored into a member's compensation, the gap between a living wage and the wage for full-time or part-time members with families has closed considerably. In Metro Vancouver, the gap stands at up to \$2.67 per hour.

Still for Raman and others, there's more to do. "The cost of living in B.C. has gone up a lot in the past ten years," says Raman. "It's hard to work under

these wages right now – especially when you have a family to support."

That's why, in this round of bargaining, HEU is renewing its efforts to secure better compensation, improve workplace respect and dignity, and make workloads safer for its members in this sector. And uniting the members of this sector is a key part of the plan.

In preparation for bargaining, HEU held a planning session in June 2012 for more than 75 delegates representing all contracted workers employed by the major private companies. Then, last fall, it held workshops for dozens of members to establish workplace leadership teams.

In recent months, following successful rallies in Vancouver and Victoria, cross-employer outreach teams have delivered bargaining reports, visited sites and updated hundreds of members by phone.

"The strategies that HEU has implemented have helped the members become empowered – giving them the courage to come forward so that they are not alone," says Aramark bargaining team member and Royal Columbian Hospital member Dawn Logan.

"Knowing we are not fighting these companies as workers at an isolated single worksite is huge. We are not just Aramark or Sodexo or Compass-Marquise or Acciona, we are HEU."

NEIL MONCKTON

## Who's who at the bargaining table?

Contracts for over 4,400 HEU members working in the contracted support services sector expired last September. These members are employed by four multinational corporations – Acciona, Aramark, Compass-Marquise and Sodexo.

All four companies posted profits in their last year for reported earnings – in 2012 \$82 million for Aramark, \$1.7 billion for Compass-Marquise, \$1.3 billion for Sodexo and \$272 million for Acciona in 2011.

Except for Acciona, which became active in B.C. in 2011, these corporations led the wave of privatization in health care's Facilities sector after Gordon Campbell's Liberal government passed *Bill 29* in 2002.

The American firm Aramark primarily provides housekeeping services for the Fraser Health (FHA) and Vancouver Coastal Health (VCHA).

Spain's Acciona only provides housekeeping services at a single site in Vancouver Island Health Authority (VIHA).

France's Sodexo provides both housekeeping and dietary services for FHA, VCHA and VIHA.

Great Britain's Compass also provides both services for FHA, VCHA, VIHA and the Provincial Health Services Authority. They acquired competitor Marquise in 2011 after losing a contract covering seven VIHA sites to the B.C.-based company.



## COFFEE BREAK

### So what are unions good for?

This Labour Day, let's celebrate the long list of achievements trade unionists have won for themselves and others.

### UNIONS, the people who brought you:

- The eight-hour work day/40-hour work week 
- Work breaks, including paid lunch breaks
- Paid vacations
- Sick leave 
- Maternity and parental leave
- Overtime pay
- Holiday pay
- Equal pay for work of equal value 
- Anti-discrimination rules at work
- Anti-sexual harassment laws
- Occupational health and safety 
- Workers' compensation
- The minimum wage
- The right to strike
- The right to collective bargaining 
- Universal health care
- Employment Insurance
- Pensions including Canada Pension Plan

## On LTD? Early retirement may now be for you

A major achievement in the 2012 round of facilities bargaining may help HEU members currently on long-term disability (LTD) to choose early retirement.

The new Early Retirement Incentive Benefit (ERIB) allows eligible members to retire early and receive a lump sum payment to make up for expected

pension income lost as a result of retiring prior to age 65.

Health Benefit Trust (HBT) will contact eligible LTD members to begin the process of determining whether early retirement is an option.

As well, members may be entitled to continue to receive extended health benefits through your employer on

a 50/50 cost-share basis until the age of 65.

HEU recommends that any members who are considering taking the early retirement option should meet with a financial advisor to discuss the information provided in their package before making a decision.

## Know your rights

### Upholding human rights in the workplace

**D**iscrimination is seen in many different forms – from blatant ridiculing to subtle isolation. Individually and collectively as a union, we need to enforce the human rights that govern us in society and our workplaces.

Canada recently celebrated its 146th birthday. Throughout our history, Canadians have fought hard, and continue to advocate, for civil rights for all citizens of this country.

And many of those rights and freedoms are deeply enshrined in our Constitution.

But even the declaration of our country's official confederation – July 1, 1867 – evolved from years of battle, resistance, British rule, and internal provincial struggles for the Dominion of Canada to become a sovereign nation.

Interestingly, it wasn't until April 17, 1982 when Queen Elizabeth II signed the *Constitution Act, 1982* (formerly *British North America Act, 1867*) and the *Canada Act, 1982*, that Canada finally became politically independent from the United Kingdom (although our parliamentary system of government is still modeled after Britain).

Included in the *Constitution Act, 1982* is perhaps the most important piece of legislation to defend and guarantee Canadians' civil liberties – the *Canadian Charter of Rights and Freedoms*.

The Charter protects all Canadians from any forms of discrimination, including inequity based on age, gender, race, religion, ethnicity, or sexual orientation; and addresses the rights of Canada's aboriginal peoples (First Nations, Métis, Inuit).

It allows for our freedom of expression and freedom of association (including union membership). And it also holds government to account for passing laws that may be unconstitutional.

In the labour movement, our collective agreements provide a binding framework that reaffirms important rights and freedoms including those in the Charter, such as the right of every worker to be treated with respect and dignity in a safe work environment, free of harassment and discrimination.

These protections are as important as the general terms and conditions that govern workers' wages, hours of work, vacation and sick entitlements and health and welfare benefits.

Another source of equity protection for British Columbians is found in specific sections of the *B.C. Human Rights Code* (section 13 –

Discrimination in Employment and section 14 – Discrimination by Unions and Associations).

And the *B.C. Labour Code* has four key equity protections: section 4(1) – Rights of employees; section 5(1) – Prohibition against dismissal, etc. for exercising employee rights; section 6(3) – Unfair labour practices; and section 12 – Duty of fair representation.

If you are experiencing on-the-job discrimination, talk to a shop steward for advice on next steps, up to and including filing a formal grievance.

It's been a long struggle to address and advance equal rights in Canada. But in our democratic society, Canadians all play a key, ongoing role in enforcing those hard-earned rights.

Given the heavy workloads and high injury rates in health care, it's sometimes challenging to be generous, respectful and patient when we're stretched thin – emotionally, physically and mentally.

Nonetheless, we all have a personal, collective responsibility to make our workplaces respectful, and to uphold the fundamental right to equality that we – and our ancestors – have fought hard to establish.

emissions will have increased more than five times from 1990 levels.

A poll taken at the height of the last boom found that 67 per cent of Albertans disagreed that the tar sands should be developed as fast as possible, 71 per cent agreed with a moratorium on new approvals until environmental and infrastructure issues were resolved, and 74 per cent agreed that the government, rather than market forces, should decide the rate of tar sands development.

The report also points out that during the last boom, most Albertans were barely better off than before the boom, and were working harder

## <<newsbites>>

### Why Albertans don't want another boom in the tar sands

A new report from the Parkland Institute – *Taking the Reins: The Case for Slowing Alberta's Bitumen Production* – urges Alberta to avoid another boom in the tar sands.

A return to the overheated economy that plagued Alberta during the last boom carries significant risks, warns the report. And it would primarily benefit a largely non-Canadian oil elite.

The report's authors, David Campanella and Shannon Stunden Bower, say more than 70 per cent of production in the tar sands is now owned by non-Canadian shareholders.



And the climate implications also give reason for pause, says the report. From 1990 to 2010, CO<sub>2</sub> emissions from the tar sands nearly tripled. Assuming forecasted production increases, Environment Canada anticipates that CO<sub>2</sub> emissions will double between 2010 and 2020, meaning

# First Nations members set bargaining goals

Securing the legal right to unionize First Nations health care workers has been an arduous journey for HEU over the past two decades.

That's why delegates were especially galvanized when their four bargaining agents – representing Nisga'a, Gitksan (Gitanyow, Gitwangak), Skidegate (Haida Gwaii) and Stz'uminus – gathered together in Prince Rupert this spring for HEU's inaugural provincial First Nations Bargaining Conference.

"Any time people get together, it's unity, power," said elder and family support worker Peter Thompson of the Skidegate local (Xaaynangaa Naay Health Centre). "It's very important that everybody comes with a point of view to make a greater difference."

Delegates returned home with a clear commitment to enter this round of negotiations prepared to advocate as a strong, united team representing all nations, while still respecting one another's unique cultural identities.

"When people are oppressed, they are afraid," said community wellness counsellor Lydia Stephens of the Nisga'a Valley Health Board (Greenville Health Centre) local. "Gone are the days of residential schools. I want my brothers and sisters to be strong and have a strong voice... There's strength in numbers... It's good to know that we have the same issues that our brothers and sisters who are not First Nations have, and to know

that we have their support."

Those common concerns include improving wages and benefits; interpretation, clarification and enforcement of contract language; eliminating contracting out and promoting more respectful workplaces.

"The only way we're going to be able to help people in our communities is if we're healthy and in a healthy work environment," said receptionist/patient transfer clerk Crystal Zeller of Skidegate (Xaaynangaa Naay Health Centre).

"The big thing is the awareness that we're all going through the same thing," she said. "We are all isolated in our communities, and you don't feel so alone when you come together like this."

In setting the stage for the two-day conference at the Fishermen's Hall, elder Murray Smith of the Tsimshian nation brought greetings to honour the territory of the nine Allied Tribes and offered a prayer to bless the proceedings.

During the plenary, delegates identified bargaining issues and priorities, brainstormed on ways to best generate support for their bargaining agenda, and received a thorough bargaining history of First Nations contracts.

Since 1995, when HEU certified its premier First Nations local (Haida



Bonnie Pearson, HEU's Secretary-Business Manager



Peter Thompson (Skidegate)

**"The only way we're going to be able to help people in our communities is if we're healthy and in a healthy work environment."**

Gwaii), it's been an uphill battle to maintain union representation for First Nations members.

After the union organized Gitksan health care workers in 1996, it took three years and a Supreme Court of Canada victory to finally establish the legal right to organize, certify and negotiate contracts for First Nations people regardless of living on federal or native land.

That ruling has benefited other provinces and First Nations unionized members, as HEU's negotiated contracts are setting the standard to pattern other collective agreements. It also secured the right for unions across the country to organize First Nations workers in various labour sectors.

On the heels of that decision, Canada's Labour Relations Board mediated a contract for HEU's Gitksan workers, which resulted in retro payments between \$20,000 and \$40,000 for each member.

And it was a gruelling process to establish a wage and classification schedule for First Nations members, including a Medicine Man benchmark and pay rate.

During the conference, delegates talked about the lack of child care subsidies for band-run daycare centres; band structures; internal oppression; the ongoing problem of colonization; the unique cultural traditions of each village (such as food-gathering, fishing days, feast preparation, and clan duties); and geographical isolation (access to ambulances or public transportation,



Ingrid Seymour (Stz'uminus)

road access during landslides).

HEU's secretary-business manager Bonnie Pearson was on hand to hear members' stories and ideas, and offered delegates the full support of the union.

She spoke about the 2014 expiration of the *National Health Accord* and its impact on federal transfers and provincial health services – as well as the current landscape for upcoming public sector negotiations with the BC Liberals, who have cut health care budgets.

"The Liberals have to come to terms with the value of public sector workers," said Pearson. "We need to restore respect for people who deliver public services. Stable, well-staffed, well-funded public services are important. The work you do with your band councils and your nations plays a vital role in that."

At press time, talks had begun at some of the First Nations tables and employers have refused to negotiate a united agreement. Check HEU's website for bargaining updates.

BRENDA WHITEHALL



Delegates (from l to r) Karen Leeson (Nisga'a), Crystal Zeller and Peter Thompson (Skidegate), Lydia Stephens (Nisga'a), Loretta Morgan (Gitksan), Ingrid Seymour and Sheila Seymour (Stz'uminus) representing HEU members in four nations.

to stay there. Those on low or fixed incomes saw their purchasing power eroded by skyrocketing inflation and housing costs. And while employment increased, the bulk of work was temporary construction jobs.

With the exception of the oil and gas industry's profits, which grew to \$38 billion in 2008 – a 165 per cent increase over six years – for most Albertans, the boom was a bust.

Those enormous profits enriched the industry's largely non-Canadian shareholders and their top managers. But royalty rates set by the Alberta government meant the public received just \$9 billion between 2005 to 2008

from the sale of \$103 billion worth of their resources in the tar sands. Learn more at <www.parklandinstitute.ca>.

## Liberals fail to provide bridge funding for Community Social Services wage increase

Some community social services programs may be cut as a result of the B.C. Liberal government's failure to provide bridge funding for a 1.5 per cent wage increase negotiated for frontline workers earlier this year.

Pay raises were negotiated and ratified within the government's so-called "co-operative gains" bargaining mandate, which identified cost savings to

fund the pay raises that were to take effect April 1, 2013.

Agencies that are not paying the 1.5 per cent wage increase or may have to cut program services because they have not received proper funding include: Prima Enterprises (Kamloops and Prince George); Okanagan Boys and Girls Club; Abilities Community Services (Victoria); Bernard C Vinge & Associates Community Living Services (Burnaby); Richmond Society for Community Living and the South Okanagan Association for Integrated Community Living in Penticton.

The Ministry of Children and Family Development has failed to provide

bridge funding to cover the payroll increase until the cost savings can be achieved in two to three years. By contrast, the Ministry for Social Development has provided the same funding for the much larger number of community-based social services that it funds.

"Why are some programs being treated differently than others?" asks Community Social Services Bargaining Association chair Patsy Harmston.

"This discrepancy amounts to program cuts by stealth and bad faith bargaining. We upheld our side of the deal. The government should do the same."

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# Give health workers the time to care

As HEU's financial secretary, much of my work is devoted to managing the union's fiscal resources.

Beyond dealing with members' questions about financial matters, however, I also have many opportunities to hear stories from the frontline about the obstacles our members are up against in providing bedside care.

It's those conversations that stick with me, and make me realize how important it is for our decision-makers to recognize the realities of what it actually takes to deliver hands-on care in acute and residential care settings.

In B.C.'s residential care facilities, for example, it has become typical for care aides – health care assistants – to try and provide quality care to their elderly residents, without being given enough time to do the job.

That means people are literally being run off their feet. And because of that, they are experiencing more injuries, illness, and eventually, burnout.

But it's not only the physical toll that affects residential care workers. There's a huge emotional toll as well. When members are being pulled in so many different directions, and are not able to be there for someone – who may be lonely, or agitated, or in pain, or near death – a whole other level of stress kicks in.

It just doesn't need to be this way. Health care is about people helping people. That's why it's called a caring profession.

What's needed now is a commitment to provide the funding required to raise the staffing levels in residential care so that people can do their jobs.

In other words, invest in people. The people who need care, and the people who provide it.

Without that basic investment, workers will continue to be injured and residents will continue to lose out.

When you start adding up the costs that come with sick time, injuries and burnout, there are no savings to be found by short-staffing. But there are a lot of unnecessary costs – financial and human.

There's a world of difference between those who see the world through budgets, graphs and checklists and those on the frontline who know people by name, who deal with their personal and intimate care needs, and who see the residents and patients they care for as people rather than statistics.

It's time to admit that focussing on the bottom line, at the expense of health care workers, their residents and patients is not working.

Scrimping on human resources may save a few pennies in the short term. But in the long term, it's not cost-effective. And it's certainly not sustainable.

Our seniors deserve better. And so do the people who provide their care.



**Donisa Bernardo**  
HEU Financial Secretary

**People are literally being run off their feet. And because of that, they are experiencing more injuries, illness, and eventually, burnout.**

## PRESIDENT'S DESK

# Our advocacy doesn't stop between elections



**VICTOR ELKINS**

The day before the last provincial election, HEU members were dealing with a whole host of issues – low-staffing, heavy workloads, occupational health and safety problems – and the fallout from the constant restructuring that has taken place within B.C.'s health authorities.

Unfortunately, those issues were never front and centre in May's election. But they were the issues that inspired many HEU members to get directly involved in the election process.

During the campaign, I met with many HEU members, in about 30 different constituencies, who were working as dedicated volunteers, supporting the candidates they believed would make health care and community social services a priority over the next four years.

**There's no doubt about it, the results of the election were both a surprise, and for so many HEU members, a great disappointment.**

It goes without saying that in the end, the results of this hard-fought election did not bring the change many of us had hoped for. Nonetheless, the fact is that the day after the election all the issues that inspired our participation in the first place are still with us.

As members of the largest, oldest health care union in B.C., it has always been our responsibility to push for the changes we need to improve public health care delivery. At our job sites, we use the tools we've negotiated in our collective agreements to

make whatever positive changes we can to better our working and caring conditions.

There's no doubt about it, the results of the election as the numbers rolled in on May 14, were both a surprise, and for so many HEU members, a great disappointment. We all know it means we will be dealing with the same government that has done a lot of damage to our health and community social services systems over the last 12 years.

But that fact does not change our deeper commitment to achieving better care and safer working conditions. Our job as advocates for ourselves and others doesn't stop between elections. What's important now is to roll up our sleeves and keep on holding employers, health authorities and government to account.

And there are a lot of things on our plate. Our fight for living wages, our seniors' care campaign, our preparations for the next round of bargaining in the public sector – these are all areas that need our energy and focus.

Internally, we are beginning the process of seeking members' ideas about how to make our structures more effective and representative. And as this issue of the *Guardian* demonstrates, our work on equity and equality issues continues to be a priority throughout the union.

On behalf of your Provincial Executive, I wish you and your family a happy Labour Day. Events are being planned across B.C. Watch HEU's website for more information and check with your local labour council about activities in your area.

## <<newsbites>>

continued from page 5

### Labour leaders meet alongside the Council of the Federation

While provincial and territorial leaders met in Niagara-on-the-lake for a meeting of the Council of the Federation in late July, labour leaders held a parallel meeting where they demanded that the federal government improve Employment Insurance and the Temporary Foreign Worker program, double the Canada Pension Plan and renew the 2004 Health Accord.

They also added their

support to the premiers' demand that the federal government hold an inquiry into the more than 500 missing and murdered Indigenous women in Canada.

At the same time, thousands also protested outside the Council of the Federation, calling on the premiers to push the federal government to improve, rather than further undermine, the public health-care system. The Harper Conservatives plan to chop \$36 billion in funding to the provinces from the Health



IPOLITICS.CA PHOTO

Care Accord over the next ten years – which will result in further cuts and privatization of public health services,

The timing of the meeting was critical as it was the last meeting of the country's premiers before the ten-year

Health Accord expires. The Accord sets the terms for health care funding and priorities between the federal and provincial governments.

Polls indicate that 87 per cent of Canadians support a strengthened public health care system, which could happen through financially sustainable increases in program spending and transfers to the provinces. Canada also remains the only industrialized country with a public health care system that doesn't have a pharmacare plan.

### Nutritional experiments on First Nations children sparks outrage

Recent revelations that government researchers conducted nutritional experiments on impoverished First Nations children and adults has sparked outrage from Canadians across the country.

And First Nations leaders are demanding a government enquiry, disclosure of all information connected to the research, and an apology.

"The reports of these studies, in which more than a thousand Indigenous children

# Bring back B.C.'s Therapeutics Initiative

Canada has the second-highest drug costs in the world with total drug spending reaching \$33-billion in 2012. Why shackle a program that's saving money and lives?

**N**early one out of every six dollars we allocate for health care in the country is spent on pharmaceuticals, according to the Canadian Institute for Health Information.

In fact, between 2000 and 2010, our drug spending grew more than every other developed country except Japan.

Recognizing the problem, governments of all political stripes in B.C. have taken measures over the past 20 years to slow the growth in drug expenditures.

This past spring, B.C. legislated reductions in generic drugs from 35 per cent of the brand name cost to 25 per cent. Next year, generic drugs will drop to 20 per cent of their brand name equivalent cost.

However, recent actions by the B.C. Liberal government that effectively hobble an independent drug watchdog agency will likely accelerate our spending on drugs, particularly brand name lines produced by Pfizer, Merck, GlaxoSmithKline and other big pharmaceutical companies.

In 1993, our annual cost per person for pharmacare in B.C. was \$43.21. In Quebec, it was \$37.57.

But over the past two decades, the rate of growth in Quebec's drug costs doubled that of B.C.'s.

Why is that?

For drug industry experts like University of Victoria pharmaceutical policy researcher Alan Cassels, one of the key reasons for this difference is Quebec does not have the Therapeutics Initiative (TI).

"Along with progressive drug coverage policies, the Therapeutics Initiative has played a major role in containing health care costs for almost two decades," says Cassels. "It's clear when you compare per capita drug costs for B.C. to other provinces, that this program – along with reference-based drug pricing and generic substitution – is saving money."

In 1994, the provincial NDP government established the TI to act as an independent project run by academics at the University of British Columbians to provide physicians and pharmacists with up-to-date, evidence-based, practical information on prescription drug therapy.

When the government changed in 2001, the B.C. Liberal government initially maintained its support for the TI. Then, starting three years ago, provincial support began to fall away.

First, the government cut the initiative's funding from \$1 million to \$550,000 in 2010. Then, this past April, just days before the provincial election, it cut the rest of the TI's funding.

And money wasn't the only thing it put the brakes on. The Christy Clark government also ended TI's free access to valuable B.C. health data on drug use in the fall of 2012.

That forced the TI to purchase costly American data sets, eating into their slimmer budget, and it prevented researchers from studying how British Columbians use prescription drugs.

"This data tells us how drugs are used in the real world," says Cassels. "Not using this data is like building an expensive bridge then, not allowing anyone to drive on it. It makes no sense."

Not only did researchers evaluate B.C.'s drug spending, they also reviewed the health impact of these pharmaceuticals on citizens, says TI education working group chair Dr. Tom Perry.

"It's clear the TI saves British Columbians money, but it also saves lives," says Perry.

For example, GlaxoSmithKline's Avandia and Merck's Vioxx were two drugs the TI identified early on as having adverse effects. According to Perry, neither offered benefits that were not already available through PharmaCare's existing roster of pharmaceuticals. Plus, both had undetermined long-term effects.

PharmaCare took the TI's advice and neither were approved for routine benefit. Later both drugs were



**Along with progressive drug coverage policies, the Therapeutics Initiative has played a major role in containing health care costs for almost two decades.**

subject to significant restrictions in Canada.

"We know people in treatment take too many drugs and they also take medications that have limited benefit, or do more harm than good," says Perry. "There's no rational reason for the people of B.C. to subsidize inappropriate or dangerous drug therapy."

Since the TI's final funding cut was announced in April, many prominent public figures and institutions have come out in support of the project.

Even the Vancouver Sun came out in favour of restoring the TI, calling on the BC Liberals to "step up, reverse their decision, and pledge their continued support for a group that has more than proved its worth to every British Columbian."

On July 9, B.C.'s health minister Terry Lake rose in the legislature to argue that his government still supports the TI: "Government has not cancelled funding to the Therapeutics Initiative or cancelled its working relationship with TI."

The bad news is the minister is mistaken. UBC is currently footing the entire bill for the TI and the project is not working with the province on any drug reviews at this time.

The good news is the government and TI representatives restarted talks in late July.

"The revised June provincial budget outlined an ambitious plan to control the growth of Pharmacare costs as part of an overall strategy to manage health spending," says HEU's secretary-business manager, Bonnie Pearson.

"The TI has proved to be a source of unbiased, evidence-based information for physicians that has arguably saved many lives and helped control B.C.'s Pharmacare program costs," she says.

"Restoring the B.C. government's relatively modest investment in the TI and the access to provincial health data would have huge benefits for British Columbians."

**NEIL MONCKTON**

were denied essential nutrition and in some cases deliberately starved, were reported as far back as 2000 but did not gain national attention," said Assembly of First Nations National Chief Shawn Atleo.

The story broke when University of Guelph food historian Ian Mosby uncovered research that showed more than 1,300 starving Aboriginals, mostly children, were used as human guinea pigs in vitamin and mineral supplement experiments, which included rationing food and milk, and withholding dental care.

According to Mosby's research, tests were conducted during the 1940s and '50s on a number of reserves and in several residential schools in Manitoba, B.C., Ontario, Nova Scotia and Alberta.

The government reportedly targeted areas where there were high rates of poverty and hunger among First Nations people to analyze the impact of malnutrition. They used sample groups to investigate the effects of vitamins and minerals when proper nutrition was either not available or purposely withheld.

"Sadly, I have a deeply personal connection as my home community of Ahousaht was one of the communities that had these studies imposed on them unknowingly," said Atleo. "My elders and family members were exposed to this cruel and inhumane treatment where our children were treated like lab rats."

"Canadians need to understand that their own history is one of First Nations being exposed to social engineering and treated as less than human. This is a long line of experiences that extends through the residential schools, forced

relocations and the ultimate attempt at social engineering, the Indian Act that tried to wipe out our identity and ways of life overnight. Canadians must understand that we are not the authors of our misfortune but we must be masters of our future."

## **Children's Hospital cuts child psychiatry services**

Advocates for children with serious mental health challenges are speaking out against a month-long closure of the child psychiatry inpatient unit at BC Children's Hospital.

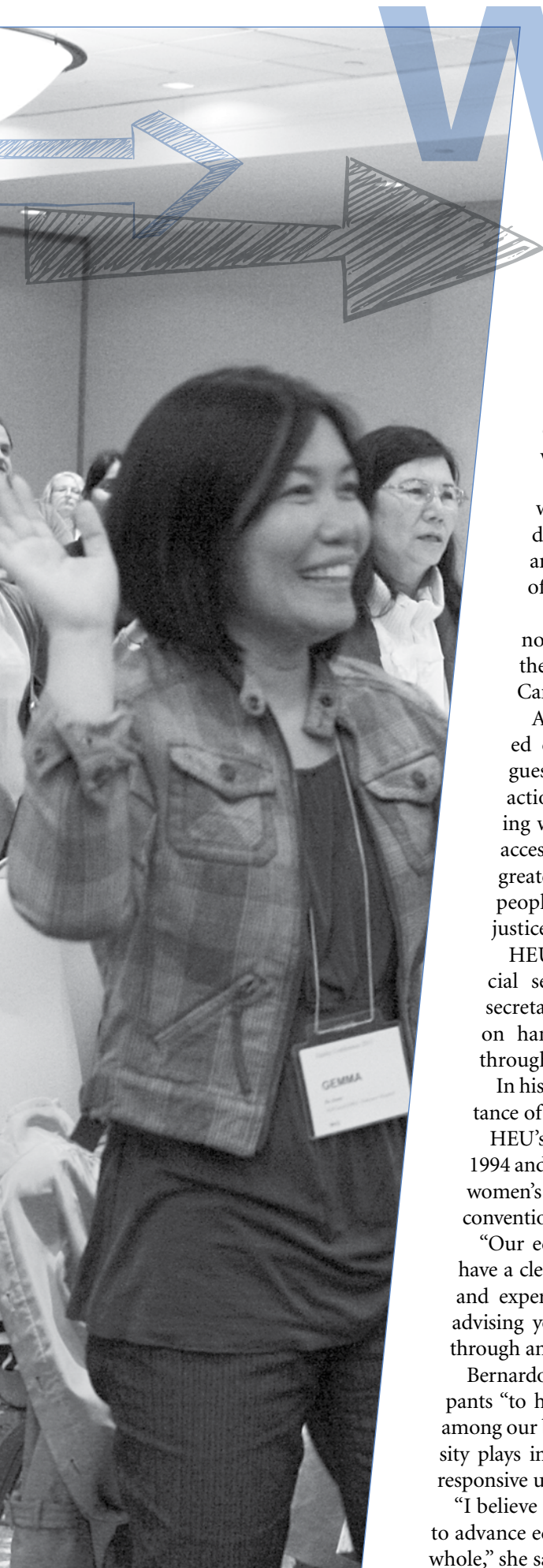
The month-long closure (July 19 to August 19) is to facilitate a redesign of the treatment model, which will see the 24/7 inpatient program become a Monday to Friday day program. Five counsellors will be replaced with a part time nurse.

The Health Sciences Association of B.C., which represents the Youth and Family Counselors, says there has been no consultation with staff or allied health professionals regarding program changes, and there has been no public forum for discussion of program changes and their impact on families.



# Equity in ACTION

HEU'S 8th EQUITY CONFERENCE wowed delegates with great speakers, workshops, and new energy to tackle equality issues.



PATTY GIBSON, BRENDA WHITEHALL PHOTOS

**W**hen all was said and done, “inspired” and “empowered” were the words delegates most used to describe what many called the best Equity Conference ever for HEU.

During the two-day conference more than 100 participants and guests looked at critical and timely issues that not only affect equity-seeking groups, but all HEU members and their communities. And they elected members to the five standing committees that facilitate the union's equity work.

Speaker Shelagh Day – a long-time advocate and recently-appointed Member of the Order of Canada – opened the conference at the first night's dinner, saying at the outset that her presentation was “not light after dinner conversation”.

Day's address focussed on violence against women and girls, and how the cases of the murders and disappearances of aboriginal women and girls across Canada represent the extreme end of the “spectrum of violence”.

“There is a huge campaign going on in Canada now,” she said, referring delegates to the Native Women's Association of Canada for current information.

As the conference agenda unfolded delegates heard from five other guest speakers who focussed on the action needed to achieve safe drinking water in aboriginal communities, accessible quality child care in B.C., greater recognition and support for people with episodic disabilities and justice for temporary foreign workers.

HEU's president Victor Elkins, financial secretary Donisa Bernardo, and secretary-business manager Bonnie Pearson were all on hand to talk with delegates at different points throughout the conference.

In his welcoming remarks Elkins reaffirmed the importance of the union's five standing equity committees.

HEU's first four equity caucuses were established in 1994 and became standing committees two years later. The women's standing committee was established at the 2008 convention.

“Our equity standing committees play a vital role and have a clear place in our union,” he said. “Your knowledge and experience help us shape the direction of HEU by advising your elected leaders on how to build the union through an equity lens.”

Bernardo closed the conference by encouraging participants “to help create greater awareness and understanding among our broader membership about the critical role diversity plays in building a stronger, more inclusive, and more responsive union.

“I believe it is among the most important work we can do to advance equality within our union and in our society as a whole,” she said.

## CHILDCARE

If we are going to get serious about dealing with women's inequality, child poverty, and the uncertain economic futures facing many young people today, it's time to create an affordable child care plan.

That's the message from long-time childcare advocate Sharon Gregson, who talked passionately with conference delegates about why, and how, they should support a public, affordable, \$10-a-day childcare plan for B.C.

The campaign for a “public system of early care and learning” has gained more than one million supporters – including labour unions like HEU, numerous school boards and municipalities, and organizations concerned with childhood education.

“We know without a doubt – without a doubt – that current policies and approaches in British Columbia are not working for young families,” said Gregson. “They're not working for children, they're not working for people in the field...so we're starting to make people realize that we can and should do things differently.”

With some childcare fees reaching as high as \$1,900 per child, per month and growing waitlists that have made getting a childcare space extremely difficult, she said we are in a crisis situation that doesn't need to exist.

And just in case the audience was at all skeptical about whether a \$10-a-day plan was realistic, she pointed to Quebec where a \$7-a-day plan pays for itself.

After 12 years, the results are stunning. By 2008, 70,000 more women had entered the workforce and their employment had pumped an additional \$5.2 billion into the economy.

But despite that impressive showing, Canada overall has shrugged off its responsibility to the nation's young families. With the exception of Quebec, Canada and B.C. have the lowest public funding levels for early learning and childcare among developed countries.

If B.C. were to adopt the \$10 plan however, it's estimated that it would enable more than 17,000 women to enter the workforce. It would ensure early childhood educators would be better paid – most earn about \$16 an hour. And it would bring more than \$660 million in taxes into the economy.

HEU members can endorse the plan at the Coalition of Child Care Advocates of BC website: <[www.cccabc.bc.ca](http://www.cccabc.bc.ca)>.

## FIRST NATIONS

Nearly one in five First Nation communities can't get access to safe drinking water.

That shocking fact prompted HEU delegates to unanimously adopt a resolution at last fall's convention calling on senior governments to ensure First Nations communities have safe and easy access to clean drinking water from utilities that are publicly owned and not-for-profit.

Don Moran and Brian Barron, representing CUPE's National Aboriginal Council, spoke at HEU's equity conference about the just-launched national “Enough is Enough” campaign to promote safe-drinking water on First Nations reserves.



“The ‘Enough is Enough’ campaign is meant to raise awareness about water issues facing Canada’s Indigenous peoples,” said Barron. “Governments must work with First Nations and the public in the delivery and development of a clear, responsible, sustainable water management plan.”

Such a plan would include water regulations supported by appropriate funding for water and wastewater treatment plants, training for water operators, proper monitoring, and protection of fish and wildlife habitat, outlined Barron.

“But the fight for safe drinking water does not stop at the tap,” said Moran. “Who controls the water supply is also something First Nations communities are increasingly concerned about.”

Two federal initiatives, in particular, are putting pressure on aboriginal communities to privatize their water systems.

New federal environmental and safety legislation introduced by the Harper government in 2012 require First Nations communities and non-aboriginal municipalities upgrade aging water facilities.

While the improvements are not bad in themselves said Moran, many First Nations and local governments lack access to proper financial resources to proceed with the necessary upgrades. In fact, the Federation of Canadian Municipalities estimates that at least \$31 billion is needed to cover the cost of the water facility upgrades alone.

According to the Council of Canadians, private companies see the upgrades as an opportunity to increase their role in water delivery and treatment. Moreover, existing government programs and funding initiatives encourage privatization as a condition of receiving federal money for municipal infrastructure projects.

In addition to the regulatory changes, negotiations for the comprehensive economic and trade agreement (CETA) with the European Union expected to conclude later this year will likely make it impossible for First Nations and municipalities to refuse privatization.

Documents leaked last November confirmed that the federal government’s own CETA negotiators want to make the collection, purification and distribution of water open for privatization in Canada.

Support CUPE’s campaign at <[www.cupe.ca](http://www.cupe.ca)>.

## EPISODIC DISABILITY

“Episodic disability” describes a chronic illness with symptoms that vary in degree and frequency, including remission, which impacts a person’s ability to work to full scope or participate fully in society. Examples include multiple sclerosis, lupus, diabetes, arthritis, certain types of cancer and mental health.

“Traditionally, we’ve viewed disability as an all-or-nothing kind of concept,” speaker Glyn Townson told delegates. “Our traditional definition of disability is

you’re disabled, you can’t do anything and there’s all kinds of barriers. We’ll give you a pension, and that’s the end of it. [But] there are a lot of people that just don’t fit in that category... episodic disability has fluctuating periods of wellness and illness. And it’s unpredictable.”

Co-chair of the Canadian Working Group on HIV and Rehabilitation, Townson has worked with Canada’s Public Health Agency and the Episodic Disability Network advocating for job flexibility to keep people in the workforce. He was also part of a campaign that

improved access to CPP disability benefits.

Recent stats show that more than 4.6 million Canadians suffer from arthritis, about 95,000 have multiple sclerosis, more than 71,000 are living with HIV, and approximately 20 per cent of the population will experience some form of mental illness in their lifetime.

Those numbers are staggering and getting harder for policy-makers to ignore, he said.

“It’s kind of like sending a little paper boat down the stream. If you send one, it will probably be unnoticed. If you send a tanker down, someone might notice.”

The impact of an episodic disability on a worker’s labour force participation, insurance benefits, income security, vocational rehabilitation and social inclusion cannot be understated, he said.

“If you wind up losing your job, you probably lose your extended benefits, and you can’t get to those crucial health and social services you really need. So it’s kind of like getting into quicksand when these things happen.”

Episodic disabilities fall into three categories: body function/structure (symptoms and impairments), activity limitations (fluctuating ability to work to full scope), and restrictions to full participation (modified duties).

In addition to the physical, emotional and mental impacts, he said, workers may feel pressured to reveal the nature of their illness to prevent disgruntled co-workers from judging them as lazy, uncaring, or using their disability to avoid certain job tasks.

“You don’t necessarily want everyone in the office to know that you have a condition,” he said. “It’s really none of their business. That’s a real problem because there’s a lot of privacy concerns about this. And that again, leads to stigma.”

Townson, who is HIV positive, stresses the significance of social supports – friends, family, good health care providers, programs and policies – to help cope with the stresses, fear and depression associated with episodic disabilities.

Although the CPP disability reinstatement was a “little victory,” he said the key answer is in policy changes to short-term disability, including unemployment insurance.

“We have been trying for years because [short-term disability] is a place where it really should fit. It’s that kind of flexibility where people could leave

for short terms and not have to worry about that economic insecurity.

“Our end-goal is to have legislation that’s barrier free for people with episodic disabilities. Things like trial employment periods, automatic reinstatement of disability and extended health benefits while earning an income... The only way to do that is to strengthen our public benefits. We’ve been relying too much on pushing things off on the private sector, and again, it’s a lot more expensive than keeping it in-house.”

Townson said there are inventive ways to accommodate workers with episodic disabilities including: part-time, flex time, job share and work-at-home options; flexible personnel policies that provide extra supports; ending discrimination against workers who may have huge gaps in their resumes due to undisclosed illness; and preserving disability income support programs so that workers don’t lose benefits when attempting to re-enter the workforce.

## TEMPORARY FOREIGN WORKERS

Karl Flecker of the Canadian Labour Congress (CLC) laid out the plight of temporary foreign workers and pointed to the federal government’s increasing reliance on a migrant workforce, and the inability or unwillingness of the provinces and territories to address problems with the practice.

By reviewing the history of migrant worker programs in Canada, telling workers’ stories, and providing statistics, Flecker demonstrated how the utilization of temporary foreign workers is benefiting more and more business sectors but lacks proper oversight of employers or adequate, enforceable worker protections.

“This is what Canada’s temporary foreign workers program looks like, a thin cardboard of the appearance of protection for the migrant workers that benefits employers,” said Flecker.

All levels of government have much to answer for when it comes to upholding the most basic of human rights for temporary foreign workers. They pay lip service to righting wrongs, but prefer to gloss over or ignore exploitation and ill-treatment.

However, there is push back and the labour movement and union members are in the forefront. Flecker said that despite the grim scenario, kudos go to a lot of unions and social justice groups that are using legal and other strategies to fight back.

“For the last number of years, the CLC has been working on educating the public and our members, engaging strategies, forging alliances with other countries, and targeting corporations,” he said. “Fixing this complex program is going to require some pretty comprehensive solutions.”

## Support locked-out IKEA workers

HEU members were among the dozens of supporters who came out to show their solidarity with locked out IKEA workers – members of Teamsters Local 213 – on July 20.

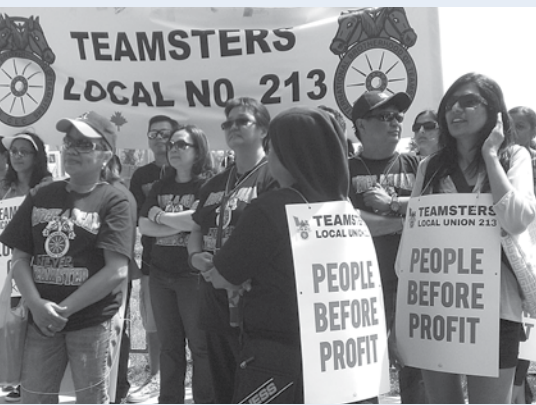
IKEA Canada locked the workers out of their new mega store in Richmond on May 13, after the workers had rejected the company's contract proposals with an 84 per cent strike vote. It was the third time workers had refused to agree to IKEA's roll-back agenda, aimed at reducing benefits eligibility installing a two-tiered wage system.

Throughout the dispute, IKEA has come under mounting criticism for its heavy-handed tactics against the more than 300 union members who are fighting for a fair contract.

On June 5 B.C.'s Labour Relations Board ordered IKEA to "cease and desist" from using some non-unionized workers to work at the store during the dispute.

The store remains open but hours and some services have been cut back.

In 2011, IKEA's profits totaled close to \$4 billion.



MARIE PANTELIS PHOTO

## Senate blocks anti-union legislation

**B**ill C-377 won't be coming into law any time soon. In a surprising move, the Canadian Senate has essentially blocked the controversial anti-union legislation by passing several amendments and sending it back to the House of Commons, which has recessed until the fall.

It was a galling move for Stephen Harper, who had expected a Conservative-majority Senate to do his bidding. Instead, 16 Conservative senators broke ranks and voted with the Liberals.

The dramatic turn of events followed three weeks of Senate committee hearings, where most individuals and groups appearing before it, spoke out against *Bill C-377, An Act To Amend the Income Tax Act* (Labour Organizations).

Over the past several months, opposition to the legislation had grown far beyond the labour movement to include five Canadian provinces; numerous constitutional, legal and financial experts; and Canada's privacy commissioner, who testified the bill would be a significant invasion of privacy.

In its original form, *Bill C-377* would have forced every labour organization, including locals, to file a costly and invasive amount of personal and financial information with the Canada Revenue Agency, which would then be publicly posted on the government website.

Instead of voting against the bill in its entirety, however, the Senate amended it to only apply to unions with more than 50,000 members. And instead of requiring unions to disclose

all expenses over \$5,000, the amendment raised the amount to \$150,000. A requirement to disclose the salaries of any employee earning more than \$100,000 was amended to \$444,661.

Although it is not clear what Harper's next move will be, there are signals he will reintroduce legislation into the House as early as next fall.

*Bill C-377* has been vigorously criticized on several counts, including its violation of the *Canadian Charter of Rights and Freedoms* in terms of freedom of speech, expression and association; the fact that the legislation was solely aimed at trade unions – and did not include any other professional, corporate, employer or charitable organizations; and the extraordinary administrative costs it would impose on both trade unions and government.

At the time of the vote, Senator Hugh Segal called the bill "an expression of statutory contempt for the working men and women in our trade unions and for the trade unions themselves and their

right under federal and provincial law to organize. It is divisive and unproductive." Or, as CUPE President Paul Moist put it, "*Bill C-377* is a solution in search of a problem. This bill has little to do with transparency, as the government claims. It is an attack on workers."

Moist said unions are already held to a higher standard of accountability and transparency by their members and by virtue of certain provincial labour statutes.

"By contrast, none of the business associations are governed by comparable statutes, nor do they appear to voluntarily make their financial statements publicly available."

**It was a galling move for Stephen Harper, who had expected a Conservative-majority Senate to do his bidding.**

### 20 YEARS AGO IN THE GUARDIAN

1993

## "Justice Prevails" at Eagle Ridge Hospital

As reported in the June 1993 issue of the *Guardian*, HEU won a hard-fought organizing victory on May 29 at Eagle Ridge Hospital.

That victory was also a huge milestone for B.C.'s health care workers because Eagle Ridge was the last non-union hospital in the province.

Carmela Allevato, who was HEU's secretary-business manager at the time, said, "The 50-year-old dream of extending union representation to all

workers in [B.C.] hospitals has finally been achieved." The victory came after two previous organizing attempts were narrowly lost. "I guess we're three times lucky," said Richard Perkins, a stores/receiving worker.

The article also noted that pro-union supporters at Eagle Ridge worked the organizing drive with three member organizers: Lila Murao (VGH), Bob Wilson (Queen Alexandra Hospital) and Debbie Mann (Langley Memorial).

## >>notebook>>



**Outpatient lab testing represents a significant revenue stream for health authorities – about \$100 million a year.**

## Keep our lab dollars working for public health care

This summer, the Vancouver Island Health Authority quietly moved to cut hours at several of its South Island storefront lab sites and will stop visiting housebound outpatients to collect lab specimens.

VIHA is closing its Brentwood Satellite, Admiral's Walk and Keating X Road community labs in the afternoons, and also closing the latter two on Saturday mornings.

It's a baffling move for a health authority that's strapped for cash.

That's because outpatient lab testing represents a significant revenue stream for health authorities – somewhere in the order of \$100 million a year – funded out of the Medical Services Plan budget on a fee paid for each test that's processed.

Those funds are reinvested in front-line health care services.

VIHA says its decision to shutter some sites in the afternoons is because of a low volume of walk-in traffic. However, most privately owned LifeLab sites in the region remain open in the afternoon.

So by reducing hours, VIHA is essentially sending patients – and billings – down the street to a for-profit lab company.

Of course, one has to ask whether competing over individual lab

requisitions is the most effective use of health care dollars.

And in fact, the current provincial government has made lab reform a high priority noting that B.C. is the only province with an uncapped fee-for-service funding model.

But making changes to the way we deliver outpatient lab testing won't be easy.

The last major effort to tackle the organization and funding of lab testing a decade ago ran into stiff resistance from a well-organized and influential lobby by private lab companies who profit from the current model.

But our union will continue to advocate for a robust role for health authorities in both the collection and processing of outpatient lab tests.

In the meantime, VIHA and other health authorities should market their outpatient lab testing services to physicians and the public.

Why not keep lab dollars working for public health care?

MIKE OLD • HEU COMMUNICATIONS DIRECTOR

# From rundown factory to fashion runway: who pays the price?

A series of fatal garment factory disasters has exposed the deplorable working conditions in overseas plants. We've successfully advocated for "fair trade" coffee. Shouldn't we be demanding the same for our clothes?

**T**he fashion world is a multibillion dollar industry. And everyone wants a piece of the pie, but at what cost?

Western shoppers love a good bargain. But how closely do we scrutinize clothing labels? We generally check the size, price, brand, and cleaning instructions, but do we think about the conditions under which an item was made, especially if it's on sale and we can buy two-for-one?

Over the past few decades, many big-box franchises and major brand labels have outsourced clothing manufacturing to developing nations, paying piecework and below poverty-level wages to those working in dilapidated factories under deplorable conditions.

As indentured workers risk their lives daily in "third-world" sweatshops – cutting, sewing, pressing and packaging clothes for Western consumption – international retailers aggressively compete to get those products on their store shelves at the lowest possible price, as their corporate bank account balances balloon.

When Rana Plaza – an eight-storey building that housed five garment factories in Savar, Bangladesh – collapsed on April 24 killing more than 1,100 non-unionized workers and severely injuring and disabling hundreds more,

thousands of Bangladeshi workers and supporters took to the streets. They were met by police brutality, employer threats, and beatings by thugs reportedly hired by factory owners.

At the same time, however, the sheer magnitude of this tragedy brought worldwide media scrutiny to the plight of the four million textile workers in Bangladesh's estimated 5,000 garment plants – whose workforce is 90 per cent women and child labourers, mostly young girls.

**Workers risk their lives daily in "third-world" sweatshops – cutting, sewing, pressing and packaging clothes for Western consumption.**

Unions, international political leaders, human rights advocates and labour watchdogs all spoke out against the textile industry's notoriously dangerous work environments.

But while calls to governments, retailers and manufacturers to take action, and international demonstrations continue, Bangladesh's most impoverished citizens still pile onto rickety buses in their shantytowns, and leave their families and communities behind to seek a better life in the garment industry.

They work 14- to 18-hour days in poorly ventilated, overcrowded, dimly lit factories, earning anywhere from the minimum wage of \$38 a month to \$100 a month for more experienced sewers. Much of that money is sent home to support their families in nearby villages.

The day before the fatal Rana Plaza collapse, inspectors had ordered the complex – built three storeys above the legal building code – to be evacuated when missing support beams and enormous wall cracks were detected. But workers were reportedly threatened with job loss if they didn't meet the deadline for a huge shipment due that week.

When the building crumbled, there were more than 3,100 garment makers inside, producing apparel destined for such overseas retail chains as Canada's Loblaw (Joe Fresh), Mark's Work Warehouse, Walmart, H&M and the Gap.

It was entirely preventable.

In the wake of the tragedy, international trade unions and labour allies have thrown their support behind the Bangladeshi workplace women's committees and textile workers' unions – demanding labour rights and safer work environments.

They've drafted a five-year factory safety agreement to improve working conditions in Bangladeshi plants.

As part of the *Accord on Fire and*



**Western shoppers love a good bargain. But how closely do we scrutinize clothing labels?**

*Building Safety* in Bangladesh, retailers who sign on will contribute an annual project fee up to \$500,000 (U.S.), conduct and post results of safety audits, pay for plant repairs and safety training, consult with unions and workers on health and safety issues, and agree to cease outsourcing to shops that don't meet safety standards.

**Unions and labour allies have thrown their support behind the Bangladeshi workplace women's committees and textile workers' unions.**

Two months after more than 70 global retailers and fashion brands had endorsed this legally binding accord – including Benetton, H&M, Target, Tommy Hilfiger and Calvin Klein – their American counterparts produced a non-binding agreement that falls short of protecting workers' rights, providing adequate funding or enforcing building safety codes.

International activist network *Avaaz* has started a *Guilt-free clothing* petition pressuring retailers to sign the accord or risk damage to their brand image.

Sign the petition at [www.avaaz.org](http://www.avaaz.org).

**BRENDA WHITEHALL**

## >>voices>>



**The Conservative government's antipathy to public medicare is becoming more and more overt.**

## Leadership needed to protect future of medicare

Canadians of all political stripes continue to support the core values of public medicare and expect strong federal leadership to uphold it. But what most Canadians don't realize is the extent to which Stephen Harper's Conservative government is endangering the future of public health care for all Canadians.

In fact, the Conservative government's antipathy to public medicare is becoming more and more overt. It walked away from the table on a national drug program and home care, and it has also bluntly refused to meet with provincial and territorial governments about renewing the nation's funding formula for health care.

Instead, the federal government plans to reduce funding from current projections by \$36 billion in upcoming years.

In the latest federal budget, the government cut the Health Council of Canada as well as health services for veterans and refugees. The federal health minister has done nothing to implement the National Mental Health Strategy and has taken no action to uphold single-tier medicare in the face of private clinic extra-billing patients in provinces like B.C.

This summer, the health care debate heated up as health coalitions from across Canada mobilized hundreds of Canadians to attend rallies and a shadow summit at the Council of the Federation meetings in Niagara-on-the-Lake in late July.

This meeting provided a key window of opportunity for Canada's provincial and territorial premiers to take a stand for public health care. Unfortunately, they failed to call on the federal government to negotiate a 2014 Health Accord during the Council of the Federation meetings.

As it stands, the current accord is set to expire without discussion next year. Canadians need to know what's at stake. The premiers had an opportunity to spell it out – but didn't.

What's imperative now is that the prime minister and his government lead negotiations with the provinces and territories to establish a 2014 Health Accord that will protect, strengthen and expand medicare. We have too much to lose if they don't.

**ADAM LYONS-FORD**  
MEDICARE CAMPAIGNER AT THE BC HEALTH COALITION

## Guardian receives top honours at national conference

HEU's flagship publication, the *Guardian*, has been judged by the Canadian Association of Labour Media (CALM) to be "Canada's Best Overall Print Publication," produced by staff.

This is the seventh time the *Guardian* has received the top print publication award over the last 22 years. The award was announced on May 24 at CALM's annual meeting and conference held at the University of Alberta in Edmonton.

The winning issue featured an in-depth look at end-of-



life care as well as a number of articles on labour rights in B.C. and around the world in anticipation of Labour Day.

The annual CALM conference is attended by volunteer and staff labour communicators from private and public sector unions across the country.

## FBA training monies still available

The Facilities Bargaining Association (FBA) – in which HEU is the lead union – is

currently accepting applications to its Education Fund.

Since 2006, the multi-union FBA has secured \$8.75 million in training monies to support members in skills upgrading or career mobility within the facilities classification system.

Members covered by the facilities subsector collective agreement are eligible to apply for short-term and/or long-term training opportunities at publicly funded institutions offered as either in-class or distance training. The FBA Education Fund Committee will also consider requests for out-of-province distance training, if specific criteria are met. Check HEU's website for guidelines and application forms.

So far, the fund has supported education and training for more than 2,100 facilities health care workers from every occupational group.

For long-term training – which may include programs like Health Care Assistant, Nursing Unit Clerk, Pharmacy Technician, Medical Lab Assistant, Renal Dialysis Technician, Activity Assistant, Food Service Supervisor, Power Engineer, among many others – the fund will pay up to a maximum of \$3,500 per person to cover the costs of the training program and course materials.

For short-term training – which could include modules for trades tickets like carpentry or electrical, computer classes such as

Word, Excel, PowerPoint, or payroll compliance legislature courses – the maximum payable per member is \$1,200; or \$2,400 for extended short-term training (i.e. the Supply Chain Management Professional program through the Purchasing Management Association of Canada).

A training allowance of up to \$100 per day will be paid to members taking pre-approved unpaid education leave to attend in-class or practicum training days. This is capped at 238 days per person. For example: if your employer has approved five days per week of unpaid leave, a full-time employee would be paid \$2,000 a month as a training allowance. This amount is pro-

# Economic inequality linked to poor health

It will come as no surprise to HEU members that income, housing, nutrition and early childhood development all have an impact on our health.

They see the evidence every day.

Now, the Canadian Medical Association (CMA) has delivered a clear message: poverty is the main issue that must be addressed to improve the health of Canadians and eliminate health inequities.

In its recently-released report, "Health care in Canada: What makes us sick?" the CMA spells out a number of factors – along with income disparity, affordable housing, good nutrition and early childhood development – that need immediate attention. Examples include air and water quality; addictions; a national pharmaceutical plan; "the impact of systemic racism" on the health of aboriginal peoples; and "the impact of race or culture" on health outcomes, especially for immigrants.

The report's findings are the result of extensive on-line and town hall meeting consultations with Canadians across the country.

In describing how various social factors determine

**"If a patient comes to a doctor with asthma, we can prescribe medication. But if that patient goes back home where there's mould inside the walls and the air is unhealthy, all the medication in the world won't make that person better."**

our health, CMA President Dr. Anna Reid puts it this way: "If a patient comes to a doctor with asthma, we can prescribe medication. But if that patient goes back home where there's mould inside the walls and the air is unhealthy, all the medication in the world won't make that person better."

"If a patient has diabetes, we can prescribe medication, and the physician or another care provider can explain the importance of a healthy diet. But if that patient can't afford fresh fruits or vegetables, or if there isn't a proper supermarket in the community where these foods can even be found, that diabetes is going to be much more of a challenge."

Not surprisingly, however, the number one concern identified was the urgent need to address poverty.

Panelists and participants alike emphasized that poverty underpinned most other social determinants of health.

Based on that input, the report recommends that Canada's governments give top priority to developing an action plan to eliminate poverty in Canada; pilot a guaranteed annual income; and develop strategies to ensure access to affordable housing for low-and-middle-income Canadians.

According to the most recent data from Statistics Canada, B.C. has the highest poverty rate in the country as well as the highest rate of child poverty (tied with Manitoba).

That's a dismal made-in-B.C. record that spans almost a decade of economic and social policy decisions made by the Liberal government.

But despite that record, B.C. is one of the last provinces left in Canada without a poverty reduction plan.

In February 2010, HEU was among 200 organizations across B.C. that joined together to call for a legislated provincial poverty reduction plan.

Unfortunately, we're still waiting.

As the CMA report points out, poverty can cause multiple health problems, and the cost of doing



nothing is very large. That's because there's a direct link between income and good health outcomes, as well as subsequent benefits to the national economy from investing in the health of individuals.

The idea of investing in a population's health is not new. In fact, it's the foundation upon which our universal, public health care system was founded.

In 1964, former Supreme Court Justice and chairperson of the federal government's Royal Commission on Health Services Emmett Hall explained why universal health care is important.

"From the humanitarian standpoint, there is, we believe, an obligation on society to be concerned with the health of its individuals. But on the economic side, investments in health are investments in human capital...they pay great dividends to a nation that looks after the health of its people."

The CMA report demonstrates that this understanding is alive and well.

To read the full report and its 12 recommendations check out <www.cma.ca>.

MARGI BLAMEY

rated for employees working part-time or less than 7.5 hours per day.

Casuals are also eligible to apply for funding and receive a training allowance based on specific criteria, as outlined on the HEU website.

Such opportunities have benefited HEU members to upgrade within their own job classification or move to an entirely new field within the facilities contract.

Some examples include a housekeeper training to become a power engineer, a food service worker completing a medical office assistant program to access HEU clerical jobs, an xray assistant becoming a renal dialysis technician, laundry workers becoming care aides, and

clerical workers becoming pharmacy technicians or ophthalmic technicians.

For FBA Education Fund information, contact your local shop steward, local executive or union servicing representative; email <jhumphrey@heu.org> or call the FBA Education Fund at 604-456-7146 or toll-free 1-800-663-5813, extension 7146.

### **Defending sick time: it's all about consent**

An arbitration decision on May 2 is a major win for HEU members, who are off work and required to provide information about their illness or injury under the Enhanced Disability Management Program (EDMP).

The Facilities Bargaining

Association and the Health Employers Association of BC have agreed that the EDMP consent form to be used by workers enrolled in the EDMP will be restrictive and specific.

Workers' personal and medical information will be gathered according to guidelines that follow an incremental approach to the collection of data.

HEU secretary-business manager Bonnie Pearson said that it's the union's hope that, under the guidelines, the determination of what information a member must disclose will be made on a case-by-case basis and will consider exactly what is reasonably necessary given the member's specific circumstances.

Vince Ready will retain jurisdiction as an expedited

arbitrator to resolve any future disputes.

### **Unions file grievance on implementation of PharmaCare tie-in**

The Facilities Bargaining Association (FBA) is challenging the Health Employers Association of BC (HEABC) on elements of its implementation of the recently negotiated PharmaCare tie-in which links members' prescription drug coverage to the list of drugs covered by the government's PharmaCare program.

In negotiating the plan in the last round of bargaining, health unions agreed to a list of PharmaCare drugs based on confirmation that certain specific drugs would continue to be eligible for reimbursement.

But now, Pacific Blue Cross is advising some members that they are not covered for these drugs.

HEABC has also advised the FBA that members will be reimbursed for drugs only to a price limit set up under the PharmaCare program.

The FBA unions did not agree to those restrictions, and on June 17 filed an industry-wide policy grievance to challenge them.

"We support the use of safe and effective generic drugs where available and appropriate," says Hospital Employees' Union secretary-business manager Bonnie Pearson. "It's good public policy and will protect our benefits coverage in the future.

"These issues have under-

*continued on page 14*

## **AFTER THE SHIFT**

SHARON NEUFELD

When members at HEU's South Okanagan local have a personal problem, they can count on activist and volunteer counsellor **Diane Willey** for support.

## **CHAMPION UNION COUNSELLOR**

**D**iane Willey, a full-time food service worker/cook at HEU's South Okanagan local in Oliver, is also a dedicated volunteer union counsellor. "But I don't do social work," she explains. "I'm a referral service." And her referral service is unique.

As the lone volunteer union counsellor at her facility, Diane spends her after-work hours helping fellow union members with personal problems that may impact their work.

"I like people to be healthy and happy and to enjoy their jobs. When people have issues, they're usually not happy and they're not doing their job as well as they could. And I like to help people. That's why I took the union counsellor course – so I can help. If someone's dealing with a personal issue, a lot of the time they're bringing that to work.

And they may get into trouble by not performing quite up to par in their job."

Diane became a union counsellor by completing a two-level course at the Canadian Labour Congress (CLC) Winter School at Harrison Hot Springs in 2012. (Each fall, when applications for CLC Winter School are available, interested members can submit an application to HEU Provincial Office or they may apply to their union local for funding.)

An HEU activist for 19 years, Diane wears many hats. On her local executive, she is chairperson,

chief shop steward and local grievance committee member. She worked as a cook at Sagebrush Lodge prior to its closure in 2008, then as a cook at Sunnybank Centre, and since April 2013 as a food service worker/cook at South Okanagan General Hospital.

Most recently, Diane was elected to a two-year term as vice-chair of the Women's Standing Committee during HEU's Equity Conference in June.

Colleagues come to Diane for support on many stressful issues, including financial difficulties, drug and alcohol problems, domestic abuse, family illness and bereavement.

"I'm very accessible," says Diane. "Members will call me at home on my cell or stop me in the hospital when they see me."

On her own time, she investigates the problem with the member, assesses the issue, and finds the relevant community services or resources to help them gain peace of mind.

Alternatively, when needed, she sets up a meeting with the parties involved to try to resolve problems.

So far, her union counsellor work is "a little bit here and a little bit there," but she is doing increased numbers of referrals and growing her workload.

Union counselling is different from being a shop steward, explains Diane. Her steward work deals mainly with member-to-member and member-to-

**"I like people to be healthy and happy and to enjoy their jobs. When people have issues, they're usually not happy and they're not doing their job as well as they could. And I like to help people."**



management issues such as harassment and bullying in the workplace, working for speedier grievance resolution, and enforcing the terms of the collective agreement.

Although union counselling somewhat ties into her chief shop steward work, as a counsellor Diane focuses primarily on addressing the underlying issues causing problems for each member seeking her assistance.

In the future, Diane dreams of setting up a union counselling committee and having an onsite counselling office so members can be afforded greater privacy. She also envisions a union counsellor at every HEU work site.

"It would be so beneficial," she says, "because there's just so much stress in members' lives."

Energetic and hard-working, Diane volunteered for the NDP campaign during the recent provincial election. She is an avid golfer and enjoys spending time with her two daughters, son and new granddaughter.

What drives her, she says, is her desire for things to be fair.

"It's the union that has shown me how to fight for the underdog. We, in the union, must keep our heads up and fight the good fight. We deserve everything we've fought for and to maintain it we must keep on fighting."

continued from page 13

mined what has otherwise been a fairly smooth implementation of the PharmaCare tie-in. The positions taken by HEABC are unfortunate, and confusing to members.”

## New rules to tackle workplace bullying and harassment

WorkSafeBC has developed new Occupational Health and Safety (OHS) policies to address bullying and harassment in the workplace that will take effect on November 1, 2013.

The new workplace rules flow from legislation passed in 2011 – *Bill 14* – which amended the *Workers Compensation Act* to address bullying and harassment.

Under the new policies, bullying and harassment are defined as “any inappropriate conduct or comment by a person towards a worker that the person knew or reasonably ought to have known would cause that worker to be humiliated or intimidated.”

WorkSafeBC is currently creating an online “tool kit” of resources to assist employers, workers and supervisors to comply with the new policies. HEU has been actively participating on the working group, which is developing the kit’s contents.

The tool kit will include an overview of the legal obligations as set out in the *Workers Compensation Act* and the OHS policies,

and will provide resources that contain practical tips and information on how employers, managers and workers can meet their obligations to prevent and address bullying and harassment.

This is the second major change brought about under *Bill 14*. The first addressed compensable claims for mental disorders that are brought about as a reaction to a traumatic event in the workplace, or caused by a significant work-related stressor, which includes bullying and harassment. That change became effective on July 1, 2012.

Look for more information in the next issue of the *Guardian*.

## Blue Poppy Colouring Contest winners

HEU’s People with Disabilities Standing Committee recently sponsored its 2nd annual Blue Poppy Colouring Contest as part of its National Day of Mourning activities.

In the 8-15 year-old category Shetal Kishore of Surrey (HEU member Sunita Kishore) took first place and won an iPod. Runner-up Michael Wagner of Prince George (HEU member Doreen Fort) won an iPad mini.

In the 2-7 year-old category Brooklyn Hop Wo of Victoria (HEU member is Wanda Hop Wo) won the first prize iPod; and runner-up Danae Jaarsma of Smithers (HEU member Charlotte Butler), won an iPod nano. Congratulations!



**Kiwanis Care Centre (Pro Vita) care aides Irina Rey and Victoria Castillo display a congratulatory cake sent to HEU members from Provincial Office after their workplace received Accreditation with Exemplary Standing for their high standards of care, safety and operational practices.**

**HEU represents about 50 care aides and recreation aides at the New Westminster residential care facility.**

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

### AUGUST 14

Facilities Bargaining Conference credentials/accommodations deadline

### AUGUST 26-29

Provincial Executive meeting

### AUGUST 28

HEU Support Workers’ Day

### SEPTEMBER 13

Facilities bargaining demands deadline

### SEPTEMBER 24-26

HEU occupational conference

### OCTOBER 2

HEU Trades & Maintenance Day

### OCTOBER 8-10

Provincial Executive meeting

### OCTOBER 18

Health Care Assistant Day

### OCTOBER 29-30

Community Social Services bargaining conference (Victoria)

### NOVEMBER 13-15

FBA bargaining conference

### NOVEMBER 28-29

Community Health bargaining conference

# Poetic, profound and whimsical

**D**escribing Vancouver singer/songwriter Christa Couture as a survivor is an understatement. The 34-year-old entertainer – scheduled to perform on September 7 at *Kickstart 5 Festival of Disability Arts & Culture* – has endured more than her share of challenges. But meeting her in person, it’s hard to imagine the story behind this delightfully

upbeat, thoughtful and witty young woman.

At 13, her leg was amputated from cancer. She spent several months in hospital undergoing surgeries, radiation and chemotherapy. Doctors said these treatments would impact her ability to have children.

In her late-20s, however, Couture successfully carried two pregnancies to full term. Tragically, her first son died shortly after birth due to complications during the delivery. Her second son, born a couple of years later, died as a toddler from a brain hemorrhage.

She channeled her overwhelming grief and heartbreak into two critically acclaimed, award-winning CDs – *The Wedding Singer and the Undertaker* (2008) and *The Living Record* (2012), which features a duet with blues icon Jim Byrnes.

Couture, who’s performed at two previous HEU convention events, says she’s excited to participate in Kickstart 5.

**“I think people are starting to see disability as part of a person’s story, instead of the focus.”**

or work made by artists with a disability,” says Couture. “I like that it gives anyone with a disability a chance to see what their peers are creating.”

In recent years, Couture notes, there’s been a community movement to raise the profile of people with disabilities as artists.

“I think people are starting to see disability as part of a person’s story, instead of the focus. Also the idea of ‘differently abled’ instead of ‘less abled’ is sinking in and being valued in artists... Once people know I have a disability, there are often many assumptions made about what I can or can’t do, and decisions

get made for me. I try to encourage people to just ask rather than assume. And in the music industry, women are expected to look and move a certain way – a way that I don’t.”

The Ontario native says songwriting has always been cathartic. “There have been so many challenges,” she says. “The greatest challenge has probably been when I was living with depression and more active PTSD. Those challenges have shaped me as an artist by teaching me to focus on the present, to be gentle with myself, to know that loss or illness is not a weakness, to notice

what matters most to me and to know and trust my resilience.”

Raised primarily in Edmonton, Couture moved to Vancouver at 18, where she studied film, music performance, and web design: “but I never finished a degree in any of it.”

Instead, she spent a year of self-discovery and adventure in London, England. Couture’s first CD *Fell Out of Oz* (2005) is a snapshot of that time.

Poetic, profound and sometimes whimsical, Couture’s songs create poignant landscapes. “I do use a lot of nature imagery. The seasons, in particular, which mostly has to do with being at nature’s mercy, and with reminding myself that I’m not in control. I’m inspired by people, the fragility, the strength and the complexity of each person. I’m inspired mostly by trying to understand my own experiences, and then in turn by sharing them, hoping to feel less alone.”

Having received rave reviews, critical acclaim and numerous accolades, including a Canadian Aboriginal Music Award for Best Folk Acoustic album, Couture says her proudest accomplishment is a personal one: “my children.”

Currently writing songs for her next project, Couture is scheduled for an autumn Canadian tour and planning another overseas tour. Read her blogs online at <[www.christacouture.com/news/](http://www.christacouture.com/news/)>, or follow her on Facebook, Twitter and Instagram.



JENNIFER PICARD PHOTO

**Christa Couture performs at Kickstart 5 Festival of Disability Arts & Culture: September 5-8 at Vancouver’s Roundhouse Community Centre.**

BRENDA WHITEHALL

## Retirements

Residents and staff at G.F. Strong are sending their best wishes to care aide **Carmen Agpes** for a very happy retirement.

Carmen retired on July 31 after her 16 years of dedicated service at the Vancouver-based facility.

She says it's been a real privilege to be a member of the Hospital Employees' Union and she'll miss the residents she has cared for as well as her fellow union brothers and sisters.

Carmen plans to spend some of her retirement time volunteering in her community and at her local church. She also hopes to be able to travel.

Care aide **Joy Kroeker** of White Rock retired on July 27 after working for 26 years at Peace Arch Hospital.



**KROEKER**

Joy has been an energetic HEU activist and has served in many positions at her HEU union local, including chair, secretary-treasurer, vice-chair and shop steward.

Joy says she's looking forward to being able to have the extra time she needs to provide her aging mother with personal care. In addition to her plans to do some volunteer work, Joy also hopes at some point in her future to travel south and live the life of a "snowbird" in sunnier climates.

For now, Joy is looking forward to doing those small projects around the house that she's been putting off. At the moment, she says, it's all about enjoying life one day at a time.

Vancouver's Coast Foundation Mental Health Resource Centre will miss long-time cook/housekeeper **Kushma Sami**, who retired this spring after 27 years of service.

"I have really enjoyed my years working at Coast, especially working and communicating with the clients," says Kushma. "I have so many great memories of cooking for and with them, and of being able to help them out."

A union activist, Kushma has been the warden for her local over the past few years. Now that she's retired, Kushma says she's looking forward to relaxing, enjoying life and doing some occasional volunteer work with her former clients at Coast.

## In memoriam

Sadly, housekeeping aide **Ken Scott** of the Sodexo local in Surrey passed away from cancer on June 7 at the age of 59.

Ken was a hard-working HEU member for 18 years. He worked for 10 years at Surrey Memorial Hospital, six years at Royal Columbian Hospital, and returned again to Surrey Memorial for two more years.

In 2011, Ken also took on

duties as a temporary building services worker at HEU's Provincial Office in Burnaby. But as his illness progressed, Ken was forced to stop working in 2012.



**SCOTT**

Ken was a dedicated union activist who was well-liked by all his co-workers. While working for Sodexo at Surrey Memorial, he served in many positions on his local executive, including bargaining committee member, chief shop steward, assistant secretary-treasurer, OH&S steward and vice-chairperson.

He loved sports and is remembered as an amazing ball player on Surrey local's baseball team. He also enjoyed playing poker with his long-time friends at the Surrey local.

Ken will be deeply missed and lovingly remembered by his daughter Katherine Scott, his HEU sisters and brothers, his family and friends, and the many people at his workplaces whose lives he touched.

## THE GUARDIAN WANTS TO HEAR FROM YOU!

Letters, retirements and comments are all welcome. Simply drop us an email at: [guardian@heu.org](mailto:guardian@heu.org). We look forward to hearing from you.

## TALK TO US TOLL-FREE!

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

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

### PINK TRIANGLE

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



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

### PEOPLE WITH DISABILITIES

If you are on WCB, LTD, or if invisibly or visibly disabled in the workplace, let us know how the union can better meet your needs.



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

### WOMEN'S

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



## EQUITY MATTERS

1.800.663.5813 or  
604.438.5000 Lower Mainland  
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[ediversity@heu.org](mailto:ediversity@heu.org)

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



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

## FIRST NATIONS

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



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

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part of a union – a team – that  
stands up for the things we need  
to make health care better.  
Better for us and better for  
our patients.”

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